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**The
CARE Rural Capital Formation
Program**

A Collaborative Evaluation of the partnership between
CARE and the Agency for International Development

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Prepared for

The Office of Private and Voluntary Cooperation
Bureau for Food for Peace and Voluntary Assistance,
Agency for International Development

and

Cooperative for American Relief Everywhere

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Automation Research Systems, Ltd.

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Everywhere (CARE)

ABBREVIATIONS AND ACRONYMS

ACVFA	-	Advisory Committee on Voluntary Foreign Assistance
AED	-	Assistant Executive Director
AFMEMP	-	Agroforestry Monitoring and Evaluation Method Program
AID	-	Agency for International Development
ALMIS	-	All Missions
ANR	-	Agriculture and Natural Resources Sector
ARIES	-	Assistance to Research Institutions for Enterprise Support
ARS	-	Automation Research Systems, Ltd.
CARE	-	Cooperative for American Relief Everywhere
CD	-	Country Director
CS	-	Child Survival
DRM	-	Deputy Regional Manager
FVA	-	Bureau for Food for Peace and Voluntary Assistance
INGO	-	Indigenous Non-government Organization
ISOG	-	International Staff Operations Group
ISTI	-	International Science and Technology Institute
MA	-	Management Assistant
MG	-	Matching Grant
NGO	-	Non-government Organization
P-DAYS	-	Person Days
PG	-	Partnership Grant
PHC	-	Primary Health Care Sector
PVC	-	Office of Private and Voluntary Cooperation
PVO	-	Private Voluntary Organization
RAG	-	Regional Administration Group
RCF	-	Rural Capital Formation Program
RM	-	Regional Managers
RMU	-	Regional Management Units
RTA	-	Regional Technical Assistant
RTATs	-	Regional Technical Assistance Team
SED	-	Small Enterprise Development
SIFI	-	Sugar Industries Foundation, Inc.
SOW	-	Scope of Work
TA	-	Technical Assistance
TAG	-	Technical Assistance Group
USAID	-	US Agency for International Development
UGMAD	-	

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SUMMARY

This evaluation is a collaborative undertaking between the Agency for International Development's Office of Private and Voluntary Cooperation (PVC) and CARE to assess the Partnership Grant between them. Both organizations want to determine the progress made by CARE toward the goals and objectives proposed at the start of the Partnership Grant; and to provide recommendations for future consideration of the partnership. Specifically, a five member team was charged with evaluating the institutional performance to date of the CARE Partnership Grant. This included an assessment of the management, staffing, funding, and program implementation, as well as principles, concepts and assumptions underlying the program's approach and techniques.

As a result of being granted the first ever Partnership Grant by the Office of Private and Voluntary Cooperation, CARE initiated a program in June, 1985 with the broad institutional goal of increasing CARE's ability to design, implement and evaluate projects that lead to the sustained creation of rural capital. CARE proposed achieving its goal by creating an expanded and improved base of in-house technical expertise; increasing the public and private resources brought to bear on development problems; and refocusing the emphasis of their assistance toward capital formation in rural areas.

The central feature of CARE's Rural Capital Formation (RCF) program is the establishment of four Regional Technical Assistance Teams (RTATs). Once established, the RTATs provide technical assistance to projects throughout the CARE system. The in-house technical expertise has also provided major organizational advantages to CARE.

Using PVC's \$8.5 million dollar Partnership Grant as the mechanism, CARE has been able to leverage over \$15 million in other resources towards the RCF program. The private resources represent a significant commitment by CARE and were made possible in part by the AID resources.

CARE's effectiveness as an institution and credibility as a development agency has grown tremendously as a result of the Partnership Grant and the unique applications of its provisions. Performance and achievements as verified by the evaluation team are impressive. Attitudes and reactions of CARE personnel at headquarters and in the field, of beneficiaries, and of partner NGOs are overwhelmingly favorable. The achievements are largely attributable to the effectiveness of institution-building efforts of CARE through the PG.

The RTAT concept is well-designed and producing exceptional

results. The RTAs have proven to be remarkable and effective human resources and their influence can be seen throughout CARE's projects and organization. However, institutional change has not been limited to the creation of RTAs; organizational change has also taken place at CARE headquarters. Creation of the Technical Advisory Group (TAG) and Regional Administration Group (RAG) preceded the grant by several months, but was undertaken in anticipation of it. These activities have further enhanced CARE's in-house technical and managerial capability. Technical expertise has played a critical role in rural capital formation, mainly in the form of human capital development.

There is little question that enskilling of CARE staff at all levels has been a major output of the Partnership Grant. Systems and procedures have been institutionalized to enhance human capital. The resultant programmatic effects to design, implementation and evaluation of CARE projects are also impressive. Training has been the cornerstone of human resource development, both within the CARE system and within the CARE client system. Continued institutional attention should be given to training.

While the institutional development of CARE is impressive, the cost recovery rationale and financial sustainability seem less well studied and conceptualized by CARE. Even though these are some of the most difficult issues for any organization to attempt to resolve, CARE's continued success warrants greater attention to problems in these areas. The evaluation team heard many suggestions about how CARE may address program sustainability, cost recovery, the next partnership grant design, and national staff development; and the team enumerates in this report some of the alternatives CARE may want to investigate.

While the team could verify the emphasis placed on human capital development, it was unable to assess other forms of capital formation in rural areas. Part of the difficulty results from the lack of baseline data, partly from the brief implementation period, and partly because of the inherent difficulty in making such judgements. Regardless, the focus of the evaluation team was not to measure program effects, but rather institutional effects to CARE. In this regard, the performance of CARE's RCF cannot be overestimated.

Given the already considerable success of this program, it seems appropriate to consider the CARE experience in a broader context. For example, are there elements of change which can improve financial sustainability? Is CARE's system of technical assistance sustainable without PVC funding? The CARE RCF program has been effective in transforming CARE institutionally. The Partnership Grant has been an excellent vehicle to encourage this growth. CARE is now in a better position to increase rural capital and investigate a number of broader development questions.

I. **BACKGROUND: THE PARTNERSHIP GRANT AND THE COOPERATIVE FOR AMERICAN RELIEF EVERYWHERE (CARE)**

A. **The Partnership Grant Concept**

In 1985, the Agency for International Development, Bureau of Food for Peace, Office of Private and Voluntary Cooperation (PVC) entered into a five year "Partnership Grant" agreement with the Cooperative for American Relief Everywhere (CARE) for 8.5 million dollars. The projected cost to CARE is 15 million dollars, of which approximately \$7 million will come from private US donors and \$8 million from host countries, third countries, or international organizations.

CARE was awarded the first Partnership Grant (PG) following a successful Matching Grant. PVC's predominant form of grant support, the Matching Grant program, is intended for organizations that have a proven track record in overseas development and the ability to leverage private resources. Essentially a refinement and extension of the MG concept, the Partnership Grant represents a more mature relationship between PVC and the Private Voluntary Organization (PVO). Programs financed under a Partnership Grant must address a clearly-identified, well-defined longer-term strategy in an area or sector of development priority to both AID and the PVO. To be eligible for the funding under the PG program, an organization must:

(1) demonstrate a strong, well established record of successful performance in AID-supported development activity including, in particular, the Matching Grant Program;

(2) have multiple continuing relationships with AID, e.g., a Matching Grant and several mission grants in each of the last few years; and

(3) offer the likelihood that the grant will significantly enhance its role in addressing development priorities shared by AID.

The PG expands from the Matching Grant in 4 ways: more emphasis is placed on development of a mutually-agreed long-term planning framework; five year project authorization; direct provision for funding of technical and administrative support costs necessary to carry out the agreed strategy and programs, including costs associated with organizational changes and improvements; and the provision for incorporating Mission-financed activities within the centrally-funded grant framework. The resulting PG should provide more flexibility and less administrative burden for both AID and the PVO.

B. CARE's Rural Capital Formation Program

CARE is the world's largest private, nonsectarian, voluntary organization. Since 1946, it has assisted people in over seventy-five countries on five continents to improve their standard of living. CARE currently operates programs of development assistance and disaster relief in thirty-six countries. These programs include but are not limited to, agriculture and natural resources, primary health (including child survival and nutrition) and sanitation, small enterprise activity development, and education. Care's annual budget is \$350 million.

CARE's programming is directed toward those among the poor majority; and addresses problems that grow from and exacerbate the basic causes of poverty and a lack of development. In CARE's own description, "CARE programs are intended to complement and support national development plans; they are flexible and, to the fullest extent possible, reflect a partnership among CARE, local agencies, and people."

CARE in describing its approach in the Partnership Grant proposal stated:

"The Rural Capital Formation (RCF) program will provide the foundation for CARE to improve the quality and increase the quantity of its development assistance. It will do this by:

- creating an expanded and improved base of in-house technical expertise;

- increasing the public and private resources brought to bear on development problems; and

- refocusing the emphasis of our assistance toward capital formation in rural areas.

The idea of capital formation is not new. For many years indigenous and international agencies have sought to increase the stock of capital, that is, productive land and labor, improved physical infrastructure and entrepreneurial skills. What is new in this proposal is the combination of efforts in three sectors--agroforestry, primary health care, and micro-enterprise development-- focused on a single goal, net gains in rural capital."

Prior to the submission of the grant, during the proposal preparation period, CARE conducted a needs assessment of its overseas missions. This survey verified that a lack of qualified technical assistance was a weak link in CARE's efforts to overcome basic constraints and effectively engage rural people in capital formation. In order to improve CARE's ability to effectively provide technical assistance for Rural Capital

Formation, the central feature of this grant has been the operation of the Regional Technical Assistance Teams (RTATs).

C. The Partnership Grant Activities

PVC specifically wanted to assist CARE in achieving the institutional development necessary to better design, implement, monitor and evaluate projects. Under the terms of this agreement CARE embarked on a Rural Capital Formation (RCF) program intended to improve the quality and increase the quantity of CARE's development assistance. The goals and objectives of the RCF program are divided into two categories: one, the institutional component, covers the organizational strengthening of CARE; the other, the programmatic component, pertains to the beneficiaries whom the program's projects serve. The institutional goal of the RCF program is to increase CARE's ability to design, implement and evaluate projects that lead to the sustained creation of rural capital. The programmatic goal of the RCF program is to increase the availability and productivity of land, labor, physical infrastructure and entrepreneurial skills in the rural sectors of the chosen countries. There are many situations where country program directors have several sectors in one project area. This concept is known as clustering.

The CARE Partnership Grant allocates funding to support four interrelated activity areas: sectoral projects, regional technical assistance teams (RTATs), training and publications, and program management. A brief description of each major activity follows:

Project Fund: In the area of sectoral projects, CARE was to administer a project fund used to support select agroforestry projects which originated under the Matching Grant, as well as support new and substantially modified projects in the area of primary health care, food use, and small enterprise development. One of the objectives of the Project Fund was to establish innovative projects from which baseline data, targets and critical indicators could be derived. The data and indicators from these projects would allow a quantitative assessment of the increase in rural capital.

Regional Technical Assistance Teams: A major feature of the RCF program is the establishment of four Regional Technical Assistance Teams (RTATs) to assist RCF projects with necessary technical assistance. The services of these RTATs are also used by CARE country missions which do not receive RCF project funding. Each RTAT consists of three specialists, one for each of the RCF program emphasis areas of agriculture and natural resources, primary health care, and small enterprise activities development. Specific responsibilities of RTATs include providing assistance to country offices in project design,

technical backstopping, evaluation planning and execution, and training.

Training and Publications: To further support the RCF program and to address programmatic and operational problems common to all CARE country missions, funds are also designated for training activities. The major forum for training is regional and country-specific workshops for CARE staff (both national and international), and selected project implementors and participants. RTATs, and coordinators of each of the sectoral units, are responsible for working with the missions in their respective service areas to plan and implement other specific training activities. Many of these training activities serve as the basis for publications which can extend the training to others not able to attend.

Program Management: Finally the RCF program would be managed by CARE headquarters. This management was originally conceived of as a two person team to include a director for evaluation and sectoral assistance (ESA) and the cooperative agreement coordinator. This structure was subsequently changed to access greater resources/guidance.

These four interrelated activities, as inputs to the institutional and programmatic components of the RCF program should combine to provide improved project design, greater human resource development, training and field manuals, "lessons learned" documentation and greater donor appeal.

II. OBJECTIVES AND SCOPE OF EVALUATION

The PG has been in effect for almost 4 years. In a collaborative effort, PVC and CARE wanted to investigate whether the goal and objectives of the PG are being realized. Beginning in March of 1988, CARE, the Project Development personnel of PVC, and members of the evaluation team began a series of meetings to establish the protocol for the evaluation. An evaluation matrix was jointly developed and agreed upon by PVC and CARE. The Scope of Work Matrix is contained in Appendix 1. The planning meetings were also used to determine the scheduling and country/headquarters mix necessary to conduct the evaluation. The major feature of the Partnership Grant's implementation has been the creation and operation of the four Regional Technical Assistance Teams (RTATs). The activities of the RTATs were central to the scheduling and itinerary decisions.

Composition of Evaluation Team

The Office of Private and Voluntary Cooperation (PVC) brought together a five person team in July of 1988 to implement the evaluation protocol. The team consisted of Franklin C. Moore, Team Leader; Tarang Amin, PVC Matching Grant Program Analyst; Barbara Ludden, Consultant; Brian Cavanagh, CARE Partnership Grant Coordinator; and Sandra Laumark, CARE/Mali Country Director.

Team Planning Meeting

The issues developed prior to assembling the evaluation team served as a starting point for the Team Planning Meeting (TPM). Held in Rosslyn, Virginia during the first three days of the evaluation (July 19 thru 21), the purpose of the TPM is to enable individuals of different backgrounds, settings and skills to quickly learn enough about each other and the task to effectively work together as a team. Specifically, TPM sessions brought together members of both the field and broader team (i.e., AID Project Officer), to better understand the objectives, strategy, methodology, roles and responsibilities of the assignment.

Evaluation Protocol

During the TPM, the team adopted a statement of purpose, agreed upon two outcomes and developed an evaluation protocol to guide the assessment.

Purpose of Evaluation: "Team evaluation of the Partnership Grant in terms of institutional and programmatic considerations (and the relationship between the two). A primary concern is how have RTATs affected CARE as an institution, and in turn, their program effectiveness as a form of technical assistance in the CARE context (program effectiveness being defined as the increase of

rural capital through improvements to land, labor and physical infrastructure and entrepreneurial talent). The relationship of the RTAT to the rest of the organization, cost effectiveness, and design will also be investigated."

Outcome: (1) Observation and recommendations on the process of institutionalization of the RTATs and supporting HQ components.

(2) Observation and recommendations about the impact of synergistic TA on project design, implementation and/or evaluation (including criteria to measure improvements)."

The evaluation protocol was divided into two components - institutional and programmatic. The first section of this report relates to the institutional considerations reviewed by the evaluation team.

The Office of Private and Voluntary Cooperation (PVC) has for some time had an interest in a variety of types of institutional development. In 1986, PVC requested the International Science and Technology Institute, Inc. (ISTI) to implement a special evaluation series focussed on PVO institutional development. The purpose of the series was to compile an empirically based assessment of PVO institutional development.

The institutional development defined by the ISTI series refers to the the role of US PVOs in fostering and strengthening sustainable local institutions that contribute to long-term development in Third World countries. The CARE evaluation team focussed on a different definition of institutional development. Rather than focus on the development of local organizations, the team was primarily concerned with the institutional development of CARE as an organization. Specifically, this refers to the mechanisms in place for CARE to provide technical assistance; design, implement and evaluate activities; and operate as an effective development agency.

There may be some confusion caused by the two differing emphases partly because of the different definition of local institutions by ISTI and the CARE evaluation team. The ISTI study defined several types of local institutions ranging from grass roots organizations to the established or historically partner missions. ISTI would classify CARE missions as such local partner organizations. In its analysis, the evaluation team made a distinction between local organizations and extensions of US PVOs. It defined local as organizations conceived and incorporated in the country of operation. The evaluation team looked at CARE overseas missions as functioning locally to implement projects, but as part of the international structure of CARE. Therefore, these overseas CARE missions were not viewed as 'local partners' as defined by ISTI.

While the emphasis of the ISTI study and CARE evaluation is different, both definitions of institutional development focus on many of the same indicators --- i.e., leadership development, staff training, management systems, resource mobilization, etc... Such indicators are key determinants on whether an organization can better design, implement and evaluate projects. Whether the focus is on the institutional development of CARE itself or on that of its partner organizations, the evaluation team saw significant advances made by CARE, with the assistance of the Partnership Grant.

The team's evaluation of institutional changes focused on two of the four activity areas of the cooperative agreement - regional technical assistance teams and program management. In the area of program management, the purpose of information collection was to understand how the structure of the program department has changed since the initiation of the Partnership Grant. Emphasis was placed on the role of the Technical Assistance Group (TAG) at CARE headquarters, the coordinators of the sectors emphasized by the the RCF program; as well as changes which have taken place in headquarter's management systems. The evaluation team then looked at the style, amount, and process of technical assistance provided during the grant period. While training was broadly considered a part of technical assistance, it was given special attention as a separate topic. Finally, the team looked at how CARE has begun the process of institutionalizing these new forms of technical assistance.

The second major aspect of the evaluation deals with the programmatic considerations of the Partnership Grant. Here concentration was placed on the impact of the new forms of technical assistance and training on project design, implementation and evaluation. While observing the overall effect of the RTATs on the organization and management of projects, the team was not charged with evaluating project effectiveness.

Country Selection

In order to determine which countries to visit, members of the evaluation team sorted and analyzed CARE data which listed RTAT requests by country, sector, type of activity and person days. While the evaluation team primarily reviewed quantitative comparisons to make its decisions (i.e., to which countries were the most RTAT visits and greatest period of activity?), qualitative characteristics were also considered (i.e., of the countries most frequently making use of RTAT services, in what sectors and what types of activities was assistance requested?).

Both in number of activities and length of visits, the data revealed that the Asia and East Africa RTATs were quantitatively utilized much more than the West Africa and Latin America RTATs.

Measured in person-days (p-days), by far the most utilized RTAT was Asia with 1,227 p-days of assistance (East Africa was second with 785, Latin America with 612, and West Africa with 594). Based on such comparisons and the time frame of the evaluation, the Latin America and West Africa countries were eliminated from further consideration. Comparing the Asia and East Africa RTATs, there were a greater number of overall requests (both by sectors, activity type, and person days) for the Asia RTAT than for the East Africa RTAT. Also, measured in person-days, the Asia RTAT had 5 countries (Thailand, Philippines, Nepal, India, and Indonesia) with over 140 p-days of assistance compared to just one (Kenya) for East Africa. A similar picture emerges when comparing the number of requests for each sector (ANR, PHC, SED, and Training).

Qualitatively, the Asia region was also preferred since it had the greatest number and variety of both sector assistance and types of assistance. In choosing among the top 5 countries, Thailand (the RTAT base and most assisted country), Philippines (19 visits, 170 p-days), and India (14 visits, 157 p-days) were judged the most suitable to visit.

Originally, it was decided by CARE and PVC that the field portion of the evaluation would concentrate on the activities of one RTAT and its network of operation (in order to get a comprehensive view of its activities and relationships). This decision was changed to include two RTATs since Kenya, the host country for the East African RTAT, quantitatively and qualitatively rivaled India for RTAT use. Given this comparison, the team substituted Kenya in place of India for the opportunity to interview another RTA network. It was the consensus of the team that a more viable understanding of the RTA system and the relationships involved could be derived by looking at two RTA structures. This also was consistent with the available resources and time frame of the evaluation.

Evaluation Itinerary

As a first step in the evaluation, the team spent five days in New York at CARE's headquarters. While there the team conducted interviews with members of the staff and with field personnel who were in New York for work week activities.

From New York the team flew to Bangkok, Thailand where two project sites were visited and appropriate CARE mission personnel, USAID mission personnel, and the Asia RTAT were interviewed. The team then travelled to the Philippines where two additional site visits were undertaken, and a similar pattern of interviews was conducted. The final stop was Nairobi, Kenya where the East Africa RTAT, one member of the West Africa RTAT, the PHC unit director, and several members of the USAID staff were interviewed. While portions of the

evaluation report were drafted by the team members in Nairobi, the report has been assembled by PVC in cooperation with CARE headquarters. The evaluation team itinerary and list of interviews are contained in Appendix 2.

III. INSTITUTIONAL FINDINGS

The evaluation team was primarily concerned with the CARE structure - both at headquarters and in the field. The team was interested in how the PG assists CARE in developing its institution to better administer funds and provide TA. While not one of the evaluation team's primary objectives, the team also saw cases of CARE's relationship with truly indigenous organizations. The relationship of CARE in fostering and strengthening these local organizations has important implications for CARE's future, given the greater emphasis throughout the development community (including CARE) in developing local institutions. The types of assistance CARE provides indigenous organizations will also better illustrate some of the programmatic considerations of RCF.

A. The Role of the Technical Assistance Group (TAG) in the Coordination of Technical Assistance

The structure of the Program Department of CARE USA before the Partnership Grant was organized as follows:

- The Director of Program supervised the overall functioning of the department and reported to an Assistant Executive director (AED);
- Three Regional Program Officers, each with an Assistant exercised quality control over the projects in the missions in their regions and allocated CARE funds to these missions;
- The Food Administrator coordinated the annual PL-480 requirements of missions and monitored Call Forwards;
- The Nutrition Advisor provided assistance to the department and the missions on technical aspects of food-assisted health programs;
- The Agroforestry Specialist was charged with management and implementation of the Matching Grant for Renewable Natural Resources;
- A Development and Information Officer responded to mission requests for publications and source materials.

Under this structure, the line authority to CARE missions was diffused. Country Directors (CDs) reported to various Department Directors according to function (e.g., Finance for accounting and budget matters; Procurement for purchasing, Overseas Operations for staffing, Program for project proposals.)

The appointment of a new Assistant Executive Director for Program in May 1984, was the impetus for a gradual reorganization of the Program Department. The Partnership Grant which became effective in July 1985 played a key role in allowing this reorganization to be finalized and operational. The structure of the Program Department after the Partnership Grant is as follows:

The Regional Administration Group (RAG), headed by the Director of Program Administration, was created. Regional Management Units (RMUs) for Asia, Latin America, East Africa and West Africa replaced the former Program Officers and were empowered with line authority for the missions. Each Regional Manager (RM) was allocated a deputy (DRM) and a Management Assistant (MA).

The International Staff Operations Group (ISOG), headed by the ISOG Director, assumed the functions of overseas staffing, recruitment, and staff development from the Overseas Operations Department. The International Employment Unit and the Training Unit was reorganized within ISOG. The Training Unit consists of the Unit Director and the Manager of Development Information who is funded via the PG. A field-based (Kenya) Deputy Director was later added and funded by CARE.

Due in large measure to the funding of the Partnership Grant, the Technical Assistance Group (TAG) was organized and headed by the Director of Evaluation and Sectoral Assistance (subsequently renamed "Director of Program Support"). Sectoral Units for Primary Health Care (PHC), Agriculture and Natural Resources (ANR), Small Enterprise Development (SED) (subsequently renamed "Small Economic Activity Development") and Food Programming were staffed with Directors, Assistant Directors and Management Assistants. The Director of the ANR Unit also filled the role of PG Coordinator until September 1987 when a separate Coordinator was assigned. The need for a separate Coordinator was regarded as necessary by the PVC Project Officer and CARE given the workload of the ANR Director and the responsibilities of the PG Coordinator.

Although not envisioned in the original Partnership Grant proposal, the position of TAG Manager, with special responsibility for evaluation planning, was created but later eliminated, when the Program Department was forced to reduce staff as a result of budget cuts. Regional Technical Assistance Teams (RTATs) were established in all four regions and staffed

with the Regional Technical Advisors (RTAs) in each of the three focus sectors (PHC, ANR, SED).

A number of the TAG positions are currently supported entirely from Partnership Grant funds; these include: the Director of Program Support, the PG Coordinator; and the Directors, Deputy Directors and MAs of the ANR and SED Units. PG funds partially support the positions of the Director and the Deputy Director of the PHC Unit and the RTAs. At this point in time, more than 50% of the RTA costs are covered from non-Partnership Grant sources; which was not the case prior to 1987. The PHC Unit receives significant support from Child Survival Grants. The Food Programming Unit Relies on Title II Enhancement funds for the bulk of its budget.

A significant structural change has been instituted in recent months through the transformation of the position of Director of Program Administration to the Director of the Program Department with responsibility for overseeing the Program Support Group (TAG and ISOG). Concurrently, the former AED for Program was elevated to Deputy Executive Director for both Donor and Public Relations and Program.

Functions of Key Positions

It is apparent that the PG has been instrumental in assisting CARE to make institutional changes necessary for the improvement of technical assistance provided by CARE. An examination of the functions and responsibilities of the key positions funded under the grant supports this view.

TAG Unit Directors and Assistant Directors:

The TAG Unit Director and Deputy Director are experts based at CARE Headquarters who have the responsibility of ensuring the technical excellence of CARE's programming in their respective sectors.

The duties of these people include:

- o Fundraise and identify institutional donors,
- o Identify and screen candidates for international staff particularly RTAs,
- o Consult on international staff transfers,
- o Liaison with donor agencies,
- o Network with other technical agencies,
- o Disseminate technical information to missions and RTAs,
- o Direct technical assistance in design, implementation and evaluation to missions,
- o Organize sectoral training activities,

- o Supervise RTAs including feedback on trip reports and annual performance appraisals,
- o Provide input on publications,
- o Coordinate development of sectoral strategies, and
- o Provide sectoral expertise in review of project proposals and concept papers.

The duties of these people are quite broad, as the above listing demonstrates. It is worth noting that many of the expatriate staff in the field are not fully aware of the scope of these positions. This contributes to the perception of some individuals that headquarters was either too remote or top heavy.

Regional Technical Advisors:

With grant funds, CARE invested in sectoral specialists in ANR, PHC, and SED. Thirteen RTAs were recruited and placed in teams in Niger, Kenya, Thailand, and Guatemala/Costa Rica, where they were readily available to their client missions and had a unique opportunity to learn from each other. Among their most important functions are the following:

- o Assist missions in developing sector strategies and project proposals,
- o Assist mission in planning and implementing evaluations,
- o Train CARE staff in program and technical subject matters,
- o Prepare technical manuals,
- o Channel technical information to missions,
- o Identify candidates for positions with CARE including consultants,
- o Assist in country entry probes,
- o Organize workshops on sectoral and overall program themes, and
- o Identify potential funding sources.

By all accounts, prior to the Partnership Grant, such assistance was minimal and usually restricted to external consultants or in-house technical assistance provided by three Program Department sectoral specialists. The consultants often were only used for conducting an evaluation or preparing a report on a particular issue.

Nature of the Guidance Given to RTAs and Missions

It is evident that the Program Department has fostered a decentralized approach to the RTAT system. Operationally, the RTAs and the missions they serve deal directly with one another. Headquarters serves as negotiator and intervenes to prioritize assignments only in instances when conflicting demands have arisen for RTA services.

The RTAs, therefore, have been free to negotiate their Scopes of Work and scheduling directly with the missions requesting their assistance. Likewise, RTAs have been able to rely on the administrative apparatus of the home CARE mission although in one case (East Africa) the level of administrative support has been at times less than adequate.

To the extent that guidance is provided to the RTAs from CARE Headquarters, it takes the following forms:

1. Ten days of new-hire orientation workshops where the RTA is engaged in discussion of CARE's programming principles and approach to project design, evaluation and management;
2. Annual worldwide RTAT workshops in which key programmatic issues are debated, lessons learned are shared and objectives for the ensuing year are established;
3. Comments on individual Trip Reports from the appropriate TAG Unit Director;
4. Annual performance appraisals from the appropriate TAG Director;
5. Publications and technical papers found to be especially pertinent and enlightening by TAG units; and
6. Guidelines on new or changing donor requirements for grant management and reporting, e.g., Child Survival.
7. Negotiations with the appropriate Unit Director of annual objectives and measures of objective achievement;
8. Joint assignments pairing an RTD with a Headquarters-based specialist;
9. Informal, intermittent communicating (phone, telex, memos, etc.)

All CARE missions have received guidelines explaining the RTAT system. These were first issued in August 1986 and covered such topics as the roles of the RTAs, lines of responsibility, accessing and utilizing RTA services, and formats for Scopes of Work and Consultant Evaluations (used for external consultants as well as RTA). The original procedures have been modified only slightly in the following two years and generally appear to have allowed the system to function smoothly.

Sectoral Strategies

The Partnership Grant specified as one of the deliverable outputs, that each TAG Unit would develop sectoral strategies and sectoral policies to guide missions and RTAs in their efforts to design, implement and evaluate projects. Drafts of PHC and SED strategies are in process, while ANRs paper is reportedly to be issued shortly.

Reasons most often cited for the delay in issuance of these outputs include:

1. Realization that strategies are apt to be as diverse as the country and project area contexts in which they are implemented.
2. Desire to obtain maximum input from RTAs and field staff to be fully responsive to real needs.
3. Hesitancy to be prescriptive and thereby inhibit innovation.
4. Continuously changing strategies as states-of-the-art evolve rapidly in all focus sectors and as new experience is gained in the field and fed back into the process.
5. The abundance of new business such as assuming management of PFP activities, developing Child Survival interventions and developing protocols for establishing relationships with UNSO and CANADA.

Clustering

The term clustering has been used in two different ways in relation to CARE and this evaluation. The first use of clustering refers to the physical clustering of the regional technical advisors in one geographical site. Common sites were chosen for the RTAs in Asia (Bangkok), East Africa (Nairobi) and West Africa (Niamey). In Latin America, two RTAs are located in San Jose, Costa Rica because both the InterAmerican Institute of Business Administration (INCAE) and the Centro Agronomico Tropical de Investigacion y Ensenanza (CATIE) are located there. The PHC-RTA resides in Guatemala City which has many regional public health agencies, including ROCAP and UNICEF.

The second use of the term clustering refers to one of CARE's four fundamental programming tenets. These principles were developed to govern the future development of RCF and all new CARE projects. Cluster Programming refers to CARE design of

projects that,

"build on existing CARE activities in a given geographical locale, in order to bring about developmental synergisms through the physical and strategic linking of two or more interventions. That is, a clustered program includes projects or components of projects that serve essentially the same group of participants or participant communities."

The synergistic effects of physical clustering were apparent in Thailand where sharing insights and ideas appears to bring a number of benefits:

1. Broader and more complete understanding of the range of issues in the missions served,
2. Greater continuity when RTA replacement occurs,
3. Opportunities for cross-sectoral backstopping,
4. Opportunities for complementary, clustered programming, and
5. Administrative economies.

However, these benefits have not noticeably accrued to the East Africa Team. Reportedly, because of heavy travel schedules and some preoccupation with administrative issues, the RTAT members have been unable to coordinate team building activities similar to the Asia RTAT.

One West African RTA also found team building to be problematic in her region because of travel demands (75% or more in her case) and the difficulty of finding an adequate retreat site where office distractions could be eliminated.

Though they do not share the same premises, it is reported that the Latin America RTAT has made special efforts to meet 2-3 times annually to reinforce its team character. Also, ease of telephone communication and the proximity of Costa Rica and Guatemala have facilitated the collegial effect.

Physical clustering as it applies to RTATs appears to be generally beneficial to the RTAs, themselves; to the projects they serve in terms of exposure to the other sectors; and to the overall administration of the technical assistance functions. It is beneficial particularly to the host mission, since proximity breeds a certain amount of availability which, in many cases, translates into informal advice, guidance, and assistance in a variety of areas. Generally speaking, Country Directors and Project Managers have spoken appreciatively of the physical clustering of the RTAs, particularly because of the

multi-sectoral point of view which evolves from such a relationship.

The effect of clustering as a fundamental programming tenet will be touched upon later during programmatic considerations of the evaluation.

B. The Provision of Technical Assistance

The Style of RTAT Assistance

The style of the technical assistance provided by the RTATs is viewed by their clients as both facilitative and consultative. RTAs were consistently characterized as good listeners, team players and sensitive to local conditions. Senior management staff in Headquarters indicated in interviews that consultative work styles and easy going personalities were criteria of recruitment and selection for the RTAs. One of the major cited advantages of RTAs was that they were viewed as being part of the organization. This organizational identity gives RTATs access to concerns and a unique perspective of the CARE system. RTAs are able to share relevant experience from other CARE missions in the region, bringing with them an outside point of view while retaining a CARE perspective. A key feature frequently mentioned was the continuity intrinsic in the RTAT system. Such continuity includes repeat visits, continued contact through exchange of letters and program documents, and contact at regional workshops and conferences.

The ability and willingness to participate cooperatively with mission staff, and to help them identify and solve their own problems, has proven to be an important element in the delivery of technical assistance. The team observed that in the majority of cases, the RTA helped the mission identify and analyze major strategic issues in project management, and was credited with assisting missions to understand the big picture. For example, in the Udon, Thailand Micro-enterprise Project a RTA facilitated the staff's understanding of how this project fit into a broader regional economy, when it originally was being viewed as a collection of economic activities. The RTA sometimes also provides specific technical skills (e.g., instructions on how to prepare a cash-flow statement).

It was emphasized by those interviewed in the field that the RTAs worked with the country team. In several instances, compliments were paid RTAs on their ability to work with and be accepted by local villages. As CARE missions, collaborating local NGOs, and project beneficiaries are reputed to be initially wary of outsiders coming in to tell them what to do, this consultative approach and the personal qualities of the

individual RTAs were absolutely essential in building good working relations with overseas staff. This approach and quality of individual RTAs is one of the keys to the success of the RTAT system.

Training Function

A major feature of the RTA's work has been an emphasis on training. The importance and extent of the RTA's role in training of mission staff, staff of partner organizations and others was greater than had initially been expected by the evaluation team. A subsequent review of the RTA position description did disclose a greater emphasis on training than might have at first been implied by the creation of the teams. RTAs play a formidable role both in formal training through workshops, conferences and development of mission level training; and in informal training with individuals or small groups encountered in conjunction with their assignments. In the words of one RTA, echoed by others during the course of the evaluation, "Every assignment is a training assignment." The RTA Position Description is found in Appendix 3.

Decentralization - Relationships with Missions

Another characteristic of the provision of technical assistance under the grant has been decentralization. Most of RTAT and mission interaction is direct and does not pass through either TAG or RAG in New York, although it is important to note that trip reports and RTA evaluation reports are filed with CARE NY. Largely for informational purposes, some correspondence is also shared with TAG and/or RAG. A specific example might be the negotiated Scope of Work (SOW). RAG with TAG guidance can and does intervene in the event that competing requests for RTA services result in unresolved conflicts. TAG also plays an important role in regionally-focused, sectoral training, such as the Africa SED Conference held April 1988 in Togo.

Most missions view RTATs mainly in a mission-support role. Such a perception is a credit to both the RTAT system and to the individual RTAs, and speaks to the wisdom and value of the system in its initial implementation. It is important to note that it is within the discretion of the Missions to invite RTAs or to use other technical assistance resources as they wish--there is no requirement placed on the Missions to utilize the RTAs. There are, however, certain incentives, and in CARE's strategic planning there may be even more.

As a method of introduction, under the Partnership Grant, CARE Missions were permitted to make use of the RTAT services at no cost to the mission during the first year of RTAT existence. The expectation was that many initially skeptical Missions would be convinced of the usefulness of the RTAs. The introduction and

use of RTAs has been so successful that there is now a six to eight month waiting period for the services of some RTAs.

At the time of this evaluation, RTA services were charged to the project served at the rate of \$230/day for evaluation and training activities. Project design activities are currently non-chargeable.

The primary advantage of in-house technical assistance, cited by overseas mission staff, is the knowledge the RTAs bring of the "CARE system", i.e, comfortable familiarity with CARE's organization, programming, personnel, and philosophies. The evaluation team also found the RTAs extremely well liked and widely credited for major impacts on CARE's program quality and quantity and on training and staff development activities.

Use of RTA Recommendations:

A problem did surface which is related to the treatment of, and response to, the recommendations produced by the RTAs in the course of assignments. RTA recommendations are discussed with mission personnel during the site visit. There is almost always a more formal exit debriefing with the Country Director (CD). Upon return to the RTA home mission, the RTA prepares a formal trip report, including recommendations, which is sent simultaneously to the CD and the NY TAG Sector Unit Director, and shared with the RMU. In most cases, these recommendations are presented as advice, and are viewed as non-directive. The CD and the RTA are free to disagree. It is understood the CD has the final authority in such matters. However, since these reports and recommendations are shared with CARE NY, the RMU, as the CD's direct supervisor, has the authority to override the CD and sometimes does. Overall, this arrangement has worked well, but virtually all RTAs and CDs have experienced an occasional confrontational situation.

The most frequently cited complaint of the CDs reflected a view that the recommendations were not fully discussed. As a result, certain verbal recommendations seemed different than the same recommendations once formally written. There are times in which RTA recommendations do touch on delicate managerial issues. One example is the recommendation to replace a project manager, when that person is perceived by the RTA to be impinging on program quality. Recognizing that an in-house technical consultant has the luxury of being brutally frank in comparison to some outside consultants, such situations have resulted in a defensive posture on the part of some Country Directors. The position of some CDs is that as managers ultimately responsible for a particular country program, they do not like anyone unfamiliar with overall program issues to undermine their authority. Therefore, at times, there are feelings that management prerogatives are impinged on by the RTAs.

Such problems appear to have occurred relatively infrequently and did not overshadow the positive image of the RTAs held by the country directors and other mission staff with whom the evaluation team met.

A problem of more concern to those interviewed, especially the RTAs, was the lack of a formal system for follow-up on recommendations. Mission action, including decisions not to accept certain recommendations, is rarely if ever conveyed back to the RTA clearly and in writing. RTAs feel such feedback would prove of great value--both in terms of job satisfaction and as a source of continuing education. Absence of clear and complete feedback on the reports and recommendations was cited as a major frustration of the RTA position. Many mission personnel and RTAs suggested that a formal procedure for giving this feedback be put in place by headquarters. RTAs are sensitive to the confidential nature of the client relationship they have with the missions.

Privilege in the Relationship:

An additional point of concern hinges on the heavily emphasized confidential or privileged relationship between the RTA and the Country Director. Headquarters staff expressed respect for this privileged relationship, explaining that RTAs are never requested to furnish information used in CD personnel appraisals, or mission performance. But, by the very nature of the RTAT system, the RTAs give extensive feedback on mission activities and management through their trip reports and informal comments to New York staff. These comments cannot help but reflect, favorably or negatively, on the CD. This interaction has brought discomfort to some CDs. It should be underscored, however, that the RTA's facilitative work style and basic personalities have minimized this problem, which appears to be inherent in the nature of the RTAT-CD relationship.

Tailoring Assistance to Specific Projects:

As stated previously, RTAs go to CARE missions only on the formal request of the Mission for a specific assignment. The country team, through the CD, prepares a Scope Of Work. This defines specific tasks to be completed by the RTA and includes a requested time frame for the visit. Guidance on the preparation of the SOW has been given to CDs by headquarters. An all-mission (ALMIS) Scope of Work (SOW) and model SOW can be found in Appendix 4.

The SOW and proposed dates are normally sent directly to the RTA with a copy to the TAG. The RTA reviews the SOW, determines if the time frame is realistic, determines if he/she is qualified to undertake the assignment and is available, and recommends changes, if necessary, to the SOW. The final SOW and dates for the visit are then negotiated by the RTA and country mission by correspondence. The RTA often requests that specific preliminary

work be undertaken before the actual visit to complete the assignment.

C. Institutionalization of Technical Assistance

One of the Evaluation Team's key tasks was to determine if and how TAG and the RTATs have affected CARE as an institution aside from their direct impact on CARE's individual projects. Has the TAG and RTAT system changed the way CARE does business, and has the RTAT system and these changes been institutionalized?

The PG initiated systems have had a significant impact on CARE as an institution through the improved investment in developing CARE's human resources, augmenting and stretching their capacity to design, implement and execute CARE development projects. There appears to be little question that the enskilling of CARE staff at all levels has been a major output of the Partnership Grant. The institutional memory and lessons learned are largely embodied in CARE's personnel, especially national staff, thanks to their traditional longevity in CARE. Opportunities for sharing and receiving additional training, both formal and informal, have been greatly increased during the PG period.

The organization, by all indications, has institutionalized human resource development more than ever before and, with its increased commitment, would be most likely to continue workshops, development of training manuals and other activities-- albeit at a reduced level-- even if the PG no longer existed. Formal training (such as workshops, training courses, etc..) and informal training (networking, cross-visits, etc..) are discussed in much greater detail in the Training section of this report.

CARE Systems and Procedures

A second major area of PG impact has been in the institutionalization of procedures and the information collection techniques. New procedures have been introduced into CARE's systems to guide projects through the design, implementation and evaluation phases. These new procedures have particularly ensured improved designs, evaluations and, through lessons learned from evaluations, improved redesign. While changes in CARE's systems, not related to the PG, have also affected CARE's ability to design, implement and evaluate projects, most of the significant changes can be directly attributable to the PG and the role the RTATs have played within it. These new procedures and information collection techniques include:

1. Development and systematic use of a new project proposal format. This format requires explicit and detailed attention to community participation, sustainability, evaluation, technology choice and other programming issues. This project proposal format was developed with extensive field inputs.

It has been translated into French and Spanish for national staff use. Major organizational effort has gone into orienting staff to this new project proposal format. A copy of the project proposal guidelines can be found in Appendix 5.

2. Increases in quality, quantity, and dissemination of program documents. These documents include trip reports, project proposals, evaluations, and training materials. This documentation constitutes a permanent archive of CARE experience, available both to CARE and non-CARE audiences. The quality and quantity of this documentation has increased dramatically in CARE since 1985 with RTAs playing a major role. A listing of RTA generated reports will be found in Appendix 6. While documents are better disseminated, this area still seems to be a weakness.
3. Development of computerized data bases. These data bases which allow access to program descriptions and evaluations have been another institutional development at CARE, encouraged by the PG.
 - a) Program description data base: Summary of project goals, activities, major problems and success and "lessons learned." Accessed by key words. For all ongoing projects, including those started before 1985.
 - b) Evaluation summary data base: More than 200 evaluation abstracts and other information accessible by key words, project title, etc.
4. Production of key program documentation, training manuals and other materials for publication. This is discussed separately as a discrete output of the PG, but CARE's increased interest in and production/publication of such materials reflects an institutional change which has taken place over the past few years.
5. An increased awareness of the need for technical assistance and the ability to use technical assistance. A major institutional change within CARE is reflected in the fact that there is increasing recognition by CARE staff of those situations which require technical assistance. There is a good sense, as well, of where to go to get technical assistance (internal or external) and how to use it. That the CARE staff have been trained to prepare a Scope Of Work for technical assistance is a concrete example of CARE's increased awareness and ability to use assistance.

This increased awareness of technical assistance and the ability to use it is not limited to RTATs or other in-house sources. There is an expanded institutional appreciation of the importance of technical assistance. The growth in demand for training implies a sense of recognized need on the part of the trainees to be better enskilled to provide TA themselves.

As an adjunct, and in support of this new awareness, ISOG has prepared a computerized data base with the names of both CARE and non-CARE individuals with particular technical abilities, such as "PHC project design" or "soil science" for identification if needed. Additional information such as languages known or countries of previous work experience is also included.

6. Increased linkages and networking with U.S., international and host country individuals and institutions able to furnish technical assistance. CARE's links with other sources of assistance such as the International Rice Research Institute and the International Council for Research in Agroforestry and with professional networks such as the National Council for International Health, are long-lasting institutional steps forward. Such networking helps enhance programming and contributes to human resource development. RTATs and TAG Unit Directors play important roles in this area.

While these changes can be attributed to a wide range of factors, such as the availability of new funding sources (Child Survival, United Nation's Sahelian Organization), and changes in CARE's programming department staff, the increased organizational focus and financial resources provided by the PG have provided major contributions to the institutional evolution of CARE.

Changes in Assistance Over Life of Grant

The evaluation team reviewed the types of technical assistance given over the life of the grant. Based on the materials at hand, there do not seem to have been appreciable changes with respect to either TAG or the RTATs, except the increase in workshops and formal training. A number of the RTAs have undertaken preparation of training materials or other broader activities not directly related to a specific project. As examples of this trend, the development of management information system guidelines for primary health care projects and finalization of the Agroforestry Extension Sourcebook are cited. While grants in the more established PHC and ANR sectors have been modest, the fledgling SED sector has gained considerable prominence in the course of the grant period.

Evolution of the Sectors

Each of the three sectors--Agriculture and Natural Resources, Primary Health Care and Small Economic Activity Development-- has changed since 1985. These changes include evolution of sector strategies and approaches. Changes in sector project portfolios-- the kinds of projects and their relative proportions within a sector-- have occurred in all three focus sectors. Under the terms of the Partnership Grant, "clustering" is now to be included as a programmatic tool in the design stage. It is not likely that the impact of this design emphasis has moved through the implementation and/or evaluation stages yet. The RTAT configuration has played an extremely important role in the advancement and acceptance of clustering as a tool and a target.

Agriculture and Natural Resources (ANR): Over the last decade this sector has grown from a handful of projects to its current level of 73 projects, thanks in part to Matching Grant, and subsequently, Partnership Grant, support. CARE is possibly the world's largest agroforestry agency. In this sector, CARE has had significant policy impact on USAID, as well as on the Peace Corps and other international agencies. The ANR sector has been increasingly successful in attracting funding sources both from within the U.S. and internationally.

The evolution of ANR is an excellent example of the use of PVC grant dollars as seed money to support CARE's development of a sector to the point that it has a large number of demonstrably successful projects and lessons learned and can access substantial funds from other sources. There has been an increasing emphasis on agriculture, particularly regenerative agriculture, and on the role of women in ANR, during the Partnership Grant period.

Primary Health Care (PHC): At the start of the Partnership Grant period, the PHC portfolio included a number of water and food-assisted projects in which a nutrition impact was expected, but virtually no Primary Health Care-focused project per se. As of the date of this evaluation, the number of projects (65) is not appreciably more than in 1985, but the portfolio mix of projects is much different. A third of these projects are water projects, a third food-assisted Maternal and Child Health and a final third are integrated PHC projects, including 6 in the category of Child Survival. Some of this shift is attributable to Child Survival and Title II Enhancement grants becoming available, but it must be added that without PG assistance to build up both the TAG and RTAT system, CARE would have not been able to access these resources to the extent it has.

It is also probable that CARE's ability to transform a large percentage of its emergency/disaster relief food programs, implemented during the African drought crisis, into longer term food-assisted or other development projects owes thanks to the

increased capabilities of this sector. On-going projects in Mali, Niger and the Sudan offer examples of relief project to development project transformations. The increase in African water projects from 4 (1985) to 9 (1988) is also noteworthy in this respect.

Overall, the PHC sector has increasingly emphasized the community participation and health education components of its programming. This change has been particularly important with regard to water programming, where CARE has had a long record of technical experience complemented with excellent Water and Sanitation For Health (WASH) back-up and often excellent host country technicians. However, as long-term sustainability problems have been increasingly brought to the forefront of water projects, the PHC sector's orientation towards community participation and health education has been particularly useful.

Small Scale Enterprise Development (SED): This sector, was known as Small Enterprise Development (SED) until April, 1988 when it was renamed to emphasize CARE's work with very small income-generating activities--home gardening, for example--as well as with larger business. It is the newest of the three focus sectors under the PG, with only 16 projects as of Summer, 1986. CARE's previous experience in the sector had been relatively modest. However, in two years the SED portfolio has doubled in size, five having been subsumed from the Partnership for Productivity (PFP), which went bankrupt in December, 1986. Several of those interviewed by the evaluation team likened the evolution of this sector to that of ANR when it received its first Matching Grant support in the early 1980's.

An important observation concerning the expanded capacity of CARE is illuminated by the bankruptcy of the Partnership for Productivity. In December, 1986, at AID's request, AID and CARE worked out an arrangement in which CARE would undertake immediate interim management of PFP's 16 overseas projects valued at \$18.5 million.. CARE completed both programmatic and financial audits on all projects, eventually taking over seven projects, valued at \$6 million, which were integrated in CARE's portfolio and substantially redesigned. Without the PG-supported buildup of the CARE SED team, CARE would not have had the capacity to handle the PFP situation.

While SED has developed its own projects, it has had tremendous impact on CARE projects in other sectors. This impact has occurred as SED approaches and principles have been applied in other projects, making use of programmatic clustering. For example, a long-running water project in Indonesia has been substantially redesigned so that user fees cover more costs. Financial and economic analyses, cash flow, market analysis, appropriate technology and other SED tools of the trade were brought to the project by the SED RTA. Similar examples can be

cited in other types of projects. Increasingly, SED is seen as a tool for moving from unsustainable, government-provided services to self-financing, private sector activities. Again, the Partnership Grant has made a major contribution to supporting the development of this sector.

From the point of view of host governments, donors, and the local population, this is an approach which takes a substantial amount of selling, and one that is not easily translatable into the traditional way of doing business. As such, it does present an obstacle to synergy which programmatic clustering fosters.

IV. PROGRAMMATIC CONSIDERATIONS

In the section on Institutionalization of Technical Assistance (IIIc. above), the report enumerated several changes in procedures and information collection and dissemination techniques which CARE has instituted to ensure improved quality in project design, implementation and evaluation. These changes and the participation of the RTATs with the CARE missions have led to the development of an improved project portfolio. The RTATs have been referred to as the "Shock Troops" of CARE. They have become an integral part of the design, implementation and evaluation processes.

The evaluation team was able to visit several projects and also collected through interviews, evidence of improved projects as manifested in changes in design, implementation and evaluation. As pointed out under Objectives and Scope, the purpose of the evaluation team's visit to project sites was not to evaluate either achievements of outputs or achievement of purpose as they relate to Rural Capital Formation. This will be the task of a future evaluation team. The team was interested in collecting information on the impact of technical assistance on design, implementation and evaluation.

A. Design as an RTAT Function

In the area of project design, the changes have been extraordinary. With the technical knowledge resident in the RTATs; with the RTATs cross-cultural experiences; and with the broader perspective of multiple exposures; there appears no question that project design profits from RTAT involvement. RTATs have become an integral part of the design process and continually prod the system through their own direct involvement in project design, the design workshops, through evaluation involvement, and through emphasis placed on project goals, indicators, targets and activities.

Because of CARE's growing reputation for improved design, positive donor interest is also growing. Better designed projects have brought in more money and expanded sector portfolios. In Agroforestry/Natural Resources (ANR), for example, CARE has moved from a pre-matching grant base in 1978 of less than \$1 million in projects to a position now of \$26 million in projects. In Primary Health Care (PHC), three direct health care delivery projects existed at the time the Partnership Grant was drawn up. The sector has expanded to 16 health care delivery projects, including six Child Survival Projects. In Small Scale Enterprise Development (SED), the number of projects has more than doubled, from 16 to 39, and set asides for the relative new development sector have been made.

The quality of project implementation has also improved, reflecting the inclusion in project design of outputs, targets, and indicators, in addition to the formal and informal training which has become the hallmark of RTA involvement. Many RTAs also review PIE documents, and comment on aspects of implementation during the course of subsequent in-country activities on the same or other matters.

Although the Evaluation Team visited and directly discussed only a small percentage of CARE's 160 projects, they appear illustrative of the impact which RTAs have had on the system.

While the concept of community participation is not new to CARE, RTAT participation in the project design process and their understanding of community participation has contributed greatly to better targeting of potential beneficiaries, expanded beneficiary participation, and broadened awareness of the perceived needs of those potential beneficiaries.

RTAT participation in training of staff involved in design and implementation has contributed to a process which assists beneficiaries to continually reassess their needs, and adjust implementation to meet those needs.

In the Philippines, the team visited a cattle fattening project being implemented by UGMAD, an indigenous NGO, with assistance from CARE. Interviews with the UGMAD Director of Operations and the local CARE Project Manager brought forth commentary on how a RTA worked with staff and potential beneficiaries, in a participatory manner, to both better target the potential beneficiaries and have the beneficiaries identify their felt needs during the design of the project.

The evaluation team also learned that the Partnership Grant-assisted CARE training of the CARE local staff person had been shared (echoed) by the trained staff person to the UGMAD staff.

The impact of the RTA in the design phase and the sharing of results of training with the UGMAD staff during the implementation phase had resulted in better targeted beneficiaries and increased beneficiary participation in both phases. As a consequence, there was built into the project a sensitivity to the perceived needs of those beneficiaries as well as a participatory approach to addressing those needs.

Project cost-effectiveness shows substantial improvement as a result of RTA involvement in project design and implementation. An example of such an effect was found in the work done by a RTA in the area of SED activities with cook stoves. The East Africa SED RTA has been involved with economic and financial analysis of a number of potential projects designed to use or market cook stoves. The results of this more rigorous analysis has led to the

inclusion of elements in the projects which make them more responsive to cost factors involved in producing and marketing the stoves.

It became apparent during the evaluation interviews that while adopting the cooperative approach to project design, RTAs have not only improved project design and implementation in relation to appropriate indicators and outputs, they have also increased the ability of local staff to do the same. An SED project which the team visited while in Upon, Thailand, was one involving agriculture or silk-worm raising and silk production. In helping to design this project, the RTA initially involved assisted with market surveys and trends of the availability of raw materials. She communicated the desirability of such considerations to project staff and beneficiaries; as well as the methods used to collect such information. For this cottage-based industry, the RTA then applied this, and other information collected, to construct and explain "break-evens". In cooperation with the participants, a "model project" was designed which included phased implementation with phased use of credit and training. Each step had appropriate outputs and indicators which signalled movement to the next phase.

In this project's use of RTA assistance, it is important to note that, although the original SED RTA has been replaced, this and other SED projects in Upon have continued to work with the new RTA with no loss to the project. For example, the first RTA instituted the concept of break-evens during project design; the second RTA has instituted the concepts of cash flow, income statements, and business statements during implementation. The local project manager was comfortable in discussing all of the above design and implementation elements, as was her staff. When queried about this, she indicated that she had learned these elements from the two SED RTAs during project design and later, in implementation consultations.

The team visited with another SED sub-project in gem stone cutting (Cubic Zirconium) at the same site. Here, the project managers also spoke of design elements which better linked the beneficiaries to relevant host government agencies, credit facilities, and other project clients in a participatory way. Again, awareness of these elements occurred at the design phase through the interaction of the project participants, project staff and the RTA who assisted with design. Awareness continues to expand now that the project is being implemented. Project participants interact with a number of organizations and individuals to receive credit, training, raw materials, and to identify markets. The list is varied and comprehensive: credit institutions, the Thai Gems Builder and Trainer Association, a local advisor from the Institute of Local and Cultural Studies, the Gem Cutters Association, and many more. With the assistance and interaction of these participants and advisors, the project has spread from one village to five villages; and has expanded

from 3 cutting points to 25 cutting points. Some of those trained to cut and polish these "Russian Diamonds" are now being trained in Bangkok to cut more precious stones, such as the native sapphire.

B. Implementation as an RTAT Function

In the areas of implementation and assessment of new and on-going projects, the RTATs assist project managers in recognizing potential negative effects of projects and help with redesign to offset such adverse effects. During the team visit to the Mae Chaem project in Thailand, it was pointed out that a key element of the project was the production of income generating crops. One of the first such crops selected was hibiscus. As the project expanded training in hibiscus production, the local market became saturated and prices dropped. The potential for a severe negative effect on the project was offset by implementation of the RTA's suggestion that new income generating crops be introduced for periods of only three years, and that the project participants learn to develop market strategies.

One of the most significant benefits of the RTAT system is the multi-country, multi-project exposure of the RTAs. Because of this and the experiences individuals bring to their assignments, they are exposed to a broad range of technical solutions to problems. This enables the individual RTA to assist in the selection of the most appropriate technologies in the project design phase as well as in the development of training strategies for country and project staff. The combination of RTA assistance in selecting an appropriate technology and development of training has enabled country and project staff to manage and technically implement projects with understanding and confidence.

The evaluation team made visits in Negros, Philippines to pig-raising and pig-fattening activities at the SAGASA Multi-Purpose Co-op, and to the Sugar Industries Foundation, Inc., (SIFI), both of which are CARE-assisted. These two comparative visits highlighted extraordinary swine projects which clearly reflected the application of appropriate technology and training strategies. At the SAGASA project, with its superior agricultural knowledge, plans were well underway for a swine breeding and fattening project which will serve as a model technology transfer activity in which rice production, marketing, and fertilizer procurement are integrated. These activities are being supported by a cooperative effort involving the participants, CARE, and the host government to provide training in management and accounting systems. At the SIFI project, pigs are fattened solely by using locally prepared foods. Although this aspect of the SIFI project was already in progress when CARE began its assistance, CARE has reaffirmed that the technologies are appropriate.

Increasingly in project design and during implementation redesign,

RTAT assistance has helped projects to exhibit more comprehensive sectoral and inter-sectoral approaches. The application of inter-sectoral approaches to redesign during the implementation phase is the dominant form of clustering as a programmatic tool. The team visited several projects in which, with the help of RTATs and CARE PG trained staff, the implementation phase includes such clustered redesign elements. Typically, the redesign expands the elements of a project which falls within one sector and broadens the project to incorporate components from other sectors. In the Mae Chaem agroforestry project at Chiang Mai, the team visited a project which had already moved from fruit and forestry tree propagation and soil conservation to include the other agricultural aspects of cash crop production. The project was further expanded to include primary health care components.

In the Upon SED project, the team witnessed a project which had moved from agriculture production to gem stone cutting and was about to include other SED activities, including the formation of a credit cooperative.

In Kho Wang, the team visited a project which began with cash cropping activities of peanut and baby corn production under irrigated conditions; and expanded to include activities during the rainy season of fruit tree and fish production, followed by chicken production to improve nutrition.

The projects cited above have been designed, implemented and redesigned to increase the creation of rural capital in a variety of ways. Some of the rural capital is embodied in increased incomes: the result of small enterprise activities development. Some of the rural capital is embodied in human capital: the result of improved health through primary health care activities, improved nutrition, and increased potential as a result of improved knowledge and techniques obtained from training.

Other aspects of improved rural capital result from improvements to the environment and in agricultural practices, which heighten the opportunities for increased productivity. In all of these cases the RTAT system has had and will continue to have a substantial positive effect.

C. Evaluation as an RTA Function

In the area of project evaluation the RTAT system has effectively improved quality. It is generally agreed that because the RTAs are CARE staff, evaluations in which they are involved have more relevance. In many instances outside consultants do not have the depth of organization and project understanding that RTAs have. In addition, RTAs are rated as being "brutally frank," a claim which is not likely to be made about many outside consultants who wish to continue to receive contracts.

CARE's use of the RTAT system for project evaluation has increasingly helped to meet the needs of project management. The inclusion of in-house resources, which remain within the system and can be called back to continue to assist project management, is viewed as a plus.

An added value of an RTA evaluation may be the desire to work within a framework to explore why a particular effort or initiative succeeded or failed to have the expected impact. When negative side effects of projects have been realized as part of the lessons learned, they are available within the CARE system to be used in future project designs as things to be considered or to be avoided.

All "lessons learned," while not distributed extensively or in a highly useful fashion currently, at a very minimum are recorded in a central data base and are available for all RTATs and country staff to draw upon. The extrapolation of the lessons learned into the institutional memory and consequently into future project design is a highly desirable product which is increasingly expected and desired by the RTAs, CARE/HQ, and other parts of the CARE system.

This is an important point to note since the institutional memory of CARE is largely embodied in the traditional longevity of CARE employees and the processes for sharing which CARE has set up, e.g., regional workshops, workweeks, sectoral conferences, and staff mobility.

The question of project evaluation is one which has received a great deal of discussion and attention both in USAID and in CARE. There is a growing realization that internal evaluation and mid-course evaluation are extremely important implementation tools, and that well-designed projects will have evaluation as an important component. The development of an MIS system, available to all CARE managers, which includes project evaluations, lessons learned, targets and abstracts, is another development tool to assist in design and project management. This is noted by the team as another element of potential institutional maturity and programmatic impact, made possible in part by the Partnership Grant.

One of the most exciting aspects of the improved quality of project evaluation is in the area of strengthened participation of host governments, potential beneficiaries, and other clients. An excellent example surfaced when the team discovered that one of the RTAs interviewed by the evaluation team is engaged in coordinating the Agroforestry Monitoring and Evaluation Methodology Program (AFMEMP).

The purpose of AFMEMP is to establish evaluation criteria based on farmer beneficiaries and project officer perceptions of success

and evaluation criteria, seeking ultimately to substantially increase participation. This project, funded by the Ford Foundation, operates in Kenya, Rwanda, and Sudan. As the RTAT systems moves in this and in other innovative directions (expanding CARE's funding base as well), the system should have a profound effect on evaluation, not only for CARE but for the PVO/NGO community at large.

V. CARE'S CAPACITY TO TRAIN: THE ROLE OF THE PARTNERSHIP GRANT

As a result of the Partnership Grant and CARE's own strategic thinking the past few years, training has become an increasingly important focus area. Both the capacity and process of CARE's provision of training has been greatly enhanced by the PG. Everyone interviewed, from the CARE headquarters staff to project managers to beneficiaries, expressed the importance and desire for more training activities. Already, of CARE's 160 projects, 140 have been affected in some way by training. This greater emphasis in training is primarily reflected by RTAT activities and the types of training forums which have taken place the past three years. A list of the eight international or multinational training events supported by the PG since 1985 is compiled in Appendix 7. Additionally, 28 mission-based workshops were organized or facilitated by the RTAs.

Besides the programmatic effect on design, implementation, and evaluation, training activities play a major role in the institutionalization of technical assistance (TA) within the CARE organization. Forums such as workshops have been excellent tools for human resource development and disseminating lessons learned. Even greater than formal training, RTATs have been able to provide technical assistance and communicate lessons learned through informal training activities. Often rather than being faced with discrete technical questions when visiting a Mission, a substantial portion of RTA effort is expended in assisting the Mission to frame the correct questions. The process is one of education and training.

Based on interviews with RTAs, it is clear that training is one of the most important types of assistance they provide to missions. Included in types of training involvement are formal and informal training, accessing local technical assistance, and identification of local information sources.

A. Forums for Training

The major types of forums used for training during the life of the Partnership Grant have been workshops, mission-level training, RTAT consultations, and external technical assistance.

At the current rate of regional and sectoral workshops, CARE should have no problem meeting the training requirements specified by the PG:

- an in-house capacity to provide technical assistance to country offices on call; and
- to provide training services on a regional basis and prepare manuals on a world-wide basis.

Specifically, CARE is committed to conducting 36 training courses for CARE staff and national counterparts in the areas of sectoral emphasis and general development topics during the life of the grant. CARE is also responsible for the production of six training and field manuals on subjects related to the design, implementation, and evaluation of technical projects. See the Outputs Section in Appendix 8.

Workshops:

The Partnership Grant has played a major role in the use of workshops for training activities. One technical unit director stated, "The Partnership Grant made possible the first CARE workshops by CARE for CARE programmatically." In addition to the undertaking workshops, CARE has undergone an important evolution the past three years in how it goes about planning training activities. In the early days of the Partnership Grant, CARE laid plans for sectoral or regional workshops through representatives of the Training Unit and the headquarters based regional and technical staff with little communication and/or participation on the part of the beneficiaries. The process has evolved to its current state, in which workshop planning is a highly participatory activity. An example was noted in the recent Water Projects workshop in East Africa. While assistance was received from the headquarters technical and regional units, the East and West Africa Health RTAs took the lead in contacting and planning with participants over a full year's time the major activities of the workshop.

Case Study:

All-Africa Small Enterprise Workshop - April, 1988

Illustrative of the components comprising a successful workshop is the case of a small enterprise workshop which took place last April. The workshop was the mechanism to educate many different actors, clarify policy issues, articulate the sector, train trainers, and complete follow-up activities.

There was a great deal of participation in executing the conference. While the lead on the workshop was the SED TAG unit director, he had considerable input from all of the RTATs, Missions in Africa with SED interest, and many others. The Deputy Director of the Training Unit, who is stationed in Nairobi, arrived two weeks prior to the workshop, and was the facilitator for the entire period. A former SED RTA was contracted to assist with planning, execution, and follow-up of the workshop. ARIES, a project consulting firm under AID contract, prepared many of the initial workshop materials and final documents. Both the West

Africa and East Africa Regional Managers attended the conference. Participants included national and international staff ranging in title from project managers to country directors.

The SED RTAs spent two weeks before the conference with TAG to develop a sectoral strategy and redesign the conference. The workshop also had an excellent trainers training component. This activity proved to be especially valuable to RTAs who were discovering the magnitude of the training component in their own jobs.

The RTAs and other resource personnel took part in the initial workshop design and reworked it under the guidance of the Deputy Director of Training. Each was responsible for presenting portions of the workshop, and all were coached in facilitation training techniques. As a commentary on both lessons learned and replicability, one RTA expressed the view that the training received was more than adequate to enable him to accept a commitment to replicate this training in another country.

Each participant prepared a follow-up action plan for implementation in the home Mission. The complete proceedings are being prepared for dissemination to CARE and other interested parties.

Mission Level Training:

Mission level training takes several forms, including workshop follow-up, "echo" training, and technical consultations. Intrinsic to the process is the production and dissemination of workshop documentation, including proceedings and minutes; development and production of manuals and technical papers; and abstracts of evaluations and lessons learned.

Missions have available several choices of individuals or vehicles to conduct training for both national and expatriate staff. Such training may be provided through in-house staff members including RTAs, by external contractors, or by participation in non-CARE training activities.

Reflecting a desire for a broader variety of training, many of those interviewed expressed the desire for project staff cross-visits within and outside of their assigned countries. Such activity is seen as an excellent opportunity to disseminate lessons learned and to experience another context from which to approach their projects.

B. Structure of Training within CARE

The relationship of the Training Unit in New York to the training

needs of CARE Missions is not entirely clear to the Evaluation Team. The unit is comprised of three professional members; a Director, Deputy Director and Manager of Development Information. The Director and Manager of Development Information are based in New York, and the Deputy Director is based in Nairobi, Kenya with the East Africa RTAT. It appears from interviews that the Director's primary service delivery concerns are in Latin America and West Africa; and the Deputy Director's activities are centered in East Africa and Asia. (One Country Director, who was supportive but non-enthusiastic about RTAs, was extremely enthusiastic about the Deputy Director for training, saying that he would even go so far as to have an RTA of this quality in every country.) Some CARE staff were disappointed that there is no one on the training staff who speaks French or Spanish.

While much good training activity is taking place, some CARE staff have expressed concern about the ad hoc nature of these important activities. There seems to be some confusion as to the relationship of the NY Training Unit to other divisions within the Program Department. A concern expressed by at least one RTA was that "Everyone wants training across the board. There is a need to expand and upgrade it, but there presently is not enough control over how the training is given. It may not be functional in application."

Some institutional attention should be given to better defining and communicating the role of the Training Unit to CARE managers and staff.

VI. APPROPRIATENESS OF THE RCF PROGRAM DESIGN

Throughout the evaluation, the team solicited comments from as many of the CARE staff, partner organization personnel and beneficiaries as possible on the design of CARE's Partnership Grant with PVC. The team has described above the need for technical assistance in the areas of design, implementation and evaluation; and has also commented on the delivery of these services.

This section will concentrate on the costs and benefits of technical assistance, cost recovery and aspects of sustainability, and issues related to women in development. The section will conclude with suggested alternatives and recommendations to the design of the RCF Program.

A. Sustainability: Two Components

A discussion of RTAs inevitably leads to a discussion of the affordability of technical assistance as designed and implemented by CARE in the PG. Cost and cost recovery are important to the sustainability of the program. In its assessment, the team divided the issue of sustainability into two interrelated components - institutional and financial. One of the reasons for doing this is the inherent difficulty in assessing sustainability. Since the program is only a few years old, and the timeframe for measuring sustainability is long, it is difficult to make judgements on CARE's ability to sustain the program. The main reason the team separated the two interrelated components of sustainability is that institutional and financial aspects clearly identify where CARE has to refine its thinking, and possibly the PG.

Much of this report describes the steps CARE has taken under the PG to develop as an institution. Many of the procedures and processes adopted also contribute to the institutional sustainability of the organization. CARE has demonstrated, under the PG, key factors favoring sustainability. CARE has the commitment, focus, management systems, and long-term emphasis which are all necessary for sustainability.

While the team saw encouraging signs for the program's institutional sustainability, financial sustainability is a bit more problematic. As discussed earlier, CARE has invested much of its own resources and looked at sustainability with an appropriate long-term timeframe. The management, professional staff, and development of financial systems similar to for-profit companies further show CARE's commitment. There remains, however, a number of areas with regard to financial sustainability that CARE must better articulate or reassess.

The main problem preventing financial sustainability is that CARE

has not determined the best way to charge and recover TA costs from an individual project's donors. Because this is not currently done, the costs of a quality in-house technical assistance capability require external funding (i.e., the PG). The implications this has for aspects of institutional sustainability are obvious. The team became aware of a divergence of views on the question of cost and benefit.

One view, the more narrow view, is that of the individual country. Some country staff view the RTAT system from the point of the "individual" consumer, that is, considerations revolve around the per day cost of the RTA's services (\$230) for implementation and evaluation work; and the immediate benefits which flow to the country mission as a result of this expenditure.

This cost benefit relationship differs from country to country primarily because of labor cost variations. The cost of potential substitutes, usually nationals who speak the language, who are capable of performing the same functions vary in cost from country to country. It is noted that while such individuals have certain disadvantages, they also have certain advantages such as language and availability. The most important aspects of this view are:

1. Benefits of the RTAT system are viewed only in terms of immediate services received, and
2. The cost is compared to alternative TA costs in the country receiving the RTAT service.

The other view, a much broader view, is that which predominates at headquarters. Most of the headquarters staff interviewed express a view that the RTAT system must be viewed as a "Public Good." That is, the total costs of the system for both RTATs and supporting headquarters components are considered in the light of the services rendered to the entire CARE system. The benefits of such a system are viewed as accruing to the entire CARE system as well.

For countries in the CARE system, these benefits would include project design and formal and informal training which take place in country. However, there are also other benefits, which include those things which are of value to the entire system and which may indirectly benefit countries (such as the improved reputation of CARE or representation with donors); or may benefit some countries but not every country in the system (such as fund raising).

Other costing considerations include the fact that the \$230/day that Missions are charged for RTA consultations on implementation, training and evaluation represent only a fraction of the real costs of supporting the entire RTAT system. Some Country Directors interviewed complained about the high costs of RTAs relative to local TA. Yet, the demand for the RTAs in some cases has caused a

six month waiting period. Economic supply/demand reasoning would argue for charging a higher fee to missions for RTA assistance. However, the evaluation team heard objections to this. No matter what portion Missions will be required to pick up, it didn't seem that CARE had a good articulation of where the \$230 figure originated. Whether this figure is arbitrary or whether it should be changed is something CARE must further investigate.

No matter what CARE decides, the team was not sure why the \$230 was charged to all CARE Missions regardless of local circumstances. The team heard evidence that such a figure should be based on the opportunity cost of local technical assistance. For example, the \$230/day figure in Asia is expensive relative to high quality TA available locally. It seems Missions and RTAs have done a good job in identifying local TA when appropriate. In West Africa, there is not much locally available quality TA, and the TA that is available is expensive. Therefore, it makes sense economically to have cost differentials across regions; and it may also make sense to have differentials across sectors.

An area that CARE may investigate is in assigning the technical assistance costs of a particular project to that project. General PVO experience has shown project donors are willing to fund costs associated with evaluation and consultation time during the implementation stage. However, in some cases, such as projects that already have multi-year budgets cost-coded for donors may not be able to be modified to include these TA costs. CARE, as far as possible, does assign TA costs of projects to the projects. More problematic to pass on to project donors are costs associated with project design and development, and fund raising. Project design and development are difficult to pass on to project donors because they are activities which often take place prior to CARE's funding discussions with the potential project donor. One of the ways in which CARE could approach financial sustainability for TA as it relates to fund raising is by developing a series of well documented cases which demonstrate the value of TA for project design, implementation and evaluation.

At the present time, the RTA's generally have greater demands on their time than they can readily accommodate. This indicates in that the short term cost to the mission has not been a major deterrent to RTA involvement.

B. Women in Development

While there may be some interest in looking at WID issues on the part of CARE, there is little if any specific movement in that direction. Part of the difficulty lies in a lack of knowledge of the types of things that should be disaggregated by sex, which

factors should be reviewed in project design, and what other requirements there may be which should be given prominence.

From the CARE perspective, attention must be given to the ratio of male to female in human resources development and training, and selection criteria adopted which look at numbers of male/female in a manner similar to that in which CARE regards national and international staff.

The CARE system should be made aware of the need for and should begin collecting disaggregated information in this area.

C. Recommendations

The Evaluation Team, based on observation, personal experience, interviews, multi-country visits and cognitive assessment, submits the following conclusions and recommendations for further consideration by AID and CARE in relation to the Partnership Grant:

CARE PG II - An Alternative Design

During the field visits, the team heard many suggestions about the provision of technical assistance within the CARE system. Below is a scheme comprised of repeated suggestions by CARE staff interviewed at headquarters and in the field. While the configuration does not answer all of CARE's needs and may not be the final solution, it is illustrative of issues which must be addressed in any continuation of a Partnership Grant. The team also heard comments from the field that advocated in the future a cost-effective, sustainable technical assistance system which includes country specific capabilities.

An alternative approach to the present system should start at the beginning by reviewing the current situation. Based on another needs assessment or questionnaire, CARE can determine if the current sectoral areas of expertise (i.e., ANR, SED, Health) are appropriate in each region -- or whether RTAs with other expertise (i.e., Training of trainers, MIS, etc..) are also needed in certain regions. Once the regional composition of RTAs is determined (this also has implications for CARE's TAG structure), CARE could recruit Deputy RTAs from countries within the region. The "Deputy" RTA could perform most of the field visits that RTAs currently handle. The Deputy RTA is meant to decrease the backlog and meet the demand of CARE mission requests. These indigenous personnel could also be targeted to meet the specific needs within regions. For example, within Primary Health Care, a specialist in water projects could be hired if it reflected a regional need.

The present RTA position, while still providing technical

assistance to countries (though under this scheme perhaps no more than 40% of his/her time), could be freed up to work on fund-raising, publications, documenting lessons learned, fostering relationships with PVOs and consortiums, and other topics. Besides meeting CARE mission demand and addressing RTA "burn-out," this design will also contribute to national staff (or 'indigenous people') development.

This plan has some other implications:

Cost Effectiveness:

While the salaries of indigenous technical personnel are generally lower than expatriate staff, the cost implication of their employment is not entirely clear. The best-case scenario envisions a combination of less expensive Deputy RTAs (relative to expatriate staff) and RTAs who would attract other funding. The full RTAs, if appropriate, would have the time to be able to attract funding. The Deputy RTA in most countries represents a less expensive way to meet mission TA requests. The confusion of this system is that it must correspond to CARE's cost recovery thinking (which has not been resolved) and other elements which cannot easily be factored at this time. For example, while the salaries of indigenous personnel are lower, the cost of recruiting and supporting these people may not be less expensive relative to expatriate RTAs.

A critical condition of this scheme is that the RTAs are able to attract other donor funding (the evaluation team saw evidence that the caliber of RTAs would make this possible) and that Deputy RTAs are of sufficient quality that missions deem their services valuable. If the RTAs are able to attract funding, it is an obvious cost effective benefit they provide -- vs. the current difficulty of pricing their actual benefits. Given a better rationale with regard to sustainability and costs, it was suggested that this system will be able to provide a greater amount and differentiated quality of TA at a lower cost per service than the current situation of RTAs.

National Staff Development:

While the cost implications may not be clear, the advantages of Deputy RTAs to national staff development are obvious. CARE has a serious commitment to the development of its national staff. This alone would be reason to look at this scheme in the evolution of CARE's provision of TA. More immediate benefits could result if the indigenous staff person is a citizen of the RTA host country. Such technical staff could go a long way in ameliorating the situation (in E. Africa and Asia) of difficulties obtaining work permits. The evaluation team heard evidence that some RTA host countries were reluctant to issue work permits to RTAs given their extensive consulting outside their host country. The

experience of one evaluation team member in Zimbabwe has shown that hiring an indigenous technical expert for the organization adds a great deal of credibility in this regard.

Other Considerations:

The question of sustainability with this scheme has not been resolved. The institutionalization of this system should be similar to the current structure of TA. This approach doesn't seem to be sustainable currently without external funding (i.e. Partnership Grant). However, the possibility for sustainability can be greatly enhanced if CARE can refine its cost recovery mechanisms.

Recommendations Specific to the RTAT Function

1. Potential Threat to RTAT Functioning: A number of RTAT issues have arisen within CARE International, particularly with the advent of non-US lead members' becoming operational and directly managing their own projects or country missions.

One of these issues centers on the possibility that potential demand for US RTAs may significantly be reduced as lead members enforce a policy of using their technical expertise on projects in their country. This may affect the demand and, indirectly, the cost sustainability of RTATs.

An additional problem also arises in certain projects that have been under regional programs (such as AFMEMP in which agroforestry projects have been monitored under a Ford Foundation Grant), and are in countries where lead members may insist that US RTAs no longer continue in these projects. In such cases, CARE's credibility and program effectiveness will be seriously damaged.

Further, removal from certain projects could be grounds for non renewal of work permits for RTAs in certain host countries.

2. Benefits of Nationals as RTAs: The time demands for RTA travel ranged, by their own estimates, from 50% to 90%, depending on the disposition of the RTA. CARE mission requests for RTA services currently carry a three to seven month leadtime. Related to the waiting time, CARE NY has also been concerned about RTA "burn-out." While the team found that the issue centered more on "time management" or "workload control," there seems to be a need for more technical experts to respond to these pressures.

The creation of additional RTA positions is an expensive proposition. In addition, there are problems in the reluctance of some host governments to issue or extend work permits to expatriate RTAs who spend a substantial portion of their time assisting projects in other countries.

To ameliorate the above concerns, the team recommends that CARE investigate utilizing nationals as RTAs (or "Deputy RTAs"). National staff can expand the number of people in the system, and thus reduce the leadtime for services, are less expensive than expatriates and may ameliorate work permit problems.

3. Retention of RTAs: The issue of RTA retention, as well as RTA replacement, is one which is under serious consideration within CARE. Since experienced RTAs are an important source of institutional memory, CARE must determine how they will be utilized after their term has expired. The team heard of options ranging from extension of contracts to RAG or TAG positions to individual country assignments....

4. Second Generation Considerations: An overlap in RTA service is desirable to facilitate the orientation of new RTAs. It has been suggested by several RTAs that one month is an adequate period of time for the transition. Unfortunately, uncertainty in the area of RTA contract renewals or delay in selecting replacements is detrimental to overlap. CARE NY should assure a recruitment system which meets these needs in a timely fashion.

An additional recommendation is that CARE investigate whether new RTAs should be given the same opportunity as first generation RTAs for orientation visits. The team heard a number of suggestions ranging from providing funds for second generation RTA orientation visits to providing no type of orientation. While the team did not believe it was necessary to give missions a one year free introductory offer for these second generation RTAs, some type of incentive may make their transition easier.

5. Training as an RTA Function: Training has emerged as a major component of RTA activity. Clearly, facility in training and knowledge of training methodologies and skills are highly desirable elements in the recruitment of new RTAs.

Although training is a significant component of RTA services, it is not a significant component of selecting RTAs. Therefore, many RTAs entering the CARE system initially do not have training skills. CARE should assure that all RTAs are trained so they are able to train others.

6. RTA Reporting Requirements: The current system of filing reports with both RAG and TAG has elicited strong reaction from some Country Directors who feel compromised at having the recommendations made by the RTAs shared with the managers in New York, a situation which does not occur when private consultants are used. There is little opportunity for discussion or justification since the CD is not required to take the advice of the RTA, but there is substantial latitude for second-guessing on the part of the CD's manager in RAG.

The team offers no solution, but notes that the dissatisfaction is widespread enough to warrant attention on the part of CARE NY.

7. Follow-up and Feedback on RTA Recommendations: A source of frustration for RTAs has been the lack of feedback on RTA recommendations submitted to Country Directors. From the point of view of job satisfaction such feedback, whether formal or informal, is invaluable and desirable. CARE should determine what the proper procedures should be regarding CD-RTA relations.

8. Annual Retreat: It is recommended that certain specific activities be arranged and required of RTAs to further their professional development, cross fertilize within the CARE system, and enhance their relationships with each other and within the CARE organization.

A yearly regional RTA retreat, which will contribute to team building, enhance clustering, and provide an opportunity to consider administrative or other issues is strongly recommended. The 'Sea Sands Accord' of the Asia RTAT is an excellent example of the value of such a retreat. Other forums for RTA interaction, including region to region and sectoral meetings, should also be encouraged.

9. Preparation of Workplans: RTAs generally attempt to prepare projected workplans. The ability to actually do so accurately and efficiently is hampered by a lack of advance planning on the part of the CARE missions.

It is recommended that each CARE mission seek to determine their RTA needs on an annual basis and cooperate in advance planning with the RTAs.

10. Resource File Development: As the Missions sort out those projects which should be set aside for the RTAs in terms of value received for the dollars invested, more and more reliance is being placed on identification and utilization of local technical resources. The RTAs are playing a major role in this process. RTAs are clearly developing resource bases in their region and see it as part of their service to establish these contacts and share them with the Country Directors and mission staff.

It is recommended that RTAs be encouraged to further develop resource files of consultants and experts, sectorally and regionally, as a data base for the region and for CARE as a whole.

11. Materials Distribution: Although not wishing to overload the field with information, it would be desirable to compile and distribute a list of RTA produced materials in a standardized manner so that overseas missions and various CARE NY departments can access them if interested. Better communication between headquarters and the field can also better demonstrate the

benefits which are accruing because of the RTATs.

12. Circularization of Abstracts on Lessons Learned: It is recommended, to improve project design, that evaluation abstracts be compiled quarterly and circulated CARE-wide.

The communication of lessons learned to field staff is a matter of concern and emphasis to CARE, to AID, and to those involved in design, implementation, and evaluation of development programs.

The team noted the creation of data bases to store information on evaluation and project activity which could be accessed by CARE missions. However, the storage and availability of such information within a computer system is obviously not the entire answer.

The value of the information increases in relation to the opportunity for exposure and application. It is recommended that, on a planned periodic basis, abstracts of evaluations be circulated CARE-wide with reference indicators for securing further information.

General Partnership Grant Recommendations

13. Technical Assistance Cost Recovery: The success of the PG program in the future will depend in part on addressing long-term resource constraints. Project Managers and Country Directors should be directed to include in project proposal budgets, cost items that most donors will fund. Specifically, proposals should be reviewed to ensure that baseline studies, midterm assessments and evaluations, technical assistance and training, training materials and workshops are separate budget line items and not funded as "administrative costs."

As CARE's reputation in project design grows, consideration should be given to recognition of the administrative cost of providing the technical assistance and training to reach and maintain that level of excellence. Through better recognition and documentation, CARE should attempt to include technical assistance costs in donor appeals.

14. Buy-Ins: There is substantial confusion and lack of information on the "Buy-In" provisions of the Partnership Grant, both within CARE and within USAID.

It is recommended that both CARE and FVA/PVC take steps to clarify and encourage the "Buy-In" mechanism. FVA/PVC may need to provide further guidance to the USAID Missions and CARE.

15. Encouragement of Cross Visits: The team saw much evidence of

the need by staff and partner indigenous organizations for even more training. Many of those interviewed requested the opportunity for cross visits. These visits between CARE staff and project members to similar projects (not necessarily CARE projects) were seen as a useful form of training. It is recommended that CARE encourage and support such cross visits.

16. Pilot Project Funding: CARE should consider establishment of a small fund to support innovative, small scale pilot activities from which Missions could move to solicit donors, separate from the normal project proposals and funding procedures.

17. Women in Development: An increasing priority area for both AID and the PVO community is Women in Development (WID). It would be extremely useful for USAID to become proactive with CARE in paying greater attention to WID issues and planning. It is recommended that FVA/PVC assist CARE in approaching the WID office to obtain more information, guidelines and training on WID issues.

18. Indigenous Non-government Organizations: The evaluation team saw much evidence of CARE's institutional development of 'indigenous' or 'local' organizations (INGOs). Specific cases of CARE's work were seen in the Philippines and Thailand. The team's observations may be skewed since the NGO movements in these two countries are quite sophisticated relative to most other countries in the CARE system. However, they do illustrate successful examples of indigenous NGO institutional development.

Evidence of INGO development was found in a number of CARE-Thailand projects. In the Philippines, the indigenous organization UGMAD and CARE were in a partner relationship. CARE provided the NGO with technical and financial assistance, and UGMAD in turn implemented much of the project activity.

While CARE provided INGOs with many essential services and assistance; the evaluation team was unable to determine the extent CARE's technical assistance was able to enhance the affiliate's capacity for resource mobilization. As discussed above, the evaluation team mainly saw developed NGOs in countries where the NGO movement is quite strong. Therefore, conclusions cannot be made regarding the success of CARE's relationship with NGOs worldwide. However, it was obvious by reviewing CARE documentation and interviewing CARE staff that the institutional development of indigenous organizations is emphasized.

Given the recent emphasis within AID and other donor sources for supporting these types of activities, it is recommended that CARE continue to assist and develop the capacity of 'indigenous' or 'local' NGOs; and explore their special technical assistance needs.

19. Training Unit: There was some confusion about the relationship of the training unit at CARE headquarters to the

other CARE departments and staff. It is recommended that CARE better define and communicate the role of the training unit to CARE managers and staff.

20. Sectoral Strategies: Stated earlier in the report were reasons why CARE has not issued all of the sectoral strategies specified by the PG agreement. While the team heard evidence that these strategy papers will soon be issued, it is recommended that CARE produce and distribute these documents as soon as possible.

APPENDIX 1
EVALUATION SOW MATRIX

EVALUATION QUESTION	OPERATIONAL DEFINITION OF TERMS	MEANS OF VERIFICATION	DATA COLLECTION TECHNIQUES
1. What has been the role of the Technical Assistance Group (TAG) in the coordination of technical assistance?	1.1 How has the structure of the Program Department changed since the Partnership Grant was initiated?	1.1 Description of the role of TAG by long-time CARE staff.	1. Interviews with: 1.1 CARE/NY staff
	1.2 What are the functions of the new positions? -Do the new positions replace or expand the previous positions?	1.2 Description of the role of TAG in CARE documentation	1.2 Asia and East Africa RTAs 1.3 Mission staff in Philippines, Kenya, Thailand
	1.3 What is the nature of the guidance that the Program Department gives to RTAs and Country Missions? -In what forms is this guidance given? -Are there sectoral strategies? -Are there other generic forms? -What forms are tailored to specific countries or specific project units		2. Review of relevant documentation
	1.4 To what extent has the "clustering" strategy been implemented? -Should there be mechanisms in place for evaluating "clustering" as a programmatic tool? -Is there synergy or are there constraints?		
	1.5 What is the protocol for implementing evaluations?		
2. How and how much technical assistance and training have been provided?	2.1 What share of CARE resources is allocated to projects in each sector and how has this changed over the life of the PG?	2.1 Analysis of RTA activity by the evaluation team	1. Review of documentation: 1.1 RTAT composite travel report
	2.2 How many country missions have been visited by RTAs for each of the following purposes: -project design/redesign -backstopping -evaluation -training -familiarization	2.2 Analysis of CARE staff attendance at training workshops by evaluation team	1.2 Workshop attendance lists
	2.3 How many projects have received RTA assistance in design, implementation or evaluation?	2.3 Description of the role of Training Unit by the Unit Director	2. Interviews with: 2.1 Training Unit Director
	2.4 What forums have been used for Training Unit activities?		2.2 Other CARE/NY staff
	2.5 How many CARE staff members have received training through the activities of the Training Unit?		

EVALUATION QUESTION	OPERATIONAL DEFINITION OF TERMS	MEANS OF VERIFICATION	DATA COLLECTION TECHNIQUES
(2. continued)	2.6 What criteria are used to select individuals to participate in training activities?		
	2.7 What is the ratio of national staff trained to international staff?		
3. What is the process for the provision of technical assistance and training?	3.1 Is the style of RTAT assistance facilitative or directive?	3.1 Subjective assessment of style and format of technical assistance and training by CARE staff	1. Interviews with 1.1 CARE/NY staff 1.2 Asia and East Africa RTATs 1.3 Mission staff Thailand, Kenya, Philippines
	3.2 How is RTAT assistance tailored to specific projects?		
	3.3 What criteria are used to select training topics?		
	3.4 Who has major responsibility for integrating recommendations resulting from RTAT consultations in projects?		
4. How has technical assistance been institutionalized in CARE?	4.1 How have the types of assistance given by TAG HQ changed over the life of the grant?	4.1 Subjective assessment of the institutionalization of technical assistance by CARE staff?	1. Interviews with 1.1 CARE/NY staff 1.2 Asia and East Africa RTATs
	4.2 How have the types of assistance given by RTATs changed over the life of the grant?	4.2 Assessment of the institutionalization of technical assistance using "objectively verifiable indicators"	1.3 Mission staff Thailand, Kenya, Philippines
	4.3 How has the relationship of technical assistance to training evolved over the life of the grant?		
	4.4 What extent have the results of training activities at the mission level been applied?	4.3 Subjective assessment of learning incorporating NY staff Mission, RTAT, and TAG perspectives -Assessment of computer based project data	2. Review of relevant documentation
	4.5 How have priorities between and within sectors changed over the life of the grant?		
	4.6 How are lessons learned from the field through improved technical assistance incorporated in further project design and redesign?	4.4 Subjective assessment of RTAT integration incorporating Mission staff and RTAT perspectives	
	4.7 Are efforts being made to retain RTAT knowledge of CARE projects within the organization?	4.5 Subjective assessment of TAG integration incorporating Mission staff and RTAT perspectives	
	4.8 How well are the RTATs integrated into the organization?		
	4.9 How well is TAG integrated into the organization?		

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EVALUATION QUESTION	OPERATIONAL DEFINITION OF TERMS	MEANS OF VERIFICATION	DATA COLLECTION TECHNIQUES
5. Has RTAT technical assistance led to improved quality of project design?	5.1 Do project designs better meet perceived needs of potential beneficiaries?	5.1 Assessment of design quality using "objectively verifiable indicators"	1. Interviews with: 1.1 CARE/NY staff 1.2 Asia and East Africa RTATs
	5.2 Do project designs improve project cost-effectiveness?	5.2 Subjective assessment of change in design quality by long-time CARE staff	
	5.3 Do project designs better target potential beneficiaries?		1.3 Mission staff in Thailand, Kenya, Philippines
	5.4 Do project designs increase the creation of rural capital?		2. Review of relevant documentation
	5.5 Are objectively verifiable appropriate indicators of project programs or outputs included?		
	5.6 Has the potential negative side effects of the project been adequately addressed?		
	5.7 Has participation of host government, potential beneficiary and other clients been addressed?		
	5.8 Are projects designed to use more appropriate technologies?		
	5.9 Do project designs call for increased beneficiary participation?		
	5.10 Are projects designed to exhibit a more comprehensive sectoral and inter-sectoral approach?		
	5.11 Are project proposal documents more logically coherent?		
6. Has RTAT technical assistance led to improved quality of project implementation?	6.1 Are projects implemented in ways that better meet the perceived needs of potential beneficiaries?	6.1 Assessment of implementation quality using "objectively verifiable indicators"	1. Interviews with: 1.1 CARE/NY staff 1.2 Asia and East Africa RTATs
	6.2 Are projects implemented in ways that improve project cost-effectiveness?	6.2 Subjective assessment of change in implementation quality by long-time CARE staff	
	6.3 Are projects implemented in ways that better target potential beneficiaries?		1.3 Mission staff in Thailand, Kenya, Philippines
	6.4 Do projects increase the creation of rural capital?		

EVALUATION QUESTION	OPERATIONAL DEFINITION OF TERMS	MEANS OF VERIFICATION	DATA COLLECTION TECHNIQUES
(6. continued)	<p>6.5 Have mission awareness and use of local resources increased?</p> <p>6.6 Have country offices and project units increased their capacity to manage and technically implement projects?</p> <p>6.7 Has the potential negative side effects of the project been adequately addressed?</p> <p>6.8 Has participation of host government, potential beneficiary and other clients been addressed?</p> <p>6.9 Are technical problems solved more quickly and appropriately?</p>		
7. Has RTAT technical assistance led to improved quality of project evaluation?	<p>7.1 Are project evaluations more appropriately designed to meet the needs of project management?</p> <p>7.2 Are lessons from project evaluations distributed more widely within CARE?</p> <p>7.3 Has the potential negative side effects of the project been adequately addressed?</p> <p>7.4 Has participation of host government, potential beneficiary and other clients been addressed?</p>	<p>7.1 Assessment of evaluation quality using "objectively verifiable indicators"</p> <p>7.2 Subjective assessment of change in evaluation quality by long-time CARE staff</p>	<p>1. Interviews with</p> <p>1.1 CARE/NY staff</p> <p>1.2 Asia and East Africa RTATs</p> <p>1.3 Mission staff in Thailand, Kenya, Philippines</p>
8. Has the Partnership Grant enhanced CARE's capacity to train professional staff?	<p>8.1 What forums have been used for training activities?</p> <p>8.2 What criteria are used to select training topics?</p> <p>8.3 What criteria are used to select individuals to participate in training activities?</p> <p>8.4 What is the ratio of national staff to international staff?</p> <p>8.5 Has participation of host government, potential beneficiary and other clients been addressed?</p>	<p>8.1 Assessment of training capacity using "objectively verifiable indicators"</p> <p>8.2 Subjective assessment of change in CARE's training capacity by long-time CARE staff</p>	<p>1. Interviews with</p> <p>1.1 CARE/NY staff</p> <p>1.2 Asia and East Africa RTATs</p> <p>1.3 Mission staff in Thailand, Kenya, Philippines</p>

EVALUATION QUESTION	OPERATIONAL DEFINITION OF TERMS	MEANS OF VERIFICATION	DATA COLLECTION TECHNIQUES
9. Is the program appropriately DESIGNED?	1. What are the Mission's needs for technical assistance? -Design assistance -Implementation assistance -Evaluation assistance -Has technical assistance been relevant? -Is the service delivered in a timely fashion?	1. Subjective assessment of projected need for technical assistance -Design assistance -Backstopping -Evaluation assistance	1. Interviews with: 1.1 CARE/NY staff 1.2 Asia and East Africa RTATs 1.3 Mission staff in Thailand, Kenya, Philippines
	2. What is the affordability of technical assistance? -Cost of services -Cost recovery	2. Assessment of affordability 2.1 Current cost of services a) RTATs -Annual cost to CARE -Cost per workday -Cost per chargeable workday -Cost per activity category	2. Review of documentation: 2.1 Accounting documents 2.2 RTA SOW reports 2.3 RTA Trip reports 2.4 AIP report
	3. How does sustainability factor into design?	b) TAG - annual cost to CARE	
	4. Have Women in Development issues been adequately addressed in project design, implementation, evaluation, and training?	2.2 Cost recovery a) RTATs -Percent of funding from CARE unrestricted funds as proportion of total funds (current funding) -Mission funding- projected budgets for RTAT assistance through FY 90 -Other sources	3. Review Questionnaire for missions, RTATs, and NY staffs
	5. Suggested Improvements -Alternative design -Improvement of RTAT assistance and training -Improvement of TAG assistance -Improvement of training workshops -Implication of enhanced training <u>capacity</u> (too much/little, planning)	3. Assessment of sustainability 3.1 Assessment of CARE's activities to date to make it sustainable 3.2 CARE's plans in the future to make it sustainable and RTAT perspectives	
	4. Subjective assessment of WID issues -Assessment of project documentation		
	5. Recommendations based on team assessment		

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APPENDIX 2
ITINERARY AND LIST OF INTERVIEWS

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December 4, 1989

FAX

TO: Rick Zemlin
FVA/PVC/ARS
Agency for International Development
Washington, D.C. 20523

FROM: Brian Cavanagh
CARE/New York

SUBJECT: Itinerary and List of Interviews

<u>Location and Date</u>	<u>Interviewed</u>
Team Planning Meeting Washington, D.C. July 19-21, 1988	Andrea Baumann, AID/S&T Dr. Dory Storms, JHU Tech. Coord. Tim Resch, S&T/Agriculture Bruce Horowitz, PPC/WID Hope Sukin, FVA/PPM
CARE/New York July 22-26, 1988	Beryl Levinger, Deputy Exec. Director Rudy von Bernuth, Dir. of Program Tom Zopf, TAG Director Buck Northrup, ISOG Director Tim Aston, West Africa Regional Manager Rudy Ramp, East Africa Regional Manager Peter Van Brunt, Lat. Amer. Regional Mgr. Tom Drahman, Asia Regional Manager Larry Frankel, SEAD Unit Director Sue Toole, Deputy Director, PHC Unit Cat McKaig, Coordinator, PHC Unit John Michael Kramer, ANR Unit Director Helen Seidler, Training Unit Director Ellen Lieber, Manager, Training Unit
CARE/New York/Workweek Overseas Staff	Tim Lavelle, Sri Lanka Lizette Echols, Chad (now Food Unit Dir.) Ron Burkard, India Virginia Ubik, Haiti Dan Roth, Lesotho Ian Moncaster, Bangladesh Lee Moncaster, Bangladesh Douglas Clark, Ecuador Gary Filippi, Indonesia

<u>Location and Date</u>	<u>Interviewed</u>
CARE/Thailand Mae Chaem Project July 29-31, 1988	Project Staff and Manager Mike Carroll, Project Manager
Bangkok July 29-31, 1988	Chris Roesel, RTA/PHC Bill Buffum, RTA/ANR Wendy King, RTA/ANR Marshall Bear, RTA/SEAD Marshall French, Country Dir., Thailand Tim Shaffter, Cambodian Refugee Rel. Pr Khun Nitaya, Assistant Program Officer
USAID/Thailand August 1, 4, 1988	Project Development Staff William Baum, PD/PS Remainder of Staff
Ubon Staff August 2, 3, 1988	Khun Kronkan, Project Manager
Kho Wang Staff August 3, 1988	Edward Waters, Marketing Coordinator
CARE/Philippines Cebu August 8-9, 1988	UGMAD people Nestor Momangan, Project Officer Nelson Telcova, Project Officer
Bacalod August 9-10, 1988	Alice Bate, Area Manager
Manila August 5-9, 11, 1988	Nancy Hopkins, Northern Area Manager Even Garde, Southern Zone Proj. Officer Gloria Ramat, Coord. for Feeding Program Kevin Henry, Assistant Country Director Stanley Dunn, Country Director Lina Esquivel, Nutrition Project Manager Ophy Reyes, Nutrition Specialist
USAID	Bryant George, Project Development
CARE/Kenya August 13-19, 1988	Louise Buck, RTA/ANR Walter Msimang, Country Director Hugh Allen, RTA/SEAD John Batten, Deputy Dir., Training Unit Rudi Horner, PHC Unit Director Kathy Tilford, RTA/PHC/West Africa Kate Burns, RTA/PHC/East Africa Peter Hetz, RTA/EE & C/East Africa Geoffrey Chege, Assistant Program Dir.
USAID	Derek Singer Carlo Barbiero Barbara Klein

REF: W#7116I: 4/14/89

CARE INTERNATIONAL

3. Children Health and Environment Project
4. UNHCR & WFP Refugee/Displaced Person Assistance Projects
5. Ubon Microenterprise Extension Project

Rosser, March 30, 1987, presents financial analysis silk thread production by Ban Jik producers group

REGION\REPORTS.RTA

APPENDIX 3
RTA POSITION DESCRIPTION

Regional Technical Advisor(s)

VARIOUS COUNTRIES

BASIC FUNCTION:

The objective of the Regional Technical Advisor is to improve the technical content of CARE's Overseas Programming by providing continual technical support to CARE's Country Offices.

The Regional Technical Advisor's fundamental role is to respond to CARE country offices' needs for technical assistance. As such, specific assignments are to be developed under the direction of the Country Directors from the Advisor's region. The technical Advisor will report to his/her backstop specialist at CARE New York for overall programmatic matters, will report to the Country Director in his/her post of assignment for administrative matters, and will report to the Country Director of the recipient country while on TDY.

MAJOR RESPONSIBILITIES:

1. Train and/or coordinate the training of CARE's overseas staff and counterparts in the advisor's area of sectorial responsibility. This will include identification of training needs, and planning and execution of courses.
2. Provide, directly or through third parties, technical assistance to CARE Country offices in the region. This will require working in coordination with a Country office and CARE New York to identify technical assistance requirements, to prepare scopes of work and technical assistance requisitions, to identify local hiring candidates, and working in conjunction with the International Employment Administrator and CARE New York to contract such individuals, in accordance with the hiring policies and procedures established.
3. Prepare and/or oversee the preparation of technical manuals relating to these sectorial area. This will include working in coordination with the Country Offices and CARE Inc. to identify the needs for technical manuals.
4. Plan, design, and participate in the evaluation of projects within the advisor's area of sectorial responsibility.
5. Serve as a resource person to identify and forward to Country offices and CARE New York. technical information, funding possibilities, human resources availability, and training opportunities.
6. Backstop and troubleshoot projects in the region and area of sectorial responsibility as relates to technical and programmatic matters.
7. Review and critiques CARE programmatic documentation, including, multi-year plans, annual implementation plans, and planning implementation and evaluation reports: maintain an up-to-date knowledge of the status of all projects in the region and sectorial emphasis.
8. Promote development of programming among the Country Offices.
9. Assist in assessment of new country entry prospects.

REGIONAL TECHNICAL ADVISOR

PAGE #-2

QUALIFICATIONS:

1. Master's degree in Public health, Business/Marketing, Forestry/Natural Resources or related field, preferred, or equivalent experience.
2. Five years of overseas work experience, preferred.
3. French or Spanish language proficiency in social and professional situations as applicable.
4. Excellent communication skills
5. Willingness to work and live in a different cultural environment, and to undertake extensive and difficult field travel, sometimes under adverse climatic conditions.
6. Possession of a valid driver's license and the ability to drive a four-wheel drive vehicle.

REGIONAL TECHNICAL ADVISORS (RTA)

NAME	TITLE	REGION	START DATE	FINISH DATE
Hugh Allen	RTA-SEAD	East Africa	6/16/86	6/16/89
Marshall Bear	RTA-SEAD	Asia	9/11/87	9/11/90
Louise Buck	RTA-ANR	East Africa	11/18/85	11/18/88
William Buffam	RTA-ANR	Asia	1/16/86	1/16/89
Gary Burniske	RTA-ANR	Latin America	8/1/87	8/1/90
Katherine Burns	RTA-PHC	East Africa	2/1/87	2/1/90
Steven Dennison	RTA-ANR	West Africa	8/8/85	8/8/88
Christine Holding	RTA-ANR	West Africa	7/15/88	7/15/91
Theodore Howman	RTA-SEAD	Latin America	7/14/86	7/1/88
Wendy King	RTA-ANR	Asia	1/16/86	1/16/89
Dan O'Brien	RAT-PHC	Latin America	6/16/86	6/16/89
Anne Ritchie	RTA-SEAD	West Africa	11/12/86	11/12/89
Nicholas Ritchie	RTA-SEAD	West Africa	11/12/86	11/12/89
Chris Roesel	RTA-PHC	Asia	9/23/85	9/23/88
John Roper	RTA-ANR	Latin America	8/1/85	7/31/87
Jane Rosser	RTA SEAD	Asia	8/12/85	8/11/87
Kathy Tilford	RTA-PHC	West Africa	6/9/86	6/9/89

APPENDIX 4
ALMIS AND MODEL SOW

ALMIS No. 3362

May 17, 1988

To: All Missions

From: Brian Cavanagh
CARE/New York



Subject: Use of Regional Technical Advisors

This letter is intended to update and clarify policies enunciated in earlier Almises concerning the use of the Regional Technical Advisors (RTAs).

As should be common knowledge by now, CARE/USA has established Regional Technical Assistance Teams (RTATs) in each of our four geographic regions (E. Africa, W. Africa, Asia, and Latin America) comprised of technical specialists in each of our focus sectors (Primary Health Care, Agriculture and Natural Resources, and Small Economic Activity Development). In addition, John Batten, the Deputy Director of the Training Unit, is based in Nairobi and effectively serves as a technical advisor for training. Peter Hetz will shortly be assuming a similar position for development education, also based in Kenya. While it is probable that different configurations will evolve in order to adapt to changing needs and financial resources, this is a topic for future discussion.

I. Roles of RTAs

We preface this section with a caution that virtually every TDY assignment by an RTA requires the assignment of a counterpart from the mission staff in order to effect the hoped-for knowledge sharing during the assignment and to ensure continuity after it. Appropriate roles for RTAs can be categorized as follows:

- A. Program Development. RTAs have been called frequently to assist in the development of concept papers, project proposals (both new and re-designed), project extensions and new components of existing projects. In some instances, their assistance has been requested to prepare specific sub-components of already approved project designs such as the Detailed Implementation Plan or the Data Management Plan. Also in this category is assistance in identifying sectoral problems, devising sectoral strategies, and elaborating a country program strategy (MYP, Part II).
- B. Project Evaluations. Missions have drawn on RTA expertise on numerous occasions to assist in designing project evaluation plans, baseline surveys, and evaluation instruments, in analyzing the data collected, in preparing the reports and in planning the dissemination of results among the participant groups.

- C. Training. RTAs have helped missions design training modules with both a technical focus and a general program management scope. Such assistance can consist of identifying training participants and their needs and recommendation of appropriate trainers. In some instances, RTAs have conducted the training exercises personally. In addition, most RTAs have had a hand in designing Regional Workshops.
- D. Backstopping. Backstopping involves a wide range of activities in support of project implementation. Some common examples of RTA backstopping assignments are:
1. preparation of a Detailed Implementation Plan of an already-approved project.
 2. design of the Data Management Plan.
 3. Operational Investigation of key components, e.g. alternative self-financing mechanisms for a village pharmacy.
 4. review and editing of technical materials generated by the mission.
 5. identification and assessment of financial, institutional, material and human resources that are available locally or regionally to support the mission's program.
- E. Special Assignments. Among the assignments for which CARE/NY has sought RTA participation are country entry probes, needs assessments and RFP (Request for Proposal) response.

II. Obtaining RTA Services

- A. Eligibility. Within the framework of the Partnership Grant, RTAs can provide services to any country which is legally eligible for development assistance from the US government. However, other missions (Ethiopia, Mexico, Nicaragua, China) can still secure RTA services as long as none of the costs are attributed to the grant.
- B. Program Planning. The technical assistance needs of every project should be defined as part of the MYP design process and re-examined at each stage of project development. In determining the most appropriate person to fill the need, project managers are encouraged to tap the skills available from RTAs whenever these are not available in-country.
- C. Budgetary Planning. All projects which the RTAs serve are expected to pay for the services provided. This allows CARE to apportion part of the cost of maintaining the RTAs overseas among the users. Such cost recovery becomes more crucial as the AID subsidy diminishes in the final two years of the grant and must be replaced by scarce CARE/USA unrestricted funds. Plainly, it is necessary to plan budgetarily, as well as programmatically, for the use of RTAs as MYP Proposals are formulated. Project designers, therefore, are urged to program a minimum of 12-18 days per annum for visits by the appropriate sector specialists at a rate of \$230 per day plus in-country travel and lodging costs. (A daily rate of \$165 is in

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effect until July 1, 1988 only.) Under a/c 4581, AIPs should reflect the annual amount budgeted for RTA services. Costs of RTA services for new project development for which the mission is unable to obtain funding can be covered by the RTA budget as a last resort. However, the mission must still cover the in-country costs.

- D. Initial Request. As far in advance of the prospective assignment as possible, the mission should make a TDY request directly to the RTA concerned, including an outline of the Scope of Work. The RTA should respond promptly, indicating whether: (1) further elaboration of the Scope of Work is warranted, (2) he/she possesses the skills called for in the SOW and (3) the proposed scheduling of the TDY is feasible.
- E. Scope of Work. A revised Scope of Work form is attached for your use along with a sample of its application. We stress again that you provide terms of reference to RTAs with the degree of precision that you consider appropriate to the circumstances. Missions should allow the RTA an opportunity to negotiate modifications of the SOW if those terms are not clear or are found to be not fully appropriate. Copies of SOWs should be forwarded to the appropriate RMU and TAG unit at the same time you submit them to the RTA. This will allow for timely input from CARE/NY staff if necessary.
- G. Charges. The mission should transmit accounting instructions to the RTA prior to the visit. These instructions should be re-confirmed during the visit by completing a Cross Charges of Services Form which will be NCT-ed subsequently by the RTA's home mission. Since all credits are made to the AID-PG account, there is no risk of double charging. At the same time, these credits are safeguarded within the RTAT budget for use in the next fiscal year.

III. Supervision and Lines of Responsibility

- A. Overall. RTAs form part of the Technical Assistance Group at CARE/NY. The TAG Unit Directors for the respective sectors oversee the RTAs' workplans and travel and leave schedules, review their trip reports, receive and compile the evaluations of each TDY, and prepare annual performance appraisals.
- B. Administrative and Logistical Support. RTATs rely on the administrative apparatus of their home missions for a variety of logistical needs: banking, cash transfers, lodging, office space, travel arrangements, vehicle maintenance and clerical services. The RTAT budget covers a reasonable share of the mission's fixed costs and all direct costs. While this budget is prepared in concert with the rest of the home mission's AIPs, the primary responsibility for the direct cost portion lies with the RTAs themselves.

- C. Purposes Related to the Scope of Work. While on TDY, the RTA reports to the Country Director of the mission hosting the TDY. The host CD is responsible for preparing a detailed SOW, assigning a counterpart from the mission's staff, arranging necessary logistical support and submitting an evaluation of the consultancy to the appropriate CARE/NY sectoral unit. The RTA is responsible for accomplishing the tasks described in the Scope of Work on schedule and for maintaining good working relationships with CARE and host country government personnel. In addition, the RTA is expected to prepare a detailed trip report, including any specific writing assignments, as well as general observations of mission programming relevant to the RTA's area of expertise. Reports should be submitted to the CD of the host mission and copies sent to the relevant CARE/NY Regional Management and Sectoral units.

(Revised 5/88)

SCOPE OF WORK FORM

Project Name: NKCH Project - El Obeid PN: 20

Country: Sudan Date of Request: Feb. 1, 1988

1. HOST MISSION COUNTERPART(S): (List staff person(s) who will be primarily responsible for working with consultant and following up assignment.)

NKCH Project Manager and Asst. Project Manager

2. BACKGROUND TO PROPOSED ASSIGNMENT: (Briefly describe setting and/or project so an outsider will understand the background for TA.)

NKCHP is a USAID Child Survival funded project which has as its main focus to enable the MOH to strengthen EPI and CDD services in two districts of Bara and En Nahud in El Obeid Province in western Sudan. NKCHP is a three year project with annual funding of USD 250,000. Staffing for NKCHP includes one expatriate Project Manager, a Sudanese Assistant Project Manager, an administrative Assistant and four field staff. The NKCHP is requesting assistance in conducting a mid-term evaluation which is expected to be participatory in nature.

3. OBJECTIVES OF ASSIGNMENT: (Describe concisely the need for the technical assistance.)

1. To conduct a mid-term process evaluation of the NKCHP. The focus of the evaluation will be:
 - a. To assess accomplishment of project activities and project objectives.
 - b. To provide action-focused recommendations for the remainder of the project life.
 - c. To focus the evaluation on the aspects of sustainability of EPI services and feasibility of community based ORT education training.

4. KEY QUESTIONS TO BE ADDRESSED: (List questions that you expect answered during the assignment.)

Concerning EPI:

1. Is it feasible to expect the MOH to maintain 80% coverage rates for under age one immunizations after the project is terminated?

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2. Can EPI services be maintained in the entire rural council?
3. What is a feasible definition of catchment area?
4. Can a reliable EPI cold chain be maintained even with solar refrigerators?

Concerning ORT:

1. Is the training plan suggested by the ORT consultant feasible?
2. How can the support system for CHWs be improved?
3. Is 50% access rate to ORS feasible?
4. Should literates and non-literates be trained together?

5. ACTIVITIES: (Define and/or list tasks to be performed.)

1. Review project documents.
2. Meet with all project staff and counterparts.
3. Make field visits.
4. Meet with National level MOH and appropriate NGOs.

6. OUTPUTS: (Specify what reports, proposals or other documents need to be produced and the date by which they should be completed.)

<u>Output/Report</u>	<u>Date Due</u>
Major Recommendations	By the end of the consultancy
Draft Mid Term Evaluation Report	one month after
Final Mid Term Evaluation Report	two months after

7. TIME FRAME: (Specify your planned schedule for this assignment. Include preferred and alternate dates, and length of assignment.)

Any time after Ramadan which falls between April 17 and May 15th for a period of no less than three weeks. Suggested dates - June 1-21, 1988

8. CONSULTANT'S PREPARATION: (Define and/or list preparation requirements for assignment. e.g. documentation, reports, important contacts)

1. Project Documents - Detailed Implementation Plan
 - Annual Report
 - Project Proposal and PIEs
 - Trip Reports
 - ORT Consultant report
 2. Government Reports - An In-depth Review of PHC in Sudan
 - National CDD materials
9. MISSION PREPARATION: (Indicate work mission expects to accomplish in preparation for consultancy.)
1. Make travel arrangements to El Obeid for RTA and Counterpart.
 2. Schedule appointments with GOS, AID Counterparts in Khartoum.
 3. Review and expand Evaluation Questions to reflect project need for information and AID/W requirements.
10. CONTACTS: (Identify in-country contacts that the consultant will need to meet, e.g. government counterparts, NGO's, USAID)
- Khartoum - MOH/EPI Adam Babiker - Director of EPI
 - MOH/CDD Dr. Magda Ali - Director of CDD
 - USAID Health Officer
- El Obeid - EPI - Abdul Babiker - Regional EPI
 - MOH - Dr. Mirgani -Dir. of Health Services
- Bara - Dr. Hassan - District Medical Inspector
 En Nahoud - Dr. Fathi and Dr. Hassan - MOH
11. PRIOR WORK: Describe previous work conducted in your mission that is relevant to the current assignment.
- Dr. Carol Martin - ORT Consultants Reports
12. FISCAL DATA: (Provide accounting instructions if known or explain how consultancy costs are expected to be covered.)

Charge 4350-20-07-4581



ALMIS #
August 11, 1986

To: All Missions
From: Tom Zopf
Subject: The Role and Use of Regional Technical Advisors

This letter is to describe the position of Regional Technical Advisor (RTA) and to provide guidelines for requesting and utilizing RTAs in the furtherance of Country Office programs.

There will be thirteen RTAs based in four regions. Three areas of specialization have been chosen for the RTAs: Small Enterprise Development; Agriculture and Natural Resources; and Primary Health Care. Each region will have a complement of three RTAs, one from each area of specialization. The only exception to this is in Asia, where there will be an additional RTA in agriculture.

The RTAs currently onboard are as follows:

	SED	PHC	ANR
Latin Amer.	Ted Holman	Dan O'Brien	John Roper
E. Africa	Hugh Allen	Daniel Marwa	Louise Buck
W. Africa	To Be Assigned	Kathy Tilford	Steve Dennison
Asia	Jane Rosser	Chris Roesel	Wendy King Bill Buffum

I. The Role of the Regional Technical Advisor

The four primary roles of the RTA are:

- o To assist mission in developing sector strategies and project proposals.
- o To assist missions in the planning and implementation of project evaluations.
- o To train CARE staff in program and technical subject matter.
- o To provide support for Country Offices in the implementation of projects.

The secondary role of the RTAs include:

- o Preparation of technical manuals.
- o Channeling technical documents to Country Offices.
- o Identifying candidates for technical positions with CARE.
- o Assisting in country entry probes.

II. Lines of Responsibility

The RTAs report to the Sector Director in NYHQ for overall position responsibilities. For day to day administrative purposes they report to the Country Director in the country where they are based, the Home Mission Country Director. They will report to the Country Director in charge while on a TDY assignment to a CARE country, the host Country Director.

A. Sector Director

The RTA for a given sector reports to that sector's director in the Program Department. The sector director is responsible for oversight of the RTAs workplan, travel and leave schedule, and annual performance appraisal. The coordinator provides guidance to the RTA by reviewing progress and trip reports, suggesting assignments, and resolving problems and conflicts that may arise in scheduling, programmatic considerations, etc.

B. Home Mission Country Director

The CARE Director for the country where the Regional Technical Assistance Team (RTAT) is based has the day to day responsibility for ensuring that the RTAs have adequate administrative support consistent with CARE administrative procedures. The Home Mission Country Director prepares much of the RTAT budget and submits it to NYHQ for approval. He/she oversees expenditures, and arranges the support staff and facilities for the RTAs..

C. Country Director of TDY Mission

While on TDY assignments the RTAs report to the CARE Director of the country of TDY assignment. The host Country Director is responsible for preparing a detailed scope of work for the assignment, assigning a counterpart from the Country Office staff, arranging lodging and such support staff as may be needed for the successful completion of the assignment. The RTA is responsible for completing the assignment on schedule, maintaining good working relationships with CARE and host country government personnel, and preparing a detailed trip report including any specific writing assignments as well as general

observations of mission programming relevant to the RTAs area of expertise.

III. Use of RTAs by CARE-Country Offices

The following describe in detail how a Country Office may request the services of an RTA, how the Country Office and the RTA will jointly define the RTAs' assignments, and what are the mutual responsibilities of the RTAs and the Country Office.

A. Limitations of RTAs' Service to Country Offices

It should be understood that the RTAs are expected to spend a maximum of fifty percent of their working days away from home. Given the number of Country Offices and projects that they will support, the amount of TDY time that an RTA can provide to a single Country Office is unlikely to exceed more than four weeks per year. Two conclusions can be drawn from this. First, that the demand for RTA assistance is likely to exceed their available time. Second, that the Country Offices must be understanding of RTAs' other commitments and provide them with maximum advance notice of a TDY request.

B. Procedure for Requesting an RTA

The guiding principle for the determining the TDY assignments of RTAs is that the Country Offices and the RTAs will work out the assignment schedules with minimal input from NYHQ. Country Offices are to direct their request for assistance to the RTA with a copy to the Sector Director in NYHQ. The request for the RTA should be accompanied by a short scope of work covering the assignment. Minimum content for the scope of work is provided as Attachment A to this letter.

The RTA will reply to the Country Office also copying the Sector Director to arrange a mutually convenient date for the assignment. From time to time the RTA may find it necessary to suggest an alternative scope of work. If a mutually agreeable timing or scope of work is not forthcoming the Program Department may assist in resolving any problem. From time to time the Program Department may request that one assignment be given higher priority than another.

C. Charges to Country Offices for RTA Services

During FY 86 all costs associated with RTAs were paid for from the Partnership Grant. However, to cover RTA recurrent costs beyond the life of the Partnership Grant, we must begin to shift the costs of RTA services to the users. For this reason, we have decided to charge during FY 87 a flat fee of \$165 per day worked to Country Offices using the RTAs for ongoing projects. (An exception to this is discussed in paragraph E. below.) Examples of assignments for which RTA services will be charged to a project include: redesign of a project approaching the end of its MYP period; project evaluations; and, technical backstopping.

The RTAs will provide the Country Offices with a standard form for the host Country Director to fill out showing numbers of days worked and codes for charging. The RTAs will compile these on a monthly basis for submission with the RTAT Home Mission's monthly financial report. A copy of this form is provided as Attachment B to this letter.

Beginning in FY 87 all incountry expenses for any RTA assignment are to be paid for by the host Country Office. This includes food, lodging, travel and other costs in accordance with standard accounting procedures for travel expenses.

D. RTA Reporting Responsibilities to Host Country Offices

The RTAs are expected to prepare a trip report for every TDY assignment they undertake. These reports, upon the mutual agreement of the host Country Director and the RTA, may be completed after the RTA's return to his/her Home Mission. If the assignment involves preparing a portion of a project proposal, evaluation plan, or similar document, we believe it is preferable that the RTA complete at least a draft of the document for review and discussion before departing the TDY country. Even in cases where such a document is prepared it is expected that the RTA will provide a covering trip report, albeit shortened, to that document. Formats for trip reports are provided as Attachment C to this letter.

E. RTA Relationship to Non-CARE USA Country Offices and Projects

RTAs are available to all CARE Country Offices and projects regardless of lead member or funding status. Relationships with Country Offices and projects supported by non-CARE USA members countries will be the same as for CARE USA lead member countries.

F. In Case of Emergency

RTAs visiting a Country Office when an emergency occurs are expected to comply with the host Country Director's instructions. Similarly, host Country Directors are expected to provide the RTAs the same support as for their own International Staff. If communications permit, the host Country Office should telex the RTA Home Mission with information regarding the status of the RTA.

G. RTA Evaluations by Host Country Office

Upon completion of any TDY assignment by an RTA, the host Country Office is expected to complete a Consultants Evaluation Form. These forms are to be forwarded to NYHQ. Copies of these forms and the procedure for their submission have been provided to all Country Offices under cover of Almis #3025. A copy is provided here as Attachment D to this letter.

SCOPE OF WORK

1. OBJECTIVE: Describe concisely the need for technical assistance and the expected outcome.

2. ACTIVITIES: Define and/or list tasks to be performed.

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3. MATERIALS: Specify what reports, proposals or other documents need to be produced and the date by which they should be completed.

4. TIME-FRAME: Specify your planned schedule for this assignment. Include preferred and alternate dates, and length of assignment.

5. PREPARATION: Define and/or list preparation requirements for assignment (e.g. briefing materials, professional contacts).

6. CONTACTS: Identify in-country contacts that consultant will need to make (e.g. government counterparts, USAID, PVO's).

7. PRIOR WORK: Briefly describe previous work conducted in your mission that is relevant to your current request.

APPENDIX 5
PROPOSAL GUIDELINES

Date 9-10-1987
Almis # 3251

TO: Country Directors
FROM: Beryl Levinger
SUBJECT: Revised project proposal format

Dear Colleagues:

As many of you already know, the Program Department has been working on revising the format used for preparing project proposals (MYP III). For some time now, overseas and NY staff have felt that the format currently outlined in the Program Manual needed to be revised to reflect new trends in CARE and the development process per se, as well as CARE's own changing information needs.

The attached format is the result of a committee's work over the past two years. The committee, headed by Rudi Horner and composed of members from all three sections of the Department, has had significant input from overseas. Although not everyone has had the opportunity to comment on the numerous drafts, the format proposed here reflects both depth and breadth of staff consultation. Some of these drafts were used by missions (for example, Lesotho, Sudan, Cameroon, Chad, Belize, and Costa Rica) in the process of submitting new or redesigned projects. In addition, many overseas staff have contributed to the process through discussions while they were in NY and through correspondence. Copies of earlier drafts have been distributed and discussed at the W. Africa and Latin America Regional Conferences. Participants in the Asia Chiangmai workshop reviewed the final draft, and the RTAs worked with it in May in New York. We appreciate all of the effort and input to date from the field and now look forward to even greater response as this document is shared with all missions.

All feedback received by September 1988 will be incorporated into the next major revision. Further revisions will be carried out as its widespread use will undoubtedly uncover other room for improvement. This ALMIS now supersedes section 3.4.1 [pages 5 (part III only), 6, 7 and 8 and Exhibit D] of the Program Manual.

The process of developing the new format has not been an easy one. The primary reason for this is that a revision of the project design process touches on issues that are very basic to the organization's definition and means of operation. Many of these issues required considerable thought and discussion-- for example, statement of goals, project evaluation, inclusion of sustainability, budgetary

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concerns --that took a great deal of time to resolve for the purposes of this revision. The format attached represents our best effort to put before you a document that we feel is finally worthy of your collective time for review and comment. Now it's your turn!

The attachment contains three major parts.

1. The first three pages include the outline of the entire proposal format and a guide for the cover page.
2. The second part of the document describes in some detail the type of information to be included in each section of the proposal.
3. The third part is composed of Appendices which contain forms, complementary information and an example of a Project Schematic illustrating a PHC project.

The new format is a major departure from the MYP III guidelines CARE has used for about 15 years. A number of key concepts from the original format have been retained, but have been re-named and/or re-ordered. New sections have been added to address critical parts of the design process. The major changes from the old format include:

- o Inclusion of a "Project Schematic"-- a modified Logical Framework
- o Detailed planning for the first year only-- remaining years of the MYP to be planned on an annual basis
- o Evaluation guidelines and planning for evaluation addressed in project design
- o Introduction of "Evaluation Questions" as the initial step in evaluation design
- o Encouragement to include participatory processes and activities leading to sustainability as part of goal statements. With the exception of sustainability, the new format does not ask for a separate discussion of CARE's programmatic principles; instead they are reflected throughout the document.
- o Increased rigor in the specification of Final and Intermediate Goal statements, including the operational definition of all key terms
- o Identification of the baseline data needed to answer each Evaluation Question

- o Elaboration of a management plan
- o Establishment of budget categories and inclusion of budget worksheets
- o Inclusion of plans for continuing support of communities after major CARE input to the communities ceases

No immutable format can serve the needs of all of CARE's diverse projects. Please do not consider this format to be fixed. Each project has different needs and potentials that are reflected in the project proposal. Therefore, the proposal format must be flexible enough to respond to differing approaches to project design and the variety in CARE programming. It must also be flexible enough to allow for the various purposes the proposal may serve. For example, although all proposals describe the project idea at one level of specificity or another, some may be aimed at obtaining funding, others may focus on the initial design and start-up plan, while others which are more developed may serve as the basis for managing the project. In short, the level of specificity of your proposal depends upon where you are in the project development process when you prepare it. Your creativity will be an essential ingredient in developing an integrated project design and a readable document.

Please share your comments (addressed to your RM) on the format in a letter or indicate on the proposal format itself those sections which are confusing, redundant, difficult to complete for lack of information, etc. In addition, of course, we encourage you to discuss the format with your staff, the RTAs and any CARE-NY staff you may encounter. Please use this format in the preparation of your mission's project proposals (for both new and revised projects). We will circulate a few examples of proposals (in their entirety and specific sections) in the coming months to provide further assistance. Any questions you may have as you write your proposals should be addressed to your RMU.

We look forward to the discussion of the format and the broader issues of project design and programming that it raises. Thank you for your participation.

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PROJECT PROPOSAL FORMAT - OUTLINE

1. Preliminary Information
 - 1.1 Cover Page (Attachment 1)
 - 1.2 Executive Summary
 - 1.3 Table of Contents
 - 1.4 List of Abbreviations
2. Project Overview
 - 2.1 Setting
 - 2.2 Statement of Problem
 - 2.3 Needs Assessment
 - 2.4 Time Frame
3. Description of Project
 - 3.1 Final Goal
 - 3.2 Intermediate Goals
 - 3.3 Project Strategy
 - 3.4 Technology Issues
 - 3.5 Sustainability
 - 3.6 Project Constraints
4. Monitoring and Evaluation
 - 4.1 Evaluation Questions
 - 4.2 Evaluation of the Final Goal
 - 4.3 Monitoring Plan
 - 4.4 Baseline Data Collection Plan
 - 4.5 Evaluation Plan
 - 4.6 External Reporting Requirements
 - 4.7 Evaluation activities
5. Project Management and Implementation
 - 5.1 Schedule of Project Activities
 - 5.2 Community Management
 - 5.3 Staffing Plan
 - 5.4 Technical Assistance Needs
6. Budget

Appendices

- A. Map of Project Area
- B. Project Schematic
 - Part 1 - Final and Intermediate Goals
 - Part 2 - Operational Definition of Terms
 - Part 3 - Activity Categories and Project Activities
- C. Schedule of Project Activities
- D. Job Descriptions
 - International Personnel Request Form (Staff) - pg. 1
 - International Personnel Request Form - pg. 2
 - Expertise Codes
 - Instructions for PR Form - Staff
- E. Technical Assistance Needs
 - International Personnel Request Form (Consultants)
 - Expertise Codes
 - Instructions for PR Form
 - Scope of Work - pg. 1
 - Scope of Work - pg. 2
- F. Budget
- G. Project Schematic - example from a PHC project

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ATTACHMENT 1 -- COVER PAGE

PROJECT PROPOSAL

Project
Title: _____

Country: _____ Period _____

Contact Person: _____ Date: _____

PROJECT PROPOSAL FORMAT - Instructions for Use

1. Preliminary Information

1.1 Cover Page - Fill in Spaces as indicated in outline.

1.2 Executive Summary

The Executive Summary should be 1-2 pages long briefly explaining the problem, proposed intervention, goals, activities, time period, target group(s), counterpart(s), location, relationship to ongoing projects, and budget (totals, also divided by funding sources if known). Include the project title, CARE country and contact person so the summary may also be easily copied and used as an independent document. (Start new page after this).

The Executive Summary replaces the MYP 3.1, Project Summary Form. It will be necessary for the Project Summary Form to be submitted each year along with the AIP as the AIP1.0.

1.3 Table of Contents - Please provide page numbers, at least for major sections.

1.4 List of Abbreviations - Please provide in alphabetical order. For acronyms in another language, please provide the actual words and their English translation.

2. Project Overview

2.1 Setting

Describe any significant geographic, social, political or economic characteristics of the project region which may help "set the stage" for the readers. Mention other CARE-managed projects in the area and relevant projects of other international or national organizations. Are there opportunities for clustering with other projects? How can this project benefit from the experience of similar projects? Describe how the project idea was initiated and indicate who were the actors involved.

2.2 Statement of Problem

Describe the problem the project is specifically addressing and its major causes. A clear description should be given of how and to what extent the problem affects the lives of the target group. Include a map showing the project location as Appendix A of the proposal.

2.3 Needs Assessment

Describe the process used to identify the needs addressed by the project. This section may report the conclusions of a CARE-sponsored needs assessment or information gleaned from a pilot project. It may also consist of summaries of appropriate information extracted from studies or supporting data not produced by CARE.

How does the project fit into the priorities and activities of the mission, as described in the MYP II? How does the project fit into the priorities and activities of community members, counterparts, and other organizations or groups that may participate in design and implementation? Specify the roles of each of the actors and note their levels of interest in the project.

Key discussions, referencing participants and outcomes, may be cited as part of the participation process. In addition, reference to any written agreements to date should be made.

2.4 Time Frame

Over what total time frame (beyond the MYP cycle being proposed) do you anticipate CARE activity in relation to the problem and needs specified? How does the proposal relate to past MYPs?

3. Description of Project

Purpose of the Project Schematic. The project should be described in full within the narrative format of this section. The process of writing this section will be facilitated, however, by first developing the Project Schematic, a modified "Logical Framework" that comprises Appendix B of the project proposal. The Schematic imposes an internal logic on the project design and will facilitate an orderly description of the project within this narrative section. In addition, it provides an easily accessible summary of the project, and serves as a guide for designing evaluations. A Schematic framework is attached to this outline as Appendix B and a sample Schematic for a PHC project is provided in Appendix G.

Parts of the Schematic. The Schematic is a skeletal description of the project comprised of three parts. Part 1 details the Final and Intermediate Goals of the project, and, for each goal to be evaluated, gives indicators, means of verification, and assumptions. Part 2 is devoted to operational definitions of key terms used in the goal statements. Part 3 describes the project activities, relates each one to one or more of the intermediate goals, and states the inputs, indicators, means of verification, and assumptions for each activity. Part 3 should be worked out in detail for Year 1 only. In subsequent years of the project, yearly plans should be written to incorporate learnings of previous years. An estimate, however, of the description and scope of the activities for years two and beyond of the MYP cycle should also be included in this proposal.

Final and Intermediate Goals. The relationship among Final Goals (FG), Intermediate Goals (IG) and Activities is a logical hierarchy of abstraction. Each level spells out in greater detail how the next higher level is to be attained. For example, activities specify the means by which the IGs will be attained. Another way of looking at these relationships is that each level states the purpose of pursuing the next lower level (e.g. Why do we pursue the activities? to bring about the IGs).

3.1 Final Goal

The Final Goal is the improvement in the lives of the project participants to which the project intends to contribute. It should be stated in Section 3.1 of the narrative of the proposal and repeated in the Project Schematic-Part 1. If the project is to be evaluated for achievement of the Final Goal, then indicators should also be identified in the Schematic along with means of verification and assumptions (see Section 4.2 for discussion of evaluation of the Final Goal). Whether or not the FG is evaluated, operational definitions of key terms should be given in Part II of the Project Schematic.

Characteristics of the FG Statement:

- o Defines a change in the human condition to be brought about by the project
- o Has a geographical parameter and identifies the project participants.
- o Starts with an infinitive

3.2 Intermediate Goals

The Intermediate Goals are specific (usually behavioral) changes that are to be brought about by the project within the timespan of the MYP. It is expected that achievement of the Intermediate Goals will contribute to attainment of the Final Goal in the long term. Full implementation of the project should lead directly to achievement of the IGs. Consequently, the IG level is the one for which CARE holds itself accountable and over which CARE feels confident that it can exert a certain degree of control.

Characteristics of IG Statements:

- o Define changes affecting people that are to be brought about directly by the project.
- o Are time-barred, have a geographical parameter and identify and quantify the project participants.
- o Start with an infinitive

In the Project Schematic, each Intermediate Goal should be accompanied by a statement of its indicators, means of verification, assumptions, and operational definitions for all key terms.

3.3 Project Strategy

This section of the proposal should describe how the project's goals will be achieved. Discuss how the activities will assist the communities in moving from the initial state as described in Section 2.2 (Statement of Problem) to the state that will prevail as the project's goals are achieved. How will these activities reinforce each other?

The following categories identify key components that should be discussed in your strategy (but not necessarily in the order presented below). While these categories are appropriate for grouping activities in most projects, other categories may be used as needed.

- o Community organization - explicit community organization activities aiming either to provide a service or to develop community consciousness. Examples include:
 - initial contact with communities
 - investigation of existing community resources and decision-making structures
 - alliance with or formation of community committees
 - development of systems and procedures for managing the project at the village level
 - alliance with or formation of groups for neighborhood improvement activities or non-formal education activities.

- o Service Development and Implementation - usually the focus of the project, the part that is most readily visible and usually thought of as "what it is all about." Something may be constructed (e.g. a well, nursery) and/or activities may take place such that villagers can do something differently (e.g. apply for credit, collect fees for monthly water use). Although in some cases "Training" may be the only service delivered, training and extension activities at the village level may be thought of as a special type of service and are relegated to the following category.

- o Staff Development, Training and Extension - includes training activities of different content, frequency and depth for counterparts, project staff, cooperating organizations and villagers. Extension activities are considered a type of training and are therefore included in this section.

What skills and knowledge need to be developed? What training activities are anticipated? When will they be conducted? by whom?

- o Project Management - identifies management functions that must take place during project implementation. Examples include:
 - Start-up activities
 - Hiring, supervising personnel
 - Inventory controls (e.g. fund accounting and disbursements)
 - Budget and financial control
 - Liaison with cooperating organizations
 - Reporting functions (to CARE, donors, counterparts, communities)
 - Public relations activities

While monitoring and evaluation may properly be considered subsidiary to project management, they are treated separately within the proposal (Section 4). Other project management concerns— scheduling, specific personnel and technical assistance needs, and the community's role— will be discussed in Section 5 (Project Management and Implementation).

There is no separate activity category for community participation as it will be addressed in some form in all categories. Similarly, there is no separate category for institutional development of counterparts and cooperating organizations.

Technical Assistance is not suggested as a separate category since it may well be identified as an activity to support one or more of the above listed categories. Please describe technical assistance needs within each category as necessary. Section 5.5 (Technical assistance needs) asks for more details for selecting short-term technical assistance.

3.4 Technology Issues

Discuss the appropriateness of the chosen technologies for the problem and the communities involved. Technologies include, for example, types of construction (such as a gravity-flow water system or a solar-powered pump), or whatever physical outputs the communities will produce (e.g. a community wood lot). In addition, technologies refer to systems, organizations, and social structures to support activities such as fee collection, pump repair, community loan funds, and health education.

Discuss any technical aspects that influence project sustainability (e.g. maintenance of diesel pumps in a water system; maintenance of support --financial or otherwise-- of community health workers). Describe how project counterparts, cooperating organizations, and community members will be involved with the choice of, become familiar with, and successfully apply the given technology. In other words, describe how transfer of the technology will occur. Include justifications for any items to be imported by CARE.

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3.5 Sustainability

The implementation of CARE's projects has three phases: Start-up, Execution, and Transition. Conceptually, a project is undergoing transition throughout its life as the CARE input is reduced from some initially high level to lower levels and then eventually ceases. The Transition phase explicitly identified in this section, however, refers to a group of events which takes place after the intense level of CARE input is finished. These activities represent major changes in responsibility for project management as the community "takes over" from CARE, e.g. holding meetings without CARE representatives present; applying users' fees to purchase parts to repair a pump, etc.

Traditionally, a project was considered "finished" when the Execution phase had been completed (e.g. once a new water system had been installed). In order to implement projects that are sustainable, CARE has an obligation to provide support to communities through the Transition phase (which may take several years).

Identify those project-related activities, processes, structures or institutions in communities which are to continue after the Execution phase. If counterparts, communities or others are to absorb recurrent costs, discuss plans for this process and identify indicators of its happening during project execution.

Please indicate plans for maintaining contact with communities after the project has been turned over to local management. Include an estimate of the resources and personnel needed, as well as discussion of other operational aspects necessary to monitor and support the communities during the Transition phase. These activities will probably take place in a later MYP cycle.

3.6 Project Constraints

Discuss any unusual obstacles, conditions or constraints which will or could impede or limit implementation and achievement of project goals. To some extent these should reflect the assumptions identified in the Project Schematic. How will these constraints be addressed?

Monitoring and Evaluation

The following five paragraphs define some of the key concepts CARE is adopting in monitoring and evaluation. The numbered sections, below, then develop plans for the various monitoring and evaluation activities. These activities should represent an effort reasonably proportional to that of the overall project. Deliberate choices will be made, therefore, about which activities to monitor and what Evaluation Questions to answer.

Difference between Monitoring and Evaluation. Monitoring assumes adequate project design and is concerned with tracking activities; evaluation assesses progress toward goals and tests the appropriateness of the project design. Monitoring is a process designed to gather information about the implementation of project activities. They may be documented using the Planning, Implementation and Evaluation (PIE) document or some other appropriate monitoring tool. Evaluations, on the other hand, are "outcome-focused." That is, they assess the project for both intended outcomes (the project's goals) and outcomes (either positive or negative) not reflected in the goal statements.

Baseline Data. In order for any evaluation of the project's outcomes to be possible, appropriate baseline data must be collected documenting the original conditions that the project hopes to change. The purpose of the baseline data survey should not be to provide a general description of project participants, their families and environment. Its purpose, rather, is to collect data pertaining directly to the indicators that should change as a result of the project. To ensure that the necessary data (and only the necessary data) are collected, plans for the baseline data survey should be developed during the design stage based upon the goals, the Evaluation Questions (see below) and their indicators.

Final Goal Evaluation. A decision must be taken during the project design stage regarding the level at which the project will be evaluated. In all cases, the attainment of the IGs is understood to be a contribution to the FG, whose full accomplishment may depend upon interventions and conditions beyond CARE's control. Consequently, most CARE projects will be evaluated only at the IG level. Some projects may, however, be evaluated at the FG level.

Types of Evaluation. CARE emphasizes three types of evaluations: formative, summative, and impact. A formative evaluation (sometimes referred to as "mid-term evaluation" although it may be conducted at any point in the project's life), gathers information on the project's progress and recommends ways in which its design and implementation may be improved. A summative evaluation (usually thought of as "final evaluation") should be conducted near the end of the project's life but, in practice, usually occurs at the end of a funding cycle. Summative evaluations are often required or conducted by the donor and do not necessarily serve the information needs of the project. An impact evaluation should be conducted at least a year or more after CARE input to the project has ceased and will assess the project's sustainability and its impact on the project participants.

Evaluation Questions. Evaluation Questions are questions posed during the project design activity that specify what it is we want to learn from project evaluations. The questions, once developed, provide a guide for all data collection activities—baseline surveys, regular monitoring, and data collected by the evaluation team. Some questions may be directly tied to the goals against which the project will be evaluated, and some will be tied to the additional consequences of the project that are anticipated. Others will question the project's potential for adapting strategies, techniques or activities to other projects' circumstances. Still other questions will test the assumptions that are specified in the

Project Schematic. Additional questions or issues to be addressed through monitoring and evaluation activities should also be specified at this time. Such questions may deal with the continued appropriateness or merit of the project's activities, IGs and FG. Since the Evaluation Questions form the basis of the evaluation mechanism, they should be accompanied by indicators.

4.1 Evaluation Questions

What are the Evaluation Questions that should be answered by evaluation activities? List all the Evaluation Questions that should be answered through the evaluation activities, including those pertinent to the Final and Intermediate Goals. For each Evaluation Question, list the indicators to be used in answering it and describe the baseline data to be collected.

Following are a few sample Evaluation Questions taken from the PHC project whose Schematic is included as Appendix G.

Pertaining to Final Goal

- o What is the prevalence of water and excreta-related diseases among children under age 4 living in the targeted district?
- o What infrastructure is in place to maintain or further reduce the prevalence of water and excreta-related diseases among children under age 4 living in the targeted district?
- o To what degree do mothers and other significant child caretakers interact with and influence the infrastructure that can maintain or further reduce the prevalence of water and excreta-related diseases?

Pertaining to IG #1

- o What is the quality of water consumed by people living in y district?
- o What is the quantity of water consumed by people living in y district?
- o What infrastructure is in place to improve or maintain the quality and quantity of water available to people in y district?
- o How do residents of y district interact with and influence this infrastructure?

Pertaining to IG #2

- o What is the pattern of latrine use in y district?
- o What are the factors affecting latrine use?

Pertaining to potential additional consequences

- o What are the factors that promote active and productive health committees?
- o For volunteer community health workers, what are the factors associated with: 1) high performance, 2) low turnover, 3) motivation?
- o What spin-off activities were generated by the project that are being maintained by the community (individually and/or collectively)?
- o What methods have been effective in bringing men and other caretakers besides the mother into the project?
- o What have been the most effective methods in community organization?
- o What methods were effective in identifying, seeking out and following up with drop-outs and no-shows among the target population?
- o Which activities were most consistently popular with project participants and which were successful in maintaining high levels of interest?
- o To what extent did previous contact with CARE and/or concurrent CARE activities in project villages affect project performance?

4.2 Evaluation of the Final Goal

It is assumed that all projects will be evaluated at the IG level. Will the project also be evaluated at the FG level? State the rationale for your decision. If the answer is yes, the FG statement should be accompanied by indicators, means of verification and assumptions in Part 1 of the Project Schematic.

Actual implementation of the FG evaluation does not necessarily have to be CARE's responsibility. If the Final Goal is to be evaluated, however, please indicate who is responsible for planning, implementing and paying for the evaluation. When is the evaluation likely to take place?

4.3 Monitoring plan

Who will collect and analyze the data? What format (PIE or other) will be used for documenting the monitoring activities? How often will monitoring activities take place? What is the community's role in these efforts?

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4.4 Baseline Data Collection Plan

When will the baseline data survey be conducted? by whom? at what cost? Who will report the results of the survey? in what format? What will be the community's role?

4.5 Evaluation Plan

Aside from the possible Final Goal evaluation discussed above, what evaluations will be conducted (formative, summative, impact)? How will they be planned and when will they take place? Who will collect and analyze evaluation data? What is the community's role in these efforts? What is the estimated cost of each evaluation (this should be reflected in Appendix F, Budget)?

4.6 External Reporting Requirements

Describe requirements with respect to counterparts, donors, CARE-International members and others as needed. Also indicate time frames and any special considerations involved.

4.7 Evaluation Activities

Please discuss the activities that will be required for collecting baseline data, monitoring implementation, and evaluating the project. These activities should be included in the Project Schematic-Part III under the Activity Category "Evaluation."

5. Project Management and Implementation

5.1 Schedule of Project Activities

Using the "Schedule of Project Activities" chart (Appendix C), describe project activities for year 1 in as much detail as possible. This schedule should be used as the core of a work plan to be developed by the project manager.

5.2 Community Management

What roles and responsibilities will community members have in project management?

What kinds of decisions will they need to make during the project? How will CARE prepare the community to manage the change during the Transition phase? What is the anticipated time frame for phaseover of CARE's responsibilities to the community?

5.3 Staffing Plan

Present a staffing plan with organizational chart. Describe roles, interactions and relationships not already mentioned in the strategy section that bear on project management. Include key counterparts with whom the project is being managed.

For all key and/or new positions, a job description should be given in Appendix D. Use the International Personnel Request Form (Staff) for this purpose. If you already anticipate that the position can be filled by a local expatriate or national, please indicate so on the form.

When hiring begins the Mission will be requested to resubmit the Personnel Request Form to reflect any changes that may have occurred.

5.4 Technical Assistance Needs

Give a brief summary of anticipated TA needs and timing and also complete the International Personnel Request Form (Consultants) for each TDY and include in Appendix E. Also provide a Scope of Work using the two-page form found in Appendix E.

When recruitment begins the Mission will be requested to resubmit the Personnel Request Form to reflect any changes that may have occurred.

For those TDYs which may be performed by the RTA, please budget at \$165/day plus in-country and international transportation and per diem. For all TDYs, please give an estimate of the total expenses directly on the PR Form.

6. Budget

Please provide the information per the categories listed in Appendix F. The categories created are similar to those required by many funding agencies. Budget worksheets are also requested to give the data from which estimates were made.

Appendices

A. Map of project area

If possible, also identify location(s) of other CARE assisted projects.

B. Project Schematic (Parts 1, 2, and 3).

Please use the format provided in the outline as a guide and expand the columns or otherwise modify them as necessary. These formats are not to be considered "fixed". Make the columns fit the information, not vice versa. See discussion in Sections 3.1 and 3.2 of this document.

C. Schedule of Project Activities

D. Personnel Request Forms - Staff (Instructions attached)

E. Personnel Request Forms - Consultants (Instructions attached)

F. Budget

G. Example of a Project Schematic - a PHC project

APPENDIX A - Map of Project Area

FINAL AND INTERMEDIATE GOALS:

Goals:

FINAL GOAL:

INTERMEDIATE GOALS:

Indicators

Means of Verification

Assumptions

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Underline all key terms in Column 1. Provide operational definitions in Appendix B, Part 2

APPENDIX B - PART 2

Project Schematic - Operational Definition of Terms

PROJECT SCHEMATIC - ACTIVITIES

Activity Category*

Activities	Related IG(s)	Indicators	Means of Verification	Input (mat'ls; human res.; money, when approp.)	Assumptions

*Categories of Activities are: Community Organization; Service Development and Implementation; Staff Development, Training and Extension; Project Management; and, evaluation. Other categories of activities may be included as appropriate.

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Appendix C - Schedule of Project Activities

Each mission probably has the format for a Gantt chart or similar chart already available through at least one software package in use. You are asked to give this information via whatever specific format available, as long as it provides the following for each category of activities described in Section 3.2.

Category _____

<u>Activity</u>	<u>Month</u>			
	1	2	3	etc.
1.				
2.				
3.				
4.				

Per instructions in Section 3.2 (Project Strategy), please outline activities in as much detail for Year 1 only. Give major activities (as known) for Years 2 and 3.

Appendix D

INTERNATIONAL PERSONNEL REQUEST FORM

S T A F F

From: _____ To: _____

Date: _____ Letter Number: _____

1. COUNTRY: _____ 2. PROJECT: _____

3. JOB TITLE: _____ 4. SUPERVISOR: _____

5. MISSION OR OTHER APPROVAL REQUIRED? Yes _____ No _____

6. LENGTH OF ASSIGNMENT: _____ DATES: From _____ To _____

7. NEW POSITION: _____ OR REPLACEMENT FOR: _____

8. RECOMMENDATIONS (candidates and/or organizations):

9. GENERIC JOB DESCRIPTION (if applicable): _____

10. JOB DESCRIPTION (in addition to generic or if generic does not apply):

GENERAL

GN01 project planning & design
GN02 project management
GN03 project evaluation

GN04 training
GN05 surveys

GN06 computer science
GN07 feasibility studies

TECHNICAL

AGRICULTURE

AG01 research/experimentation
AG02 cooperative development
AG03 agricultural credit
AG04 agricultural economics
AG05 crop soils
AG06 agronomy
AG07 irrigation systems
AG08 home gardens
AG09 farm management
AG10 seed production and storage
AG11 integrated pest management
AG12 aquaculture
AG13 animal science
AG14 agriculture engineering
AG15 horticulture
AG16 beekeeping

HEALTH

HL01 information, education & communications
HL02 materials design & production
HL03 family planning
HL04 epidemiology
HL05 community participation
HL06 maternal child health
HL07 nutritional surveillance
HL08 oral rehydration therapy
HL09 breastfeeding promotion
HL10 vaccination
HL11 food supplementation
HL12 food storage
HL13 midwifery

SMALL ENTERPRISES

SE01 research/testing
SE02 cooperative development
SE03 resource mobilization
SE04 community financing
SE05 community participation
SE06 supplies/services
SE07 marketing
SE08 procurement
SE09 banking
SE10 warehousing/inventory
SE11 crop insurance
SE12 livestock insurance
SE13 extension - farm
SE14 extension - non-farm
SE15 handicrafts manufacturing
SE16 import - export
SE17 woodproducts industries
SE18 food marketing
SE19 food preservation
SE20 food packaging
SE21 food processing
SE22 food storage

NATURAL RESOURCES

NR01 research/experimentation
NR02 community forestry
NR03 credit
NR04 forest economics
NR05 soil science
NR06 range management
NR07 watershed management
NR08 nursery management
NR09 plantation management
NR10 natural forest management
NR11 small scale forest industry
NR12 harvesting & utilization
NR13 land use classification
NR14 agroforestry systems
NR15 wood fuels & stoves

WATER SUPPLY AND SANITATION

WS01 health education
WS02 water quality and treatment
WS03 water storage
WS04 community financing
WS05 community participation
WS06 system operations & maintenance
WS07 sewage systems
WS08 waste water disposal
WS09 latrines
WS10 water engineering
WS11 sanitation engineering

MANAGEMENT

MM01 administration
MM02 management information
MM02 personnel management
MM04 financial control
MM05 computer sciences

RELIEF

RL01 food supplementation
RL02 food distribution
RL03 logistics
RL04 port handling
RL05 disaster
RL06 warehousing/storage/inventory
RL07 cargo handling operations

TRANSPORTATION

TR01 maintenance
TR02 mechanical engineering
TR03 fleet management
TR04 spare parts procurement/
inventory
TR05 workshop management

MISCELLANEOUS FIELDS

MS01 construction
MS02 civil engineering
MS03 architecture
MS04 sociology
MS05 anthropology
MS06 women's development and self-help
MS07 generalist

Appendix D

INSTRUCTIONS FOR INTERNATIONAL PERSONNEL REQUEST FORMS

STAFF PR-FORM:

1. Country making the request
2. Project (if applicable) that staff will be charged to
3. Title of the position
4. Title of immediate supervisor to the position
5. Will the CARE-Mission, host government, counterpart agency, USAID or other require approval of the candidate before hiring?
6. Length of assignment in months or years with starting and ending dates
7. Is this a new position or is someone being replaced?
8. Do you wish to recommend any candidates for the position, or organizations from which candidates may be chosen?
9. If applicable, give the title of the generic job description.
10. Ignore if generic job description will suffice. Otherwise, give full description of job if generic does not apply, or additional description if generic only partially applies.
11. Same as 11
12. Using the **Expertise Codes**, select those skills that are required by the position, and rank accordingly. Use "OTHER" for skills not listed on the **Expertise Codes** list.
13. If you wish, specify the educational background the position requires.
14. Including English, specify the language(s) required by the position, and the level of proficiency.

Appendix E

INTERNATIONAL PERSONNEL REQUEST FORM

CONSULTANTS

From: _____ To: _____

Date: _____ Letter Number: _____

1. PROJECT AND LOCATION: _____

2. FUND CODE: _____ PN: _____ ACCOUNT CODE: _____

3. MISSION OR OTHER APPROVAL REQUIRED? Yes _____ No _____

4. ASSIGNMENT SUPERVISOR: _____

5. RECOMMENDATIONS (candidates and/or organizations):

6. SKILLS NEEDED (use Expertise Codes; specify (R) required or (D) desirable):

Technical: a. _____ () b. _____ () c. _____ () d. _____ ()

General: a. _____ () b. _____ ()

Other: _____

7. CRITICAL GEOGRAPHICAL EXPERIENCE: _____

8. EDUCATIONAL DEGREE (only if essential): _____

9. LANGUAGE(S) NEEDED, INCLUDING ENGLISH (rate level of need):

a. _____ () b. _____ () c. _____ ()

(1) = Knowledge of language desirable but not required

(2) = Working knowledge of language critical to assignment

(3) = Fluency critical to assignment

=REMEMBER! SUBMIT A SCOPE-OF-WORK WITH THIS REQUEST

=FOR CARE-NY USE ONLY

Date received: _____ Does ISO need to recruit? _____

Can position be filled by staff member? _____ Name: _____

RECRUIT APPROVAL: _____

RMJ

TAG

ISO

HIRE APPROVAL: _____

RMJ

TAG

ISO

Position filled by: _____

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GENERAL

GN01 project planning & design
GN02 project management
GN03 project evaluation

GN04 training
GN05 surveys

GN06 computer science
GN07 feasibility studies

TECHNICAL

AGRICULTURE

AG01 research/experimentation
AG02 cooperative development
AG03 agricultural credit
AG04 agricultural economics
AG05 crop soils
AG06 agronomy
AG07 irrigation systems
AG08 home gardens
AG09 farm management
AG10 seed production and storage
AG11 integrated pest management
AG12 aquaculture
AG13 animal science
AG14 agriculture engineering
AG15 horticulture
AG16 beekeeping

HEALTH

HLO1 information, education & communications
HLO2 materials design & production
HLO3 family planning
HLO4 epidemiology
HLO5 community participation
HLO6 maternal child health
HLO7 nutritional surveillance
HLO8 oral rehydration therapy
HLO9 breastfeeding promotion
HLO10 vaccination
HLO11 food supplementation
HLO12 food storage
HLO13 midwifery

SMALL ENTERPRISES

SE01 research/testing
SE02 cooperative development
SE03 resource mobilization
SE04 community financing
SE05 community participation
SE06 supplies/services
SE07 marketing
SE08 procurement
SE09 banking
SE10 warehousing/inventory
SE11 crop insurance
SE12 livestock insurance
SE13 extension - farm
SE14 extension - non-farm
SE15 handicrafts manufacturing
SE16 import - export
SE17 woodproducts industries
SE18 food marketing
SE19 food preservation
SE20 food packaging
SE21 food processing
SE22 food storage

NATURAL RESOURCES

NRO1 research/experimentation
NRO2 community forestry
NRO3 credit
NRO4 forest economics
NRO5 soil science
NRO6 range management
NRO7 watershed management
NRO8 nursery management
NRO9 plantation management
NRO10 natural forest management
NRO11 small scale forest industry
NRO12 harvesting & utilization
NRO13 land use classification
NRO14 agroforestry systems
NRO15 wood fuels & stoves

WATER SUPPLY AND SANITATION

WS01 health education
WS02 water quality and treatment
WS03 water storage
WS04 community financing
WS05 community participation
WS06 system operations & maintenance
WS07 sewage systems
WS08 waste water disposal
WS09 latrines
WS10 water engineering
WS11 sanitation engineering

MANAGEMENT

MNO1 administration
MNO2 management information
MNO3 personnel management
MNO4 financial control
MNO5 computer sciences

RELIEF

RLO1 food supplementation
RLO2 food distribution
RLO3 logistics
RLO4 port handling
RLO5 disaster
RLO6 warehousing/storage/inventory
RLO7 cargo handling operations

TRANSPORTATION

TRO1 maintenance
TRO2 mechanical engineering
TRO3 fleet management
TRO4 spare parts procurement/
inventory
TRO5 workshop management

MISCELLANEOUS FIELDS

MS01 construction
MS02 civil engineering
MS03 architecture
MS04 sociology
MS05 anthropology
MS06 women's development and self-help
MS07 generalist

Appendix E

INSTRUCTIONS FOR INTERNATIONAL PERSONNEL REQUEST FORMS

CONSULTANTS PR-FORM:

1. Project and specific location(s) for assignment
2. Budget(s) to which consultancy or TDY will be charged to
3. Will the CARE-Mission, host government, counterpart agency, USAID or other require approval of the candidate before hiring?
4. Supervisor for this assignment
5. Do you wish to recommend any candidates for the position, or organizations from which candidates may be chosen?
6. Using the **Expertise Codes**, select the "TECHNICAL" and "GENERAL" skills that are required for this assignment, and specify level of need (required or desirable). Use "OTHER" for skills not listed on the **Expertise Codes** list.
7. Priority will always be given to candidates who have experience in the country or region in which the assignment will take place. However, you should complete this entry if experience in a specific country or region is critical to the assignment.
8. Specify educational degree(s) required for the assignment, only if the degree(s) is(are) essential for technical or other reasons.
9. Including English, specify the language(s) required for the assignment, and the level of need.

Appendix E

SCOPE OF WORK

1. OBJECTIVE: Describe concisely the need for technical assistance and the expected outcome.

2. ACTIVITIES: Define and/or list tasks to be performed.

3. MATERIALS: Specify what reports, proposals or other documents need to be produced and the date by which they should be completed.

4. TIME-FRAME: Specify your planned schedule for this assignment. Include preferred and alternate dates, and length of assignment.

5. PREPARATION: Define and/or list preparation requirements for assignment (e.g. briefing materials, professional contacts).

6. CONTACTS: Identify in-country contacts that consultant will need to make (e.g. government counterparts, USAID, PVO's).

7. PRIOR WORK: Briefly describe previous work conducted in your mission that is relevant to your current request. .

APPENDIX F - BUDGET

The overall project budget will be presented in the format below. Please use software as appropriate or transfer this format to other paper to accommodate the figures. Details follow on the next page.

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Total</u>
I. <u>Cash Budget</u>				
A. International Personnel				
B. National Personnel				
C. Project Operations				
D. Material and Equipment				
E. Vehicles				
F. Evaluation				
G. Training				
H. Contingency				
 SUBTOTAL	_____	_____	_____	_____
OVERHEAD	_____	_____	_____	_____
CASH TOTAL	_____	_____	_____	_____
 II. <u>In-Kind Budget</u>				
A. Material and Equipment				
B. Personnel				
 IN-KIND TOTAL	_____	_____	_____	_____
PROJECT TOTAL	_____	_____	_____	_____
INDIRECT COSTS	_____	_____	_____	_____
 III. <u>Distribution of Cash Funding by Sources</u>				
A. CARE				
B. _____				
C. _____				
D. _____				
 CASH TOTAL	_____	_____	_____	_____

Estimated expenses will be charged to these line items as follows:

International Personnel - The salaries of all international personnel directly assigned either full or part-time to the project (Account 4502) and benefits associated with their salaries (4504), moving costs (4507), travel to and from assignment (4531), location allowance (4525), educational allowance (4527), relocation allowance (4528), personal effects insurance (4530), and post adjustment (4534). Short-term consultants (4522) and RTA costs for project backstopping (4512). Consultants and RTAs used for evaluation would be included under that line item.

National Personnel - The salaries of all national personnel directly assigned to the project either full or part-time (4503), their benefits (4505) and location allowances (4506). national consultants (4522) used for project activities, with the exception of evaluation, would be charged to this item.

Project Operations - All direct operational expenses not included in the other line items are charged to this item. Included are: Stationery & Office Supplies (4508), Communications (4509), Project Office Rent (4510), Utilities, Maintenance, and Repairs (4511), Vehicle Operation (4514), Travel and Lodging (4515), Sundry Expenses (4519).

A portion of the CARE Mission's fixed costs is charged to each project and should be included in the budget as a part of Project Operations.

Materials and Equipment - All material and equipment to be purchased for the project (4001, 4002, 4003, 4004) with the exception of vehicles which are treated as a separate line item expense.

Vehicles - The cost of vehicles to be purchased for project use (4001, 4002, 4003, 4004).

Evaluation - Those costs which are directly related to evaluation activities including: RTAs (4512), local, TDY, or international consultants (4522) and their international travel (4515 or 4531) and local travel and lodging costs (4515). Additional temporary local staff for data gathering and secretarial assistance (4503, 4505).

Training - Those additional personnel, transportation, materials, lodging and other costs associated with training which are not included in personnel above. This item includes all extension activities, seminars and workshops. Besides training on behalf of project participants, this category also includes training activities for the CARE staff per se, e.g., for attendance at a workshop in-country, or to a CARE-sponsored or non-CARE-sponsored workshop in another country.

Overhead - Does not apply to all projects. If in doubt, leave blank or contact CARE-NY.

Indirect Costs - Indicate the amount of Indirect Costs included in Project Operations.

The project proposal budget should be accompanied by worksheets which indicate by individual line items and years the basis on which project costs were estimated.

Appendix G

Project Schematic - Example of a PHC Project

This Appendix provides an example of Parts 1,2, and 3 of the Project Schematic for a water project in the PHC sector. The set of information presented here, while not constituting a model to be reproduced verbatim, includes the types of goal statements, indicators, etc. that could realistically appear in a project proposal. Variations are obviously necessary given the unique environment of each water project.

The Schematic is intended to present a summary of the project. As such, it cannot include all possible indicators, means of verification and assumptions, nor even much detail about each one chosen. When preparing the Schematic for a project, it will probably be necessary to reduce the amount of information originally generated for these charts to that which is essential and which can still stand on its own within the given format.

Examples for the five groups of Activities in Part 3 are relatively equal in length. Again, these are only illustrative and will most likely be different for an actual project proposal.

Dates have been left blank in this example and no indicators have been quantified. Targets for such changes should be determined only after adequate baseline data are established for each indicator. Specifics of operational definitions are also dependent upon needs assessment and baseline data.

A few guidelines for filling out the Schematic:

1. Goals - Details for the preparation of FG and IG statements are given in the body of the format in sections 3.1 and 3.2 (Final and Intermediate Goals).
2. Indicators - Measurements of the goal that reflect project achievement relative to the baseline data; also measurements of achievement of project activities.
3. Means of Verification - The sources of data used in the calculation or representation of indicators.
4. Assumptions - While many levels of assumptions are inherent in the project design process, the assumptions in Part I of the Schematic (Final and Intermediate Goals) are those which form the link between the achievement of the IGs and the achievement of the FG. For example, if the IGs are implemented, what other conditions must prevail (out of CARE's control) in order for the FG to be achieved? In other words, successful implementation of the IGs, plus the assumptions, will result in the FG.

In contrast, each assumption in Part III (Activities) relates directly to a specific activity. These assumptions may describe necessary preconditions for an activity to be realized, or expectations about the nature of the activity itself. In addition, these assumptions may serve as rationale statements for the chosen activities.

Appendix G - PHC Example

PROJECT SCHEMATIC - PART 1

FINAL AND INTERMEDIATE GOALS*

Goals	Indicators	Means of Verification	Assumptions
FINAL GOAL: To permanently decrease prevalence of <u>water and excreta-related diseases</u> among children under 4 years of age living in district X from _____% to _____%.	This project is not being evaluated at the Final Goal level		
INTERMEDIATE GOALS:			
1. To develop <u>improved community-managed drinking water systems</u> for 20 communities in district X by 19____ and to <u>maintain</u> these systems in 18 communities through 19____.	1. Proportion of households drawing water from the new system annually after installation and in 19____.	1.1 Population based survey 1.2 Focus group sessions 1.3 Open-ended interviews	Children will be the primary beneficiaries of an improved functioning and properly used drinking water system Positive changes in adult hygiene practices will influence the health-related care of children and the environmental sanitation conditions in which they live Donor and counterpart support for water supply and sanitation will continue
	2. Number of liters of water (from the new system) used per person per day in the wet and dry seasons each year during the project and in 19____.	2.1 Population-based survey 2.2 Open-ended interviews 2.3 Participant observations 2.4 Community management records	
	3. Distance or time needed to fetch water from new system compared to the traditional system(s) in the wet and dry seasons annually after installation and in 19____.	3.1 Mapping 3.2 Population-based survey 3.3 Open-ended interviews	

* Underline all key terms in Column 1. Provide operational definitions in Part 2

Appendix G

PROJECT SCHEMATIC - PART 1

FINAL AND INTERMEDIATE GOALS*

Goals	Indicators	Means of Verification	Assumptions
INTERMEDIATE GOALS:			
1. Continued	4. Frequency and duration of stoppages (complete or partial) in the new water supply system annually after installation and in 19____.	4.1 Community water management records 4.2 Mapping 4.3 Open-ended interviews	
	5. Microbiological and physico-chemical characteristics of the new water system assessed periodically and in 19____.	5.1 Microbiological measurement of fecal coliforms (i.e. E. coli) 5.2 Physico-chemical - offensive properties vary by source (e.g. NaCl, turbidity, Sulfide) 5.3 Focus group sessions 5.4 Direct observation	
	6. Decisions and actions taken by the water committee and community about the water system (e.g. design, construction, operations and maintenance)	6.1 Community management records 6.2 Water committee meetings (records & observations) 6.3 Focus group sessions	

* Underline all key terms in Column 1. Provide operational definitions in Part 2

FINAL AND INTERMEDIATE GOALS*

Goals	Indicators	Means of Verification	Assumptions
INTERMEDIATE GOALS:			
<u>2. To develop effective community-managed hygiene education programs for 20 communities in district X by 19____ and to maintain these programs in 18 communities through 19____.</u>	1. Ratio of latrine use to latrine availability annually after installation and in 19____. 2. Proportion of households that properly dispose of trash during the project and in 19____. 3. Proportion of households that properly store water during the project and in 19____. 4. Proportion of persons who wash their hands after defecating and before eating, assessed periodically and in 19____. 5. Decisions and actions taken by the community about this hygiene education program from project start-up through 19____.	1.1. Population-based survey 1.2. Focus Group sessions 1.3. Participant observation 2.1. Same as above 3.1. Same as above 4.1. Same as above 5.1. Community management records 5.2. Health committee meetings (records and observations) 5.3. Focus group sessions	

* Underline all key terms in Column 1. Provide operational definitions in Part 2

Appendix G - PHC Example

Project Schematic

Part 2: Operational Definition of Terms

1. Permanently decrease - A decrease in the prevalence of selected diseases which is initiated during the project and achieved and maintained at some point in the future.
2. Water-related diseases - Infectious diseases which are affected by changes in water supply. They are classified into four main categories (Bradley and Feachem, 1978):
 - a. Waterborne - Infections spread through water supplies (e.g. cholera, some diarrheas);
 - b. Water-washed - Diseases due to the lack of water for personal hygiene (e.g. scabies, some eye infections and some diarrheas);
 - c. Water-based - Infections transmitted through aquatic invertebrates (e.g. schistosomiasis); and
 - d. Water-related - Infections transmitted by insects that depend on water for a portion of their life cycle (e.g. malaria, onchocerciasis).
3. Excreta-related diseases - Infectious diseases which are caused by defective sanitation. The disease is contracted through direct contact with excreta (e.g. hookworm and ascaris (roundworm)).
4. Improved drinking water systems - Systems which are characterized by measurable positive changes in key characteristics, inter alia,
 - a. quantity - usually measured in number of liters of water used per person per day, regardless of type of use;
 - b. accessibility - ease of fetching water, in terms of distance travel, time spent and/or effort expended (e.g. in horizontal distance);
 - c. reliability - functioning of the water system on a daily basis, i.e. is water produced in sufficient quantities day after day, year after year; and

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- d. quality - refers to characteristics of the water itself, i.e. levels of chemical elements and/or microbiological organisms and physical properties (e.g. color, taste, odor).
5. Community-managed - The community has the skills, institutional support and control over the resources and processes necessary to sustain the system.
6. Maintain - To operate and sustain the system at desired levels of performance.
7. Effective - Resulting in the intended behavior change concerning hygiene at the level of 75% or more for each indicator.
8. Hygiene education program - A planned group of integrated activities designed to address individual, household and community level behaviors to improve health status.

Appendix G - PHC Example

Project Schematic - PART 3

Activity Category*: **Community Organization**

ACTIVITIES

Activities	Related IG(s)	Indicators	Means of Verification	Input (mat'ls; human res.; money, when approp.)	Assumptions
		(PATs in the former system)			
1. Develop macro-level plan with counterparts	1,2	Written plan	Minutes of meetings Actual plan	Counterpart representatives; PVO representatives	Counterpart inputs as planned
2. Initial contact with communities	1,2	Community-level meetings and interviews	CARE field reports	Transport; PVO, counterparts & community reps.	Communities willing to meet with visitors Key community members available
3. Community selection process	1,2	Ranking of communities	Minutes of meetings survey data	PVO, counterparts and community reps.	Pertinent information available
4. Community management structure identified or formed	1,2	Identification and delegation of responsibilities	Minutes of community meetings	PVO, counterparts & community reps.	Process will allow key community members (e.g. women) to participate
5. Community mgt. structure becomes operational	1,2	Users' fees determined and collected regularly for water system	Community accounting records	Monthly household payments	Participating households agree to water assessment plan and can pay accordingly
		Health issues form part of committee meeting agendas	Committee meeting records	Committee member & PVO extensionists' time	Committee takes responsibility for health issues
		Breakdowns in water system are repaired	Community operations and maintenance records	Spare parts Trained repairman	Community member(s) trained in operation and maintenance
		Committee members perform duties as assigned	Community records	Community support (financial or in-kind)	Community is able to raise and manage acceptable levels of support of committee members

*Categories of Activities are: Community Organization; Service Development and Implementation; Staff Development, Training and Extension; Project Management; and, Evaluation.
Other Categories of activities may be included as appropriate.

ACTIVITIES

Activity
Category*:

Service Development and Implementation

Activities	Related IG(s)	Indicators	Means of Verification	Input (mat'ls; human res.; money, when approp.)	Assumptions
1. Water and sanitation systems designed	1	(PATs in the former system) Technical specifications made in consultation with community	Engineer's design	PVO, counterpart and community reps	Design based on criteria acceptable to the users as well as industry standards
2. Purchase construction materials & vehicles for extensionists	1,2	Materials and vehicles used by project	Paid invoices Project records	PVC piping, etc. motorcycles, etc. worth \$ _____	Procurement will be handled in-country
3. Water and sanitation systems constructed	1	Physical plant in place	Direct observation	Construction materials Labor Technical guidance	Inputs are available in quantities necessary and when necessary
4. Locate and hire consultant to oversee project approach to hygiene education	2	Consultant hired and used	Contract and invoice	Budget item Staff time	RTA will assist in locating consultant locally, if possible
5. Develop and carry out hygiene education activities	2	Number and type of activities completed	Materials developed and record of activities	Staff & community time Materials for demonstrations Audi-visuals	Community will be receptive to and participate in hygiene education activities

*Categories of Activities are: Community Organization; Service Development and Implementation; Staff Development, Training and Extension; Project Management; and, Evaluation.
Other categories of activities may be included as appropriate.

ACTIVITIES

Activity Category: **Staff Development, Training and Extension**

Activities	Related IG(s)	Indicators	Means of Verification	Input (mat'ls; human res.; money, when approp.)	Assumptions
1. Development and implementation of community-level training plan to cover water and sanitation system management, operations and maintenance, and health management related to water and sanitation	1,2	Training programs take place	Project and trainer records Participant interviews	Training materials; community, PVO, counterpart staff; money for training, logistical support and follow-up	Training needed and sought in these areas
2. Counterpart and PVO staff training in water quality testing, and project management communities	1,2	Training activities in these areas are implemented	Project records	Staff time; budget for tuition, room, board and travel	Specific needs in these areas have been accurately identified
3. Skill-building program for PVO and counterpart extensionists	1,2	Extensionists have regular meetings which have a learning agenda	Project records Extensionist interviews	Staff time; consultant time; budget for meetings	Extensionists need regular contact with each other and form the critical channel for project information flow
4. PVO staff attendance at workshop related to water supply and sanitation	1,2	Workshop attended	Staff interviews Inspection of workshop materials Project records	Staff time; tuition, travel, room and board	PVO needs to stay abreast of new developments in water and sanitation field
5. Training in project evaluation for all involved in management of this project	1,2	Training in evaluation is implemented	Review of evaluation materials Training plan followed	Staff, counterpart, participant time; consultant; budget for materials and of training activities	Evaluation training is key to effective on-going management of project

*Categories of activities are: Community Organization; Service Development and Implementation; Staff Development, Training and Extension; Project Management; and Evaluation.
Other categories of activities may be included as appropriate.

ACTIVITIES

Activity Category*: **Project Management**

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Activities	Related IG(s)	Indicators	Means of Verification	Input (mat'ls; human res.; money, when approp.)	Assumptions
1. Identify PVO, counterpart and cooperating NGO staff responsible for project.	1,2	Staff and their responsibilities specified	Project agreements and job descriptions	Staff time	This activity will be possible only following project funding
2. Hold team planning workshop for key actors and review proposal	1,2	Workshop held and proposal reviewed	Inspection of workshop records and revised proposal	Staff time; workshop budget	Joint planning and team formation is critical in early stage of project
3. Identify community project managers	1,2	Managers selected by each community	Interviews Record of choices made	Staff time; transportation	Communities will accept their part in managing the project
4. Work out procedures for transfer and account-of funds	1,2	Financial systems and agreements are set up.	Inspection of project books	Staff time; 1 PC, printer and appropriate software	Financial responsibility for some project activities will be shared.
5. Hold regular project management meetings with key actors.	1,2	Project management team meetings held with diverse attendance	Inspection of meeting notes	Staff time; meeting budget	Different configurations of project managers will deal with different issues.
6. Prepare quarterly reports for management team, donors, Headquarters	1,2	Reports prepared as necessary	Project files	Staff time; money for field travel	Reporting function serves several different audiences.
7. Develop linkages with NGOs active in extension, community organization, and water supply.	1,2	Collaboration takes place in project activities.	Field level observation Interviews with NGO staff	Staff time; budget to permit NGOs to work with PVO	Networking in this way serves purposes broader than this project
8. Prepare orientation packages for visitors to the project.	1,2	Materials prepared and field trips worked out	Inspection of package	Staff time	Package will need to be periodically updated

* Categories of Activities are: Community Organization; Service Devevelopment and Implementation; Staff Development, Training and Extension; Project Management; and, Evaluation. Other categories of activities may be included as appropriate.

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ACTIVITIES

Activity

Category*: Evaluation

Activities	Related IG(s)	Indicators	Means of Verification	Input (mat'ls; human res.; money, when approp.)	Assumptions
1. Design evaluation plan	1,2	(PATs in the former system) Evaluation plan	Document	Original project proposal PVO and counterpart reps	Needs assessment data already available Project revision not necessary at this
2. Employ technical assistance for baseline survey	1,2	RTA visit takes place	Scope of work and trip report	Budget Staff time	RTA will be available for this activity
3. Design and implement activities for gathering baseline data	1,2	Pre-test properly implemented	Survey instruments properly filled out Tapes of focus group sessions CARE field trip reports	Data gatherers Transportation Data analysis Equipment Budget	Data gatherers properly trained Community willing to participate
4. Design and implement project monitoring system	1,2	System developed, disseminated and used	Inspection of format and monitoring results	Staff time Budget for meetings	Deliberations will be necessary to determine the appropriate information to gather, and to analyze and interpret monitoring data
5. Design and implement formative evaluation	1,2	Formative evaluation completed	Review of evaluation design and results	Time of key actors and consultants; Budget	Evaluation will identify useful mid-course corrections to be made.
6. Design and implement process, summative and/or impact evaluation	1,2	Process and instruments developed and used; report produced	Documentation Participant interview	Staff time in design, implementation, analysis and interpretation Budget for field travel Report production	Evaluations will be done in-house.

*Categories of activities are: Community Organization; Service Development and Implementation; Staff Development, Training and Extension; Project Management; and Evaluation.

APPENDIX 6
TYPES OF RTA ACTIVITIES
LIST OF PUBLICATIONS

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4/10/89 ANR UNIT
ANR RTAT TRIP REPORTS

Page 1 of 2

AUTHOR	TITLE	DATE
ASIA REGION RTA		
King/Bufum	Nepal Trip Rep	7/3/86
King/Bufum	Thailand Trip Rep	7/17/86
Bufum/King	Philippines Trip Rep	8/14/86
King	SFDP Trip Report for 11/29-12/12/86	12/18/86
Bufum	Trip Report Indonesia	3/2/87
Bufum	Trip Report Nepal	4/30/87
Bufum	Trip Rep for July Philippines	8/20/87
King	Nepal RTA Trip Rep	9/9/87
Bufum	Sri Lanka Trip Rep	9/21/87
King	Trip Rep on Kho Wang Projec Visits	11/12/87
Bufum	Philippines RTA Trip Rep	11/8-12/4/87
Bufum	China Trip Report	11/8-16/88
King	Bangladesh Trip Report	11/25/88
King	Trip Report China	12/19/88

LATIN AMERICA REGION RTA

Roper	Rep on a Visit by RTA 11/13-29/85 Ecuador	11/85
Roper	CLUM Report Ecuador	2/21/86
Roper	Trip Rep Integrated Nat Res Management/Bolivia	9/17/86
Burniske	Panama Trip Report	9/18/87
Burniske	CR-Pan #855 C007 Final Draft	12/30/87
Burniske	Jamaica Trip Report	10/16/87
Burniske	Belize Trip Report	11/12/87
Burniske	Trip Rep Belize Project Design	9/25-10/9/87
Burniske	Haiti Trip Report	3/4/88
Burniske	Bolivia Trip Report	9/88
Burniske	Haiti Tech Assist Rep FARM	2/9-18/89
Burniske	Panama Trip Rep	2/10/89

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WEST AFRICA REGION RTA

Dennison	Trip Rep: TDY to IX World Forestry Congress	7/10/85
Dennison	Trip Rep Niger	2/16-20/87
Dennison	Congo Trip Rep	4/17/87
Dennison	ANR Sector Trip Report Mali	8/6-16/86
Dennison	Review of ANR Sector Cameroon	8/23-30/86
Dennison	ANR Sector Trip Report Chad	8/18-23/86
Holding	Field Trip Rep South Gedaref	6/27-30/88

EAST AFRICA REGION RTA

Buck	Trip Report Mozambique	5/25-6/2/86
Buck	Trip Report Ethiopia	11/6-15/86
Buck	Trip Report Comoros	5/23/86
Buck	Trip Report Comoros	7/11-18/88

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RTAT-ASIA TRIP REPORTS
November 1987

BANGLADESH

1. Integrated Food For Work

Buffum & King, April 30, 1986, Potential for addition of an agroforestry component

2. Landless Owned Tubewell Users Support

Buffum & King, April 30, 1986, Potential for addition of an agroforestry component

3. Local Initiatives for Farmer Training

Buffum & King, April 30, 1986, Potential for addition of an agroforestry component

Rosser, January 11, 1987, Review of project goals, indicators and PATs in light of post-project sustainability

4. Rural Maintenance Project

Buffum & King, April 30, 1986, Potential for addition of an agroforestry component

Rosser, January 11, 1987 Recommendations on issues/approaches to graduate RMP beneficiaries into group oriented enterprise activities

5. Training Immunizers in Community Approaches

Rosser, July 1, 1987, General Review: Sustainability and Opportunities for Publication

6. Women Development Project

Rosser, October 25, 1986, Review IGA component of this project and relationship with other CARE Bangladesh projects

Rosser, January 19, 1986, Review issue of post-project sustainability, and provides package of resource information relevant to income generating projects

Buffum & King, April 30, 1986, Potential for addition of an agroforestry component
Roesel & Horner, June 12, 1986, General Review
Rosser, January 1987, Review issues/options for post-project sustainability
Roesel, July 3, 1987, Strategies for Phase-out Evaluation Framework for inputs, and IG indicators for sustainability

7. Women Health Education

Roesel, July 1, 1987, Review Training materials

INDIA

1. ICDS

Roesel & Toole, September 18, 1986, Familiarization Trip
King & Rosser, May 6, 1987, Potential for non-food development programming

2. Reinforcement of ICDS/Karnataka

3. Child Survival, Orissa and Madya Pradesh

4. TITLE II, Orissa

INDONESIA

1. Dryland Farming Systems

Buffum & King, November 19, 1986, Mid Term Evaluation (final version)
King, February 1987, Recommendations for start up of DFS in East Java.
Buffum, February 27, 1987, Recommendations for design of DFS follow-on project in NTB.

2. Nias

3. Sulawesi Rural Community Development

Roesel, October 29, 1986, Strengthening Health Component (Activities, Training, Monitoring, and Evaluation)
Rosser, August 26, 1987, Recommendations on bringing greater focus with respect to activities, partners, training, goals and indicators to the SED component of this project

4. Village Primary Health Care

Roesel, December 3, 1985, Detailed Implementation Plan and Evaluation and Monitoring Drafts
Roesel, June 13, 1986, Implementation Review and Recommendations on Evaluation Plan
Roesel, January 27, 1987, Strategy Development/Revision, Monitoring and Evaluation System, and Documentation
Roesel, October 1, 1987, Mid-Term Evaluation

5. WASHES

NEPAL

1. Begnas/Rupa Tal Watershed Management Project

Rosser, December 24, 1985, Provides suggestions on goal statements and indicators that incorporates IGA issues.
Buffum & King, July 7, 1986, Design of mid-term evaluation, revision of goal statement
Buffum, January 23, 1987, Draft Mid-term evaluation

2. Small Farmers Community Project (Central, East, and Rapti)

Buffum & King, July 7, 1986, Design of mid-term evaluation
King & Rosser, December 18, 1986, Design of follow-on project
Roesel, January 2, 1987, Identify Potential PHC Interventions
Buffum, April 30, 1987, Design of follow-on project

3. Trail Suspension Bridge Project

King, September 9, 1987, Potential for clustering agroforestry and bridge activities

Misc. Project Development

Buffum, April 30, 1987, Potential for new ANR programming
King, September 9, 1987 Potential for ANR funding through USAID Co-F1 Project II, review of CARE proposal for Rapti Technical Training

PHILIPPINES

1. Income Generating Project

Rosser, May 13, 1986, overall review of goals, indicators and targets for IGP project.

Rosser, July 3, 1986, Review analysis and monitoring systems for IGP sub-projects.

Rosser, September 20, 1986, Review design for mid-term evaluation.

King, August 15, 1987, Design of pilot agroforestry sub-project

2. Mindoro Upland Farmers Development Project

Buffum, August 19, 1987, Redesign of project after transfer from PFP

3. Negros Occidental Development Assistance Project

Rosser, September 20, 1986, Review guidelines for off-farm micro-lending projects.

Buffum, August 15, 1987, Design of pilot agroforestry sub-project

4. MCH Feeding

Roesel, November 15, 1985, Strategies for Improvement

5. School Feeding

Roesel, October 1985, Familiarization

6. Title II Enhancement

Roesel, April 4, 1986, Project Implementation Orientation and Recommendations

Roesel, May 6 and June 3, 1986, Recommendations as to Impact Evaluations, Monitoring System, Nutrition Education Materials, PHC Projects, and Training Design

Misc. Project Development

Buffum, August 19, 1987, Potential for new ANR programming

SRI LANKA

Misc. Project Development

Roesel, May 28 & August 9, 1986, Assistance in REACH Project Design (not implemented) and Potential Project Identification

1. Change Agent Program

Rosser, June 1, 1986, Explore feasibility of self-reliant producer groups as part of institutional capacity assessment of potential CARE partners in new SED projects.

Buffum and King, June 23, 1986, Potential for expansion to include more ANR activities

2./3. CATER/ SEEDS

Rosser, November 8, 1986 and February 13, 1987, Project identification and preliminary proposals for lead projects in SED.

4. Thripogha

Buffum & King, June 23, 1986, Potential for ANR programming in inland fisheries, ayurvedic medicine, forestry, horticulture, and agriculture.

Buffum, September 17, 1987, Design of Tea Cultivators Assistance Project

THAILAND

1. Mae Chaem Agroforestry Project

Roesel, December 24, 1985, Familiarization and Recommendations on Goal Statement Revision

Roesel, April 1986, Project Proposal

Buffum & King, July 17, 1986, Familiarization trip

Buffum & King, June 30, 1987, Draft mid-term evaluation

Roesel, July 16, 1987, Evaluability Assessment and INCREASED Agriculture/Nutrition Complementarily

2. Kho Wang Rural Resources Development Project

Roesel, July 10, 1986, Familiarization and Investigation of Possibility of Nutrition Subcomponent

Buffum & King, July 17, 1986, Familiarization trip

King, November 12, 1987, Backstopping on Workplans, Reporting and Evaluation

APPENDIX 7
LIST OF TRAINING ACTIVITIES

TRAININGS HELD

<u>Course Title</u>	<u>Where</u>	<u>When</u>
Horticulture	Ecuador	Summer 1984
Aquaculture	Auburn Univ.	Summer 1984
Horticulture	Frogmore, SC	10/1-11/84
Aquaculture	Panama	2/25 - 3/1/85
Horticultuer	Honduras	6/19-29/85
Aquaculture	Indonesia	4/29 - 5/3/85
Disaster Mgt., Module 1 (Relief Mgt.)	Oxford, U.K.	6/10-29/85
Disaster Mgt., Module 2 (Risk Reduction & Recovery	Oxford, U.K.	7/1-13/85
Project Mngmt./ Water Wksp.	Sierra Leone	7/1-8/85
Refugee Workshop	Washington, DC	9/18-19/85
UNHCR Emergency Management	Geneva	9/23-27/85
UNHCR	Univ Wisconsin	11/4-27/85
Aquaculture	Cameroon	3/10-14/86
Project Mgt./ Water Wrksp	Trujillo, Peru	4/3-10/86
Disaster Mgt.	Oxford, U.K.	6/8-28/86
Disaster/Ref.	Costa Rica	9/1-9/8/86
PHC Workshop	Calcutta, India	11/10 - 11/21/86
Kisumu/Agrofor.	Kenya	2/86
Project. Mgt. Comm. Partic.	Thailand	3/3 - 3/13/87
Info. and Emergs.	England	4/21 - 4/24/87
Regen. Agric.	Philippines	7/12 - 7/24/87
Comm. Mgt.	Kenya	9/14 - 9/18/87
Pilot Project Design	Guatemala	10/19 - 10/24/8

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Title II Enhancement	New York	11/23 - 11/25/87
L.A. Proj. Des.	Guatemala	1/13 - 1/22/88
Africa SED Wksp	Togo	3/1988
Emer. Management	Ethiopia	2/1988
Africa Food Initiative	Africa	3/1988
L.A. Proj. Des.	Honduras	5/9-17/88
Information Workshop	Belize	7/31 - 8/6/88
Anglophone Africa PHC	Kenya	8/13-20/88
Workshop on Training	Kenya	9/1-9/88
Francophone Africa PHC	Togo	10/88

APPENDIX 8
OUTPUTS SPECIFIED BY GRANT AGREEMENT

EXHIBIT B

LOGICAL FRAMEWORK

Project Title & Number Institutional Component - Rural Capital Formation Matching Grant (MINIMUM Budget)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Program or Sector Goal. The broader objectives to which this project contributes:</p> <p>To increase CARE's ability to design, implement and evaluate projects that lead to the sustained creation of Rural Capital.</p>	<p>Measures of Goal Achievement:</p> <p>Review of project proposals and project evaluations</p> <p>Quality and effectiveness of field projects as determined by evaluators</p>	<p>Field visits by CARE Headquarters staff</p> <p>Review of country office reports</p> <p>Internal and independent evaluations</p>	<p>Assumptions for achieving goal targets:</p> <p>Funding available to CARE will not significantly decrease during the life of the Matching Grant.</p>
<p>Project Purpose:</p> <p>To establish field-based mechanisms for the timely delivery of effective technical assistance and training programs to CARE Country Offices in support of rural capital formation activities.</p> <p>To establish effective mechanisms for evaluating rural capital formation projects.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>160 new rural capital formation projects planned or underway meeting pre-determined quality criteria for design and implementation</p> <p>100% of all rural capital formation projects evaluated internally or independently.</p>	<p>Field visits by CARE Headquarters staff</p> <p>Review of country office reports</p> <p>Internal and independent evaluations</p>	<p>Assumptions for achieving purpose:</p> <p>Staff retention meets or exceeds current rates.</p>
<p>Outputs:</p> <ul style="list-style-type: none"> -Projects designed -Projects evaluated -Project and counterpart staff trained -Field/training manuals published -MCF Matching Grant projects operating -Total projects served -CARE country offices served 	<p>Magnitude of Outputs:</p> <ul style="list-style-type: none"> -160 projects designed -120 projects evaluated -500 persons trained -30 manuals published -20 Matching Grant projects operating -160 projects served -40 country offices served 	<ul style="list-style-type: none"> -Field reports submitted by country office personnel -Trip reports submitted by regional program officers 	<p>Assumptions for achieving outputs:</p> <p>The appropriate quantity and quality of inputs are delivered on a timely basis.</p>
<p>Inputs:</p> <ul style="list-style-type: none"> -Project design consultancies -Project evaluation consultancies -Training workshops -Program management -Technical assistance -Program funds 	<p>Implementation Target (Type and Quantity)</p> <ul style="list-style-type: none"> 320 pm design consultancies 120 pm evaluation consultancies 48 workshops held 120 pm program management 720 pm regional technical assistance 80 pm short-term technical assistance \$7,649,000 program management funds \$18,795,000 project assistance funds 	<ul style="list-style-type: none"> -Program financial records and progress reports -Internal and external audit reports and process evaluations 	<p>Assumptions for providing inputs:</p> <p>Inflation and currency fluctuations do not significantly alter the value of inputs</p>

EXHIBIT B

Project Title & Number: Program Component - Rural Capital Formation Matching Grant (Minimum Budget)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Program or Sector Goal. The broader objectives to which this project contributes:</p> <p>To increase the availability and productivity of land, labor, physical infrastructure and entrepreneurial skills in the rural sector of no fewer than 18 LDCs.</p>	<p>Measures of Goal Achievement:</p> <p>Increased per capita income</p>	<p>Most government official documents and statistical data of international agencies.</p>	<p>Assumptions for achieving goal targets:</p> <p>Currency fluctuations, inflation, changes in world oil prices do not offset gains made in capital accumulation.</p>
<p>Project Purpose:</p> <p>To create new rural capital through improvements to land (forest, crop and range management) labor (skills, health, and nutrition status) and physical infrastructure and entrepreneurial talent.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ul style="list-style-type: none"> -Changes in crop and forage yields and wood products availability. -Changes in health and nutrition status -Changes in quantity and quality of physical infrastructure that supports capital formation -Changes in microenterprise presence and viability 	<ul style="list-style-type: none"> -Reports by CARE field staff, extension workers, project managers & technical specialists -Internal and external impact evaluation 	<p>Assumptions for achieving purpose:</p> <p>Climatic conditions do not dramatically deteriorate</p>
<p>Outputs:</p> <ul style="list-style-type: none"> -New or modified systems in place that significantly improve the productivity of land and labor -New or modified systems in place that significantly increase the quantity and/or improve the quality of physical infrastructure -New or modified systems in place that create and support viable micro-enterprises 	<p>Magnitude of Outputs:</p> <ul style="list-style-type: none"> - 8 land management systems - 8 primary health care systems - 8 microenterprise development systems 	<ul style="list-style-type: none"> -Participant reaction and feedback regarding program activities -Reports by CARE field staff, extension workers, project managers & technical specialists -Site visits by project observers and evaluators -Measurements of tangible parameters through ongoing program monitoring 	<p>Assumptions for achieving outputs:</p> <ul style="list-style-type: none"> -The appropriate quantity and quality of inputs are delivered on a timely basis -High quality project staff and technical specialists can be hired and retained
<p>Inputs:</p> <ul style="list-style-type: none"> -Technical Assistance -Training -Food Supplements -Project Funds -Credi: 	<p>Implementation Target (Type and Quantity)</p> <p>Technical Assistance Regional (720 pm) Short term (80 pm)</p> <p>\$1,130,000 Training (600 participants) \$18,795,000 Project Funds (20 projects).</p>	<ul style="list-style-type: none"> -Program financial records and progress reports -Internal and external audit reports and process evaluations 	<p>Assumptions for providing inputs:</p> <p>Inflation and currency fluctuations do not significantly alter the value of inputs.</p>

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APPENDIX 9
CARE ORGANIZATIONAL CHART

CARE

July 1, 1988

TO: All CARE Employees
FROM: Albert M. Warner
Director of Human Resources
SUBJECT: CARE Organizational Chart

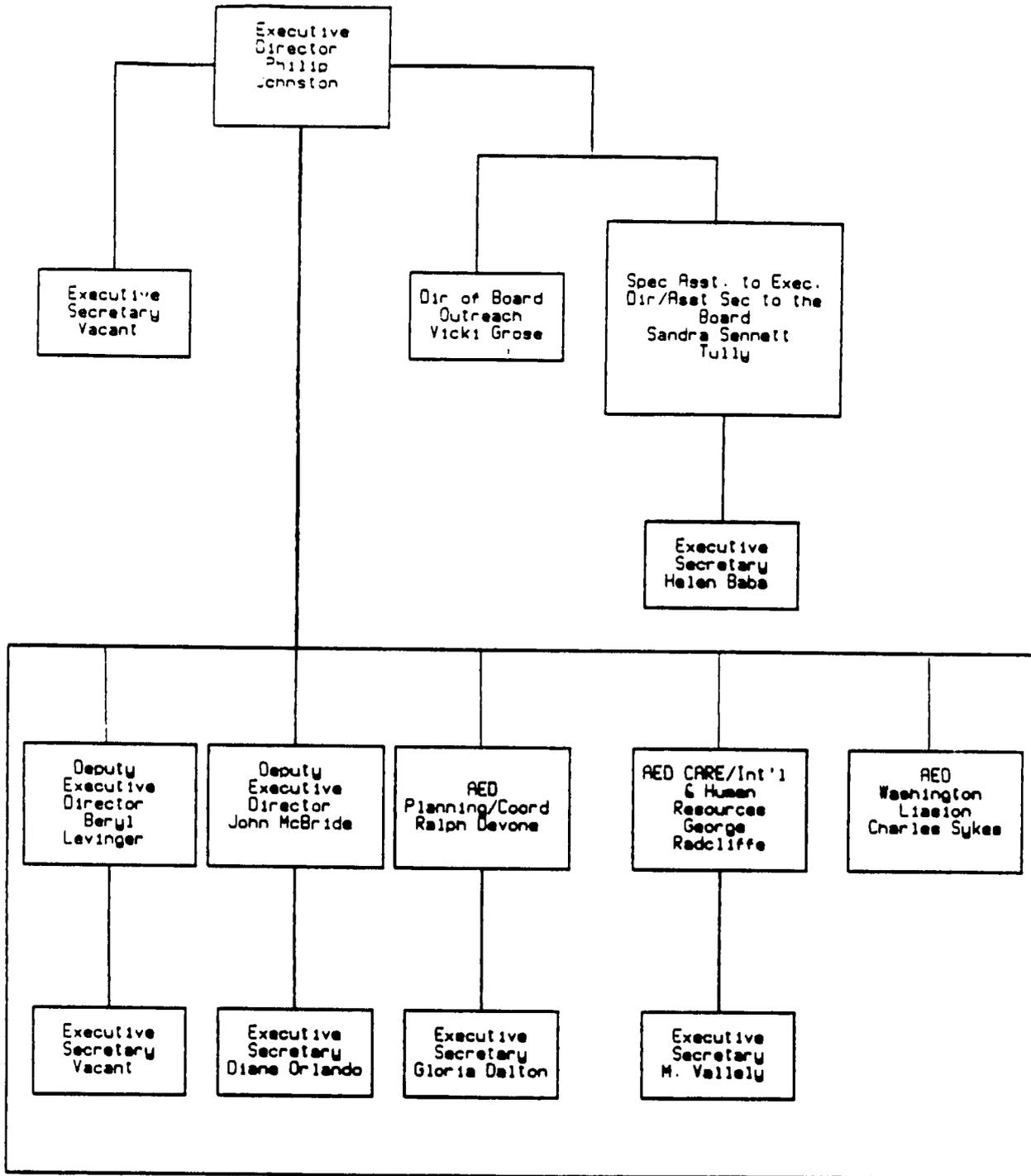
Albert M. Warner

Attached is an up to date (7/1/88) CARE Organization Chart which covers both headquarters and Domestic field offices.

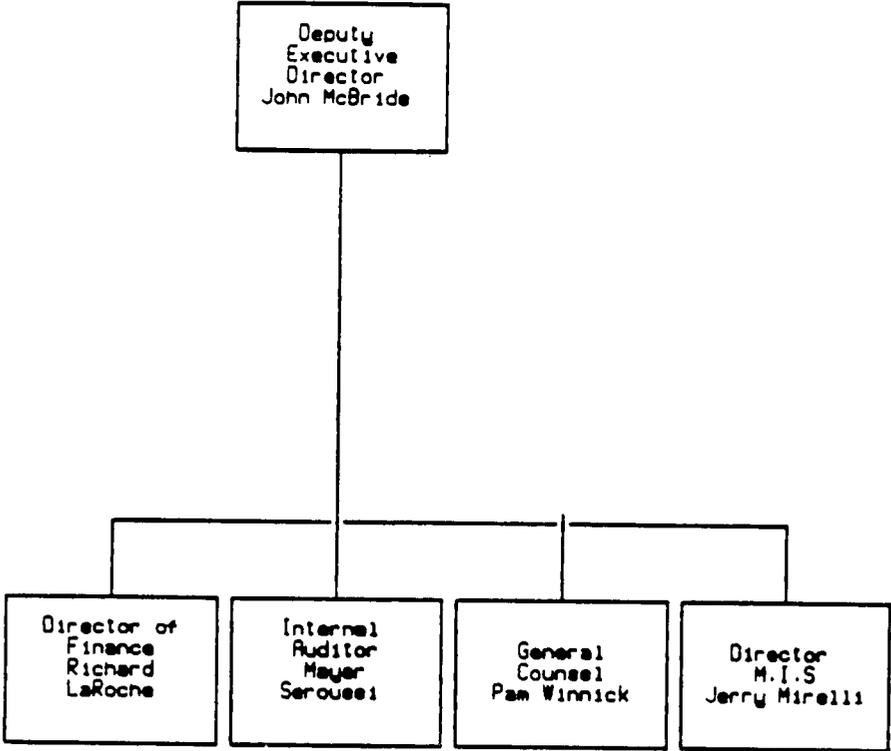
The charts are divided by department in the following order:

- (1) Executive Staff
- (2) Executive Staff Administration
- (3) Washington D.C. Liaison office
- (4) CARE International
- (5) Finance
- (6) Procurement
- (7) Special Services
- (8) Human Resources
- (9) Management Information Systems (MIS)
- (10) Program Department
- (10a) International Staff Operations Group (ISOG)
- (10b) Technical Assistance Group (TAG)
- (11) Donor & Public Relations (A-G)

EXECUTIVE STAFF



EXECUTIVE STAFF ADMINISTRATION

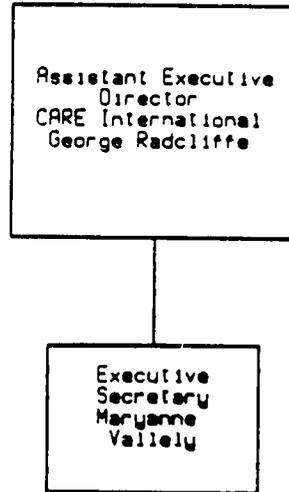


WASHINGTON D.C. LIAISON OFFICE

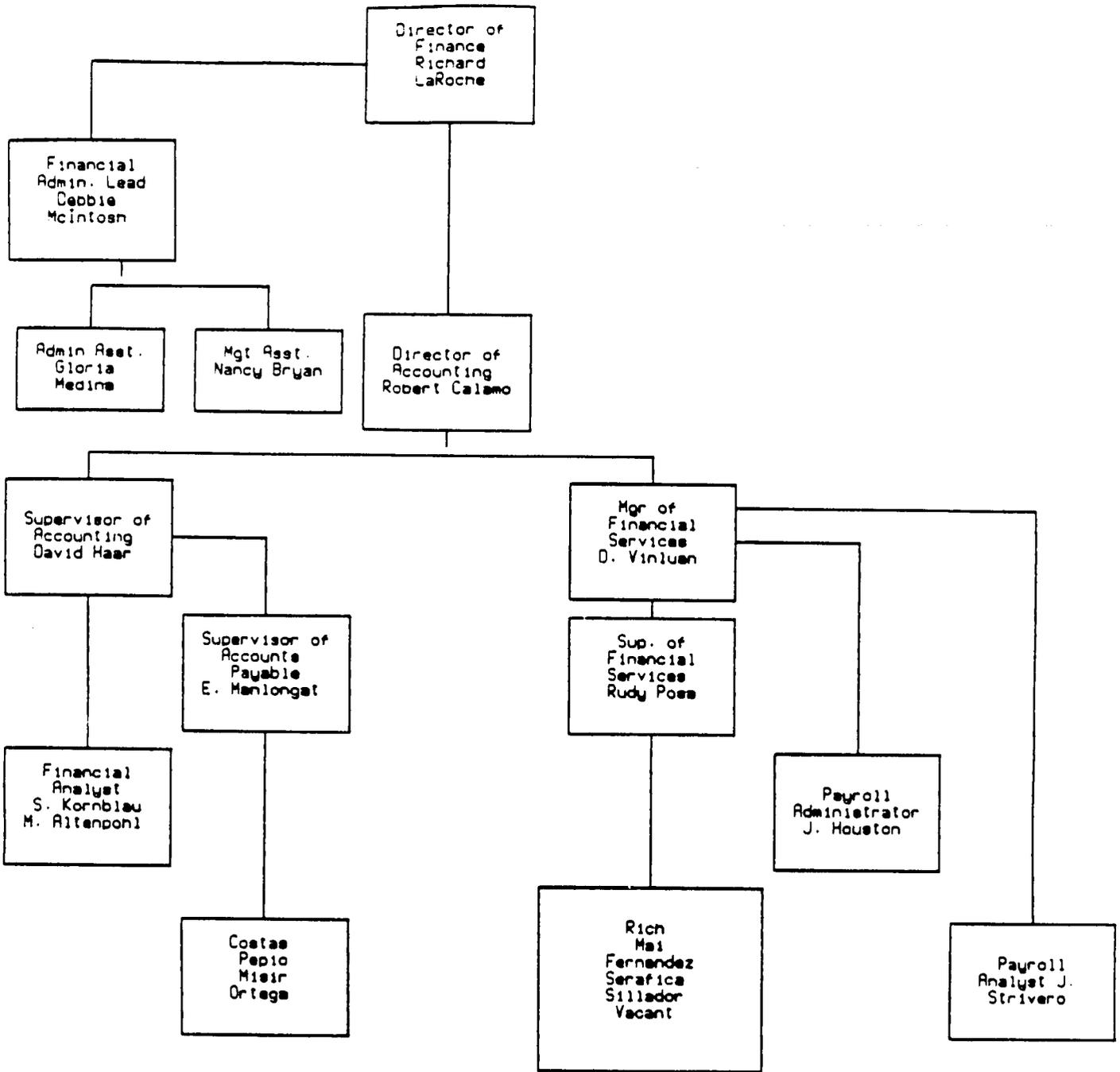
Assistant Executive
Director Washington
D.C.
Charles Sykes
Director

Program
Assistant/Issue
Analyst
Maryanne Leach

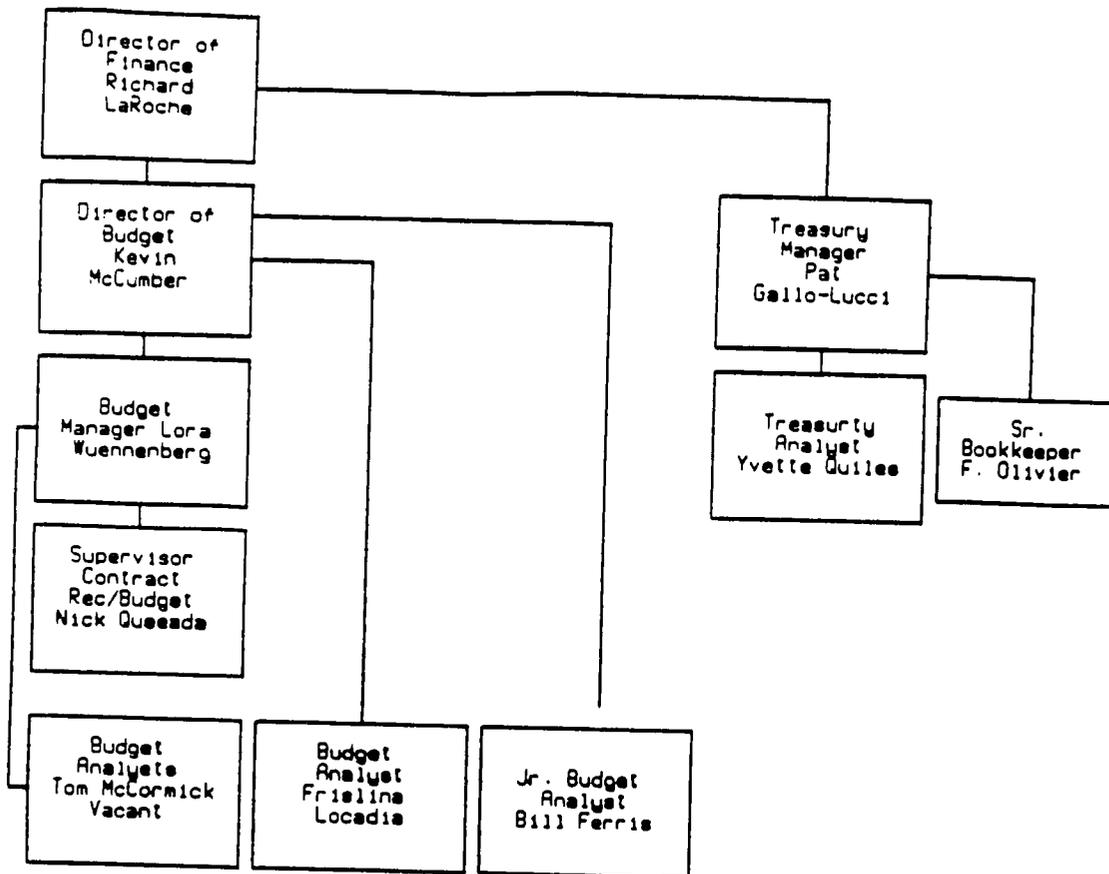
CARE INTERNATIONAL



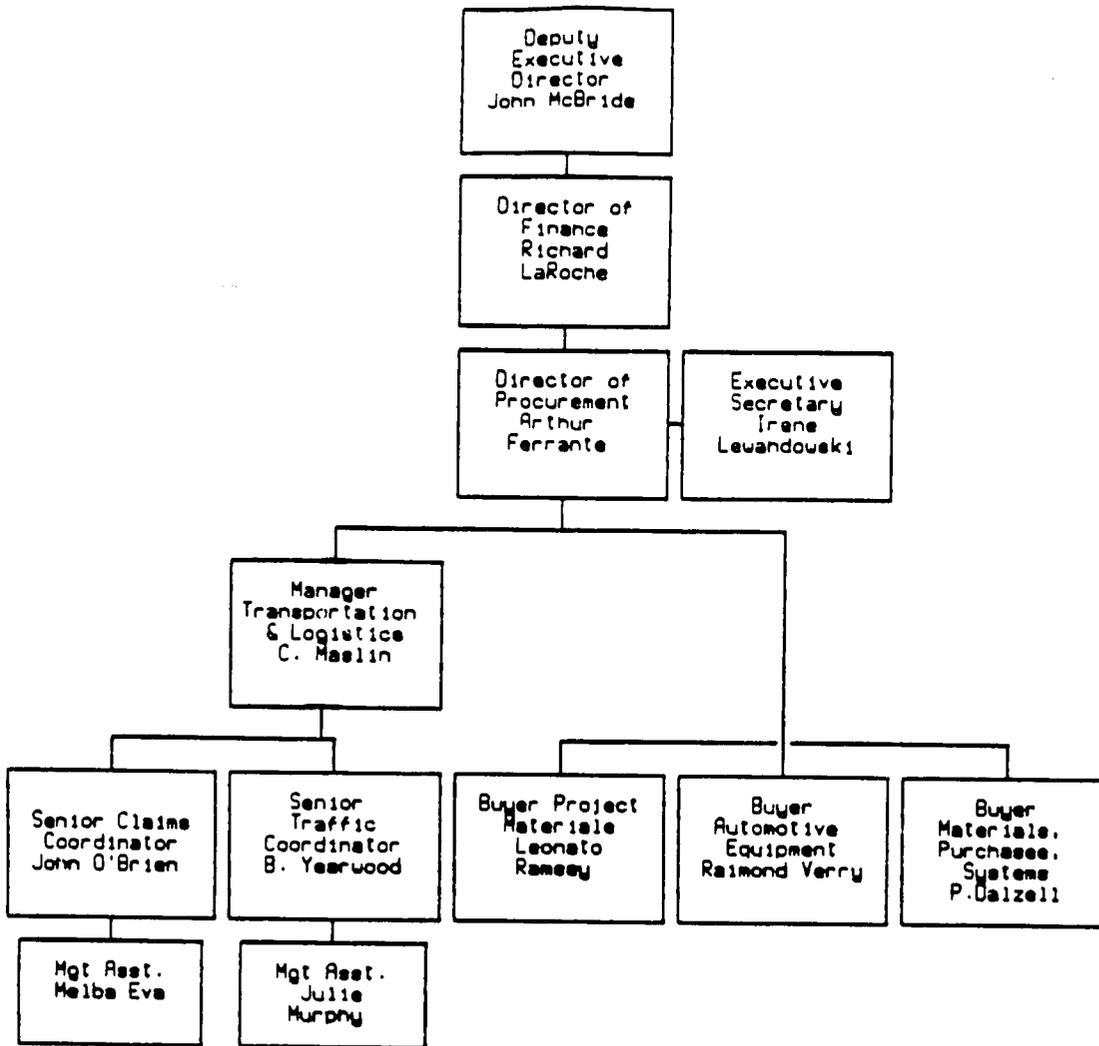
FINANCE



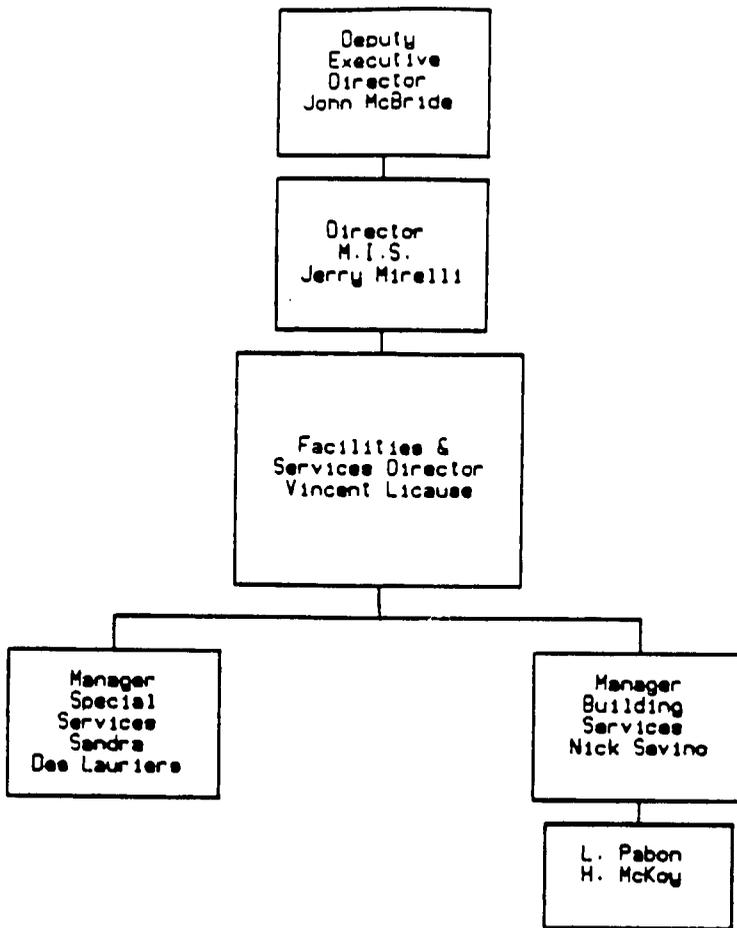
FINANCE



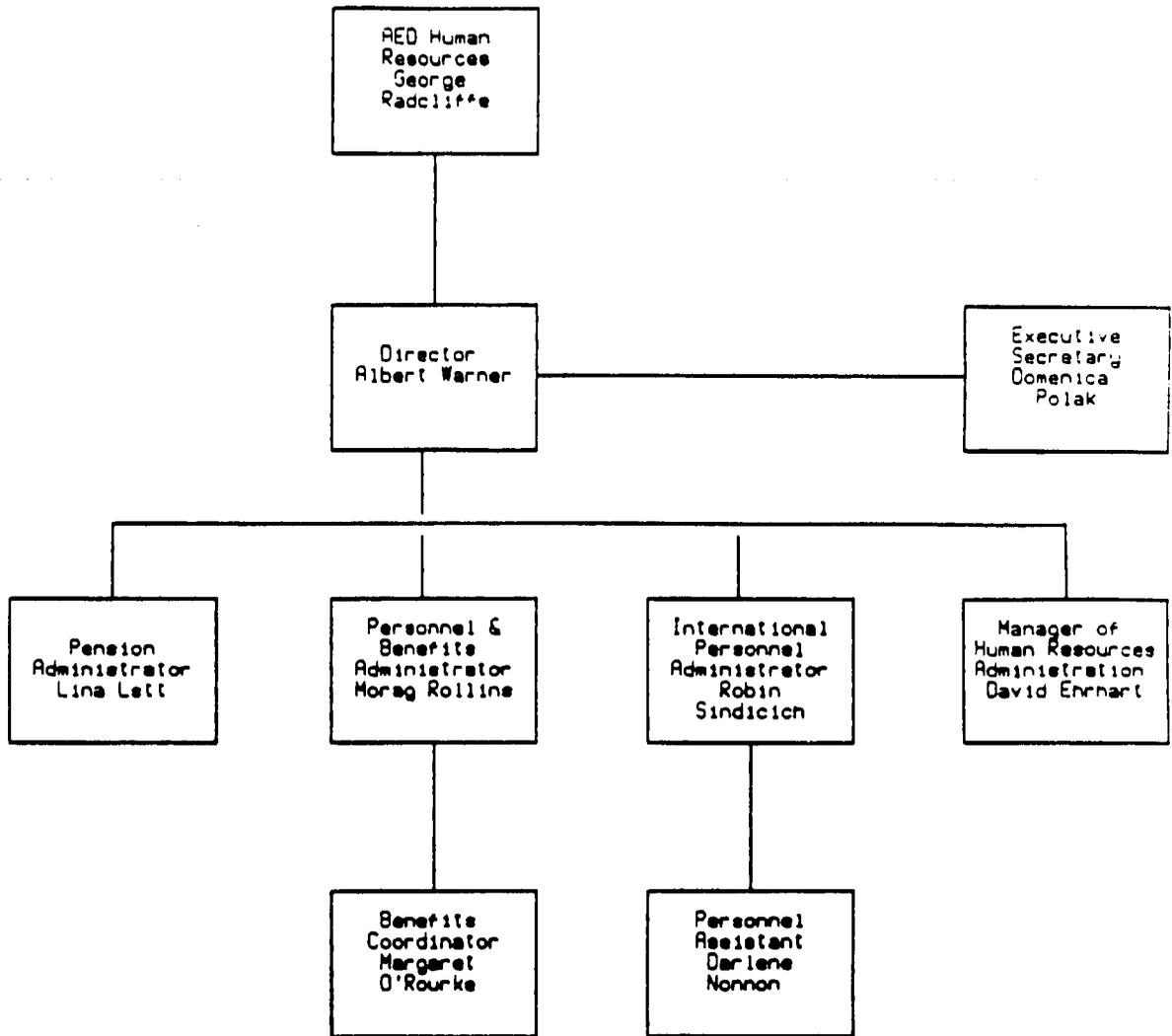
PROCUREMENT



SPECIAL SERVICES

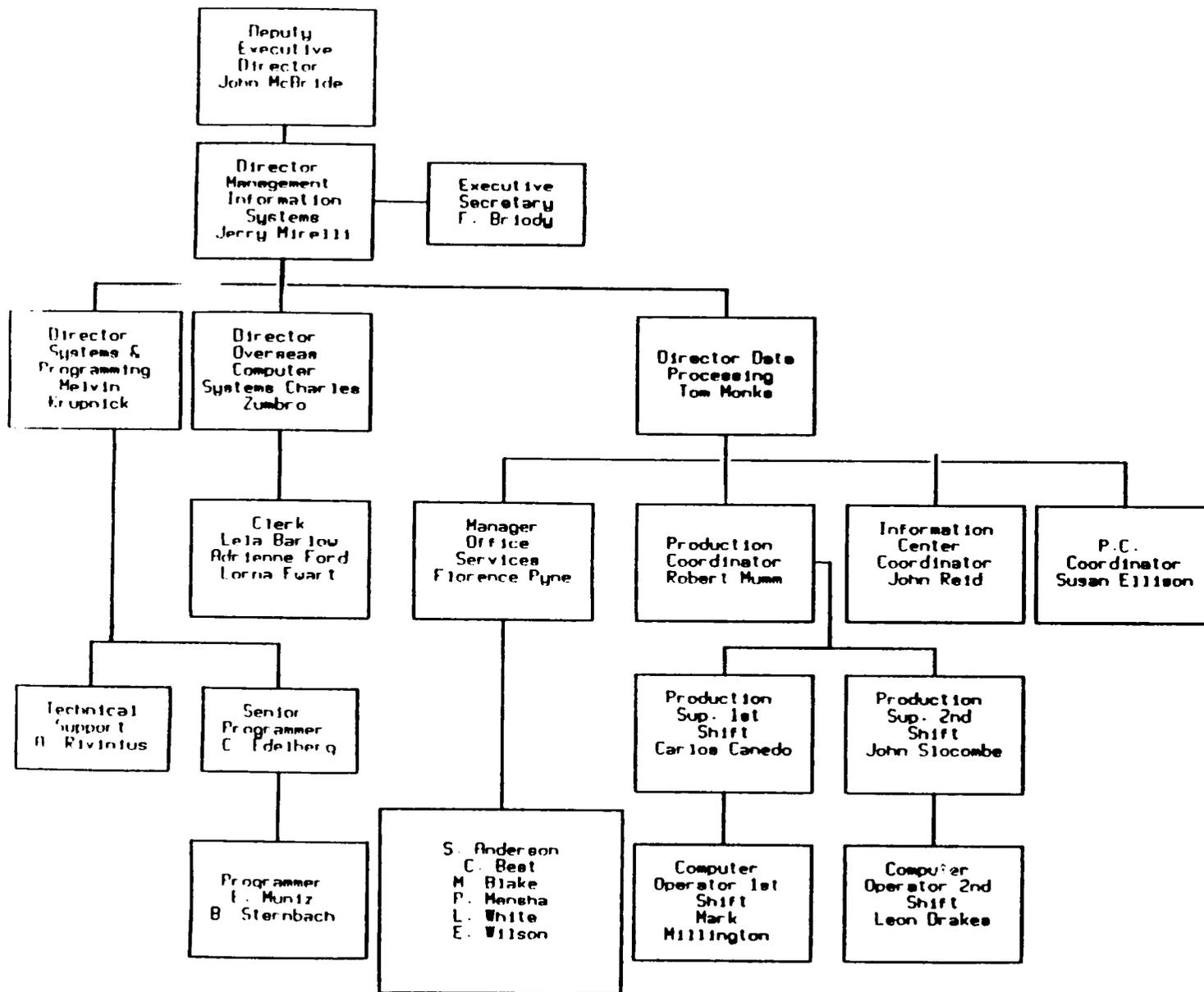


HUMAN RESOURCES

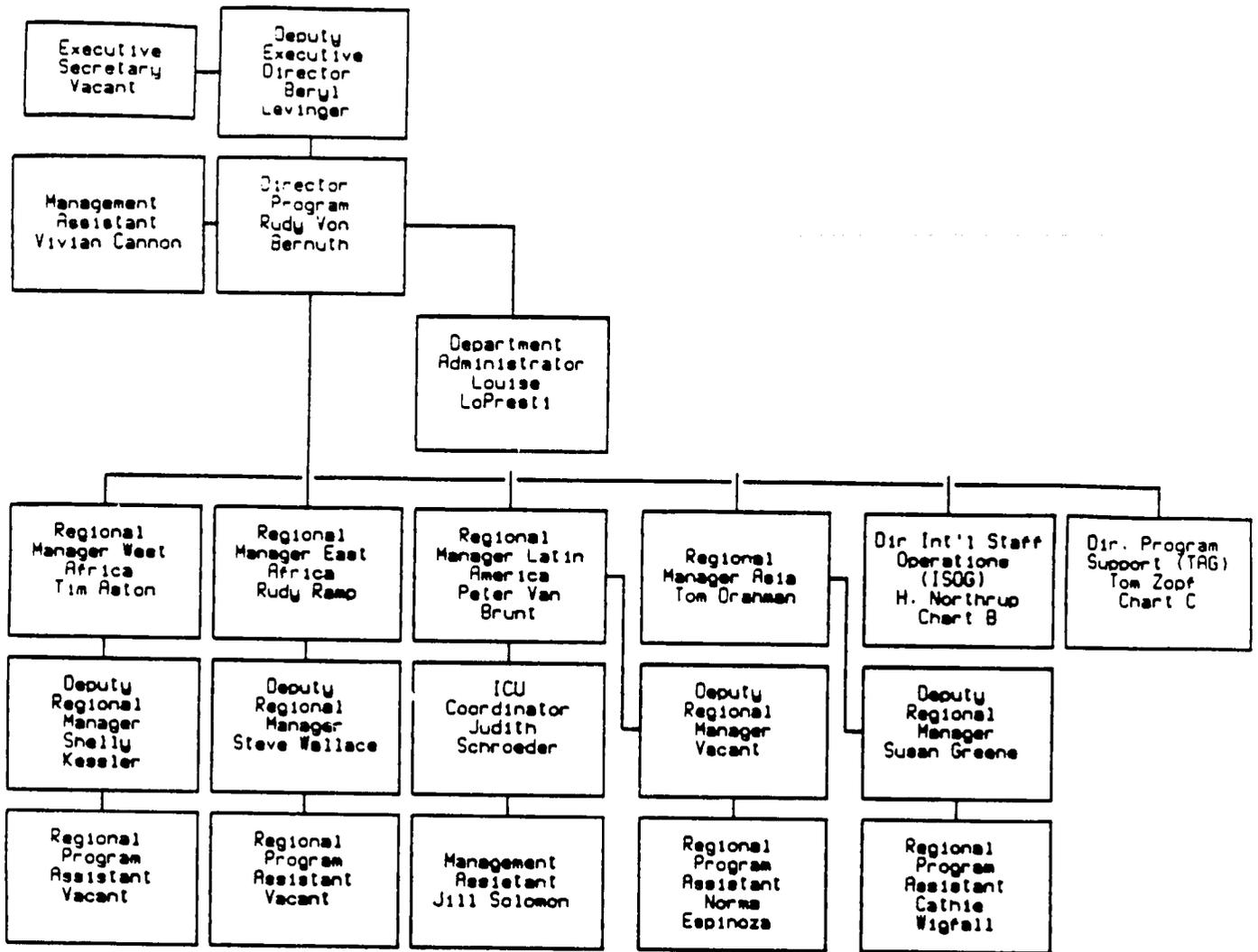


MANAGEMENT INFORMATION SYSTEMS (MIS)

15/1

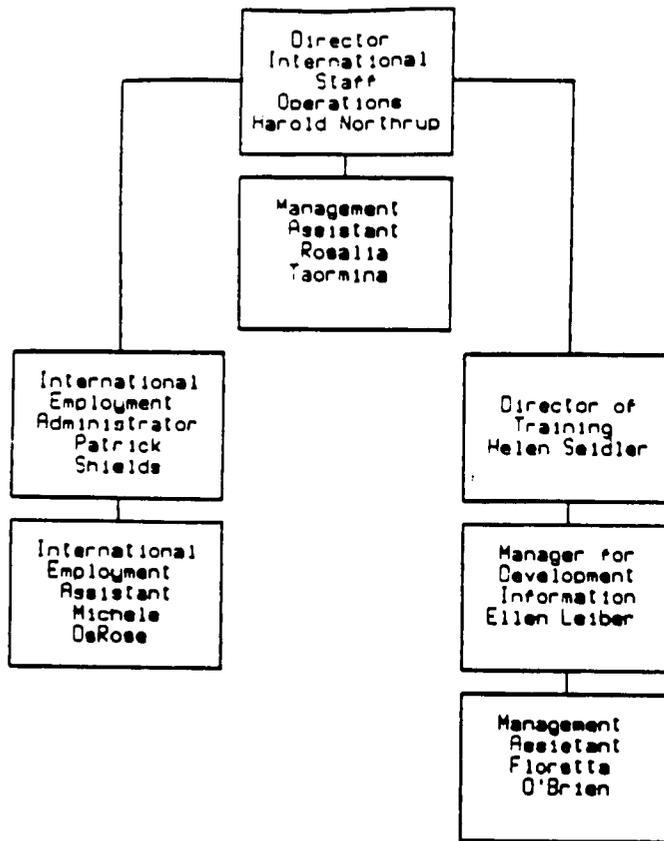


PROGRAM DEPARTMENT

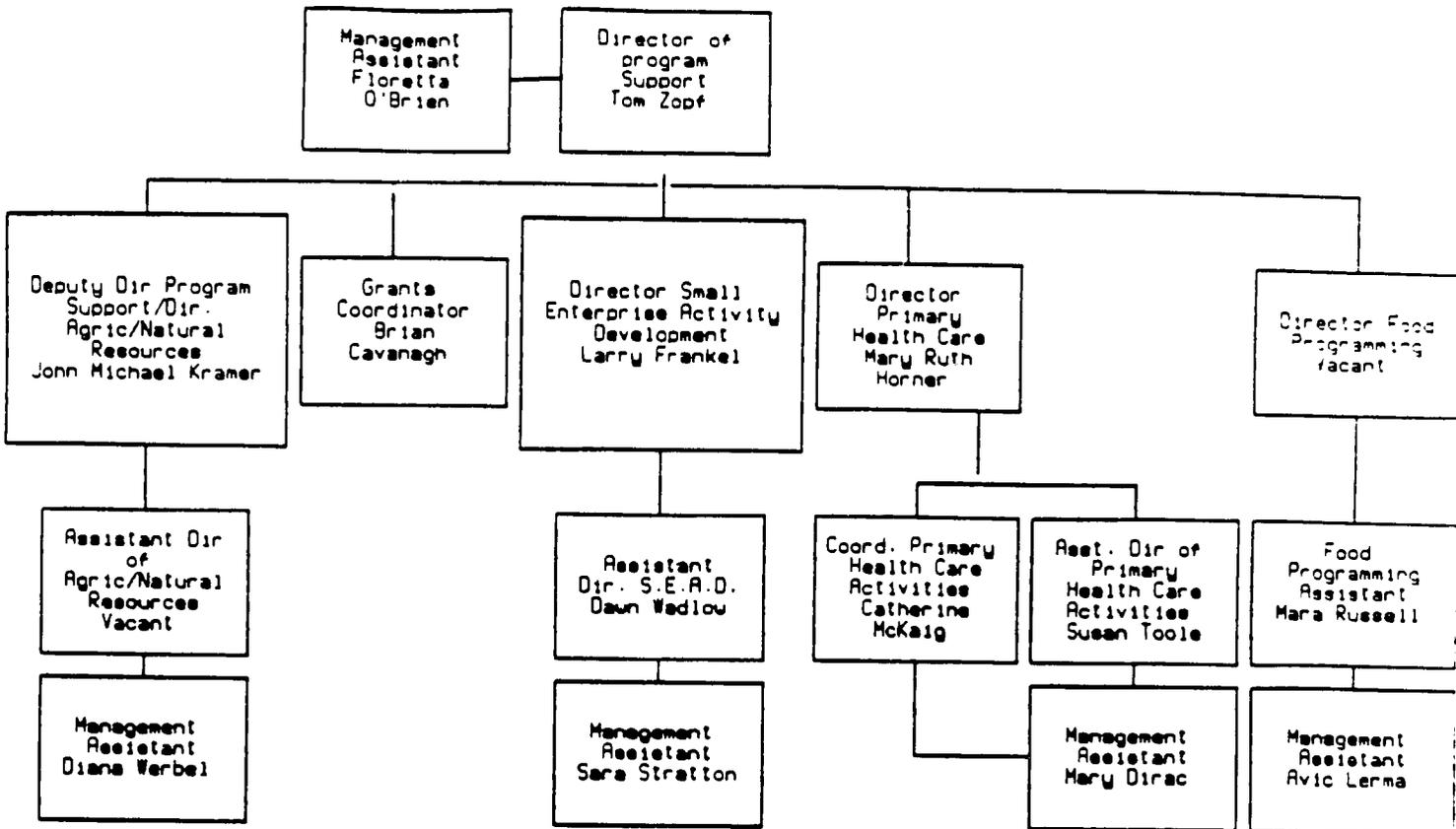


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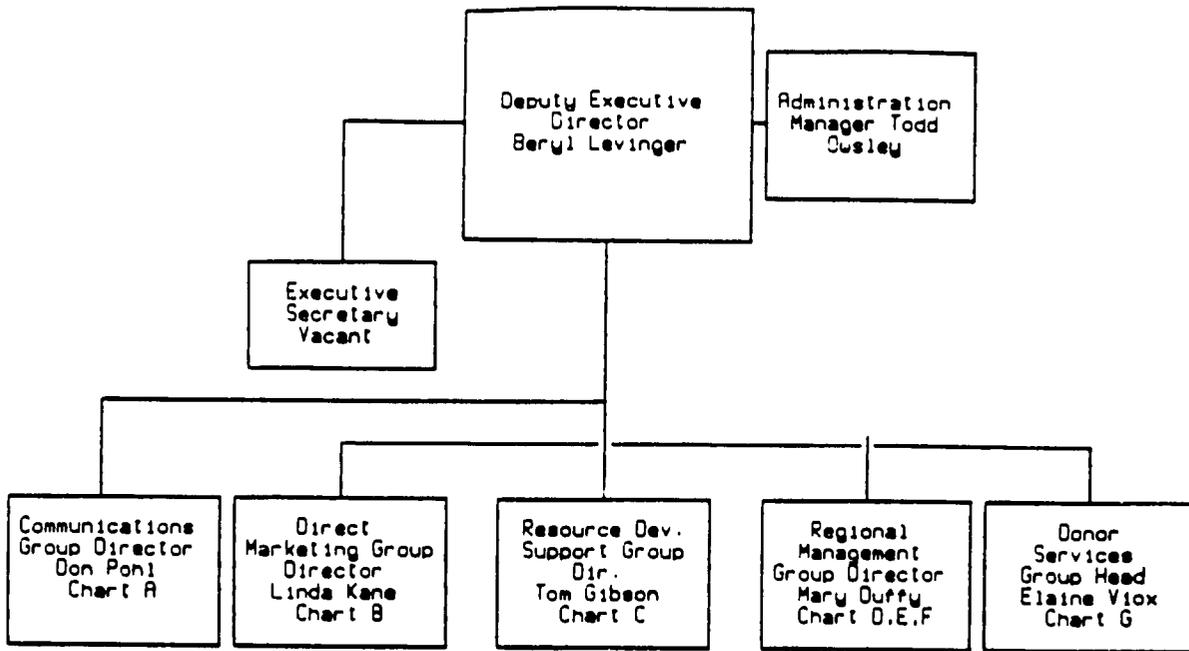
INTERNATIONAL STAFF OPERATIONS GROUP (ISOG)



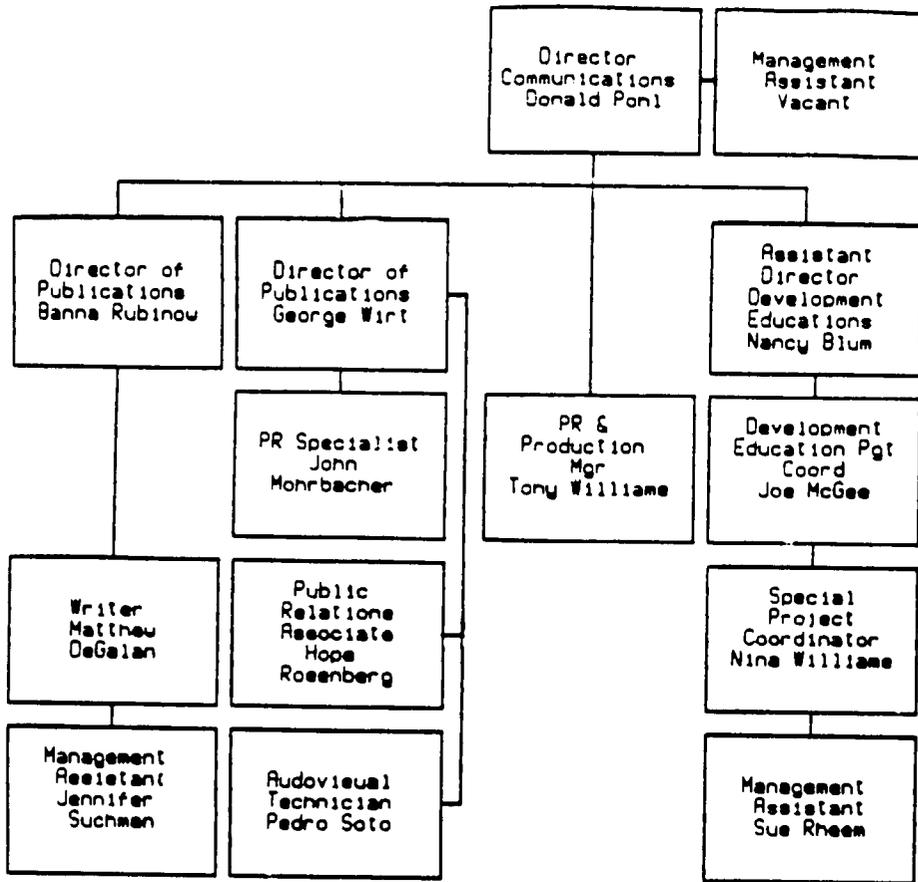
TECHNICAL ASSISTANCE GROUP (TAG)



DONOR & PUBLIC RELATIONS (CHARTS A,B,C,D,E,F,G)

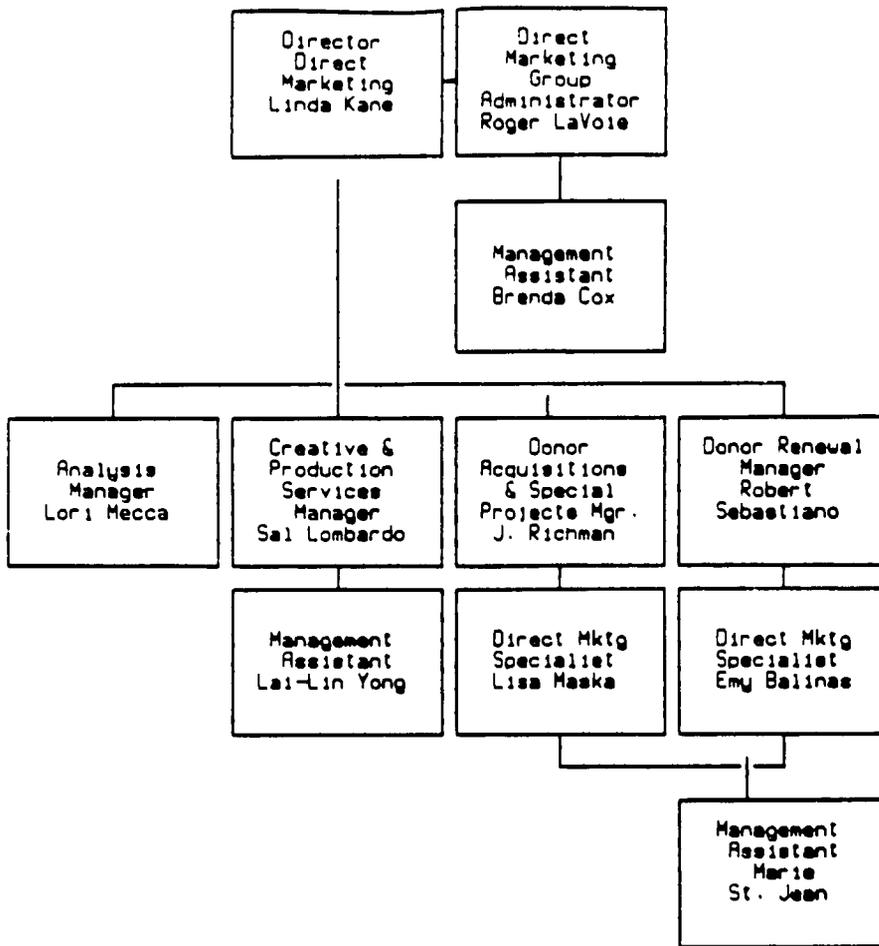


COMMUNICATIONS GROUP (CHART A)

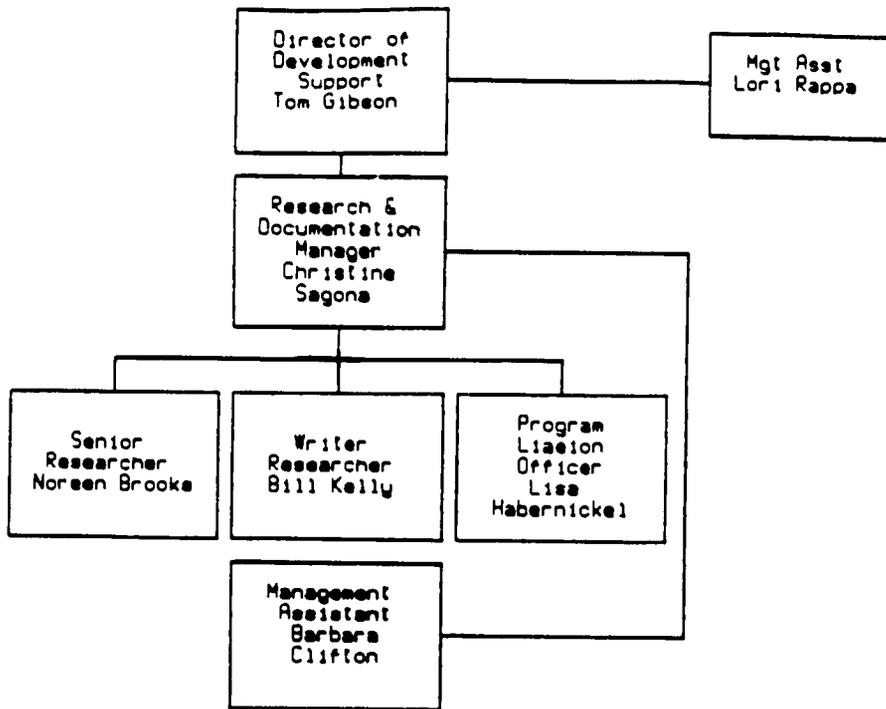


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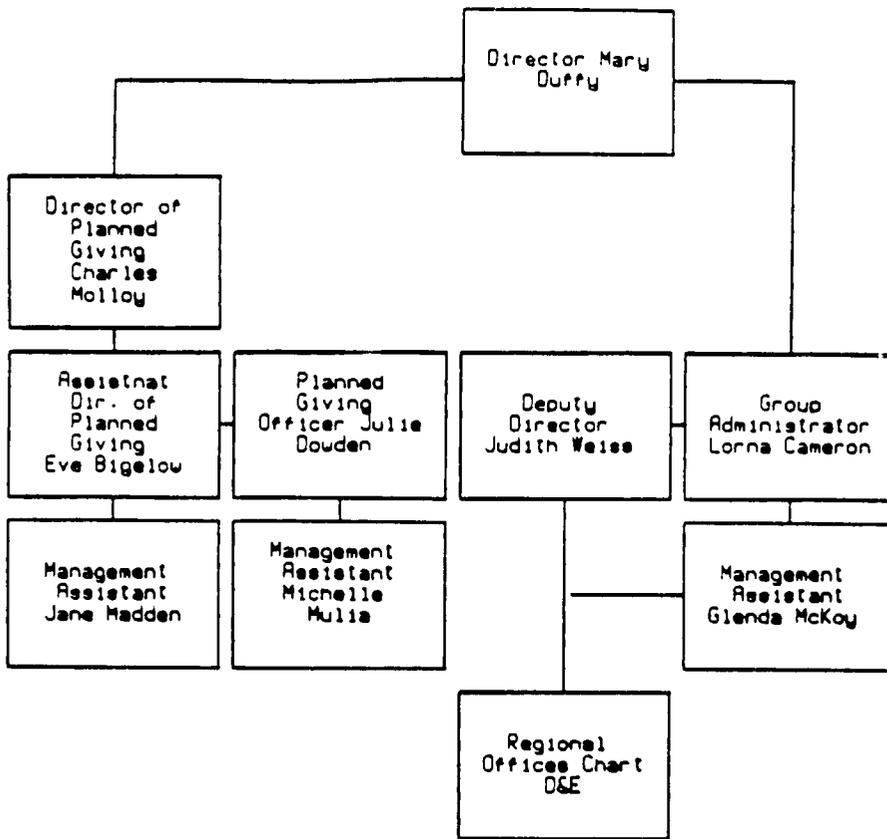
DIRECT MARKETING GROUP (CHART B)



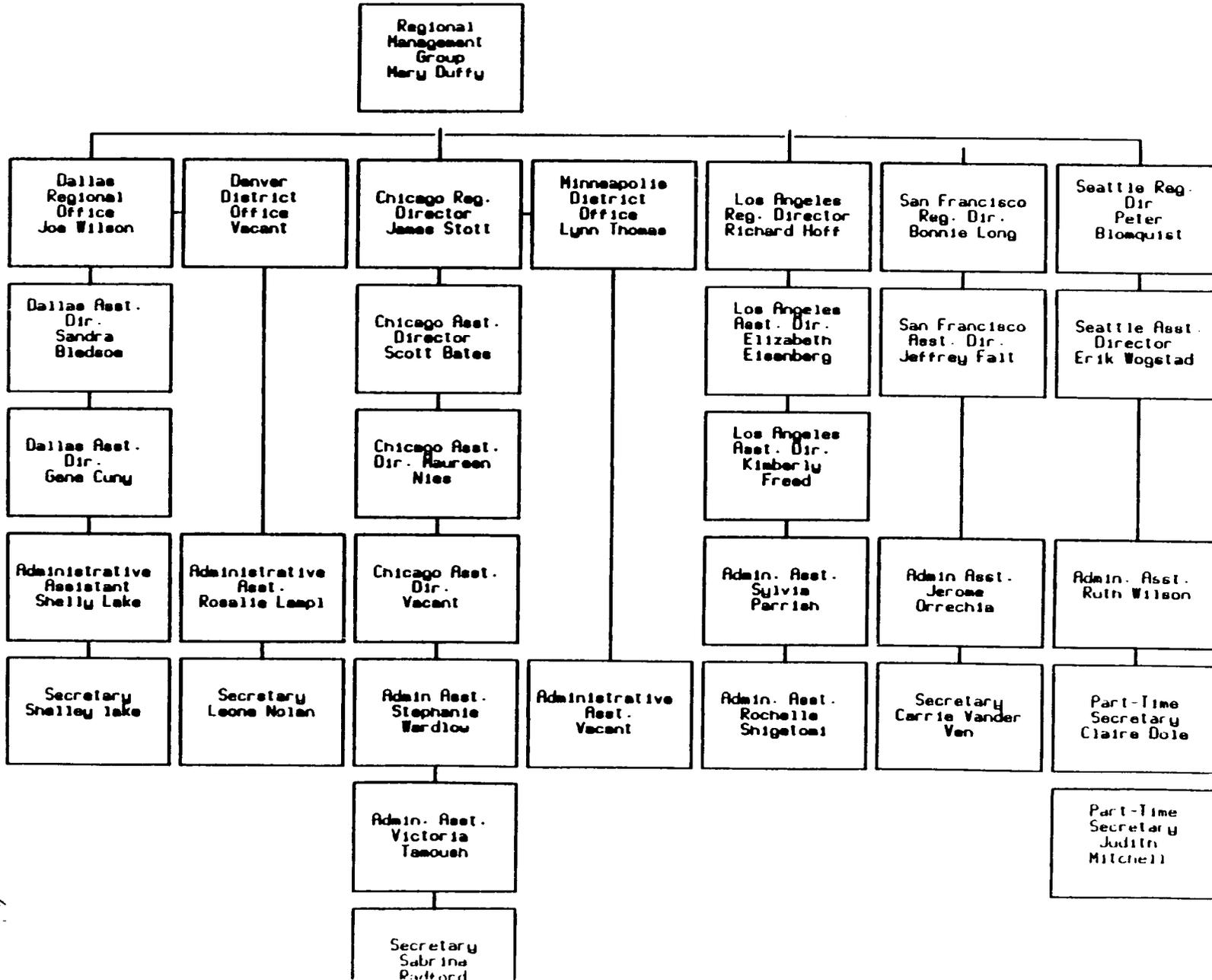
RESOURCE DEVELOPMENT SUPPORT GROUP (CHART C)



REGIONAL MANAGEMENT GROUP (CHART D)

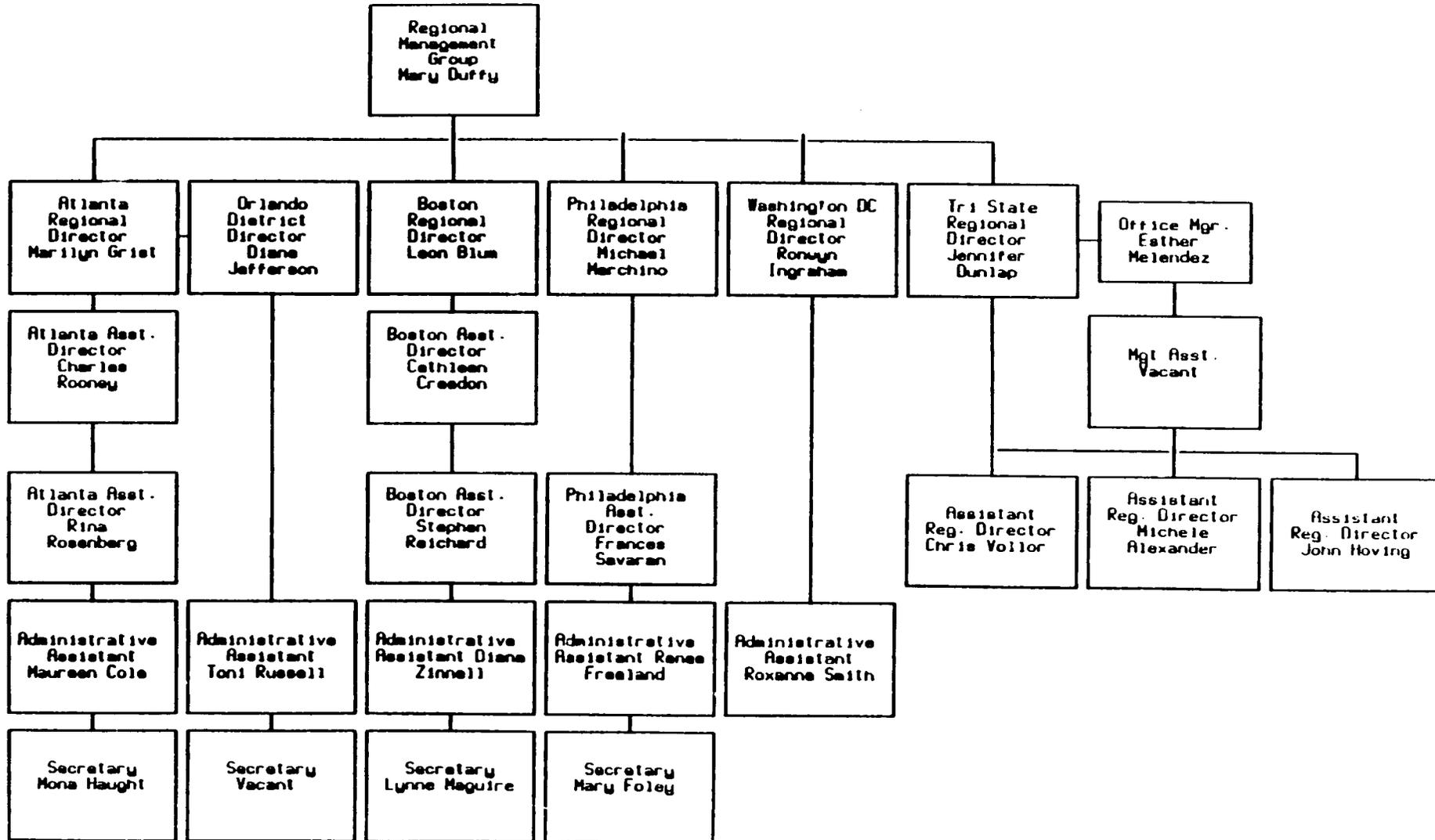


REGIONAL MANAGEMENT GROUP (CHART E)



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REGIONAL MANAGEMENT GROUP (CHART F)



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DONOR SERVICES GROUP (CHART G)

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