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**WORLD RELIEF CORPORATION/CHRISTIAN SERVICE SOCIETY  
CHILD SURVIVAL III PROJECT #9380536.02**

**SUSTAINABILITY ASSESSMENT**

Submitted to USAID  
December 30, 1991

**CSS Contact:**

**Mr. Paul Munshi, Director  
Christian Service Society  
City Post Box 91  
Khulna, Bangladesh**

**WRC Contact:**

**Dr. Muriel I. Elmer  
Child Survival Specialist  
World Relief Corporation  
P.O. Box WRC  
Wheaton, IL 60189**

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## **INTRODUCTION**

Final evaluations of the Bangladesh CSIII project were completed by Curtiss Swezy on project initiatives and Jim Rice on project sustainability in November 1990 and January 1991 respectively. The project was in the fourth year of a three year grant with a one year no-cost extension.

The scope of work for each of these evaluators was based on 1990 guidelines with additional input from the Chief of Child Survival and the Project Officer at USAID. Since the 1991 Final Evaluation Guidelines for CSIII and CSII NCX were not available at that time, this report prepared by World Relief Corporation (WRC) and Christian Service Society (CSS) staff, responds to the sustainability issues addressed in attachment 1 of the 1991 guidelines. Much of the material is drawn from the two final evaluation documents.

Sustainability as spoken of in this report will be defined as the continuance of successful interventions for at least five years after USAID funding has ended. The WRC/CSS Child Survival strategy employs five approaches to sustainability:

1. The formation of Community Health Committees (CHCs) and elected community health workers (CHWs) in order to provide the infrastructure for community participation and support for the project objectives.
2. The introduction of a special interest surcharge which provides for modest financial input from the community.
3. Cost effective administrative and financial management systems.
4. The strengthening of Ministry of Health (MOH) services.
5. Changes in knowledge and practice of mothers.

### **A. Sustainability Status**

WRC/CSS has been implementing a four year CSIII project which began June 1, 1987 and ended September 30, 1991. An expansion project (CSVII) was funded for three additional years until September 30, 1994. Besides expanding CS interventions to other geographical areas, a second project goal is to build towards sustainability.

It is unrealistic at this time to expect full sustainability of the Child Survival (CS) project, since Bangladesh is one of the poorest countries in the world and is subject to many natural disasters. These disasters affect the economic situation within in the communities, making it difficult to materially support CS interventions. However, the majority of project responsibilities have always been under the auspices of CSS, a Bengali grassroots organization which organizes and implements all field activities. Being that CSS is a permanent structure within Bangladesh, CSS in and of itself will

help to ensure the sustainability of the CS interventions. CSS has demonstrated the capability to attract overseas funding to support its programs, the CS project being one of many. Thus, CSS will continue to support the CS initiatives after USAID funding ends.

CSS is also in the process of phasing some CS responsibilities over to the MOH and the Community Health Committees (CHCs) which have been formed. The health education component has also been fully integrated into the CSS training structure. In addition, an MOH Health Officer has been giving much assistance for CHWs on a regular basis and has acted as a liaison between the MOH and the CSS/CS project. As well, local MOH facilities are actively involved in project training and field activities (James A. Rice, "An Analysis of the Prospects for Sustainability and Income Generation in The Khulna Child Survival Project Operated by World Relief and the Christian Service Society, Khulna, Bangladesh," November 20, 1990).

## **B. Sustainability Plan**

Over the life of the CSS/CS project, staff have been building on a strategy for sustainable health programming based on several key components. These components are:

1. The integration of a health education component into the already established CSS training structure (training focuses on improvements in agriculture and income generation activities in surrounding regions).
2. The motivation of CHWs and the community at large to participate in changing health behaviors over the long term.
3. Use of a 4% surcharge on loans given to groups of mothers to help pay for recurrent costs.
4. Turning over of some responsibilities for project structures and activities to the MOH at the termination of CS funding.

Project structures and activities that still need to be turned over to the MOH are the supervision of community health workers and follow-up of and record keeping on the at-risk population. It is not expected that the MOH will be able to accept full responsibility for these activities for some time, since they do not have the resources to assume these functions at present.

Counterpart institutions such as the MOH or other local NGOs did not make any financial commitments to sustain project benefits. However, the MOH has been

supplying ORS packets, Vitamin A capsules and contraceptives, as well as providing and administering vaccinations in the project area. It is expected that due to increased demand from the communities, this support will continue in the future.

The arrangement between CSS and the MOH has been quite successful in enabling services to reach remote locations since CSS has a good relationship with the MOH, implements interventions according to MOH policy, gives regular progress reports and provides the transportation for MOH EPI workers to project sites.

The failure of the MOH to make a financial commitment to the project is due to the fact that it is not in any position to make a donation of money to NGOs. Other local NGOs have not responded because the project is well funded by AID at present. However, Paul Munshi, the CSS director feels that when AID funding ceases, the local NGOs would be willing to make a financial commitment.

### **C. Community Participation and Perception of Project Effectiveness**

Each community in the project region has democratically elected a representative committee which chooses the CHW who will be trained to work in their community. There are currently 172 CHCs functioning in 102 villages. These villages with large populations may have two health committees. The committees hold monthly meetings where they discuss health problems and the solutions to these problems. Thus far, the committees have been able to identify the health care problems in their communities, but have not actively problem solved. Instead, they have placed this responsibility on the project health promoters and CHWs.

Some of the topics which were discussed in these meetings in the past month were ORS and Vitamin A distribution, and childhood malnutrition.

Regarding ORS distribution, the health committees felt that mothers needed to have ORS on hand when their children presented with diarrhea. Thus, the CHCs decided to negotiate with the CHWs to supply each home with ORS. The CHWs agreed to supply the mothers with extra ORS packets during the seasons when diarrhea is prevalent. In addition, the CHCs requested that the CHWs visit each home once each week. This, however, is a great burden on the CHWs. Thus, both parties compromised and the CHWs now visit each home biweekly.

Regarding childhood malnutrition, the CHCs have asked CSS to supply them with food. Since, CSS does not give hand outs, but rather helps families to help themselves through small loans, there has not yet been a consensus on this matter. Nevertheless, it

is evident that the CHCs are becoming actively involved in the CS interventions and are beginning to work at solving their own problems.

In addition to the CHCs, it is evident that community leaders within the CS region and in surrounding regions perceive CSS/CS activities to be effective. Attached are several letters from surrounding community leaders requesting that CSS begin CS activities in their villages. See Appendix A.

The community has contributed to the CS project through interest paid back on small loans, which some of the mothers who participate in the CS project have received. The interest on these loans is 16%. Twenty-five percent of the interest (4% of the loan amount) will be used to pay for the salaries of the CHWs, which will help to maintain community access to ORS, Vitamin A and contraceptives which are supplied by the MOH and distributed by the CHWs. During the expansion phase the project staff need to reassess use of this surcharge, since, to date, it has raised only a small portion of money.

#### **D. Institutional Sustainability—Strengthening Local Management**

The Khulna CS project is being implemented by CSS, a Bengali counterpart organization which has been doing development and relief work for the past 20 years. The linkage that WRC has with CSS falls primarily under financial and technical assistance.

CSS has linkages with the MOH at the district level and has been approved to work in each district by the district Civil Surgeon. The MOH district officers also hold meetings with CSS staff to discuss strategies in family planning, EPI, nutrition and sanitation. As well, MOH staff of the government health complex and district government hospital in Tala provide regular training in nutrition education and family planning to CSS project personnel.

CSS also collaborates with many other development agencies within Bangladesh including: CARE, UNICEF, Save the Children, World Vision, Helen Keller International, Voluntary Health Services (VHSS), the Bangladesh Family Planning Association (BFPA), the Bangladesh Rural Assistance Commission, the Association of Development Agencies in Bangladesh and the Japanese Health Organization. Technical assistance and training are exchanged with these organizations, however no financial exchange has occurred.

WRC has strengthened the management skills of CSS staff by providing support in accounting, formulating health indicators for tracking, requiring activity reports, training in CS interventions and helping the staff to improve the HIS.

CSS is perceived to be effective by MOH personnel and has gained the support of the MOH Civil Surgeon in each region who have formally approved of the implementation of CSS/CS activities. Jim Rice stated that the feeling of MOH officials toward the project is positive, as a foundation of cooperation exists whereby the MOH provides personnel, ORT and EPI supplies to aid in project implementation. However, interviews with district level MOH officials reveal that they have a shallow understanding and appreciation of CSS CS activities. During the expansion phase project staff will need to increase the level of dialogue with MOH staff in order to deepen their understanding of project goals. See Appendix A for a sample of several of the letters from MOH officials requesting CSS to implement CS activities in their districts.

Although CSS has worked diligently to strengthen the MOH structure, the MOH will have difficulty in sustaining some of the project's activities due to the poor state of the economy and the many natural disasters which have recently hit Bangladesh as previously mentioned in Section A.

Program costs which potentially cannot be sustained are salaries, costs involved in motivating government immunization workers through provision of transportation and meals, and costs involved in motivating the CHWs.

#### **E. Monitoring and Evaluation of Sustainability**

The indicators used to track sustainability are as follows:

1. Receipts for outgoing revolving loans. (Four percent of the loan amount which is paid back as part of the 16% interest has been set aside to help finance the CS program).
2. The number of trained personnel functioning in the CS program area.
3. The number of Community Health Committees functioning which actively elect CHWs.
4. The knowledge and practices of mothers who participate in CS activities.

Each indicator has revealed an increased probability of project sustainability. For instance, the receipts received for outgoing revolving loans has identified that some of the project costs can be recovered through the 4% surcharge on the loans which aids in financial sustainability. This promising mechanism should receive more attention during the expansion phase. Likewise, the increased number of trained health personnel suggests that health messages will likely be disseminated to a greater degree

throughout each community; the number of CHCs (172) indicates that the villages now have a greater capacity to solve their own health problems; and the greater the knowledge and practices of mothers with regard to child health, the more likely the project activities will be sustained within the community. Each of these areas has increased during the four years of the project. Thus, the CS interventions have steadily been moving toward sustainability.

A midterm evaluation was developed and implemented by Dr. Amin of Save the Children in Bangladesh and the final evaluation was completed by Curtiss Swezy on project interventions and Jim Rice on project sustainability to further monitor the project and the need for expansion funding.

#### **F. Calculation of Recurrent Costs**

A comparison of the budget for DIP planned expenditures with the actual expenditures at the end of the project reveals that some categories of expenditures were higher than planned, while others were lower. The categories showing higher expenditures were other equipment, administrative and other personnel, travel and other direct costs. The categories which had much lower expenditures were supplies and health personnel.

Projected costs and revenues that will need to be maintained after AID funding ceases are shown in Appendix B. The cost per beneficiary for the period of June 1, 1987—May 31, 1990 is \$7.35/3 years and \$2.45/year. These costs are reasonable given the interventions provided, however they are too great for the community to sustain without outside funding for some time to come. The reasons are several: the poverty in the district, the regularity of disasters that affect the economic situation in the communities, and the inability of MOH support child survival initiatives at the needed level.

Costs that are not likely to be sustainable are staff salaries, transportation costs for government EPI workers and some of the costs involved in motivating CHWs. The CSS director plans to utilize the 4% surcharge on loans to partially pay for the salaries of the CHWs.

#### **G. Cost Recovery Attempts**

WRC/CSS has been able to reduce costs by calling upon the MOH to supply ORT and EPI supplies, as well as personnel to administer vaccinations and to help train the CHWs. In the expansion project CSS will focus more on raising the income of families who participate in the project through the poverty lending program, as well as

an animal husbandry project. The income raised will then help families to buy better foods and will enable them to pay for more of their own health care costs.

One cost recovery mechanism has been to allocate 4% of the 16% interest earned on the repayment of revolving funds disbursed by CSS to the support of health activities throughout the CSIII-4 grant. This mechanism will continue to operate during the next three years of the CSVII grant.

This cost recovery mechanism has been managed effectively by CSS staff. CSS staff has been conducting income generation projects of this type for 20 years and are self sufficient in the management of the cost recovery mechanism currently functioning in the CS project.

The estimated dollar amount of cost recovery for the project is \$2,544 or the 4% surcharge on the loans given to the poorest women. The remaining 12% of interest (\$7,632) may also be used toward project sustainability, but had not yet been budgeted for this purpose. However, the CSS director has stated that it will be used to sustain the CS project activities. Even so, the amount gained through this cost recovery mechanism has been minimal and is dependent on loans being granted and paid back. Consequently, WRC/CSS has not considered this yet to be an effective mechanism for cost recovery.

The failure of the cost recovery mechanism to pay for many of the CS interventions is twofold:

1. The CS funds dedicated to the loan program is minimal.
2. Many of the CS loans were agricultural loans. Since the risk of natural disaster is great in Bangladesh, crop failure has been common during the years of the project. Therefore, it has been difficult for many of the mothers to pay back their loans.

The 4% surcharge was part of the 16% interest that was charged on loans given to the women. The women given the loans were unaware that a portion of the interest would be used to help fund the CS project. Therefore, the cost recovery mechanism did not affect the reputation of CSS. Neither did this cost recovery mechanism create inequities, because program services are offered to all women who wish to participate in the region.

## **H. Income Generation**

From the beginning of the project, CS staff focused on income generation activities as a central element. Jim Rice, an evaluator for program sustainability, has stated that this is a long-term strength of the project.

The revolving loan fund grants small loans to cooperative groups of poor women to help with agriculture and food development. In addition, the interest which the women pay back on their loans help to pay for recurrent costs of the CS program. Loans average 500-5000 Taka or \$15-\$130 and are paid back each month for a period of 6-12 months. Sixteen percent interest is charged on each loan with 4% assigned to support child survival activities and 12% to support other project costs. These funds have been saved and will be used to support CS activities in the future. However, it is estimated that only 2.8% of recurrent costs will be covered by this surcharge.

Rice has stated that the reason for success of the community banking system and its revolving loan fund is that participation in the loan and savings plan is valued by the community as a means for family self-help and survival, as well as long-term economic development. One of the requirements for entrance into a banking cooperative group is that the mothers must be consistently taking part in CS activities. This encourages the participation of the extended family in CS programs. The community banks themselves can provide a financial base for ongoing CS activities because they are themselves through pay back, and an interest and mandatory savings plan. Further the added family income will hopefully contribute towards increased nutrition and health for the family.

Rice also stated that failure in this program may occur due to the fact that the revolving loan fund has focused primarily on small, short-term loans to encourage self-help projects in agriculture and food production which are prone to the risks of flooding and crop failures which are common to the project area. CSS does not plan to abandon these initiatives. Rather, they will begin to give more attention to animal husbandry and other types of micro-enterprises such as brick making and van-rickshaws which tend to be a more stable investment. This new focus has begun to occur in the project expansion which was initiated in October of 1991. In addition, it is hoped that past experience and more reasonable weather conditions should help repayment to achieve higher gains in the future.

Income generation activity had a positive effect on CSS's reputation in the community by offering positive inducements for villagers to participate more fully in the local health promotion programs.

APPENDIX A

Government Letters of Support



LIONS CLUBS INTERNATIONAL  
DISTRICT 315A BANGLADESH



In. Adv. Moyeenud-Din Ahmed  
Region Chairman  
81, Gagan Babu Road, Khulna  
Tel : 041/21157

Managing Director,  
Christian Service Society,  
Khulna, Bangladesh.

Dear Sir,

It is well known that yours is a philanthropic organisation which has been rendering commendable humanitarian service to our society since long. I, as the Region Chairman ( Deputy Governor ) of Lions Clubs International, District 315A and on behalf of my home club ( Khulna Lions Club ) do herewith record our sincere appreciation and thanks for your services.

With your other activities, you have the Child Survival Programme which is very much required in our society. There are some slum areas in Khulna City. All the children in these areas are ill-fed and ill-nourished. They require help and assistance for their survival from some philanthropic organisation, like yours.

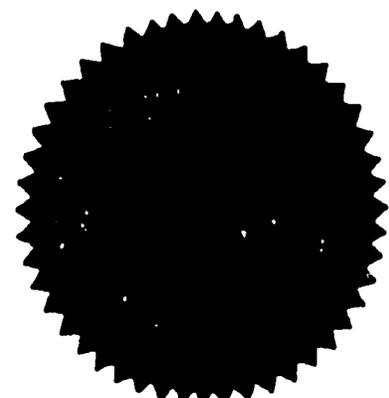
We, therefore, request your goodself to kindly spread your Child Survival Programme in the slum areas of Khulna City and to maintain your glorious tradition of humanitarian services.

Yours sincerely,

  
- 07.12.90

( Adv. Moyeenud-Din Ahmed )

Adv. Moyeenud-Din Ahmed  
Notary Public  
81, Gagan Babu Road  
Khulna 9100, Bangladesh  
Phone : (041) 21157





খুলনা মিউনিসিপ্যাল কর্পোরেশন  
খুলনা  
KHULNA MUNICIPAL CORPORATION  
KHULNA.

ফোন : { অফিস : ২১৮৫৩  
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          { বাসা : ৩১৭১০

স্মারক নং =/স:স্বা:

তারিখ ৬-১১-৭০

To  
The Managing Director,  
Christian Service Society,  
K h u l n a .

It is our pleasure to extend our co-operation and involvement in the project Child survival and Nutrition, you are proposed to start in Rupsha Ghat to Mutan Bazar and Railway Station to 7 No.Ghat of Khulna City Corporation area.

The area that you are going to make it a coverage included Child Nutrition and feeding practice, Deworming , Primary health care, motivation process, E.P.I. and Family Planning, Distribution of C. R. S. and preparation of C. R. T. are most cordially appreciable and encouraging to our felt need.

Your heartfelt extension of this human service is praise worthy.

Thanking you,

Yours Sincerely,

ডাঃ এ.বি.এম. মাহবুব হুসেইন  
( Dr. A.B.M. Mahbubul Haque )  
Health Officer,  
Khulna City Corporation, Khulna.

Government of Bangladesh  
Office of the Civil Surgeon  
Khulna.

Memo.No. CSK/S-2/90/ 3258

dated/ 3/12/90

To

The Managing Director  
Christian Service Society,  
KHULNA.

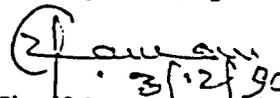
Sub:- Extension of C S S works on maternal & Child survival in  
Surkhali, Bhandarkot and Ameerpur Unions of Batiaghata Upazila  
under Khulna District .  
-----

Enclosed please find herewith a proposal submitted by Dr. Abdul  
Matin Akon, Upazila Health & Family Planning Officer, Batiaghata,  
Khulna to extend of C S S Works on maternal & Child Survival in  
Surkhali, Bhandarkot & Ameerpur Unions of Batiaghata Upazila under  
Khulna District is recommended in the National Health Development  
project and implementation of primary Health in the aforesaid area

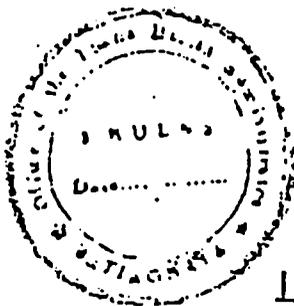
Thanking you .

Enclosed:- I (one) Copy .

Sincerely Yours

  
(Dr. Sk. Alimuzzaman)  
Civil Surgeon,  
KHULNA.

সিভিল সার্জান.  
খুলনা।



OFFICE OF THE UPAZILA HEALTH AND  
FAMILY PLANNING OFFICER.  
BATIAGHATA, KHULNA.

L/NO- 266-1389

Dated: 6/22/20  
3112190

To,  
The Managing Director,  
Christian Service Society, Khulna.

It will be highly appreciated if your kind honour extend Services of Child Survival Programme and health related all activities in Amitepur, Shanks Cote & Suckhali unions.

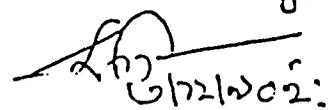
As in these above cited unions coverage of E.P.I. Family Planning and growth monitoring is very poor.

As per my observation child survival Programme and income generation Programme at present - operated by your organisation in jalma, Batiaghata, Gongereampure and Badiadanga has given new hope of life to the peoples of the area.

I strongly requested you to extend all health related activities in the remaining above cited unions.

Thanking you.

Yours Faithfully,



(DR. ABDUL MATIN AKON.)



OFFICE OF THE UPAZILA CHAIRMAN  
BATIAGHATA UPAZILA, DISTRICT-KHULNA (BANGLADESH)

L/No 221.

Dated: 2.12.90

TO,  
THE MANAGING DIRECTOR,  
CHRISTIAN SERVICE SOCIETY,  
KHULNA.

It will be highly appreciated if your kind honour extend services of child survival programme and health related all activities in Amirpur, Bhandarconart, & Surkali unions.

AS in these above cited unions coverage of E.P.I. Family planning & growth monitoring is very poor.

AS per my observation child survival programme and income generation programme at present operated by your organisation in Jalma, Batiaghata, Congarampur & Bahindanga has given new hope of life to the peoples of the area.

I strongly request you to extend all health related activities in the remaining above cited unions.

Thanking you.

Yours sincerely,

(Advocate Liaquat Ali Mollah)

স্বাক্ষরিত  
২০১৩





OFFICE OF THE CHAIRMAN  
VANDERCOART UNION, UPAZILLA - BATTIAGHATA  
DISTRICT: KHULNA, BANGLADESH

LETTER No:- 61(2)

To  
THE CHAIRMAN & MANAGING DIRECTOR,  
CHRISTIAN SERVICE SOCIETY  
RUPSHA STRAND ROAD,  
NATUN BAZAR,  
KHULNA.

DEAR SIR,

I AM THE CHAIRMAN OF 5 UNIONS, VANDERCOART UNION HIGHLY PLEASED FOR YOUR CHILD SURVIVAL ACTIVITIES AT BATTIAGHATA, JALMA, BALIADANGA & GANGARAMPUR UNION UNDER BATTIAGHATA UPAZILLA. THE PEOPLES OF THESE UNIONS ARE VERY MUCH BENEFITED FOR E.P.I, FAMILY PLANNING, HEALTH EDUCATION, DIARRHEA DISEASES CONTROL, NUTRITIONAL AND INCOME GENERATION ACTIVITIES. THE PEOPLE OF MY VANDERCOART UNION WHICH POPULATION IS 16348 ARE VERY HELPLESS. THE PEOPLE OF VANDERCOART ARE SUFFERING FROM MANY DISEASE LIKE DIARRHEA, MALNUTRITION, E.P.I. SIX DISEASES. THE RATE OF DEATH OF THIS UNION IS VERY HIGH. THEREFORE THERE IS URGENT NEED OF INCLUSION OF MY UNION UNDER CHILD SURVIVAL AND ITS RELATED ACTIVITIES.

HOPE YOUR HONOUR MAY TAKE NECESSARY ACTION IMMEDIATELY.

YOURS FAITHFULLY,

*-Chilla Kanyon Lilla.*  
CHAIRMAN  
VANDERCOART UNION



OFFICE OF THE CHAIRMAN  
 AMIRPUR UNION, UPAZILLA - BATIAGHATA,  
 DISTRICT KHULNA, BANGLADESH.

LETTER NO: 26(7) dated 4.12.90

TO  
 THE CHAIRMAN & MANAGING DIRECTOR,  
 CHRISTIAN SERVICE SOCIETY,  
 RUPSHA STRAND ROAD,  
 KHULNA.

THROUGH : INCHARGE BATIAGHATA SERVICE CENTRE.

SUBJECT : INCLUSION OF AMIRPUR UNION IN C.S.S. AND  
 PRIMARY HEALTH ACTIVITIES.

DEAR SIR,

IT WILL BE GREAT RELIEF AND HONOUR TO THE MY UNION  
 OF WHICH FAMILY IS 2194 AND POPULATION IS 13465 IF YOUR  
 HONOUR MAY EXTEND ACTIVITIES OF CHILD SURVIVAL PROGRAMME,  
 AND OTHERS HEALTH RELATED ACTIVITIES AS YOUR BATIAGHATA  
 CENTRE IS AT PRESENT PERFORMING THE IN JALMA, BATIAGHATA,  
 BALIABANGA AND GANGARAMPUR.

IN MY UNION 95% POPULATION IS POOR AND 90% IS ILLITERATE.

I AGAIN REQUEST YOUR GOODSELVES TO EXTEND ALL HEALTH  
 RELATED ACTIVITIES TO AMIRPUR UNION. I ASSURE YOU OF MY  
 BEST SERVICES AND FULL CO-OPERATION.

THANKING YOU,

YOUR'S FAITHFULLY,



১৯৯০/১২/২৬  
 আমিরপুর ইউনিয়ন পরিষদ  
 কামারখোলা বটিয়াঘাটা, খুলনা।

Government of the People's Republic of Bangladesh  
Office of the Civil Surgeon, Satkhira.

Memo No. CS/Sat/90/ 16180

Dated 2.12.90

To  
The Managing Director,  
Christian Services(CSS),  
Khalna.

Sub :- Extension of CSS works on Maternal & Child Survival & Family  
Planning to Jalalpur, Keshra, Nagura & Tala, Unions of Tala  
Upacilla under Satkhira District.

Enclosed please find herewith a proposal submitted by Dr. S.M. Idris Ali,  
Upacilla Health & Family Planning Officer, Tala, Satkhira to extend of CSS works  
on Maternal & Child Survival & Family Planning to Jalalpur, Keshra, Nagura & Tala  
Unions of Tala Upacilla under Satkhira list is recommended in the National Health  
Development Project and implementation of Primary Health in the aforesaid area.

Hope to do needful.

enclo :- 1(One) Copy.

Sincerely Yours

( DR. MD. ABDUL HAKIM )  
Civil Surgeon, Satkhira .



OFFICE OF THE UPAZILLA HEALTH & FAMILY PLANNING  
OFFICER, U.H.C. TALA, SATKHIRA.

MEMO NO. 1247

DATED 30.11.90

To  
The Managing Director,  
Christian Services Society(CSS)

Sub:- Extension of CSS works on Maternal & Child  
Survival & Family Planning to Jalalpur, Keshra,  
Magura & Tala, Unions of Tala Upazilla under  
Satkhira District.

Dear Sir,

This is to inform you that CSS services on the above subjects  
at Khalilnagar Union under Tala, Upazilla is very fruitful.

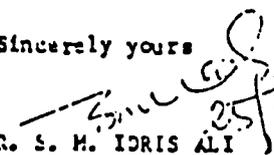
So, If you kindly extend your present activities to, Jalalpur,  
Keshra, Magura, & Tala Union on E.P.I Family Planning growth monitoring  
where the above activities are very poor. I assure you my full co-  
operation and services if needed.

Hope your kind consideration.

Dated- 30.11.90

Tala-

Sincerely yours

  
( DR. S. M. IDRIS ALI )  
Upa-zilla Health & Family  
Planning Officer, Tala,

Satkhira.

স্বাস্থ্য ও পরিবার কল্যাণ বিভাগ  
তালা, সাতক্ষীরা জেলা

B



To  
The Managing Director,  
Christian Service Society,  
Khulna.

Dated- 28.11.90

Subject:-EXPENSION WORK OF CHILD SURVIVAL PROGRAMME  
IN UNIONS MAGHURA, JALALPUR, KHESSRA AND TALA

Dear Sir,

It will be highly appreciated, if your kind honour will extend services of child survival programme, such as E.P.I. Family planning, growth monitoring & others related to child survival activities and income generation activities as at present you are doing in Khalilnagar Union, marvelously. As in above cited Maghura Jalalpur, Khesra and Tala Union's activities of E.P.I. Family planning & nutrition supplements and growth monitoring is very poor.

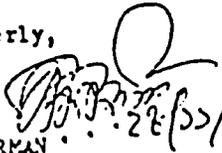
Hope for your immediate necessary action.

Thanking you,

Yours's sincerely,

DATED-28.11.90

UPAZILLA CHAIRMAN

  
28/11/90  
সি. এ. এ. এ. এ. এ.  
উপাচারী  
গণ উন্নয়ন পরিষদ  
খুলনা



OFFICE OF THE CHAIRMAN UNION JALALPUR,  
UPAZILLA-TALA, DISTRICT-SATKHIRA (BANGLADESH)

To  
The Managing Director,  
Christian Service Society,  
Khulna.

Subject "EXTENSION OF CHILD SURVIVAL PROGRAMME IN MY UNION:

Through:- Incharge, Tala Child survival programme centre

Sir,

I will be highly grateful to you if your kind honour will extend child survival programme and its related activities in my union as at present you are performing in Khalilnagar Union which has given hope of new life to the peoples of Khalilnagar.

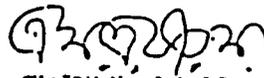
At present in my Union 3,349 families of which total population is 19,608 is suffering due to non availability of the proper services of E.P.I. family planning, for nutrition and growth monitoring.

If your kind honour will include my union in your child survival and income-generating programme, I assure you my full co-operation and services  
Regards.

Thanking you,

Dated-  
18/10/90

Your's Sincerely,

  
CHAIRMAN, JALALPUR,  
TALA, UPAZILLA-TALA,  
DISTRICT-SATKHIRA,  
BANGLADESH.



OFFICE OF THE CHAIRMAN MAGHURA UNION,  
UPJILLA-TALA, DISTRICT-SATKHIRA (BANGLADESH)

To  
The Managing Director,  
Christian Service Society,  
Khulna.

Through:-Tala-Upjilla Service centre  
of child survival programme.

Dear Sir,

Most respectfully I request you to extend child survival programme in my union as at present you are working in Khalilnagar Union of Tala.

At present in my Union E.P.I. familyplanning, growth monitoring and its related activities are very poor.

If your honour will extend your services in our Union Maghura of which population is near about 17,175, will be benefited.

Hope to <sup>do</sup> need ful Regards.

Thanking you,

Yours's Sincerly,

CHAIRMAN MAGHURA UNION.



OFFICE OF THE CHAIRMAN KHESRA UNION  
UPJILLA-TALA, DISTRICT-SATKHIRA (BANGLADESH)

The Managing Director,  
Christian Service Society,  
Khulna

Dear Sir,

I will be highly obliged if your good selves will extend child survival programme and its related activities in my Union Khesra of which total Population is 20,705 or may be some more peoples of my union and myself have observed your's child's survival and income generation activities in Khalilnagar Union which has had very good and progressive results.

In my union at present activities of E.P.I. Familyplanning, growth monitoring is very poor, apart from this leaving standard of our peoples are also very low therefore if your kind honour extend services of child survival and its related activities to my union, I assure you my full co-operation services if needed.

Hope for your kind consideration.

Thanking you,

DATED

20.10.1990

Yours Sincerly

CHAIRMAN, KHESRA, UNION  
সখিৰা জিলাৰ উপজিলা  
খুলনা

OFFICE OF THE UNION CHAIRMAN KHALILNAGAR,  
UPAZILLA-TALA DIST.-SATKHIRA(BANGLADESH)

To  
The Managing Director  
Christian Service Society,  
Khulna.

Sub:-EXTENSION OF CHILD SURVIVAL PROGRAMME

Through:- INCHARGE TALA SERVICE CENTRE

Dear Sir,

I will be highly grateful to you if your organisation will extend the child survival programme in Khalilnagar Union upto five years more. As 90% of population in my union is illiterate and poor and they need your good services, to take care of children and mother, and educated mothers for E.P.I, Family planning growth monitoring, nutrition interventions and others related activities. At present child survival programme and incomegenerating programme has given hope of new life to 4,490 families of which population is 26,392 peoples.

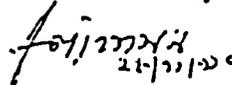
Hereby I certified that child survival programme is accepted by our people and it has produced very good results there is no death by Diarrhea or Measles.

I assure you my full co-operation and best services as and when needed.

Hope for your kind consideration and necessary action.

Thanking you,

Your's sincerely

  
21/11/00  
TAFFAZAL HUSSAIN  
CHAIRMAN KHALILNAGAR UNION

To  
THE CHAIRMAN AND MANAGING DIRECTOR  
CHRISTIAN SERVICE SOCIETY  
RUPSA STRAND ROAD  
NATUN BAZAR  
KHULNA.

Sub: ACTIVITIES OF FPI AND OTHER PERFORMANCE OF  
HEALTH AND FAMILY PLANNING.

Dear Sir,

We are very much grateful to inform you that we achieved a better performance in FPI and other health & family planning activities such as health education, nutrition. As you have a nice volunteer services who help our workers specially in social mobilization and motivation, and also at immunization site in Jalma Batiaghata Gargarampur & Baliadarga Union. But our performance in other union specially Surkhali and Amirpur are not satisfactory as this place are remote and communication are bad, moreover people are compensatively illiterate and not motivated towards modern technology of health. At this moment we are badly need of volunteers who will go door to door to motivate those people. To make perfect volunteers it is our pleasure to help you if you need so.

Thanking you again to help and support us in such a great job and we hope we will reach the goal of UCI very soon.

Thanking you,

Dated :  
03-08-90.

*(Signature)*  
Dr. Abdul Matih Akond  
U.H. & P.P.O.  
Upazila Health Complex  
Batiaghata, Khulna.

Information Copy -

Incharge Project Officer, C.S.S. Jalma Batiaghata  
Khulna. 41

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APPENDIX B

**EXHIBIT 5: OVERVIEW OF RECURRING CS PROJECT COSTS: BANGLADESH FIELD ACTIVITIES ONLY, JUNE 1, 1987 - MAY 31, 1990**

PROJECT COST ITEMS	EXPENDIT US \$	PERCENT	USAID GRANT PORTION AS %
<b>Program Personnel:</b>			
Health	\$45,311	17.6	100
Admin.	7,559	2.9	100
Other	<u>2,588</u>	<u>3.7</u>	<u>100</u>
Subtotal:	\$62,458	24.3	100
Revolving Loan Fund	\$48,588*	19.0	100
<b>Program Travel:</b>			
In-country	3,106	1.2	100
International	<u>8,386</u>	<u>3.3</u>	<u>56</u>
Subtotal:	11,492	4.5	67.8
<b>Procurement: Technical Equipment, Supplies &amp; Consultants</b>	\$79,426	30.9	23.9
<b>Evaluation</b>	5,255	2.0	100
<b>Other Direct Costs</b>			
Telephone, Rent, Utilities	7,890	3.0	100
Indirect Project Costs	42,072	16.4	100
<b>TOTAL FIELD COSTS</b>	<del>257,092</del> 257,181	100.0	75

\* Estimated from 1,550,000 Takas with average Exchange Rate of 32/US\$  
 Loan funds and Utilities are grouped as "Other Direct Costs" in Appendix 10.  
 Source: CSP Third Annual Report pp. 74076 (See Appendix 10 and 11)

**FINAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS**  
**PVO/COUNTRY PROJECT: WRC BANGLADESH/HAITI CHILD SURVIVAL**

GRANT SUMMARY	ACTUAL EXPENDITURES TO DATE			REMAINING FUNDS			TOTAL AGREEMENT BUDGET		
	JUN 1 1987 - SEP 30 1991						JUN 1 1987 - MAY 31 1991		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
<b>PROCUREMENT</b>									
Bangladesh	31,531.26	110,179.06	141,710.32	10,868.74	(3,679.06)	7,189.68	42,400.00	106,500.00	148,900.00
Haiti	29,140.86	42,419.51	71,560.37	1,459.14	(14,119.51)	(12,660.37)	30,600.00	28,300.00	58,900.00
Headquarters	11,388.12	230.68	11,618.80	5,311.88	1,369.32	6,681.20	16,700.00	1,600.00	18,300.00
Workshop - Haiti	0.00	0.00	0.00	4,060.00	0.00	4,060.00	4,060.00	0.00	4,060.00
	-----	-----	-----	-----	-----	-----	-----	-----	-----
<b>TOTAL PROCUREMENT</b>	<b>72,060.24</b>	<b>152,829.25</b>	<b>224,889.49</b>	<b>21,699.76</b>	<b>(16,429.25)</b>	<b>5,270.51</b>	<b>93,760.00</b>	<b>136,400.00</b>	<b>230,160.00</b>
<b>INDIRECT COSTS</b>									
Bangladesh	62,161.95	0.00	62,161.95	(461.95)	0.00	(461.95)	61,700.00	0.00	61,700.00
Haiti	47,479.58	0.00	47,479.58	(979.58)	0.00	(979.58)	46,500.00	0.00	46,500.00
Headquarters	38,301.89	0.00	38,301.89	2,898.11	0.00	2,898.11	41,200.00	0.00	41,200.00
Haiti Workshop	31.00	0.00	31.00	3,849.00	0.00	3,849.00	3,880.00	0.00	3,880.00
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<b>TOTAL IDC</b>	<b>147,974.42</b>	<b>0.00</b>	<b>147,974.42</b>	<b>5,305.58</b>	<b>0.00</b>	<b>5,305.58</b>	<b>153,280.00</b>	<b>0.00</b>	<b>153,280.00</b>
<b>OTHER PROGRAM COSTS</b>									
Bangladesh	231,242.34	15,016.35	246,258.69	(5,542.34)	(10,516.35)	(16,058.69)	225,700.00	4,500.00	230,200.00
Haiti	171,470.83	51,482.87	222,953.70	829.17	3,717.13	4,546.30	172,300.00	55,200.00	227,500.00
Headquarters	159,735.52	68,008.02	227,743.54	3,164.48	3,791.98	6,956.46	162,900.00	71,800.00	234,700.00
Haiti Workshop	191.38	0.00	191.38	21,868.62	0.00	21,868.62	22,060.00	0.00	22,060.00
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<b>TOTAL OTHER PRG COSTS</b>	<b>562,640.07</b>	<b>134,507.24</b>	<b>697,147.31</b>	<b>20,319.93</b>	<b>(3,007.24)</b>	<b>17,312.69</b>	<b>582,960.00</b>	<b>131,500.00</b>	<b>714,460.00</b>
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<b>TOTAL GRANT EXPENSES</b>	<b>782,674.73</b>	<b>287,336.49</b>	<b>1,070,011.22</b>	<b>47,325.27</b>	<b>(19,436.49)</b>	<b>27,888.78</b>	<b>830,000.00</b>	<b>267,900.00</b>	<b>1,097,900.00</b>
	-----	-----	-----	-----	-----	-----	-----	-----	-----
<b>TOTAL PER GL</b>	<b>782,674.73</b>	<b>287,336.49</b>	<b>1,070,011.22</b>	<b>47,325.27</b>	<b>(19,436.49)</b>	<b>27,888.78</b>	<b>830,000.00</b>	<b>267,900.00</b>	<b>1,097,900.00</b>
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FINAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS  
PVO/COUNTRY PROJECT: WRC BANGLADESH CHILD SURVIVAL

BANGLADESH	ACTUAL EXPENDITURES TO DATE			REMAINING FUNDS			TOTAL AGREEMENT BUDGET		
	JUN 1, 1987 - SEP 30, 1991			JUN 1, 1987 - MAY 31, 1991			JUN 1, 1987 - MAY 31, 1991		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
<b>PROCUREMENT</b>									
Technical Equipment:	0.00	27,679.72	27,679.72	0.00	1,452.28	1,452.28	0.00	29,132.00	29,132.00
Other Equipment:	0.00	82,473.76	82,473.76	0.00	(5,105.76)	(5,105.76)	0.00	77,368.00	77,368.00
Supplies:	13,611.78	25.58	13,637.36	11,311.10	(25.58)	11,285.52	24,922.88	0.00	24,922.88
Services/Consultants									
1) Local:	451.36	0.00	451.36	(451.36)	0.00	(451.36)	0.00	0.00	0.00
2) Expatriate:	17,468.12	0.00	17,468.12	9.00	0.00	9.00	17,477.12	0.00	17,477.12
<b>TOTAL PROCUREMENT</b>	<b>31,531.26</b>	<b>110,179.06</b>	<b>141,710.32</b>	<b>10,868.74</b>	<b>(3,679.06)</b>	<b>7,189.68</b>	<b>42,400.00</b>	<b>106,500.00</b>	<b>148,900.00</b>
<b>INDIRECT COSTS</b>	<b>62,161.95</b>	<b>0.00</b>	<b>62,161.95</b>	<b>(461.95)</b>	<b>0.00</b>	<b>(461.95)</b>	<b>61,700.00</b>		<b>61,700.00</b>
<b>OTHER PROGRAM COSTS</b>									
Personnel									
1) Health	89,182.47	0.00	89,182.47	8,354.53	0.00	8,354.53	97,537.00	0.00	97,537.00
2) Administrative	17,365.70	0.00	17,365.70	(3,913.35)	0.00	(3,913.35)	13,452.35	0.00	13,452.35
3) Other	19,420.41	1,019.39	20,439.80	(2,122.41)	(1,019.39)	(3,141.80)	17,298.00	0.00	17,298.00
Travel/Per Diem									
1) In Country	5,072.00	359.57	5,431.57	(1,966.00)	(359.57)	(2,325.57)	3,106.00	0.00	3,106.00
2) International	15,093.57	3,697.95	18,791.52	(3,534.70)	802.05	(2,732.65)	11,558.87	4,500.00	16,058.87
Other Direct Costs	85,108.19	9,939.44	95,047.63	(2,360.41)	(9,939.44)	(12,299.85)	82,747.78	0.00	82,747.78
<b>TOTAL OTHER PRG COSTS</b>	<b>231,242.34</b>	<b>15,016.35</b>	<b>246,258.69</b>	<b>(5,542.34)</b>	<b>(10,516.35)</b>	<b>(16,058.69)</b>	<b>225,700.00</b>	<b>4,500.00</b>	<b>230,200.00</b>
<b>TOTAL BANGLADESH EXPENS</b>	<b>324,935.55</b>	<b>125,195.41</b>	<b>450,130.96</b>	<b>4,864.45</b>	<b>(14,195.41)</b>	<b>(9,330.96)</b>	<b>329,800.00</b>	<b>111,000.00</b>	<b>440,800.00</b>
<b>TOTAL PER GL</b>	<b>324,935.55</b>	<b>125,195.41</b>	<b>450,130.96</b>	<b>4,864.45</b>	<b>(14,195.41)</b>	<b>(9,330.96)</b>	<b>329,800.00</b>	<b>111,000.00</b>	<b>440,800.00</b>
<b>ADVANCE TO SUBGRANTEE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>(0.00)</b>	<b>(0.00)</b>	<b>(0.00)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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Notes to WRC Bangladesh Child Survival  
Country Pipeline Analysis

The other program costs line item was overspent by \$5,542.34 in USAID dollars. This was due to the fact that the inflation rate was higher than expected. To compensate for the inflation rate, personnel salaries raises were higher than the amount budgeted. In addition, travel expenses were also higher than anticipated.

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FINAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS  
 PVO/COUNTRY PROJECT: MEBSH/WRC HAITI CHILD SURVIVAL

HAITI	ACTUAL EXPENDITURES TO DATE MEBSH - FIELD EXPENSES JUN 1 1987 - SEP 30 1991			REMAINING FUNDS			TOTAL AGREEMENT BUDGET JUN 1 1987 - MAY 31 1991		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
<b>PROCUREMENT</b>									
Technical Equipment:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Equipment:	3,600.00	28,300.00	31,900.00	0.00	0.00	0.00	3,600.00	28,300.00	31,900.00
Supplies:	7,543.60	0.00	7,543.60	0.40	0.00	0.40	7,544.00	0.00	7,544.00
Services/Consultants									
1) Local:	8,174.26	14,119.51	22,293.77	1,458.74	(14,119.51)	(12,660.77)	9,633.00	0.00	9,633.00
2) Expatriate:	9,823.00	0.00	9,823.00	0.00	0.00	0.00	9,823.00	0.00	9,823.00
<b>TOTAL PROCUREMENT</b>	<b>29,140.86</b>	<b>42,419.51</b>	<b>71,560.37</b>	<b>1,459.14</b>	<b>(14,119.51)</b>	<b>(12,660.37)</b>	<b>30,600.00</b>	<b>28,300.00</b>	<b>58,900.00</b>
<b>INDIRECT COSTS</b>	<b>47,479.58</b>	<b>0.00</b>	<b>47,479.58</b>	<b>(979.58)</b>	<b>0.00</b>	<b>(979.58)</b>	<b>46,500.00</b>	<b>0.00</b>	<b>46,500.00</b>
<b>OTHER PROGRAM COSTS</b>									
<b>Personnel</b>									
1) Health	41,740.18	13,600.15	55,340.33	22,559.82	9,614.85	32,174.67	64,300.00	23,215.00	87,515.00
2) Administrative	30,384.00	27,708.25	58,092.25	(3,975.84)	(1,560.32)	(5,536.16)	26,408.16	26,147.93	52,556.09
3) Other	51,439.21	3,360.45	54,799.66	(10,339.21)	(675.45)	(11,014.66)	41,100.00	2,685.00	43,785.00
<b>Travel/Per Diem</b>									
1) In Country	15,846.05	0.00	15,846.05	2,453.95	0.00	2,453.95	18,300.00	0.00	18,300.00
2) International	14,537.68	2,018.44	16,556.12	(3,237.68)	(466.37)	(3,704.05)	11,300.00	1,552.07	12,852.07
<b>Other Direct Costs</b>	<b>17,523.71</b>	<b>4,795.58</b>	<b>22,319.29</b>	<b>(6,631.87)</b>	<b>(3,195.58)</b>	<b>(9,827.45)</b>	<b>10,891.84</b>	<b>1,600.00</b>	<b>12,491.84</b>
<b>TOTAL OTHER PRG COSTS</b>	<b>171,470.83</b>	<b>51,482.87</b>	<b>222,953.70</b>	<b>829.17</b>	<b>3,717.13</b>	<b>4,546.30</b>	<b>172,300.00</b>	<b>55,200.00</b>	<b>227,500.00</b>
<b>TOTAL HAITI EXPENSES</b>	<b>248,091.27</b>	<b>93,902.38</b>	<b>341,993.65</b>	<b>1,308.73</b>	<b>(10,402.38)</b>	<b>(9,093.65)</b>	<b>249,400.00</b>	<b>83,500.00</b>	<b>332,900.00</b>
<b>TOTAL PER GL</b>	<b>248,091.27</b>	<b>93,902.38</b>	<b>341,993.65</b>	<b>1,308.73</b>	<b>(10,402.38)</b>	<b>(9,093.65)</b>	<b>249,400.00</b>	<b>83,500.00</b>	<b>332,900.00</b>
<b>ADVANCE TO SUBGRANTEE</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>(0.00)</b>	<b>0.00</b>	<b>(0.00)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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**FINAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS**  
**PVO/COUNTRY PROJECT: WRC BANGLADESH/HAITI CHILD SURVIVAL**

HEADQUARTERS	ACTUAL EXPENDITURES TO DATE			REMAINING FUNDS			TOTAL AGREEMENT BUDGET		
	JUN 1 1987 - SEP 30 1991						JUN 1 1987 - MAY 31 1991		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
<b>PROCUREMENT</b>									
Technical Equipment:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Equipment:	0.00	31.04	31.04	0.00	1,568.96	1,568.96	0.00	1,600.00	1,600.00
Supplies:	122.79	159.64	282.43	5,477.21	(159.64)	5,317.57	5,600.00	0.00	5,600.00
Services/Consultants									
1) Local:	11,265.33	40.00	11,305.33	(165.33)	(40.00)	(205.33)	11,100.00	0.00	11,100.00
2) Expatriate:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL PROCUREMENT</b>	<b>11,388.12</b>	<b>230.68</b>	<b>11,618.80</b>	<b>5,311.88</b>	<b>1,369.32</b>	<b>6,681.20</b>	<b>16,700.00</b>	<b>1,600.00</b>	<b>18,300.00</b>
<b>INDIRECT COSTS</b>	<b>38,301.89</b>	<b>0.00</b>	<b>38,301.89</b>	<b>2,898.11</b>	<b>0.00</b>	<b>2,898.11</b>	<b>41,200.00</b>		<b>41,200.00</b>
<b>OTHER PROGRAM COSTS</b>									
<b>Personnel</b>									
1) Health	84,536.15	27,705.18	112,241.33	3,159.85	266.82	3,426.67	87,696.00	27,972.00	115,668.00
2) Administrative	73,613.26	25,178.25	98,791.51	597.64	(1,350.25)	(752.61)	74,210.90	23,828.00	98,038.90
3) Other	438.27	465.48	903.75	(438.27)	(465.48)	(903.75)	0.00	0.00	0.00
<b>Travel/Per Diem</b>									
1) In Country	73.66	11,859.40	11,933.06	(64.04)	5,340.60	5,276.56	9.62	17,200.00	17,209.62
2) International	10.38	640.78	651.16	(10.38)	(640.78)	(651.16)	0.00	0.00	0.00
<b>Other Direct Costs</b>	<b>1,063.80</b>	<b>2,158.93</b>	<b>3,222.73</b>	<b>(80.32)</b>	<b>641.07</b>	<b>560.75</b>	<b>983.48</b>	<b>2,800.00</b>	<b>3,783.48</b>
<b>TOTAL OTHER PRG COSTS</b>	<b>159,735.52</b>	<b>68,008.02</b>	<b>227,743.54</b>	<b>3,164.48</b>	<b>3,791.98</b>	<b>6,956.46</b>	<b>162,900.00</b>	<b>71,800.00</b>	<b>234,700.00</b>
<b>TOTAL HEADQUARTERS EXPE</b>	<b>209,425.53</b>	<b>68,238.70</b>	<b>277,664.23</b>	<b>11,374.47</b>	<b>5,161.30</b>	<b>16,535.77</b>	<b>220,800.00</b>	<b>73,400.00</b>	<b>294,200.00</b>
<b>TOTAL PER GL</b>	<b>209,425.53</b>	<b>68,238.70</b>	<b>277,664.23</b>	<b>11,374.47</b>	<b>5,161.30</b>	<b>16,535.77</b>	<b>220,800.00</b>	<b>73,400.00</b>	<b>294,200.00</b>

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**FINAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS  
PVO/COUNTRY PROJECT: WRC HAITI/WORKSHOP CHILD SURVIVAL**

WORKSHOP - HAITI	ACTUAL EXPENDITURES TO DATE			REMAINING FUNDS			TOTAL AGREEMENT BUDGET		
	JUN 1 1987 - SEP 30 1991			JUN 1 1987 - MAY 31 1991			JUN 1 1987 - MAY 31 1991		
	USAID	WRC	TOTAL	USAID	WRC	TOTAL	USAID	WRC	TOTAL
<b>PROCUREMENT</b>									
Technical Equipment:			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Equipment:			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies:			0.00	1,360.00	0.00	1,360.00	1,360.00	0.00	1,360.00
Services/Consultants									
1) Local:			0.00	1,200.00	0.00	1,200.00	1,200.00	0.00	1,200.00
2) Expatriate:			0.00	1,500.00	0.00	1,500.00	1,500.00	0.00	1,500.00
<b>TOTAL PROCUREMENT</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>4,060.00</b>	<b>0.00</b>	<b>4,060.00</b>	<b>4,060.00</b>	<b>0.00</b>	<b>4,060.00</b>
<b>INDIRECT COSTS</b>	<b>31.00</b>	<b>0.00</b>	<b>31.00</b>	<b>3,849.00</b>	<b>0.00</b>	<b>3,849.00</b>	<b>3,880.00</b>	<b>0.00</b>	<b>3,880.00</b>
<b>OTHER PROGRAM COSTS</b>									
<b>Personnel</b>									
1) Health			0.00	0.00	0.00	0.00	0.00	0.00	0.00
2) Administrative			0.00	1,600.00	0.00	1,600.00	1,600.00	0.00	1,600.00
3) Other			0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Travel/Per Diem</b>									
1) In Country			0.00	12,565.00	0.00	12,565.00	12,565.00	0.00	12,565.00
2) International	121.75		121.75	4,363.25	0.00	4,363.25	4,485.00	0.00	4,485.00
<b>Other Direct Costs</b>	<b>69.63</b>		<b>69.63</b>	<b>3,340.37</b>	<b>0.00</b>	<b>3,340.37</b>	<b>3,410.00</b>	<b>0.00</b>	<b>3,410.00</b>
<b>TOTAL OTHER PRG COSTS</b>	<b>191.38</b>	<b>0.00</b>	<b>191.38</b>	<b>21,868.62</b>	<b>0.00</b>	<b>21,868.62</b>	<b>22,060.00</b>	<b>0.00</b>	<b>22,060.00</b>
<b>TOTAL WORKSHOP EXPENSES</b>	<b>222.38</b>	<b>0.00</b>	<b>222.38</b>	<b>29,777.62</b>	<b>0.00</b>	<b>29,777.62</b>	<b>30,000.00</b>	<b>0.00</b>	<b>30,000.00</b>
<b>TOTAL PER GL</b>	<b>222.38</b>	<b>0.00</b>	<b>1,111.90</b>	<b>29,777.62</b>	<b>0.00</b>	<b>29,777.62</b>	<b>30,000.00</b>	<b>0.00</b>	<b>30,000.00</b>

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