

AID 1350-1 (10-79) PIO/T	UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	1. Cooperating Country Bolivia	Page 1 of 1 Pages
		2. PIO/T No. 511-0590-3-50136	3. <input checked="" type="checkbox"/> Original or Amendment No. _____
		4. Project/Activity No. and Title 511-0590 Oral Rehydration Therapy and Child Growth Monitoring in Caritas Mothers' Clubs	

DISTRIBUTION	5. Appropriation Symbol 72-1151021.3	6. Allotment Symbol and Charge LDAA 85-25511-AG13
	7. Obligation Status <input type="checkbox"/> Administrative Reservation <input checked="" type="checkbox"/> Implementing Document	8. Project Assistance Completion Date (Mo., Day, Yr.) N/A
	9. Authorized Agent USAID/Bolivia	10. This PIO/T is in full conformance with PRO/AG N/A Date N/A
	11a. Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (HB 14) <input type="checkbox"/> PASA/RSSA (HC 12) <input type="checkbox"/> AID Grant (HG 13) <input checked="" type="checkbox"/> Other OPG	11b. Contract/Grant/PASA/RSSA Reference Number (if this is an Amendment)

12. Estimated Financing (A detailed budget in support of column (2) is attached as attachment no. A)

Maximum AID Financing	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
					\$ 300,000
	B. U.S.-Owned Local Currency				

13. Mission References
Memo GRBowers/
MPLeifert
received 6/25/
85
1) CRS proposal
to USAID/B
dated 7/9/85
2) State
202618
dated 7/2/85

14a. Instructions to Authorized Agent
The purpose of this PIO/T is to authorize the USAID/Bolivia Mission Director to negotiate an Operational Program Grant (OPG) with Catholic Relief Services (CRS) to support a national program to introduce oral rehydration therapy and child growth monitoring services into the CARITAS network of approximately 1,800 mothers clubs as further described in the attached project description. This will be an incrementally funded OPG totalling \$435,324 over a four-year period of which \$300,000 is currently available under this PIO/T and \$84,000 under PIO/T No. 511-0590-3-50137. The required balance will be allocated in tranches subject to availability of funds from AID/W. This PIO/T is written in conjunction with PIO/T No. 511-0590-3-50137 which provides supplementary funding.

14b. Address of Voucher Paying Office
Controller's Office
USAID/Bolivia
APO Miami, Florida 34032

15. Clearances—Include typed name, office symbol, telephone number and date for all clearances.

A. The project officer certifies that the specifications in the statement of work are technically adequate	Phone No.	B. The statement of work lies within the purview of the initiating and approved agency programs	Date
HHR:GBowers <i>GB</i>	Date 7/23/85	PD&I:MPLeifert (in draft)	7/18/85
CDP:WGarvelink <i>W</i>	Date 7/24/85	C. Funds for the services requested are available	
EXO:TLBertotti <i>Bertotti</i>	Date 7/24/85	CONT:JOHill, Jr.	date: 8/20
PD&I:CMillikan <i>CM</i>	Date 8/18/85		
PD&I:RJAsselin, Jr. <i>RJA</i>	Date 8/22/85		

16. For the cooperating country: The terms and conditions set forth herein are hereby agreed to	17. For the Agency for International Development
Signature _____ Date _____	Signature <i>David A. Cohen</i> Date 9/4/85
Title _____	Title David A. Cohen Director

AID 1350-1 (10-79) PIO/T	UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	1. Cooperating Country BOLIVIA	Page 1 of 1 Pages
		2. PIO/T No. 511-0590-3-50137	3. <input checked="" type="checkbox"/> Original or Amendment No. _____
		4. Project/Activity No. and Title 511-0590 Oral Rehydration Therapy and Child Growth Monitoring in Caritas Mothers' Clubs	

5. Appropriation Symbol 72-1151021.8		6. Allotment Symbol and Charge LDAA-85-25511-CG13	
7. Obligation Status <input type="checkbox"/> Administrative Reservation <input checked="" type="checkbox"/> Implementing Document		8. Project Assistance Completion Date (Mo., Day, Yr.) N/A	
9. Authorized Agent USAID/Bolivia		10. This PIO/T is in full conformance with PRO/AG N/A Date N/A	
11a. Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (HB 14) <input type="checkbox"/> PASA/RSSA (HB 12) <input type="checkbox"/> AID Grant (HB 13) <input checked="" type="checkbox"/> Other OPG			11b. Contract/Grant/PASA/RSSA Reference Number (if this is an Amendment)

12. Estimated Financing (A detailed budget in support of column (2) is attached as attachment no. N/A)

Maximum AID Financing	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
					\$ 84,000
	B. U.S.-Owned Local Currency				

13. Mission References

14a. Instructions to Authorized Agent The purpose of this PIO/T is to authorize the USAID/Bolivia Mission Director to negotiate an Operational Program Grant (OPG) with Catholic Relief Services (CRS) to support a national program to introduce oral rehydration therapy and child growth monitoring services into the CARITAS network of approximately 1,800 mothers clubs, as further described in the attached project description. This will be an incrementally funded OPG totalling \$435,324 over a four-year period, of which \$84,000 is currently available under this PIO/T and \$300,000 under PIO/T No. 511-0590-3-50136. The required balance will be allocated in tranches subject to the availability of funds from AID/W. This PIO/T is written in conjunction with PIO/T No. 511-0590-3-50136, which contains the project description.

14b. Address of Voucher Paying Office
Controller's Office
USAID/Bolivia
APO Miami, Florida 34032

15. Clearances—Include typed name, office symbol, telephone number and date for all clearances.

A. The project officer certifies that the specifications in the statement of work are technically adequate HHR:GRBowers (in draft)	Phone No.	B. The statement of work lies within the purview of the initiating and approved agency programs PD&I:MPLeifert (in draft)	Date
	Date 7/23/85		Date 7/18/85
DP:WGarvelink (in draft) EXO:TLBertotti (in draft)	Date 7/24/85 7/24/85	D. Funds for the services requested are available CONT:JOHill, Jr. date 8/20	
EPD&I:CMillikan PD&I:RJAsselin, Jr.	Date 8/8/85 8/22		

16. For the cooperating country: The terms and conditions set forth herein are hereby agreed to	17. For the Agency for International Development
Signature _____ Date _____	Signature <i>[Signature]</i> Date 9/9/85
Title _____	Title David A. Cohen Director

Memo GRBowers/
MPLeifert rcvd
6/25/85.

1) CRS Proposal
to USAID/B dated
7/9/85.

2) State 202618
dated 7/2/85

ATTACHMENT A
PROJECT DESCRIPTION

ACRONYM GLOSSARY

CDD	Diarrheal Disease Control
CGM	Child Growth Monitoring
CRS	Catholic Relief Services
MCH	Maternal/Child Health
MOH	Ministry of Health
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
PRITECH	Technologies for Primary Health Care
PVO	Private Voluntary organization
TA	Technical Assistance
URO	Oral Rehydration Unit
USAID	United States Agency for International Development
WHO	World Health Organization

I. Summary

Resources will be provided under an OPG with Catholic Relief Services (CRS) to enable CRS to introduce ORT and CGM into the network of Mothers Clubs that currently distributes PL-480 Title II food to more than 400,000 beneficiaries throughout the country. The OPG resources provided to CRS will be combined with other AID resources, including allocations of PL 480 local currency for training, travel and transport costs, and \$ 310,000 from PRITECH, to assist CARITAS in providing Oral Rehydration Therapy (ORT) and Child Growth Monitoring (CGM) services to the Mothers Clubs. Technologies for Primary Health Care (PRITECH) will provide a resident representative, various short-term experts, and the costs of developing prototype educational and training materials and radio programs to promote the use of ORT. CARE, Save the Children and Project Concern International plan to support child survival programs in Bolivia. These organizations have indicated their desire to seek technical assistance and guidance from CRS, PRITECH and CARITAS in the design and implementation of the ORT elements of their child survival programs to ensure consistency of ORT training and motivational efforts.

Project activities to be supported by CRS under this OPG will include:

1. Training and financial support for CARITAS staff, field coordinators and promoters who will assist Mothers Clubs introduce ORT and CGM into their food distribution and other development activities. (The development of a methodology and technical assistance for promoting ORT will be provided by the AID financed PRITECH project).
2. Financial support for radioschools to produce and broadcast/distribute promotional messages and training materials to reinforce the work of the Promoters and Mothers Clubs in encouraging CGM and the effective use of oral rehydration therapy. (The cost of developing prototypes of these messages and training material for ORT will be paid by the AID-financed PRITECH project).
3. Financing of project supplies and equipment costs, including the purchase of one utility vehicle and operating costs of two utility vehicles, office supplies and equipment, the purchase of baby scales to be used for CGM activities at the Mothers Clubs, and procurement of an initial 18-month supply of oral rehydration salts (ORS).
4. Financing local costs of baseline and follow up household surveys to determine increased use of ORT during the project period in each region.

Implementation of project activities over a four - year period will require CRS support totalling \$ 435,324, of which the increment being provided at this time totals \$ 383,407. Additional funds up to the approved value of this OPG will be provided subject to their availability. USAID/Bolivia and CARITAS are also requesting \$ 392,000 from Title III to implement the project.

The project will be implemented in four (4) phases, involving 600 Mothers Clubs per year over a three-year period and a final, consolidation phase during year 4. The first three phases will be preceded by substantial training and education efforts to create demand for ORS and to sensitize mothers to the value of child-growth monitoring. These training and education activities will be coordinated closely with USAID and PRITECH, the latter agency bearing primary responsibility for the provision of technical advisors who will assist in the design of the project's information, education and communications (IE&C) materials. Radioschools in each of the three regions will participate in the efforts, with technical and financial support from CRS and PRITECH, to reinforce the promotion and training activities of the CARITAS field coordinators and promoters and the instructional activities at the mothers clubs. The four-year implementation period will allow at least twelve months of Mothers Clubs activities in each of the regions.

Completion of project activities will benefit at least 250,000 children under five years of age, whose (125,000) mothers attend the 1,800 mothers clubs participating in the project. The project will also institutionalize the effective practice of oral rehydration therapy and child growth monitoring among the target group, thus contributing to potentially marked declines in infant and child mortality in Bolivia.

II. Background

A. The Bolivian Economic Crisis

Bolivia is the poorest country in South America. Although blessed with fertile lands and abundant mineral resources, the country has not been able to exploit these assets in the degree necessary to combat the endemic poverty of its people. Life expectancy in Bolivia is the lowest on the continent. Child mortality is the highest, and the health problems which cause such elevated indexes of child mortality are directly related in significant part to low levels of nutrition available to many campesino families.

Much of Bolivia's fertile farm land remains unexploited, while the great majority of the population is concentrated in the altiplano and valley regions of the country. The fertile lowlands remain largely inaccessible, in part because of the lack of roads and other infrastructure.

The mining industry, which for centuries has been Bolivia's primary earner of foreign exchange, has been unable to provide sufficient income to cover the cost of the many products which Bolivia must import every year. In addition, the situation of the industry is steadily worsening. Many of the most accessible mines are becoming exhausted. Mining equipment is growing steadily older, while at the same time, the continuing deficit in the balance of payments makes it impossible for Bolivia to replace worn out equipment, or even to buy the needed spare parts. To add to these problems, Bolivia's traditional markets for their mineral products are under attack from newer mineral producers like Brazil, which has recently surpassed Bolivia in the production of tin, perhaps Bolivia's most important export product. Meanwhile, the price on the world market for Bolivia's main export minerals remains at a very low level.

Nutritional levels of the poor, especially in the altiplano and valley regions where most Bolivians live, have always been inadequate, but have deteriorated even more in recent years. The campesino, who has always lived at the margin of the national economy, has been among the hardest hit by the economic deterioration of recent years. Many campesinos have left their small farms to migrate to the cities, where their economic situation is frequently worse than ever.

At the moment, Bolivia continues to be immersed in the worst economic crisis of its history. Inflation during 1984 was calculated at approximately 2,700%. Based on figures for the first five months of 1985, the rate of inflation for this year is expected to be much higher. This has given rise to widespread monetary speculation, and those like the campesino who are most isolated from centers of banking and communication, are the most vulnerable to the devaluations and the corresponding price hikes. The level of foreign currency earnings continues to drop, and Bolivia remains unable to meet all payments on its foreign debt. Shortages of foreign exchange prevent necessary acquisitions not only for the mining industry, but for the nation as a whole. The agricultural sector has also been very hard hit by the difficulty of purchasing needed farm implements and products.

B. CRS/CARITAS Title II Food Program: Linkages to ORT/CGM Project

During 1985 some 32, 529 metric tons of Title II foods will be imported into Bolivia. Of this amount, CRS/CARITAS will distribute 18,370 metric tons, or about 56.5% of the total. The CRS/CARITAS program has been functioning in Bolivia for 31 years, and during this time the program has grown greatly in number of beneficiaries. This growth has been particularly rapid during the past eight years, during which time the CRS/CARITAS food distribution has grown from a 1977 level of 261,000 beneficiaries to a current level of 385,000 beneficiaries.

Approximately 2,100 Maternal/Child Health (MCH) clubs and centers serve as the foci of food distribution and nutrition education efforts by CARITAS. These centers reach 235,000 beneficiaries considered to be in a high risk category, including women of child-bearing age and their children under six years of age. This program also impacts on other family members, particularly through the effects of nutrition education.

This part of the CRS/CARITAS program is the category of greatest impact, and it is in this category where CRS and CARITAS will focus their efforts in ORT and CGM. It is the opinion of both CRS and CARITAS that beneficiaries not only need but also desire promotional and concrete assistance in improving their health status and particularly that of their children. Recipients of Title II assistance have repeatedly expressed their appreciation for the nutrition support provided under the Title II program, but they have also insisted that they must go beyond this situation and achieve both food self-sufficiency and a level of education and awareness that will allow them to better defend themselves and their children against the kinds of simple diseases which now take such a severe toll on them.

While ORT and CGM are not seen as a panacea for the problems of the Bolivian poor, they are seen as an important and necessary step in helping the Bolivian poor defend their health and move beyond their current situation of vulnerability.

These two initiatives, growth monitoring and ORT, represent significant efforts to upgrade the development impact of the CRS/CARITAS Title II activities on MCH club member families.

C. Beneficiary Population

The target group for this Child Survival initiative will be the 250,000 children who are beneficiaries of the CRS/CARITAS food distribution program at 1,800 Mothers Clubs throughout the country.

The nutritional status of this target population is precarious. Nutritional factors also combine with other health related problems to make C.R.S./CARITAS beneficiaries a very vulnerable group. This vulnerability is reflected by Bolivia's high infant mortality rate -- at 26%, the highest in Latin America. Half of the Bolivian children of less than six years of age suffer from malnutrition. It is estimated that 70% of the causes of premature death in children under four years of age is attributed to diseases that could be prevented by proper health education and sanitary living conditions. Acute diarrhetic illnesses and respiratory diseases are among the top killers of young children in Bolivia.

D. Public Sector Activities

The Ministry of Public Health has established a National Diarrheal Disease Control (CDD) Program to address this problem. The CDD program is executed by the Minister of Health and is integrated through the chiefs of the normative and operative divisions and the National Coordinator of the Popular Health Committee. The program was administered first by the Division of Mother/Child Health and more recently by the Division of Epidemiology under the Subsecretary of Health. This national program was developed and implemented with guidance and support from the Pan American Health Organization (PAHO)/World Health Organization (WHO) and UNICEF.

The CDD program has adopted a plan of action for four major strategies 1) reduce the deaths due to diarrheal dehydration by establishing Oral Rehydration Units (Unidades de Rehidratación Oral or UROs) and administering them through health establishments and community organizations; 2) improve maternal-child health practices; 3) improve basic sanitation conditions; and 4) develop a system of epidemiologic surveillance as a component of the CDD program. A five-year plan (1984-1988) has been developed and approved by the Popular Health Committee. This committee also reviews the CDD budget requests and all research proposals. To date, approximately 128 URO's-P have been organized. They distribute UNICEF packets containing the WHO-recommended formula. Approximately 600,000 packets have been distributed so far. The CDD staff anticipates a need for up to two million packets per year. To publicize the CDD program, UNICEF contracted a commercial advertising agency (SOMOS) to prepare posters, pamphlets, radio and television materials related to ORT and prevention of diarrheal diseases. SOMOS has prepared standard materials which were distributed throughout the country. The supply of these educational materials is greatly limited by the cost; thus, the supply is inadequate. Also, some of the materials which are targeted for urban populations are not suitable for people in rural areas or people of different cultural backgrounds.

E. Other Donors

1) UNICEF is actively supporting the Ministry of Health (MOH) CDD Program. It is presently committed to donating one to one-and-a-half million ORS packets and US\$50,000 in diarrheal disease materials development annually over the next four years. UNICEF is also implementing an integrated rural development project in the Altiplano which includes oral rehydration therapy.

2) (PAHO) is also actively supporting the Ministry of Health CDD Program. A PAHO consultant spent two months working with the CDD program and was instrumental in the design and implementation of much of the training and the establishment of the UROs. PAHO also finances participation of MOH staff in WHO CDD training programs as well as other technical assistance to the Ministry.

3) CARE, Project Concern International and Save the Children are about to begin Child Health activities in selected areas of the country. These projects will include an ORT Component, however with an emphasis on at-home preparation of oral rehydration solutions as an alternative to use of the UNICEF- formula packets. These organizations have indicated their intention to work closely with CARITAS and the Ministry of Health to ensure complementarity of their programs and to ensure standardization of training and promotional activities.

4) Other: The assistance branches of the governments of Japan, England and Germany are also giving some assistance and funding for health projects, but not directly in oral rehydration therapy.

III. Project Description

- A. Project Goals: The goal of the overall project, of which this OPG is a part, is to reduce infant and child mortality by introducing oral rehydration therapy and child growth monitoring programs in 1,800 CARITAS Mothers Clubs throughout Bolivia.
- B. Project Objectives: The specific indicators which will be used to measure the success and impact of the project include:
- a) Fifty percent of the club members in the first region, 30% in the second region, and 10% in the third region will be able to correctly prepare and administer oral rehydration salts, correctly feed their child during diarrhea episodes, be able to cite three signs which indicate that their child needs medical assistance during a diarrhea episode, and be able to accurately read and assess a child-growth monitoring chart to determine the nutritional status of their child/children.
 - b) At the end of the project period, 25% of mothers in the regions will be using ORT, either ORS packets or home solution, for infant diarrhea in the household. Rate of use will be indicated by sales of packets and household survey information.

C. Principal Project Components: (Inputs)

Using resources provided by this grant, CRS will provide the following inputs to the project:

- a) Financing the staff costs of CARITAS field coordinators and promoters in club organization, including financial management of payments for ORS, and in promotion/provision of ORT and CGM services.
- b) Contracting of radioschools to reproduce radio, training and promotional materials to support the club organization, ORT and CGM. This will include costs of broadcast time, printing of pamphlets and other graphic materials for training and promotion.
- c) Supervision of the delivery and use of project materials, including oral rehydration salts, baby scales, growth charts and other project materials, to the mothers clubs.
- d) Evaluation of project impact through participatory evaluation by the Mothers Clubs, as well as process evaluation by CARITAS, the Conferencia Episcopal, and the radioschools staff. Baseline and follow-up household surveys will determine increases in effective use of ORT in each region. These assessments of project performance will be supported by the collection and reporting of basic information by the mothers clubs, including number of ORS packets distributed, number of radio programs monitored, number of training classes conducted, etc.
- e) Technical assistance to implement the child growth monitoring aspects of the project.

IV. Project Implementation

A. Project Phases

The project will be implemented in three phases, adding one cultural/linguistic area each year over three years.

In year one implementation will begin in the Altiplano/Aymara area. In year two, the project will continue in the Altiplano, and will begin in the Valle/Quechua speaking area. In year three, the project will add the Valle/Spanish-speaking area. Year four will be a period of project consolidations, evaluation and re-adjustment to reliance on domestic resources, including the use of revenues derived from the distribution of ORS packets through the mothers clubs and surrounding communities. Each of the three areas will include approximately 600 mothers clubs with approximately 40,000 mothers and 80,000 children under five years of age, making a total of 1800 clubs with 120,000 mothers and 240,000 children.

B. CARITAS Staff Recruitment

With assistance to be provided by CRS under this grant, CARITAS will recruit a full-time Project Coordinator/ Administrator for this project, and a Director of Social Communications who will be responsible for coordination with PRITECH advisors and the radioschools. The CARITAS Division of Social Promotion Health Director will be responsible for the technical direction of the project, and for coordination with the Ministry of Public Health.

Existing CARITAS staff managing food delivery will assure continued availability of ORS packets, baby scales, growth charts, and other project supplies.

At the field level, the diocesan directors of club activities and their promotional and administrative staff will be responsible for supervising project implementation in the clubs in their areas. The national coordinator and the regional or diocesan director will agree on a program plan including allocations of resources and staff. They will hire twelve to fourteen Field Coordinators for each region who in turn will be responsible for the supervision of the club promoters.

Promoters will record and verify information, such as club attendance, diarrhea incidence and course, distribution of ORS packets and adoption of ORT practice, number of children weighed and measured, etc. This information will be reported through diocesan offices to the CARITAS National Office and will be used to guide assessment of project effectiveness and replanning as necessary. During the first year, when the initial hypothesis of the project will be tested, project administrators will be especially concerned with rapid feedback of information and in-course modifications of the project.

Funds for the additional CARITAS staff involved in this project will be transferred from CRS to CARITAS. The additional staff employed by CARITAS will be gradually shifted to payment from CARITAS' own resources; at the end of the project CARITAS should be able to finance these staff from Mothers Clubs' revenues.

C. Selection of Participating Organizations and Promoters

CARITAS and CRS will jointly identify clubs that will participate in the project. Among the criteria to be followed in selection will be:

1. Availability of means and resources for maintaining ORT and CGM services.

2. Access to the radio broadcasts that will be an essential part of the project's social communications strategy.
3. Availability of a trainable person who will be acceptable to the group and able to devote required time to the project, and
4. A sufficient level of motivation and readiness to make it likely that the group will respond to project activities.

In reviewing the availability of potential promoters, and in thereafter choosing specific individuals for training, CARITAS and CRS will apply the following criteria:

1. Attitudes, educational level, and capacity which indicate that the person can become an effective promoter following the limited training to be provided,
2. The individual's style, culture and attitudes appear to be compatible with, and acceptable to, the group involved,
3. The person exhibits qualities that make it likely that the group will accept her as a non-directive guide,
4. The proposed promoter has the necessary time, funding, and access to transportation necessary to serve the participating group,
5. The proposed promoter appears to be willing to accept supervision from Project staff.

There will emerge, from the two selection processes, a list of participating clubs with the name of the promoter who will relate to each. Some promoters may work with more than one club, others with only one. Although other members of the communities served by the clubs may benefit from project materials and broadcasts, the mother-members of the clubs, their children and the promoters will be the primary foci of project activities and the subject of continuing evaluation.

D. Materials Development and Social Communications

CARITAS will subcontract with three radioschools for the development of prototype radio, graphics, and promotional materials to support the Mothers Clubs activities. These radioschools will develop and produce materials for the Valle/Quechua area, Altiplano/Aymara area and the Yungas/Spanish area. CRS will assist CARITAS in the reproduction of these materials for distribution and broadcasting to the Mothers Clubs participating in the project.

Materials will be developed in at least three areas: 1) organization/activation of the clubs, 2) oral rehydration therapy and diarrheal disease control and 3) child-growth monitoring. These materials will be refined on the basis of periodic monitoring and evaluation of the project.

E. Standardization of ORT/CGM Methodologies

The several institutional participants in this project will coordinate closely with the Ministry of Public Health and UNICEF to ensure the consistency of the training and public promotion activities of this project with similar activities of the Health Ministry.

Key Private Voluntary Organization (PVO)'s engaged in ORT and CGM initiatives, notably including CARE, Project Concern International and Save the Children, will also utilize the training and promotional materials developed by CARITAS and the radioschools to support the ORT/CGM activities supported by the PVO's. Coordination and standardization of the various agencies' ORT/CGM activities will be facilitated by the formation of a coordinating committee --composed of CARITAS, CRS, the cooperating PVO's, the PL-480 Title III Committee, USAID, and the resident PRITECH representative.

This committee will meet regularly to coordinate strategy, share project feedback information, and to contribute to the evolution of a de facto national ORT/CGM program in the private sector as a support and complement to Ministry of Health activities.

F. Project Supplies and Equipment

CRS will provide to CARITAS the supplemental supplies and equipment needed to implement the project. These will include one utility vehicle and the operating costs of two utility vehicles, office supplies and equipment, baby scales, and an 18-month supply of oral rehydration salts (ORS). With regard to the latter item, it is noted that the original design for this project called for the local production and purchase of ORS. Subsequent negotiations with in-country pharmaceutical companies were not successful, owing to the unrealistically high prices requested by potential manufacturers.

Subsequent donations of ORS to CARITAS will be dependent upon progress in identifying a local manufacturer who can produce ORS at a reasonable price. This outcome will also depend upon the agreement of the Government of Bolivia to commit the foreign exchange needed to finance offshore procurement of raw materials required to produce ORS. (Only sodium chloride, which is not a significant component of product cost, can be purchased locally).

Negotiations toward this objective will be renewed in 1986 with the assistance of (PRITECH) technical expert(s) in the field of ORS production.

G. Evaluation

Ongoing evaluation of the project will be critical to assessing impact and to correcting project strategies over the four years. Evaluation activities will assess progress toward attainment of the project's objectives. Evaluation will be performed in several ways:

1. Baseline and follow-up surveys: Promoters and mothers club staff will conduct baseline surveys of mothers to determine their pre-project knowledge and practice concerning ORT and CGM. Follow-up surveys will be conducted periodically at the mothers clubs to assess changes in the mothers' knowledge and use of these two health interventions. The other collaborating agencies (CARE, Project Concern, Save the Children) will also conduct baseline and follow-up surveys in the communities served by their child health projects. These community surveys will not be funded under this ORT/CGM project, but will be analyzed in conjunction with the CARITAS surveys to determine the overall impact of the project.
2. Project Statistics: The Health Committees of mothers clubs will maintain records of illnesses and deaths of the club members' children under five years of age. They will also keep records of the number of ORS packets received/ distributed; funds received/utilized, and attendance records of mothers at radioschool sessions held at the clubs. These records can be sampled periodically to assess the operational performance of the clubs.
3. Materials impact: CARITAS and PRITECH will evaluate the effectiveness of radio and graphic materials used to promote ORT and CGM.
4. Interim and final evaluations: Two external evaluations of the project will be conducted during its four year duration: one at the (two-year) midpoint of the project, and one during the project's fourth and final year. These evaluations will use information gathered by the three evaluation activities described above, and will also assess the administration, training, supervision and logistics procedures of the project. A revised annual implementation plan will be designed on the basis of the mid-term evaluation.

H. Implementation Plan

Start Date

Preparation of detailed workplan between CRS
and CARITAS

August, 1985

CARITAS/National staff assigned

September, 1985

Area I

Regional planning with CARITAS regional and
diocesan offices

September, 1985

Design and test of instructional and motivational
materials (with technical assistance from PRITECH)

September, 1985

Field staff employed

Sept.-Oct., 1985

Training

Oct.-Nov., 1985

Baseline survey

November, 1985

Distribution of ORS, baby scales other project
commodities

Nov.-Dec., 1985

Radio broadcasting

January, 1986

Area II

Regional planning

April, 1986

Design/test materials

April, 1986

Field staff employed

August, 1986

Training

August, 1986

Commodities distributed

September, 1986

Baseline and follow-up survey

September, 1986

Radio broadcasting

October, 1986

Area III

Regional planning	December, 1986
Design/test materials	December, 1986
Field staff employed	May, 1987
Training	June, 1987
Commodity distribution	June, 1987
Baseline and follow-up surveys	July, 1987
Radio broadcasting	August, 1987
Follow-up surveys	October, 1987
Follow-up surveys	August, 1988

V. Technical Assistance

CARITAS has identified the need for technical assistance (TA) in: 1) training, 2) management information and administration, 3) social communications, and 4) evaluation methods. In addition, technical assistance will be necessary during the project to determine prospects and costs of local production in Bolivia of oral rehydration salts; and to assess locally suitable mixtures of CRS with substitutes for sugar. The bulk of this technical assistance will be provided by PRITECH as a portion of that agency's participation in the project. PRITECH TA will, however, be closely coordinated with CRS, which will monitor and supervise CARITAS' implementation of the recommendations. CRS will also play a major role in coordinating training assistance to implement CGM elements of the program.

VI. Project Administration: Specific Responsibilities of Organizations Participating in the Project

As discussed previously, resources provided under this grant represent partial support for a national ORT/CGM project. Other organizations will provide complementary assistance to the project, and will undertake tasks supportive of, and supported by, the CRS/CARITAS activities described herein. A summary overview of the respective roles of the various institutional participants in the project follows:

A. CARITAS

- 1) Direct the national program to introduce ORT and CGM into 1800 mothers clubs over a four year period, working sequentially in the three geographic/ethnic areas of Bolivia.
- 2) Hire a National Program Coordinator, a Social Communications Expert and 40 Field Supervisors. By the end of the project, CARITAS will pay salary costs from CARITAS revenues.
- 3) Prepare and implement regional plans, based upon agreements with Regional Directors about allocation of administrative and promotional staff, establishment of management information systems and training of regional staffs.
- 4) Contract with radioschools in each of the three geographic/ethnic areas to:
 - a) develop educational materials about ORT and CGM for mothers, and produce these materials for broad distribution;

- b) produce training materials for field supervisors and Promotors, and produce these materials for CARITAS training courses;
 - c) develop and broadcast radio programs for Mothers' Clubs which train mothers how to practice ORT and CGM.
- 5) Conduct training courses for the Field Supervisors and Promotors in each region.
 - 6) Distribute ORS packets to Mothers Clubs and establish a system of payment and collection of fees.
 - 7) Provide use of vehicles for program activities.
 - 8) Establish a simple management information system to help monitor project achievements or problems.
 - 9) Evaluate program progress and report results. Prepare regular financial reports as requested by CRS, PRITECH and USAID.

B. CRS/Bolivia

- 1) Provide training and financial support for CARITAS staff, field supervisors and promoters who will assist Mothers Clubs to introduce ORT and CGM into their food distribution and other development activities. (The development of a methodology and technical assistance for promoting ORT will be provided by the AID financed PRITECH project).
- 2) Provide financial support for radioschools to produce and broadcast/distribute promotional messages and training materials to reinforce the work of the Promoters and Mothers Clubs in encouraging CGM and the effective use of oral rehydration therapy. (Part of the cost of developing prototypes of these messages and training material for ORT will be paid by the AID financed PRITECH project).
- 3) Finance project supplies and equipment costs, including the purchase of one utility vehicle and operating costs of two utility vehicles, office supplies and equipment, the purchase of baby scales to be used for CGM activities at the Mothers Clubs, and procurement of an initial 18-month supply of oral rehydration salts (ORS).
- 4) Finance local costs of baseline and follow up community surveys to determine increased use of ORT during the project period in each region.

C. PRITECH (Program activities will be limited to three years FY 1985-1987)

- 1) Provide a resident PRITECH Representative for 24 months who will work as a counterpart to the CARITAS National Program Director, coordinate PRITECH technical assistance, and coordinate the activities of other U.S. PVOs involved with child survival programs in Bolivia.
- 2) Provide short-term technical experts as follows to CARITAS, and if possible to other PVOs:
 - a) Health program administration and management information 10 weeks
 - b) Communications and training 20 weeks
 - c) ORS production 3 weeks
 - d) Evaluation surveys 10 weeks
 - e) Testing ORS mixtures 4 weeks

Total 47 weeks
- 3) Assist CARITAS and the radioschools with design of prototype educational materials for mothers and the community, prototype training materials for field supervisors and promoters, radio programs for broadcasting to Mothers' Clubs.
- 4) Assist CARITAS with organization and staff training, including definition of technical program guidelines, design of management information systems, and design of distribution and payment systems for ORS packets.
- 5) Assist with methods of testing local ORS mixtures, especially home mixtures which don't require sugar.
- 6) Assess ORS production possibilities, including analysis of costs.
- 7) Supervise the design of evaluation surveys - baseline and follow-up community surveys - for child survival programs in Bolivia.

D. USAID/Bolivia

- 1) Provide financial support for acquisition of oral rehydration salts, project commodities, a project vehicle, CARITAS salaries, production of training and promotional materials, and a portion of evaluation costs through a grant to Catholic Relief Services.
- 2) Monitor use of AID resources being utilized by CRS, CARITAS and PRITECH.
- 3) Arrange and participate in mid-term and final project evaluations.

E. Other PVOs

- 1) Participate in an informal group of PVO's involved with child survival programs to coordinate program activities.
- 2) Exchange materials for education and training.
- 3) Seek consistent approaches and messages for ORT and other child survival programs.
- 4) Help coordinate child survival program evaluation surveys.

F. Government of Bolivia: PL - 480 Title I/III

- 1) Provide financial support for CARITAS staff training, project supervision, distribution of ORS and other project commodities, production of training and promotional materials, and project evaluation.
- 2) Represent GOB in negotiations with local manufacturers to develop an in-country production capacity for oral rehydration salts.
- 3) Participate in planning and coordination activities with CARITAS, CRS, USAID, PRITECH and participating PVO's to help ensure coordinated implementation of these agencies' related ORT and child growth monitoring activities.

VII. Budget

A. USAID/Bolivia Funding: CRS OPG

<u>Cost Component</u>	<u>This Agreement</u>	<u>Additional Requirements</u>	<u>Total OPG</u>
Commodities	<u>175,000</u>	<u>3,300-</u>	<u>178,300</u>
Baby scales	50,000	-	50,000
Vehicle	12,500	-	12,500
Vehicle operation (2)	2,000	3,300	5,300
Office supplies equipment	10,500	-	10,500
Oral rehydration salts	100,000	-	100,000
<u>CARITAS Salaries*</u>	<u>51,650</u>	<u>41,550</u>	<u>93,200</u>
- Project Coordinator/Administrator at \$ 225/month for 3 years	4,050	4,050	8,100
- Social Communicator at \$ 200/month for 4 years	3,600	3,600	7,200
- Technical Advisor/Physician at \$ 400/month: 50% of time during year 1 and 2, 25% year 3 and 4	5,000	2,700	7,700
- Regional Staff: Field Coordinators 12 year 1; 18 year 2; 18 year 3; 6 year 4 at \$ 100/month	39,000	31,200	70,200
Promotion: training and education materials, and broadcast time	<u>120,000</u>	<u>3,000</u>	<u>123,000</u>
Evaluation - household surveys	<u>7,000</u>		<u>7,700</u>
Overhead**	29,057	4,067	33,124
TOTAL:	<u>383,407</u>	<u>51,917</u>	<u>435,324</u>
ROUNDED TOTAL:	<u>384,000</u>	<u>52,000</u>	<u>436,000</u>

* Salaries of personnel to be employed by CARITAS are estimated; actual salaries will be determined by CRS and CARITAS based on current Bolivian salary costs at time of implementation.

** (8.5% of all costs minus acquisition cost of vehicle).

B. All Donors

		(US\$)				TOTL	
		<u>CARITAS</u>	<u>USAID FUNDS</u>		<u>Other</u>		
			<u>C.R.S.</u>	<u>PRITECH</u>	<u>P.V.O.s</u>	<u>PL 480</u>	
			<u>OPG</u>				
Program administration and supervision	in kind			5 wks.TA/18,500	in kind		18,500
CARITAS staff							
--salaries			93,200				93,200
--travel and per diem						128,500	128,500
Training for program staffs							
--organization & in-struction	in kind			10 wks.TA/37,000			37,000
--travel, per diem facilities						134,300	134,300
Training and education materials	superv.			5 wks.TA/18,500			18,500
--design							
--reproduction			45,000	40,000			40,000
--newsletter & articles						45,000	90,000
Radio Schools for	superv.			5,000			5,000
--Mothers Clubs				5 wks.TA/18,500			18,500
program development			38,000				
broadcasting			40,000	32,000			70,000
Oral Rehydration Salts							40,000
--procurement of packets (18 mos.supply)			100,000				100,000
--distribution of packets						14,200	14,200
--testing local home mixtures				4 wks.TA/14,800			14,800
--assess local prod.				10,000			10,000
Equipment				3 wks.TA/11,200			11,200
--weighing scales			78,300				78,300
--vehicles			(50,000)				
--vehicle operating expenses			(12,500)			40,000	40,000
--office supplies			(5,300)				
Evaluation			(10,500)				
--program monitoring	in kind			5 wks.TA/18,500	in-kind		18,500
--baseline & follow-up			7,700	10 wks.TA/37,000		30,000	74,700
PRITECH Representative				24 months/24,000			24,000
--travel, per diem & adm.				10,000			10,000
--office support	in kind			15,000			15,000
CRS Overhead			33,124				33,124
TOTAL	in kind		<u>435,324</u>	<u>310,000</u>	in kind	<u>392,000</u>	<u>1137,324</u>
ROUNDED TOTAL	in kind		<u>436,000</u>	<u>310,000</u>	in kind	<u>392,000</u>	<u>1138,000</u>

VIII Commodity Procurement

USAID/Bolivia will utilize \$100,000 of the funds designated herein to effect procurement, on behalf of CRS, of oral rehydration salts (ORS) to be used in support of the project. These salts will be purchased from a U.S. supplier or from UNICEF, on the basis of a PIO/C to be issued by USAID/Bolivia. At the mutual agreement of USAID/Bolivia and CRS/Bolivia, other commodity purchases authorized by this grant will also be undertaken by USAID on behalf of CRS.

IX. Reports

CRS will submit semi-annual reports on project performance to USAID/Bolivia. These reports should describe the progress of the project in relation to project objectives set forth in the grant agreement, problems encountered, solutions proposed and/or undertaken by the grantee, and other information necessary to an adequate understanding of project performance.

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