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

NICARAGUA

PROJECT PAPER

EXPANDED PROGRAM OF IMMUNIZATION

AID/LAC/P-608

PROJECT NUMBER: 524-0321

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: A (A = Add, C = Change, D = Delete)

Amendment Number

DOCUMENT CODE: 3

COUNTRY/ENTITY: Nicaragua

3. PROJECT NUMBER: 524-0321

4. BUREAU/OFFICE: LAC 524

5. PROJECT TITLE (maximum 40 characters): EXPANDED PROGRAM OF IMMUNIZATION

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 12 DD 31 YY 92

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

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

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

A. FUNDING SOURCE	FIRST FY 91 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	(1,219)	( )	(1,219)	(2,500)	( )	(2,500)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country		2,113	2,113		4,227	4,227
Other Donor(s)	597		597	1,194		1,194
TOTALS	1,816	2,113	3,929	3,694	4,227	7,921

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) DA	B510	510		0		2,500		2,500	
(2)									
(3)									
(4)									
TOTALS				0		2,500		2,500	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 550 | 560 | 562 | 563 | 570

11. SECONDARY PURPOSE CODE

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

A. Code	BR	BRW	BU	BUW			
B. Amount							

13. PROJECT PURPOSE (maximum 480 characters)

To increase vaccination coverage of children less than one year old in all municipalities of Nicaragua and strengthen the national epidemiological research and surveillance system.

14. SCHEDULED EVALUATIONS

Interim MM 09 YY 91 MM YY Final MM 09 YY 92

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

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

This PP complies with current Agency guidance on methods of financing and has provided for adequate audit coverage in accordance with the Payment Verification Policy Implementation Guidance.

Richard Layton, Controller

17. APPROVED BY

Signature: Janet C Ballantyne

Title: Mission Director

Date Signed: MM 01 DD 31 YY 91

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

MM DD YY

PROJECT AUTHORIZATION

Name of Country: Nicaragua

Name of Project: Expanded Program of Immunizations

Number of Project: 524-0321

1. Pursuant to Section 104 subparagraph (B) of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Expanded Program of Immunizations for Nicaragua for $2.5 million in Child Survival (DA) funds over a two year period, subject to the availability of funds in accordance with the AID OYB/allotment process. The planned life of the project is January 1, 1991 to December 31, 1992.

2. USAID/Nicaragua will grant PAHO $2.5 million on an incremental basis subject to the availability of funds for additional equipment and supplies, logistical resources, training and evaluation to intensify the current EPI of Nicaragua to cover previously lost opportunities for vaccination and to strengthen national epidemiological research and surveillance.

3. The Grant Agreement Amendment which may be negotiated and executed by the AID/W officer to whom such authority is delegated in accordance with AID regulations and Delegations of Authority shall be subject to the following requirements, together with such other terms and conditions as AID/W may deem appropriate.

a. Source and Origin of Commodities

Except as AID may otherwise agree in writing, the United States is the only eligible country for source and origin requirements for commodities, especially vehicles, which are purchased with USAID funding. PAHO will provide written justification for non-U.S. procurement to be approved by AID if PAHO determines that a specific U.S. procurement will significantly impede EPI program progress.

b. Commodity Management

Prior to obligation of funds to PAHO, PAHO shall submit to USAID/Nicaragua, in form and substance satisfactory to USAID, a written assurance that the receipt, inventory and control systems of commodities to be procured with AID funds are functional and adequate for the receipt and distribution of the commodities as planned for under the project.

Janet Ballantyne

Janet Ballantyne
Mission Director
USAID/Nicaragua

Project Authorization
Expanded Program of Immunization
(524-0321)

Drafted by: PDI:LWiggins/JCloutier
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EXECUTIVE SUMMARY

The Expanded Program for Immunization (EPI) in Nicaragua will be a two year extension of the current regional USAID/PAHO Accelerated Immunization Program, which has reduced childhood morbidity and mortality caused by diseases preventable by adequate immunization. Member states of the Pan American Health Organization have set a regional goal of 80 percent immunization coverage for polio, measles, tetanus, pertussis, diphtheria and tuberculosis for infants under one year of age. Although Nicaragua continues to make significant progress toward protecting the infant population from immunopreventable diseases, a measles epidemic throughout the Americas, lack of access (until recently) into areas previously inaccessible due to the decade of war, and the ongoing return of war migrants carrying disease into the country have impeded achievement of these objectives. Additional resources and time will be required to achieve 80 percent coverage. The project therefore will extend present field coverage of children less than one year old in all municipalities of Nicaragua for two years and strengthen the national epidemiological research and surveillance system.

USAID/Nicaragua proposes to grant $2.5 million to fund additional equipment and supplies, logistical resources, training and evaluation to intensify EPI to cover previously lost opportunities for vaccination and to strengthen national epidemiological research and surveillance. PAHO, Government of Nicaragua's (GON) Ministry of Health (MINSA), Rotary International and UNICEF, which have traditionally supported EPI, will also contribute to the ongoing and recurring activities of EPI. The entire 2 year project will cost an estimated $7.9 million.

GON's National Directorate for Communicable Diseases within MINSA will implement the project with technical and procurement assistance from PAHO. The Directorate will report to the donor constituted Interagency Coordinating Committee which monitors EPI progress and approves yearly EPI Action Plans and budgets.

USAID/Nicaragua will obligate 1991 Child Survival (DA) funds for this effort and will direct AID/W to negotiate a buy-in to the present AID/PAHO agreement until the present PACD (July 1991) of the current program. The initial obligation will be $1.02 million. The project will then buy-in to the new PAHO agreement currently being negotiated by AID/W. An additional $0.48 million will be obligated in June for the remaining costs of the first year program and initial costs of the second year program. In early FY 92 the final $1.0 million for the rest of the second year program will be obligated. The estimated budget for the AID contribution to the project for two years is as follows:

Supplies & Cold Chain	$1,130,900
Research/Epid. Surveillance	320,000
Transportation	390,000
Administration	20,000
Education/Training	210,000
Supervision	121,500
Evaluation	20,000
PAHO Overhead	287,600
TOTAL	$2,500,000

I. Project Rationale and Description

A. Conformity with Recipient Country Strategy/Programs

Protection of the infant population against immunopreventable diseases has been a priority program of the Nicaragua's Ministry of Health (MINSA) during the last decade. In 1980 MINSA established the Expanded Program of Immunizations (EPI) to combat the high prevalence of immunopreventable diseases (measles, polio, tetanus, pertussis, tuberculosis and diphtheria) in children under the age of 5. The program has increased general immunization coverage rates (Table 1) through a two-fold strategy of three annual vaccination campaigns and an ongoing active search for unvaccinated children under the age of one year. The vaccination campaigns have had financial and technical assistance from UNICEF, Rotary International and PAHO. However, the EPI has not yet achieved the goal of 80 percent immunization coverage achieved by some other Central American countries. A recent measles epidemic throughout Central America, as well as the introduction of new immunopreventable disease cases caused by post-war migration, have impeded achievement of the program goal of 80 percent coverage. This two year project supplying additional essential medical supplies, logistical support and technical assistance will make it possible for Nicaragua to achieve the goal of 80 percent coverage by the end of 1992.

Table 1.
Immunization Coverage for Children Less Than One Year Old
Nicaragua, 1980--1990

Year	Polio	Measles	DPT	BCG
1980	20	15	15	33
1981	50	43	23	65
1982	82	40	26	82
1983	80	41	24	88
1984	75	38	30	86
1985	80	49	35	85
1986	85	50	40	85
1987	92	46	47	87
1988	83	63	65	89
1989	82	65	69	94
1990*	55	50	39	36

*first semester
Source: DNET, MINSA

B. Relationship to AID Strategy Statement

U.S. economic assistance to Nicaragua is designed to stimulate economic recovery and productive employment and to improve the health, education and well-being of the Nicaraguan people. In the first half of 1990, USAID/Nicaragua funded emergency medical supplies, the upgrading of regional hospitals, training and supplies for certain primary health care facilities and surgical and remedial therapy for non-combatants suffering from war related injuries. Currently the Mission is planning major long term projects to address water, sanitation, family planning and primary health care in Nicaragua.

In support of USAID's efforts to improve child survival by emphasizing immunization services, USAID/Nicaragua joined PAHO, UNICEF and Rotary International in October 1990 to finance end-of-the-year activities of the 1990 EPI Action Plan. In late 1989 the donors and MINSA set an ambitious EPI goal of universal immunization coverage of all children under the age of one year by the end of 1990. Although the program had originally planned a systematic house-to-house vaccination program in each municipality, complemented by mass campaigns in selected areas, the 1990 coverage goal has not been achieved. Political uncertainty, changes in leadership, lack of access (until recently) to areas where the war had previously prevented vaccination efforts, large scale immigration and an unanticipated measles epidemic have impeded the achievement of the goal. During the last year MINSA and the donors also have noted several management weaknesses in the program which require attention. USAID and other donors plan to continue to support EPI during the next two years to correct the shortcomings. It is anticipated that by the end of 1992 the EPI will bring immunization coverage up to the more realistic regional coverage goal of 80 percent of children under one year of age. USAID's contribution will also support President Bush's recent U.S. commitment to the United Nations to increase worldwide coverage of measles vaccine and strengthen immunization programs to reach and attain coverage targets.

C. Background

Although Nicaragua has made significant progress in the last decade with an accelerated immunization program for polio, measles, tetanus, pertussis, diphtheria and tuberculosis, immunopreventable diseases still contribute to national infant and childhood morbidity and mortality. In 1990 the most serious problem has been the continuing measles epidemic with most deaths occurring from secondary acute respiratory infections (ARI). Although measles has affected older children and young adults (with an illness rate of 191.6 per 100,000 children between 5 and 14 years old and a rate of 60.5 per 100,000 of those over 14 years old), the major risk of illness continues to be in the age group of children less than 5 years old (with a rate of 361.3 per 100,000 children). Within this group, infants of less than 1 year are at greatest risk with an illness rate of 622 per 100,000 children. In the first semester there were also reported cases of pertussis and tetanus, but no officially registered cases of diphtheria (for the third year in a row) or of polio. There have been no

official reported cases of polio since 1982 but MINSA suspects that with improved reporting, immigration, entrance into previously inaccessible regions and improved diagnosis some cases may yet be reported.

The 1990 EPI mid-year evaluation also identified the following operational and management deficiencies which have precluded the project from achieving the goal of 80 percent vaccination coverage.

* Insufficient coverage of measles, DPT and tetanus toxoid in certain regions.
* Insufficient human resources and high turnover of health personnel.
* Poor diagnosis on the part of personal doctors, paramedics and hospital admitting staff.
* Needless delays in the receipt and processing of national statistical epidemiological data.
* Minimal development in epidemiological surveillance at the local level.
* Insufficient financial resources.
* Lack of management training at all levels.
* Lack of a national physical inventory of the cold chain.
* Lack of a national population census to precisely ascertain immunization coverage.

The 1991 EPI Action Plan for Nicaragua has been designed by MINSA and PAHO to correct the above deficiencies. Although the absence of a national population census is beyond the control of the project, the 1991-1992 EPI proposes to address all other limitations in the areas of immunization coverage, disease surveillance and interagency/intrasectoral participation.

D. Project Goal and Purpose

The goal of the project is to decrease the morbidity and mortality of Nicaraguan children from immunopreventable diseases. The purpose of the project is to increase vaccination coverage of children less than one year old in all municipalities of Nicaragua and strengthen the national epidemiological research and surveillance system. In order to achieve the goal, the project will continue vaccination activities in areas of the country which have historically been covered and target those areas which previously were inaccessible due to the war and those areas which have had a recent influx of people from post-war migration. By the end of the project complete vaccination coverage levels will increase from current levels to at least 80 percent of all children by the time they complete their first birthday. To combat neonatal tetanus 80 percent of women of child bearing age will receive T.T. vaccinations. Health personnel will also have the ability to carry out surveillance surveys and diagnose disease cases more effectively. Furthermore, the epidemiological statistical data will be compiled, analyzed and distributed on a timely and regular basis by the end of the project.

E. Project Outputs

EPI's basic vaccination program and cold chain is already in place and organized. It is anticipated that additional equipment and supplies, logistical resources, training and evaluation funded by USAID will intensify the program to take advantage of previously lost opportunities for vaccination in Nicaragua and strengthen the current epidemiological research and surveillance systems. Success of the project will be dependent upon the effective operation of the strategy and action plan. The cold chain will be updated with new and restored equipment, supplies and vaccinations while health personnel receive training in maintenance and management of the cold chain. Health personnel will be trained in improved operations and management. Logistical resources will be given to all levels to mobilize staff for complete field coverage and supervision. Twenty thousand local level community workers will also receive training in immunization delivery strategies and techniques. EPI will also incorporate the private medical sector into the program by convening a national epidemiological conference for pediatricians and will finance a professional exchange with Guatemala for 2 pediatricians. National level EPI staff will conduct 2 mid-year evaluations and strategic planning meetings to formulate and coordinate future activities.

The project will also strengthen epidemiological research and surveillance by purchasing new research and diagnostic equipment and providing technical assistance to oversee and advise national epidemiologists. The epidemiologists will conduct epidemiological surveillance training to national, regional and local EPI personnel. The equipment and training will permit EPI to receive prompt and regular reporting of field data.

To exchange information and further the goals of EPI, MINSA will conduct a national polio surveillance seminar for all health personnel. Selected project personnel will also attend two Central American meetings of EPI to obtain greater regional perspective and insight beneficial to EPI operations in Nicaragua.

II. Project Implementation Plan

This two year project will be a continuation of the current donor supported EPI of Nicaragua with certain revisions and an intensification of the program in targeted areas. Joining MINSA, PAHO, Rotary International and UNICEF, USAID/Nicaragua will grant $2.5 million of additional equipment and supplies, logistical resources, training and evaluation to intensify EPI to cover previously lost opportunities for vaccination and to strengthen national epidemiological research and surveillance. Donor funds will be given to PAHO, which provides technical assistance and procurement services to MINSA's National Directorate for Communicable Diseases (DNET). DNET will implement the project. MINSA will provide the majority of management and operational funds to support the recurring costs of the program, such as staff salaries. With these resources DNET will execute an intensified immunization coverage and surveillance program which will be reviewed bimonthly by the MINSA and donor constituted Interagency Coordinating Committee.

A. Immunization Coverage

While maintaining the present coverage of immunizations of children less than one year of age, DNET will eliminate the lost opportunities for vaccination in certain areas and target measles and neonatal tetanus. Project epidemiologists from DNET will conduct an updated examination of neonatal tetanus in early 1991 to ascertain areas of high risk which should be targeted. Based on the results of the examination and a review of other epidemiological data from all municipalities and regions, EPI will design an effective strategy and action plan. Resources and constraints will be identified and targets determined from which an appropriate mixture of delivery schemes will be adopted for each separate region.

Early project activities will also include a review of the cold chain. Essential to an efficient EPI is the maintenance of a reliable cold chain to keep vaccines viable. DNET will conduct a comprehensive inventory of the national cold chain to establish the current condition of the cold chain, to determine which equipment requires servicing and the availability of spare parts. Based on the inventory results, national EPI personnel will service the cold chain equipment and order additional equipment and supplies during the first few months of 1991. The national staff will also train regional and local health delivery personnel in the maintenance of the cold chain. One DNET official will be sent for short term training in the second trimester of 1991 to improve the overall management of the cold chain and to learn the latest technologies available to improve the reliability of the vaccines.

Given an effective operational strategy and effectively maintained cold chain, DNET will administer the following vaccines in all seven regions of Nicaragua.

Antipolio Vaccine: Administration of 3 doses of antipolio vaccine to 80 percent of children under age 4 years.

D.P.T.: Administration of 3 doses of vaccine to 80 percent of children under age 5 years.

B.C.G.: Administration of 1 vaccine dose to 80 percent of children under 1 year of age and to 90 percent of children under 5 years.

Tetanus Toxoid (T.T.): Administration of 2 doses to 80 percent of women of child bearing age, especially pregnant women; administration of 2 doses to 30 percent of children between the ages of 10 and 14.

Measles Vaccine: Administration of 1 dose to 80 percent of children less than 1 year of age and to 90 percent of children under 5 years.

Given a timely disbursement of funds and commodity resources, DNET has established that the national vaccination campaigns will be scheduled for February 16-17, April 5-6 and May 25-26 for 1991. In accessible areas which have organized primary health care systems, the immunization program will continue being operated from fixed centers and by current health personnel. In areas which have not been covered previously because of the war, or which have recently been populated with nonvaccinated war immigrants, EPI will engage in an appropriate combination of house-to-house vaccination programs, small, targeted campaigns and/or mobile brigades. Mobile brigades will have vehicles appropriate for the terrain and boats to access river and coastal communities of the Atlantic Coast. The local level in all regions will receive reimbursement for transportation, fuel and per diem to more effectively provide and monitor the services.

To improve the calibre of health personnel, especially at the local level, DNET will provide updated management training in the strategies and operational policies of EPI, the latest vaccine technologies, and improved disease surveillance systems. In the first half of 1991 DNET will also train 20,000 mobilized community workers who will facilitate activities at the local level. To reinforce the training, 2,000 copies of manuals on the norms of the EPI program, as well as a bimonthly epidemiological bulletin of field data, will be published and distributed by DNET to the national, regional and local levels. The project hopes to generate a greater degree of participation and commitment to the program as the local level sets its own targets, manages the operation more effectively and actively participates in measuring results of their efforts.

Additional managerial attention will be given at the national level to assist EPI to more effectively plan and reach the program goals. Two mid-year evaluation and strategic planning meetings will be conducted for EPI management. National level personnel will also be provided with additional vehicles, fuel and per diem to regularly supervise and provide constant feedback to regional and local level activities. Health personnel will also benefit from an exchange of ideas and experiences by attending 2 conferences of Central American EPI programs.

B. Epidemiological Surveillance

This project will intensify epidemiological surveillance with an emphasis on polio, which MINSA believes may be under-reported. DNET will send suspect disease samples to a diagnostic clinic in Guatemala which has updated equipment. Additional clinical diagnostic and neurological equipment for polio investigation will be purchased by PAHO for DNET to improve in-country diagnostic capabilities. PAHO will also procure seven computers to compile data at the regional level and assist in the analysis of epidemiological data at the national level. DNET will then publish and distribute this data to the field on a regular basis throughout the year. PAHO will also contract two epidemiological consultants for 1991 to assist with the investigation and surveillance activities.

Epidemiologists from the national EPI level will investigate the possibility and occurrence of polio, neonatal tetanus and other immunopreventable diseases in the field throughout 1991. Once the program is operational for several months DNET will also design and conduct training in the standards of epidemiology so that local personnel can gain a greater understanding of disease epidemiology and therefore be able to better diagnose preventable childhood diseases. They will also seek ways to improve the quality and logistics of reporting data on a regular basis to the national level.

C. Interagency Participation

The proposed project will consolidate interagency and intrasectoral coordination of information and resources. In order not to miss additional vaccination opportunities, EPI requires the additional support and participation of the private medical profession. Medical personnel, especially at the regional and local levels, often are not appraised of current research and advanced diagnostic and technological advances in the immunization sector. Therefore, DNET personnel will train personal physicians, paramedics and hospital admitting staff in the latest diagnostic techniques of immunopreventable diseases in the second trimester of 1991. EPI will also conduct two national conferences in epidemiological behavior and improved surveillance for pediatricians, neurologists and epidemiologists to exchange ideas and encourage greater direct participation in immunization activities. The meetings will take place in the second and fourth trimesters of 1991. Two pediatricians will also conduct a professional exchange with pediatricians from Guatemala in early 1991.

Because MINSA does not have adequate resources to fund a comprehensive EPI program on its own, the Government of Nicaragua continues to rely on financial and technical resources of international donors. To ensure commitment and coordination of these resources, EPI has established the Interagency Coordination Committee (ICC). In Nicaragua the committee is composed of PAHO, UNICEF, Rotary International, USAID and MINSA. ICC meets every two months to monitor EPI progress, advises and accepts annual implementation plans and commits critical additional resources.

III. Monitoring, Evaluation and Audit Plan

The General Development Office (GDO) of USAID/Nicaragua will manage the project in coordination with LAC/DR/HPN which oversees the AID/PAHO Grant Agreement. GDO will monitor the progress of the project with other international donors by participating in the bimonthly Interagency Coordinating Committee (ICC). Reporting to ICC will be the National Directorate for Communicable Diseases which is implementing the EPI with PAHO assistance. Based on the coordination of the agencies through the ICC and LAC/DR/HPN, the Mission does not anticipate the need for additional project management resources beyond GDO project monitoring responsibilities.

AID/W will also receive from PAHO a quarterly status report covering implementation progress-to-date and projecting activities for the next quarter. This report will be forwarded to the Mission.

Evaluation is a major, ongoing component of EPI programs. On a monthly basis EPI national staff will evaluate progress toward achieving the coverage goals to eradicate polio, control measles and eliminate neonatal tetanus. The evaluation will analyze coverage by municipalities as well as epidemiological indicators to keep the program on track. Every quarter regional EPI technical teams will meet to examine field progress and interchange experiences and ideas. The ICC will meet in the third quarter of each year to review EPI progress and evaluate the proposed Action Plan for the following year.

To ensure that AID project funds are appropriately utilized in country, USAID will require a non-federal audit, in addition to the independent audit by PAHO's outside certified or chartered public accountant. The examination will be part of the concurrent audit of all USAID/Nicaragua activities financed with Economic Support Funds made available under the FY 1990 Dire Emergency Supplemental Appropriation. The audit will be financed from funds outside this project.

IV. Estimated Costs and Methods of Financing

USAID/Nicaragua proposes to grant $2.5 million to fund additional equipment and supplies, logistical resources, training and evaluation to intensify EPI to cover previously lost opportunities for vaccination and to strengthen national epidemiological research and surveillance. PAHO, GON's Ministry of Health (MINSA), Rotary International and UNICEF, which have traditionally supported EPI, will also contribute to the ongoing and recurring activities of EPI. All funds, except for direct MINSA expenses, will be funneled through PAHO which procures supplies and materials for the project and provides additional technical assistance to DNET. The entire two year project will cost an estimated $7.9 million. PIO/Ts will be prepared for each tranche of USAID funding. Obligations will be incurred when the PAHO Agreement buy-ins are signed. The initial obligation will be for $1.02 million. In June 1991 an additional $0.48 million will be obligated and in early FY 92 the final $1.0 million will be obligated. AID/W will process the PIO/Ts for the PAHO buy-ins.

The estimated costs of the program are based on a detailed plan established by MINSA and PAHO and accepted by ICC for 1991 activities. The following is the budget for 1991 activities delineated by the participants' contributions.

CY 1991 EPI Budget for Nicaragua

Activity	PAHO	UNICEF	USAID	Rotary	MINSA
Vaccines/Supplies	67,200	159,800	352,600	91,074	341,370
Research		6,000	25,000		13,600
Cold Chain			185,244		37,653
Transportation			195,000		40,500
Training	37,000	60,000	5,000		32,800
Surveillance	1,800	5,000	135,000	6,000	24,600
Administration	22,000		10,000		679,000
Education		141,000	100,000		900,250
Supervision			60,500		17,360
Evaluation			10,000		25,700
Overhead (13% to PAHO)			140,185		
SUBTOTAL	$ 128,000	371,800	1,218,529	97,074	2,112,833
1991 TOTAL					$3,928,236

The second year program is an extrapolation of costs based on 1991 projected expenditures. The actual budget for 1992 will be based on the results of the mid-year evaluation which will be conducted in the first year to revise the program and related costs. Until the 1992 revisions are made based on the mid-year evaluation and a more detailed budget formulated, ICC estimates that the 1992 costs will approximate the following budget.

CY 1992 Extrapolated EPI Budget for Nicaragua

Activity	PAHO	UNICEF	USAID	Rotary	MINSA
Vaccines/Supplies	67,000	160,000	408,000	91,000	341,000
Research		6,000	25,000		14,000
Cold Chain			185,000		38,000
Transportation			195,000		41,000
Training	37,000	60,000	5,000		33,000
Surveillance	2,000	5,000	135,000	6,000	25,000
Administration	22,000		10,000		679,000
Education	141,000	100,000			900,000
Supervision			61,000		17,000
Evaluation			10,000		26,000
Overhead (13% to PAHO)			147,420		
SUBTOTAL	$ 128,000	372,000	1,281,420	97,000	2,114,000
1992 TOTAL					$3,992,420

The entire 1991--1992 EPI budget therefore is estimated to be $7,920,656. Of this total, USAID/Nicaragua's 2 year project contribution is $2,499,949 or $2,500,000 rounded off.

The Mission will prepare a preliminary PIO/T reserving 1991 Child Survival funds (DA) and will direct AID/W to negotiate a buy-in to the present AID/PAHO Accelerated Immunization Program bilateral agreement. The PIO/T obligating funds will cover the project until the PACD (July 31, 1991) of the current agreement. The Mission will fund the remaining costs in traunches under the new PAHO Immunization agreement currently being negotiated by AID/W to begin in August 1991. Because the Mission wants to reserve the remaining funds as soon as possible, the budget of $0.48 million for a second PIO/T will include the July--December 1991 costs accepted by ICC, as well as a portion of the extrapolated costs for the CY 92 EPI Program. The final $1.0 million will be obligated in a third traunche. The Scope of Work and actual budget line items of the CY 1992 EPI Program will then be amended to reflect the actual program costs o/a October 1991 when the 1992 Annual EPI Action Plan is accepted by the donors.

AID funds will be disbursed to PAHO by means of a Letter of Credit (LOC) in accordance with the terms and conditions of the LOC and any instructions issued by AID's Office of Financial Management, Program Accounting and Finance Division (M/FM/PAFD).

V. Technical Considerations

Except for the current measles epidemic, Nicaragua has seen a successful general reduction in the incidence of disease. For example, the last official report of a new case of polio was recorded by MINSA in 1982, two years after beginning EPI in Nicaragua. The record may be revised in the coming year because of more comprehensive reporting or improved diagnostic techniques but MINSA is confident that any further isolated cases can be easily controlled and eradication complete by the end of 1992. There have also been no registered cases of diphtheria since 1987. The proposed project does not anticipate any major technical obstacles which would prohibit an intensified program from achieving a coverage goal of 80 percent.

VI. Social Considerations

A. Socio-cultural Context

The predominant factor which has and could continue to affect the success of the country immunization program for the short term is the decade of war which Nicaragua has experienced. In areas of heavy fighting municipalities were forced to terminate ongoing health activities during the last ten years. Several of these regions have not received the benefits of immunizations, much less primary health care. The fighting also caused families to relocate, predominately to Honduras. These families are currently returning to Nicaragua.

Even if they participated in a national immunization program in Honduras, their mobility has precluded them from receiving comprehensive vaccination coverage. MINSA is concerned that these families are an actual or potential health threat to their home communities.

The other factor which has affected an increased rate of national childhood morbidity is the current measles epidemic which began in the United States and has spread throughout the Americas. Based on normal cyclical epidemiological behavior, Nicaragua expected the epidemic and has been inoculating against the virus. However, there has been a disturbing current rise in the number of deaths associated with measles in comparison with the previous epidemic of 1986. During the first eight months of 1990 Nicaragua registered 8,376 cases of measles for a rate of 216.3 per 100,000 persons. This infection rate is much higher than the last epidemic which registered a rate of 75.3 per 100,000 persons. Correspondingly, the death rates have also significantly increased. MINSA reported 35 deaths from measles in 1986, in comparison to the 308 deaths reported in the first eight months of 1990. MINSA attributes the present higher incidence of disease and death to the central and Atlantic regions of the country where many of the nonvaccinated war immigrants have returned.

B. Beneficiaries

Direct beneficiaries of the program will be children under one year of age in all municipalities of Nicaragua with a majority of children under five years of age also receiving the benefits of immunization. Based on 80 percent coverage of the population of young children, the numbers of children affected per age category are as follows:

Children (0-1 Yr.):	118,085
Children (1-5 Yrs.):	206,526

In order to combat the continuing neonatal tetanus fatalities, girls and women will also receive inoculations. Tetanus toxoid protects vaccinated girls and women, as well as the children to be born. In addition to an approximate 158,000 infants that will be born, the numbers of individuals anticipated to benefit from vaccinations include:

Girls (10-14 Yrs.)	153,438
Women of Child Bearing Age:	613,163
Pregnant Women:	158,420

Secondary beneficiaries who will be recipients of the overall primary health care services are more difficult to quantify. An improved EPI program directly improves the organizational and management structures of national health care delivery services. Health personnel will be trained not only in technical aspects of epidemiological diagnosis and control, but also in problem solving and other managerial skills relevant to the more general delivery of preventative and curative measures. These skills and experience applied to ongoing health clinics and programs will therefore benefit all users, children and adults alike, of primary health care services.

C. Participation

The project will continue to engage national, regional and local government officials, community groups, multi-sectoral institutions, and health personnel. In addition, twenty thousand community workers will be trained to facilitate the delivery of vaccinations to rural areas. The 1991--1992 EPI will train private medical personnel and secondary care hospital staffs in order to expand national epidemiological expertise and encourage greater participation in EPI. Two national conferences for epidemiologists, neurologists and pediatricians will be held to inform them of current epidemiological issues and advances. Two pediatricians will also be part of a professional exchange with Guatemala to strengthen their skills and expertise. By broadening the knowledge base on the behavior and diagnosis of immunopreventable diseases throughout the medical sector, EPI hopes to reduce the incidence of lost vaccination opportunities.

The overriding EPI concern is the retention of current program personnel. A high rate of staff rotation in all levels of the program has been detrimental to achieving coverage targets. MINSA and PAHO anticipate that the project will experience less turnover with increased training and improved management of staff. Although all levels will receive assistance, the majority of technical and operational training will be directed to local health personnel to strengthen their management skills. It has been found that areas with the greatest local participation in goal setting and management of field activities have the greatest retention of personnel. The project will also fund fuel and per diem for national and regional supervisors to regularly travel to local health centers to more effectively monitor and support local EPI operations. These scheduled visits will in turn assist in the timely compilation, analysis and publication of field data. EPI staff will publish a bimonthly bulletin based on field data to keep all health participants informed of ongoing activities, progress and evaluation efforts.

D. Project Impact

This project will directly impact the well being of Nicaraguan infants under 1 year of age and children between the ages of 1 and 5 years by decreasing the incidence of disabling and life threatening diseases. The most evident progress by the end of the two year project will be seen in the results of vaccinating for measles. Although measles vaccines are only 80 to 90 percent effective, leaving a substantial amount of susceptible children even after vaccination, preventing measles will have the secondary effect of preventing other associated diseases. Increasing coverage for measles will, in turn, greatly reduce diarrhea with dehydration, dysentery, ARI, blindness and malnutrition.

It will be more difficult to assess the impact of a reduction in neonatal tetanus. Because neonatal tetanus is the most under-reported fatal infectious disease, current national statistics on deaths due to this disease are probably not accurate. It is anticipated that, whether or not it is reported, the incidence of death (a 60-90 percent rate of children infected with the disease) will decrease. Girls and women who receive T.T. will also be protected against the tetanus toxin.

E. Impact on Women

Women, predominantly responsible for the well-being of the children, will also benefit from reduced incidence of immunopreventable diseases. Sick or disabled children require inordinate additional time which detracts from other activities which provide for the family. Therefore, women will experience less productivity loss in the daily management of family routines which often takes up to 18 hours a day of effort. Families with immunized children also will not have the additional burden of high curative care costs which for most families cannot be met within average family finances.

VII. Financial and Economic Considerations

Funding immunization programs will directly support continued U.S. commitment to invest in world wide immunization programs. The project also anticipates a positive return on MINSA and donor investment by preventing more costly health problems requiring higher curative costs. Without taking into account the rather difficult measurable costs of family suffering and lost productivity, international health organizations estimate that in the Americas its costs at least twice as much to provide curative care as it does to inoculate children. Immunized children will also create less strain on government resources which often have to bear a significant portion of curative or rehabilitative costs of its citizens. Therefore, the high costs of providing medical care to children in the acute disease stage or long term rehabilitative care alone make eradication efforts for immunopreventable diseases cost effective.

EPI program costs change as countries approach coverage targets. As is the case in the EPI program of Nicaragua, once the basic organizational structure is in place the costs are relatively stable until the program intensifies its effort to reach higher coverage goals. Reaching children in geographically remote locations or children in families reluctant to receive immunizations increases the cost of the project. The Nicaraguan EPI is funding additional training and supervision and purchasing additional diagnostic equipment to strengthen epidemiological control and surveillance, which also significantly raise costs. But once capital equipment costs and increased coverage goals are met, the overall costs will decline, offsetting some or all of the increased expenditures required to intensify the program. When the program reaches an immunization level which would only require the vaccination of infants, both the logistical and education costs will decrease and thereby be more able to be absorbed within MINSA's own yearly budgets. However, there are significant cost savings in the purchase of vaccines and cold chain equipment when a country participates in a regional donor program, such as this one. The current EPI program through PAHO is effectively leveraging savings on large allotment purchases from medical manufacturers. These are being distributed to several countries at reduced costs.

Because of the epidemic nature of several of the diseases and their treatments, complete eradication is not biologically possible within current medical or scientific means. Therefore, even with universal coverage, GON must still continue a yearly, comprehensive immunopreventable program. In the best of circumstances, the EPI will be incorporated into the ongoing primary health system which will manage yearly immunization efforts. But in order for the program to be sustainable by the recipient country, it must be self-reliant in the delivery of immunizations by well trained staff, in surveillance and control of disease, and in the provision of reliable laboratory diagnostic services for analyzing specimens from all suspect cases. Furthermore, the community must sustain its interest in immunized health services and be mobilized to assist health workers in the delivery of the services. Due to limited budgeted resources, MINSA, however, is currently not in a position to fund the improvements necessary to make the program sustainable. Technical and financial resources of international donors are required to fund EPI to bring the program to a level closer to self-reliance. It is anticipated that with increased vaccination coverage and a reduction of diseases the health services can realize a net saving by not having to treat children suffering from immunopreventable diseases. EPI will work with MINSA to increase the GON contribution to EPI by applying such cost savings to future EPI activities and recurrent costs.

ANNEXES

Annex A.

LOGFRAME

LOGFRAME - EXPANDED PROGRAM OF IMMUNIZATION

Narrative	Objectively Verifiable Indicators	Means of Verification	Assumptions
GOAL: Decrease morbidity and mortality from immunopreventable diseases in Nicaraguan children.	Measurable reductions in morbidity and mortality from immunopreventable diseases.	Reports from MINSA's EPI office, PAHO, and other international health organizations.	Nicaragua's political and social unrest does not negatively affect government progress in the health sector.
PURPOSE: Increase vaccination coverage of children less than one year old in all municipalities. Strengthen national epidemiological research and surveillance system.	Complete vaccination coverage levels increase from current levels to at least 80% of all children by the time they complete their first birthday. Health personnel will have ability to more effectively survey and diagnose disease cases. Epidemiological statistical data will be compiled, analyzed and distributed on a timely and regular basis.	Coverage surveys from MINSA's EPI office, PAHO and other international organizations. Morbidity surveys and laboratory analysis of specimens of all suspected cases. In 1992 an extensive case search for poliovirus cases in all municipalities. EPI will regularly publish and distribute an epidemiological bulletin for health personnel.	GON and donors contribute to give priority to immunizations and local commitment is sustained for the program.

OUTPUTS: Effective strategy and action plan operational.	Resources & constraints identified and targets determined for each separate region. Thorough investigation of neonatal tetanus. Program purchases $670 of vaccines and supplies, 7 vehicles, 3 boats and spare parts purchased. Program provides extra fuel and per diem. EPI administers in all 7 regions 3 doses of antipolio vaccine to 80% of children under 4 years; 3 doses of D.P.T. to 80% of children under 5 years; 1 dose of B.C.G. to 80% of children under 1 year & 90% of children under 5 years; antimeasles vaccine to 80% of children under 1 year & 90% of children under 5 years; 2 doses of t.T. to 80% women of child bearing age & 2 doses to 30% of children between ages of 10 and 14.	ICC acceptance of action plan. MINSA and PAHO progress reporting in bimonthly publication. Publication of manuals on epidemiological standards and EPI delivery techniques and strategies.	Uninterrupted supply of cold chain supplies. Logistical support received in timely and consistent manner. Minimal turnover of health personnel to conduct program.
Cold storage is updated.	National inventory of cold chain is conducted. Equipment receives servicing. EPI purchases $183,000 of new equipment and spare parts. Personnel in charge of cold storage receive maintenance training. national official receives ST training in cold chain management.	Ongoing monitoring by epidemiological consultants.	Timely procurement and delivery of procured items.
Health personnel trained in improved operations and management.	Seminars on operational aspects of EPI and workshops on epidemiological standards and surveillance are given for all health personnel. 20,000 community health workers receive operational training. Two evaluation and strategic planning meetings are conducted for national staff. Health personnel attend 2 Central American reunions of EPI. 2,000 copies of EPI standards are reproduced and distributed.	Yearly evaluations. Conference for EPI personnel and private medical profession.	Availability of technical consultants to assist EPI design, implement and analyze epidemiological data. Participation of private medical sector in program.
Community health workers mobilized.	Local community workers receive per diem and transportation reimbursement to extend coverage to all regions by end of 1992.	Use of computers, neurological and clinical diagnostic equipment to support program.	
EPI supported with sufficient epidemiological T.A., research and diagnostic equipment.	2 consultants are contracted to advise EPI. 7 computers to compile field data are purchased for national and regional levels. $20,000 of clinical and diagnostic equipment is purchased.		
Health personnel trained in epidemiological behavior and improved surveillance.	All health personnel receive training in standards of epidemiological behavior and surveillance. EPI conducts 2 national seminars for epidemiologists, neurologists and pediatricians.		
EPI receives prompt and regular reporting of field data.	Each region reports on all probable and confirmed cases of EPI diseases. EPI publishes 2,000 copies of bimonthly epidemiological bulletin.		
Private medical sector incorporated into EPI.	Epidemiological training given to private physicians, paramedics, hospital admitting staff. EPI conducts national conference for pediatricians. Professional exchange with Guatemala for 2 pediatricians.		

INPUTS: 1991 CY Contributions: **GON/MINSA** Vaccine/Supplies Research Cold Chain Transportation Training Epid. Surveillance Operation/Admin. Education Supervision Evaluation **PAHO** Vaccine/Supplies Training Epid. Surveillance Operation/Admin. **UNICEF** Vaccine/Supplies Research Training Epid. Surveillance Education **Rotary International** Vaccine/Supplies Epid. Surveillance **USAID** Vaccine Supplies Research Cold Chain Transport Training Epid. Surveillance Operation/Admin. Education Supervision Evaluation PAHO Overhead (13%)	 $ 341,370 13,600 37,653 40,500 32,800 24,600 679,000 900,250 17,360 25,700 67,200 37,000 1,800 22,000 159,800 6,000 60,000 5,000 141,000 91,074 6,000 352,600 25,000 185,244 195,000 5,000 135,000 10,000 100,000 60,500 10,000 140,185 Subtotal 1991 EPI: $3,928,236 Estimated 1992 EPI: $3,992,420 Total 1991/1992 EPI: $7,920,656	**USAID/MINSA/ donor documentation and agreements.** **Annual MINSA budget.** **Financial reports.** **Staffing patterns.** **Site visits.** **Inspection & receiving reports for commodities.** **Advisors in place.** **Trained health personnel.** **Publication & distribution of manuals.** **PAHO & MINSA reports.** **Evaluation reports.** **Research reports.** **National lab providing services.** **Logistical support available for expanded services and supervision.**	There is continued commitment and availability of funds from the participants. PAHO and MINSA can manage funds effectively.

Annex B.

INITIAL ENVIRONMENTAL EXAMINATION

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

LAC-IEE-91-9

ENVIRONMENTAL THRESHOLD DECISION

Project Locati	:	Nicaragua
Project Title	:	Expanded Program of Immunization
Project Number	:	524-0321
Funding	:	$2,500,000
Life of Project	:	2 years
IEE Prepared by	:	Richard L. Owens USAID/Nicaragua
Recommended Threshold Decisio	:	Categorical Exclusion
Bureau Threshold Decision	:	Concur with Recommendation
Comments	:	None
Copy to	:	Janet C. Ballantyne, Director USAID/Nicaragua
Copy to	:	Richard L. Owens, USAID/Nicaragua
Copy to	:	Mark Silverman, LAC/DR/CEN
Copy to	:	IEE File

James S. Hester Date DEC 14 1990

James S. Hester
Chief Environmental Officer
Bureau for Latin America
and the Caribbean

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INITIAL ENVIRONMENTAL EXAMINATION

Project Location	:	Nicaragua
Project Title	:	Expanded Program of Immunization
Project Number	:	524-0321
Funding	:	$2,500,000
Life of Project	:	2 years (FY 91-FY 93)
IEE Prepared by	:	Richard L. Owens RLO USAID/Nicaragua.

RECOMMENDED THRESHOLD DECISION:

A. Project Description:

The project consists of a $2.5 million buy-in to the ongoing AID/PAHO Regional Accelerated Immunization Project. The project goal is to decrease the national morbidity and mortality rates of Nicaraguan children susceptible to immunopreventable diseases. The purposes of the project are: (a) To reach 80 percent vaccination converage of children less than one year old in all municipalities of Nicaragua; (b) To strengthen the national epidemiological research and surveillance system, and (c) To reduce the incidence of neonatal tetanus and measles. The project will be implemented by the National Directorate for Communicable Deseases within the Ministry of Health. AID resources will be used to finance the procurement of supplies and equipment, research and investigation, transportation and administrative costs, public education, training and evaluation, and PAHO overhead costs.

B. Recommendation:

This project qualifies for a Categorical exclusion under 22 CFR 216.2 (c) (2) (viii), "Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply, waste water treatment, etc.)". Based on the fact that activities financed under this project will not directly affect the environment, it is recommended that no further environmental study be undertaken for this project, and that a "Categorical Exclusion" be approved.

Concurrence: Janet C. Ballantyne
Janet C. Ballantyne
Mission Director
USAID/Nicaragua

Date: 19 Nov 1990

Annex C.

PROCUREMENT PLAN SUMMARY

Procurement Plan Summary

The first commodity procurement tranche for 1991 under the current USAID/PAHO buy-in Grant Agreement will include the following items:

ITEM	Unit Cost	#Items	Total Cost
Freezers	900	20	18,000
Refrigerators	565	50	28,250
Vaccine Carriers	150	40	6,000
King Seeley Thermos	25	1,000	25,000
Ice Packs	2	2,000	4,000
Ice Chests	20	100	2,000
Thermometers	1	1,000	1,000
Air Conditioners	750	1	750
Sterilizers	100	150	15,000
Diesel Generators	9	9,500	85,500
4WD Vehicles	15,000	7	105,000
Small Boats/Motors	10,000	3	30,000
Spare Parts	-	-	10,000
Electromyograph	15,000	1	15,000
Computers	5,000	7	35,000
Photocopier	10,000	1	10,000
Disposable Syringes	0.07	4,550,000	302,600
Paper/Office Supplies	-	-	3,000
Vaccination Cards	0.10	500,000	50,000
Manuals	2.50	2,000	5,000
Mass Media Materials	-	-	50,000

The list will be forwarded to PAHO for procurement action. Unit costs and possibly the number of items will be revised to reflect current market prices while staying within the overall total procurement cost limitation of the Grant Agreement Amendment.

USAID has normally relied on the procurement policies and procedures (including source and origin) of public international organizations when several donors are contributing to the procurement activity. However, supporting the AID "Buy America" policy, the Mission will request AID/W to negotiate with PAHO U.S. source and origin for all commodities where such procurement does not significantly impede the national immunization program. The vehicles will also be U.S. source and origin which has been approved by MINSA in the October ICC meeting of donors. Because there are not currently any American car dealers in Nicaragua, extra spare parts will be purchased for each vehicle.

The Mission will also request that PAHO assure to the Mission that there exists adequate commodity management controls for the receipt, storage and distribution of the USAID-funded supplies before the project is obligated.

Annex D.

STATUTORY CHECKLIST

PROJECT CHECKLIST

A. GENERAL CRITERIA FOR PROJECT

1.	FY 1990 Appropriations Act Sec. 523; FAA Sec. 634A. If money is to be obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified?	A CN was submitted on December 7, 1990. It expired without objection on December 22, 1990.
2.	FAA Sec. 611(a). Prior to an obligation in excess of $500,000, will there be: (a) engineering, financial or other plans necessary to carry out the assistance; and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?	The EPI 1991 Country Action Plan will be submitted with a firm estimate of the cost to the U.S. of the assistance.
3.	FAA Sec. 611(a)(2). If legislative action is required within recipient country with respect to an obligation in excess of $500,000, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance?	No legislative action is required.
4.	FAA Sec. 611(b); FY 1990 Appropriations Act Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.)	N/
5.	FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed $1 million, has Mission Director certified and Regional Assistant	N/

	Administrator taken into consideration the country's capability to maintain and utilize the project effectively?	
6.	FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.	The project will be carried out through PAHO, a multi-national agency with similar activities throughout Latin America.
7.	FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.	N/A
8.	FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).	N/A
9.	FAA Secs. 612(b), 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.	GON Ministry of Health is contributing approximate ½ of project funding. The USG does not own cordobas that could be available for this project.
10.	FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?	The U.S. owns no excess Nicaraguan currency.

11. FY 1990 Appropriations Act Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity? N/A

12. FY 1990 Appropriations Act Sec. 547. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807", which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel? No

13. FAA Sec. 119(g)(4)-(6) & (10). Will the assistance: (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas? N/A

14. FAA Sec. 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)? N/A

15. FY1990 Appropriations Act, Title II, under heading "Agency for International Development". If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government? N/A

16. FY 1990 Appropriations Act. Sec. 537. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.? N/A

17. FT 1990 Appropriations Act Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has the President consulted with and provided a written justification to the House and Senate Appropriations Committees and has such obligation been subject to regular notification procedures? N/A

18. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for N/A

agreements covered by this provision).

19.	Trade Act Sec. 5164 (as interpreted by Conference report), amending Metric Conversion Act of 1975 Sec. 2 (and as implemented through A.I.D. policy). Does the assistance activity use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will A.I.D. specifications use metric units of measure from the earliest programmatic stages, and from the earliest documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, areas, volume, capacity, mass and weight), through the implementation stage?	Yes.
20.	FY 1990 Appropriations Act, Title II, under heading "Women in Development". Will assistance be designed so that the percentage of women participants will be demonstrably increased?	Yes; Vaccinations of T.T. will be given to women of child bearing age.
21.	FY 1990 Appropriations Act Sec. 592(a). If assistance is furnished to a foreign government under arrangements which result in the generation of local currencies, has A.I.D. (a) required that local currencies be deposited in a separate account established by the recipient government, (b) entered into an agreement with that government providing the amount of local currencies to be generated and the terms and conditions under which the currencies so deposited	N/A

may be utilized, and (c) established by agreement the responsibilities of A.I.D. and that government to monitor and account for deposits into and disbursements from the separate account?

Will such local currencies, or an equivalent amount of local currencies, be used only to carry out the purposes of the DA or ESF chapters of the FAA (depending on which chapter is the source of the assistance) or for the administrative requirements of the United States Government?

Has A.I.D. taken all appropriate steps to ensure that the equivalent of local currencies disbursed from the separate account are used for the agreed purposes?

If assistance is terminated to a country, will any unencumbered balances of funds remaining in a separate account be disposed of for purposes agreed to by the recipient government and the United States Government?

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FY 1990 Appropriations Act Sec. 546 (as interpreted by conference report for original enactment). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities: (1) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or N/A

produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (2) in support of research that is intended primarily to benefit U.S. producers?	
b. FAA Sec. 107. Is special emphasis placed on use of appropriate technology (defined as relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?	N/A
c. FAA Sec. 281(b). Describe extent to which the activity recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government.	This immunization program responds to MINSA's desires to reduce infant and young children's morbidity and mortality due to immunopreventable diseases. Project provides advisory services to highly commited and competent staff. Project has programed additional management and technical training for local staff to set own goals and administer program more effectively.
d. FA Sec. 101(a). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?	With a reduction in illness, dehabilitation or deaths due to optimal vaccination coverage, the project will indirectly contribute to higher family productivity and economic returns.
e. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will: (1) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (2) help	Vaccination activities will extend to 80% of young child population, regardless of economic status, throughout Nicaragua and will target areas which have not received previous assistance due to war in the area or to areas with concentrations of war immigrants. With a reduction in child illness, dehabilitation or death, women who are primarily the carers of children will be able to be more productive in other family economic activities. Several regional conferences and

development cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental institutions; (3) support the self-help efforts of developing countries; (4) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (5) utilize and encourage regional cooperation by developing countries.	professional exchanges are planned to utilize regional resources.
f. <u>FAA Secs. 103, 103A, 104, 105, 106, 120-21; FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA."</u> Does the project fit the criteria for the source of funds (functional account) being used?	N/A
g. <u>FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA."</u> Have local currencies generated by the sale of imports or foreign exchange by the government of a country in Sub-Saharan Africa from funds appropriated under Sub-Saharan Africa, DA been deposited in a special account established by that government, and are these local currencies available only for use, in accordance with an agreement with the United States, for development activities which are consistent with the policy directions of Section 102 of the FAA and for necessary administrative requirements of the U.S. Government?	N/A
h. <u>FAA Sec. 107</u>. Is emphasis placed on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?	N/A

i. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?	Yes.
j. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?	Yes.
k. FY 1990 Appropriations Act, under heading "Population, DA" and Sec. 535. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?	No.
Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations?	No.
Are any of the funds to be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization?	No.
Will funds be made available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning	N/A

methods and services?	
In awarding grants for natural family planning, will any applicant be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning?	N/A
Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?	No.
l. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?	Yes.
m. FY 1990 Appropriations Act Sec. 579. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 40 percent of the students are Hispanic Americans, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?	N/A
n. FAA Sec. 118(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (1) stress the importance of conserving and sustainably managing forest resources; (2) support	Per A.I.D. Regulation 16, the Chief Environmental Officer for the LAC Bureau concurred in USAID's recommendation for a Categor-. ical Exclusion for this projec

activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (3) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (4) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (5) help conserve forests which have not yet been degraded by helping to increase production on lands already cleared or degraded; (6) conserve forested watersheds and rehabilitate those which have been deforested; (7) support training, research, and other actions which lead to sustainable and more environmentally source practices for timber harvesting, removal, and processing; (8) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (9) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (10) seek to increase the awareness of U.S. Government agencies and other donors of the immediate and long-term value of tropical forests; and (11) utilize the resources and abilities of all relevant U.S. government agencies?

o. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plan species), will the program or project: (1) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (2) take full account of the environmental impacts of the proposed activities on biological diversity?	N/A
p. FAA Sec. 118(c)(14). Will assistance be used for: (1) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (2) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas?	No.
q. FAA Sec. 118(c)(15). Will assistance be used for: (1) activities which would result in the conversion of forest lands to the rearing of livestock; (2) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undergraded forest lands; (3) the colonization of forest lands; or (4) the construction of dams or other water control structures which flood relatively undergraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the	No.

rural poor and will be conducted in an environmentally sound manner which supports sustainable development?

r. FY 1990 Appropriations Act Sec. 534(a). If assistance relates to tropical forests, will project assist countries in developing a systematic analysis of the appropriate use of their total tropical forest resources, with the goal of developing a national program for sustainable forestry? N/A

s. FY1990 Appropriations Act Sec. 534(b). If assistance relates to energy, will such assistance focus on improved energy efficiency, increased use of renewable energy resources, and national energy plans (such as least-cost energy plans) which include investment in end-use efficiency and renewable energy resources? N/A

Describe and give conclusions as to how such assistance will: (1) increase the energy expertise of A.I.D. staff, (2) help to develop analyses of energy-sector actions to minimize emissions of greenhouse gases at least cost, (3) develop energy-sector plans that employ end-use analysis and other techniques to identify cost-effective actions to minimize reliance on fossil fuels, (4) help to analyze fully environmental impacts (including impact on global warming), (5) improve efficiency in production, transmission, distribution, and use of energy, (6) assist in exploiting nonconventional renewable energy resources, including wind, solar, small-hydro, geo-thermal, and advanced biomass systems, (7) expand efforts to meet the energy needs of the rural poor, (8) encourage host countries to sponsor meetings with United States energy efficiency experts to discuss the use of least-cost planning

techniques, (9) help to develop a cadre of United States experts capable of providing technical assistance to developing countries on energy issues, and (10) strengthen cooperation on energy issues with the Department of Energy, EPA, World Bank, and Development Assistance Committee of the OECD.

t. FY 1990 Appropriations Act., Title II, under heading "Sub-Saharan Africa, DA" (as interpreted by conference report upon original enactment). If assistance will come from the Sub-Saharan Africa DA account, is it: (1) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, and self-reliant; (2) being provided in accordance with the policies contained in section 102 of the FAA; (3) being provided, when consistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa; (4) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take into account, in assisted policy reforms, the need to protect vulnerable groups; (5) being used

N/A

to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the renewable natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?

u. International Development Act Sec. 711, FAA Sec. 463. If project will finance a debt-for-nature exchange, describe how the exchange will support protection of: (1) the world's oceans and atmosphere, (2) animal and plant species, and (3) parks and reserves; or describe how the exchange will promote: (4) natural resource management, (5) local conservation programs, (6) conservation training programs, (7) public commitment to conservation, (8) land and ecosystem management, and (9) regenerative approaches in farming, forestry, fishing, and watershed management. N/A

v. FY 1990 Appropriations Act Sec. 515. If deob/reob authority is sought to be exercised in the provision of DA assistance, are the funds being obligated for the same general purpose, and for countries within the same region as originally obligated, and have the House and Senate Appropriations N/A

Committees been properly notified?

2. Development Assistance Project Criteria (Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest. N/A

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest? N/A

c. FAA Sec. 122(b). Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities? N/A

3. Economic Support Fund Project Criteria

a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA? N/A

b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes? N/A

c. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? N/A

Annex E.

GON REQUEST FOR ASSISTANCE

REPUBLICA DE NICARAGUA
MINISTERIO DE SALUD

RECEIVED
JAN 24 2 00 PM '91
USAID NICARAGUA

Managua, 23 de Enero de 1991

REF: DM-0181

Señora
JANET BALLANTYNE
Directora
AGENCIA DE DESARROLLO INTERNACIONAL
Su Despacho

Estimada señora Ballantyne:

Por este medio me complace presentarle con una copia del Plan de Acción para el Programa ampliado de inmunizaciones del Ministerio de Salud para el año 1991. Este documento fue desarrollado en forma consultiva entre el personal técnico del Ministerio de Salud y los representantes de UNICEF, la Organización Panamericana de la Salud (OPS), Club Rotario y la AID. Los montos totales representan compromisos, no solo de parte del Ministerio de Salud sino también de parte de las agencias y se detallan en la forma siguiente:

MINSA	$ 2,112,833
AID	1,078,344
UNICEF	371,800
OPS	128,000
CLUB ROTARIO	97,074

Esperamos contar con la disponibilidad de los fondos de AID a la brevedad posible dado que la primera jornada popular de vacunación es planeada para los días 16 y 17 de Febrero de 1991.

Sin otro particular, me suscribo.

Atentamente,

ERNESTO SALMERON BERMUDEZ
Ministro de Salud

MINISTRO DE SALUD

cc: Archivo
Cronológico
/gr.

Date Received: 1/24/91
Act. No.
D
DD
LA
RDA
A
Acctg File
Clam

COMPLEJO NACIONAL DE SALUD "DRA. CONCEPCIÓN PALACIOS"
Managua, Nicaragua, C.A.
Teléfonos: 97150/9-Apdo. P. 107-Fax 97483

ACTION: AID INFO: AMB DCM ADMIN

VZCZCMU0296
PP RUEHMU
DE RUEHC #5135/01 3420107
ZNR UUUUU ZZH
P 0821052Z DEC 90
FM SECSTATE WASHDC
TO AMEMBASSY MANAGUA PRIORITY 4433
BT
UNCLAS SECTION 01 OF 02 STATE 415135

03-DEC-90 TOR: 14:15
CN: 14559
CHRG: AID
DIST: AIDA
ADD:

AIDAC

E.O. 12356: N/A
TAGS:
SUBJECT: NPD REVIEWS -- PRIVATE AGRICULTURAL SERVICES (524-0315); PVO COFINANCING (524-0313); FAMILY PLANNING EXPANSION AND REGIONALIZATION (524-0312); EXPANDED PROGRAM OF IMMUNIZATION (524-0321)

1. ON NOVEMBER 28, 1990, LAC STAFF REVIEWED SUBJECT NPD'S. AID/W GUIDANCE AND DECISIONS RELATING TO EACH PROJEC ARE PROVIDED BELOW.

2. PRIVATE AGRICULTURAL SERVICES (524-0315)

A) LAC GRANTS PROGRAM CONCURRENCE FOR THE MISSION TO PROCEED WITH FURTHER DEVELOPMENT OF THIS PROJECT AND THE MISSION DIRECTOR IS HEREBY DELEGATED AUTHORITY TO APPROVE THE PID IN THE FIELD.

B) SINCE THIS PROJECT WILL FINANCE THE DELIVERY OF PRIVATE AGRICULTURAL SERVICES FOR ONLY FIVE YEARS, SELECTION CRITERIA TO BE APPLIED TO THE ALLOCATION OF PROJECT FUNDS SHOULD BE DESIGNED IN SUCH A WAY AS TO FAVOR PRIVATE AGRICULTURAL ORGANIZATION (PAO) ACTIVITIES WHICH PRESENT THE GREATEST POTENTIAL FOR COSTRECOVERY

AND SUSTAINABILITY: THE PID/PP SHOULD ANALYZE THE SUSTAINABILITY POTENTIAL OF PAO SERVICES AND PROJECT BENEFICIARIES SHOULD ASSUME NO FURTHER SUPPORT BEYOND THE PACD.

C) AID/W UNDERSTANDS THAT PAO MEMBERSHIP (AND THEREFORE PROBABLE PROJECT BENEFICIARIES) WILL BE BETTER IDENTIFIED THROUGH THE COURSE OF FURTHER PROJECT DESIGN. BASED ON THE RESULTS OF THIS CLARIFICATION, IT MAY BE APPROPRIATE FOR PROJECT DESIGN TO INCORPORATE PRIVATE PRODUCERS WHO ARE NOT CURRENTLY ACTIVE PAO MEMBERS. THE MISSION SHOULD ENSURE THAT POORER FARMERS AND NON-TRADITIONAL PRODUCERS MIGHT ACCESS NECESSARY SERVICES FINANCED THROUGH THIS PROJECT AND THAT BENEFICIARIES ARE NOT LIMITED TO THE LARGER MORE INFLUENTIAL PRODUCERS:

3. PVO COFINANCING (524-0313)

Date Rec'd: 12/10/90
C & R Section
USAID/Costa Rica

	Act.	Info.
MDIR		
DDIR		
EXO		
DMO		
ADP		
PDO		
PROG		
GDO		
TD		
RTAC-II		
EAO		
CONT		
RLA		
OPS		
RDO	/	
RAJO		
ROCAP		
CHRON		/
RF		/

Due date: 12/13/90
Action taken:
Initials:

44

A) LAC GRANTS PROGRAM CONCURRENCE FOR THE MISSION TO PROCEED WITH FURTHER DEVELOPMENT OF THIS PROJECT. DUE TO THE RELATIVELY SIMPLE DESIGN OF THIS UMBRELLA PROJECT AND ITS SIMILARITY TO OTHER INITIATIVES ALREADY BEING IMPLEMENTED THROUGHOUT THE REGION, THE MISSION DIRECTOR IS HEREBY DELEGATED AUTHORITY TO AUTHORIZE THE PROJECT USING NON-STANDARD DOCUMENTATION. SPECIFICALLY, THE MISSION MAY PROCEED DIRECTLY TO THE DEVELOPMENT OF THE PROJECT PAPER WITHOUT AN INTERMEDIATE PROJECT IDENTIFICATION DOCUMENT.

B) IF THE PROJECT IS TO BE OBLIGATED BY MEANS OF A BILATERAL GRANT AGREEMENT WITH A GON MINISTRY, THE PP SHOULD CLEARLY SPECIFY THE ROLE AND RESPONSIBILITIES OF THAT MINISTRY IN THE SELECTION AND COORDINATION OF PVO ACTIVITIES.

C) AID/W UNDERSTANDS THAT, INITIALLY, ONLY U.S.-BASED PVO'S WILL RECEIVE FINANCING THROUGH THIS PROJECT: THEREAFTER, AS THE INSTITUTIONAL CAPACITIES OF LOCAL PVO'S ARE DEVELOPED AND THESE PVO'S ARE REGISTERED WITH USAID, THEY TOO WILL BE LIKELY RECIPIENTS OF A.I.D. RESOURCES.

D) WHILE AID/W UNDERSTANDS THAT PVO ACTIVITIES WILL BE SELECTED THROUGHOUT THE LOP, THE PROJECT PAPER SHOULD OUTLINE THE PROJECTED PROGRAM LEVEL IMPACTS OF LIKELY ACTIVITIES TO BE FINANCED (E.G. INCREASED INCOME LEVELS, EMPLOYMENT GENERATED, HEALTH INTERVENTIONS, ETC.).

4. FAMILY PLANNING EXPANSION AND REGIONALIZATION (524-0512)

LAC GRANTS PROGRAM CONCURRENCE FOR THE MISSION TO PROCEED WITH FURTHER DEVELOPMENT OF THIS PROJECT AND DELEGATES AUTHORITY TO THE MISSION DIRECTOR TO APPROVE THE PID IN THE FIELD.

5. EXPANDED PROGRAM OF IMMUNIZATION (524-0321)

A) LAC GRANTS PROGRAM CONCURRENCE FOR THE MISSION TO PROCEED WITH FURTHER DEVELOPMENT OF THIS PROJECT: IN RECOGNITION OF THE URGENCY OF IMPLEMENTING THIS PROJECT AND DUE TO THE FACT THAT THE OBLIGATION MECHANISM WILL BE A BUY-IN TO AN ONGOING REGIONAL PROJECT WITH PAHO (AND A SUBSEQUENT BUY-IN TO A FOLLOWON PAHO PROJECT), THE MISSION DIRECTOR IS HEREBY DELEGATED AUTHORITY TO AUTHORIZE THE PROJECT USING NONSTANDARD DOCUMENTATION.

SPECIFICALLY, THE MISSION MAY PROCEED DIRECTLY TO THE DEVELOPMENT OF A PROJECT PAPER/IHOUAN INTERMEDIATE PROJECT IDENTIFICATION DOCUMENT.

B) PRELIMINARY PROJECT DESIGN ENVISIONS A BUYIN TO A MULTIDONOR PAHO ACTIVITY AND INCLUDES A.I.D. FUNDING FOR VEHICLES. UNDER A SUCH AN ARRANGEMENT, PAHO WOULD NORMALLY APPLY ITS OWN PROCUREMENT PROCEDURES. THIS COULD RESULT IN THE PROCUREMENT OF NON-U.S. VEHICLES WITH A.I.D. FUNDS. WE DO NOT WANT TO FINANCE THE PROCUREMENT OF NON-U.S. VEHICLES FOR THIS PROJECT EXCEPT UNDER EXCEPTIONAL CIRCUMSTANCES (WHICH WOULD RESULT IN USAID ISSUING A WAIVER). TO AVOID PROCUREMENT OF NON-U.S. VEHICLES WITH A.I.D. FUNDS, USAID SHOULD EITHER PICK UP OTHER PROJECT COSTS LEAVING OTHER DONORS TO FUND VEHICLES, PROCURE THE VEHICLES DIRECTLY INSTEAD OF THROUGH PAHO, OR ENSURE THAT PAHO BUYS ONLY U.S. VEHICLES UNLESS USAID ISSUES A WAIVER.

5. CONGRESSIONAL NOTIFICATIONS ARE CURRENTLY BEING PROCESSED FOR THE FAMILY PLANNING EXPANSION AND REGIONALIZATION (524-0312) AND THE EXPANDED PROGRAM OF IMMUNIZATION (5240321) PROJECTS. LAC/DPP WILL NOTIFY MISSION VIA FAX WHEN CN'S HAVE GONE TO CONGRESS AND VIA CABLE WHEN THE CN'S HAVE EXPIRED: BAKER
BT
#5135

NNNN

116'