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PD-ABF-607

September 26, 1991

Mr. Paul B. Thompson
Executive Director
World Vision Relief & Development Inc.
919 West Huntington Drive
Monrovia, CA 91016

Dear Mr. Thompson:

Grant No. 493-0014-G-00-1177-00

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D" or "Grantor") grants to the World Vision International (hereinafter referred to as "Grantee" or "WVRD"), the sum of $1,075,000 to expand an ongoing comprehensive program of rehabilitation assistance to handicapped persons, as described in the Schedule of this grant and the Attachment 2, entitled Proposal for a Comprehensive Program of Assistance to the Handicapped civilians in Vietnam. During the period involved, WVRD will contribute an additional $250,000 either in cash or in kind.

This Grant is effective and obligation is made as of September 30, 1991 and shall apply to commitments made by the Grantee in furtherance of program objectives during the period beginning with the effective date and ending September 29, 1993.

This Grant Agreement is made to the Grantee on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment No. 1 entitled Schedule, Attachment No. 2 entitled Proposal for a Comprehensive Program of Assistance to the Handicapped civilians in Vietnam and Attachment No. 3 entitled Standard Provisions and Optional Standard Provisions. In the event that there is a discrepancy or disagreement between the Standard Provisions and the Proposal for a Comprehensive Program of Assistance to the Handicapped civilians in Vietnam or Grant Agreement Cover Letter, the Proposal for a Comprehensive Program of Assistance to the Handicapped civilians in Vietnam and Grant Agreement Cover Letter shall prevail.

Please sign the original and five copies of this letter to acknowledge your acceptance of the Grant Agreement and return the original and four copies to this office. Keep one copy for your records.

Sincerely,

Neil C. Edin
Grant Officer

Acknowledged:

World Vision International

BY

TITLE: Indochina/Myanmar Dir.

DATE : 9/27/91

Attachments:
1. Schedule
2. Proposal for a Comprehensive Program of Assistance to the Handicapped Civilians in Vietnam
3. Standard Provisions and Optional Standard Provisions
4. Report Format

Fiscal Data

PIO/T No.: 499-0014-3-10074

Project No.: 499-0014

Appropriation: 72-110/11037 and 72-1111021

Budget Plan Code: PESO-91-27730-1G12, $914,250 (P910154)
PDHA-91-27730-1G12, $160,750 (P910167)

Total Estimated Amount: $1,075,000

Total Obligated Amount: $1,075,000

Cost Sharing: $250,000

Letter of Credit No.: 72001466

IRS Employer Identification Number: 95-0059300

Funding Source: USAID/Bangkok

Funds Available John Dial date 9/26/91
John Dial, Controller

2

Attachment 1

Schedule

A. Purpose of Grant Agreement

The purpose of this Grant is to expand an ongoing comprehensive program of rehabilitation assistance to handicapped persons in the geographic areas served by the Rehabilitation Centers in Vinh (Nghe Tinh province), Danang (Quang Nam Danang), Qui Nhon (Binh Dinh) and Can Tho (Hau Giang) as more fully described in Attachment 2 entitled Proposal for a Comprehensive Program of Assistance to the Handicapped civilians in Vietnam.

B. Period of Grant Agreement

This Grant Agreement is effective on September 30, 1991. The estimated completion date is September 29, 1993.

C. Grant Amount and Method of Payment

1. A.I.D. hereby obligates the amount of $1,075,000 for the purpose of this Grant.

2. Payment shall be made to the Grantee in accordance with the procedures set forth in Attachment 3 - Optional Standard Provision No. 1 entitled "Payment - Letter of Credit".

D. Budget Plan

The following budget is summarized as follows and is provided as part of Attachment 1. Revisions to the budget line item estimates may be made in accordance with the Standard Provision entitled "Revision of Grant Budget", provided the total obligated amount shown in Paragraph C.1. above is not exceeded and subject to the provisions of Paragraph F.

Budget

	AID	HVRD
1. Salaries, Benefits and Housing	$247,800	$38,800
2. Training	18,000	
3. Travel	99,000	
4. Supplies and Materials	428,755	211,200
5. Rent/Utility/Communication	21,800	
6. Evaluation Services	17,770	
7. Capital Expenses	75,250	60,000
8. Indirect Costs	166,625	50,000
Total	$1,075,000	$360,000

E. Standard Provisions:

This Grant Agreement includes, as Attachment No. 3, the Mandatory Standard Provisions numbered 1 through 13 and the Optional Standard Provisions that are shown on the index as applying to this Grant Agreement.

F. Overhead (Indirect Cost) Rate

Pursuant to the provisions of the Optional Standard Provision clause of this grant agreement entitled "Negotiated Indirect Cost Rate - Predetermined", a rate is established for the Grantee's accounting period as described below. Payments on account of allowable indirect costs shall be made on the basis of the following negotiated fixed rate applied to the base and for the period which are set forth below:

Rate	Base	Period
20.00%	Total direct cost excluding equipment and capital expendituures	From grant effective date until rate is amended by amendment to this grant

G. Audit

In the event that the independent audit reports on the Grantee or any sub-grantee or contractor, as provided for, and/or program reports, do not satisfy AID's requirements as determined by the A.I.D. Inspector General (Audit), and the A.I.D. Inspector General choses to make an on-site fiscal or program audit, the Grantee agrees to USAID taking reasonable steps to coordinate the scheduling and conduct of such audit with the Grantee in advance, and to providing unrestricted access to its books and records, as further described in Mandatory Standard Provision No. 2.

H. Required Reports

HVRD will provide reports as follows:

1. Two copies each of detailed progress reports in English to Mr. Donald Reese, Office of the Environment & Participatory Initiatives (O/EPI); USAID Box 47, APO AP96546-7200; Mr. Allen Randlov, S&T/H-AID/W; Will Elliott, APRE/DR/PD; and AID/W Vietnam desk officer, Agency for International Development, Washington, D.C. 20523. Such reports will become due within 30 days following the 6th, 12th, 18th and 24th month of the project. Reports will describe the progress and problems related to those project activities set forth in the project proposal, following the recommended reporting format (Attachment 4). The reporting of gender-segregated data on participants and beneficiaries of project activities is also required.

2. HVRD will submit to USAID a quarterly financial report on form SF 269 and SF 272 which is called for in Optional Standard Provivison No. 1(c) to Controller, USAID/Bangkok, Box 47, APO AP96546-7200 in addition to other copies sent to FMCM, AID/W.

I. Special Clauses

1) Purchase of supplies, materials, medical supplies, and capital expenses according to budget revision from HV dated 16 September 1991 are hereby approved. Title will be vested in HVRD until AID makes final decision on title vestment at end of grant. Toyota Land cruisers are hereby approved.

2) Currency exchange shall be at highest legal exchange. All exchanges shall be noted as to rate of exchange, date, and where exchanged.

3) Evacuation insurance for non-Vietnamese employees in Vietnam may be purchased and charged to grant.

J. Authorized Geographical Code

Vehicle purchase, supplies and employment of employees must follow this Optional Standard Provision No. 6, page 4C-25(b)(1)(i) except that procurement of services and commodities are authorized in Vietnam as well. U.S. flag carriers for sea shipments shall be used when avaliable. When not available, any company can be used including Vietnamese. Competition shall be followed to the maximum extent practical.

Attachment 2

WORLD VISION RELIEF & DEVELOPMENT, INC.

PROPOSAL FOR A COMPREHENSIVE PROGRAM OF ASSISTANCE TO THE HANDICAPPED CIVILIANS IN VIETNAM

Beginning Date: October 1, 1991
Ending Date: September 30, 1995

Submitted to:
Agency for International Development
Washington, D.C. 20503

Allen Randlov
Coordinator
War Victims Funds

PVO Contacts:

Paul Jones, WV Vietnam
Paul Petersen, WVRD, Washington, D.C.
and
Milton Amayun, WVRD
919 West Huntington Drive
Monrovia, CA 91016

August 15, 1991

6

TABLE OF CONTENTS

	Page #
Map of Vietnam with Project Locations	ii
I. PROGRAM REQUEST SUMMARY	1
II. BACKGROUND AND STATEMENT OF NEED	1
III. WORLD VISION'S WORK IN VIETNAM	3
IV. PROJECT DESIGN	5
A. Goal	5
B. Rationale	5
C. End of Project Objectives	6
V. PROJECT MANAGEMENT AND HUMAN RESOURCES	9
VI. INFORMATION SYSTEM	12
VII. SCHEDULE OF ACTIVITIES	13
VIII. BUDGET	14
IX. SUSTAINABILITY	21
APPENDICES	

1. Needs Estimates vs. Projected Outputs Per Center
2. Biographical data of Candidate for Technical Advisor
3. USAID's Letter of Authorization for WVRD's Indirect Cost Rate

7

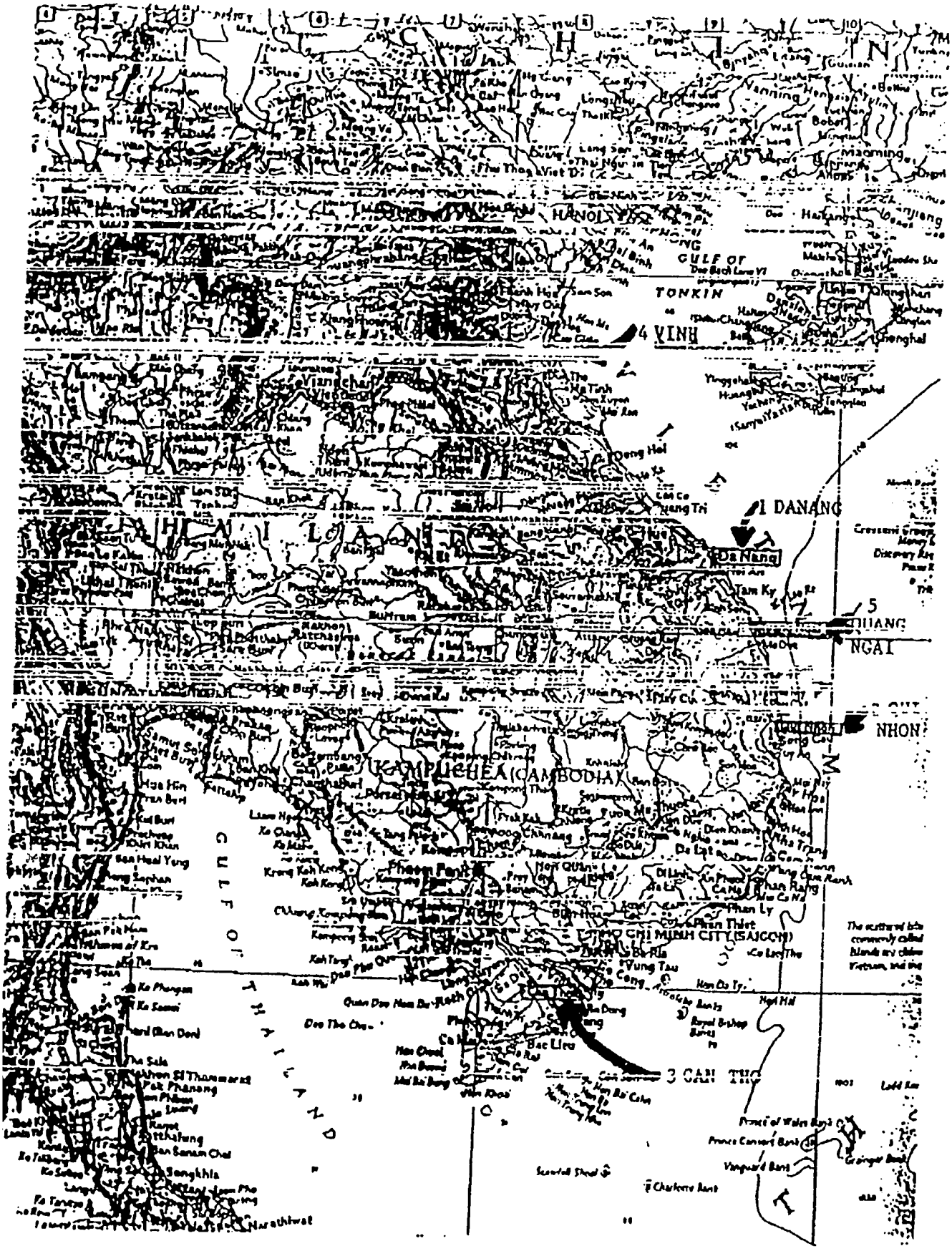


Fig. 1. MAP OF VIETNAM INDICATING LOCATIONS OF CENTERS

8

I. PROGRAM REQUEST SUMMARY

World Vision requests a two-year, $1.075 million grant from the United States Agency for International Development to expand an ongoing comprehensive program of rehabilitation assistance to handicapped persons in the geographic areas served by the Rehabilitation Centers in Vinh (Nghe Tinh province), Danang (Quang Nam-Danang), Qui Nhon (Binh Dinh) and Can Tho (Hau Giang). The aggregate coverage of the above centers includes 20 provinces, and they have the cumulative potential to reach roughly half of the handicapped population of Vietnam. The project will aim to provide equal access to all handicapped persons in the geographic areas mentioned by providing equal access to services to the population groups targetted, including all civilian war victims, former soldiers of the South Vietnamese army, and birth defect victims.

The project will be implemented by a team of World Vision professionals over two years, with appropriate inputs from a team of US-based consultants and in cooperation with Vietnam-based groups and institutions. A matching component of $250,000 in cash and gifts-in-kind will be provided by World Vision.

II. BACKGROUND AND STATEMENT OF NEED

Vietnam has a disproportionately large disabled population. UNICEF extrapolated from the 1989 Vietnam census data a figure of 6.2 percent of all persons over age 15, or four million adults, as disabled, all categories included. The actual number is potentially higher since many disabled are economically active and, therefore, not classified as disabled in the census. In addition, the official estimate of disabled children is 400,000 (UNICEF, 1990). War-related injury has been the major cause of handicaps and disabilities in Vietnam, although there are other significant causative factors, including poor birthing practices, malnutrition, trauma, genetics, and infectious diseases.

After a war of liberation against the French that ended in 1954, Vietnam was divided into two nations. Differences between the two resulted in a civil conflict that also involved a number of other nations, including the U.S. Even though the U.S. withdrew its military forces in 1973, the fighting continued for two more years. When the war ended in 1975, the country was re-unified. Since that time, Vietnam has functioned as one nation struggling to rehabilitate its infrastructure and society. Currently, Vietnam is organized into forty provinces, three municipalities, and one special zone. Most of the war-related victims are located in the central and southern parts of the country.

Two of the most significant results of the Vietnam conflict were the loss of life and a large number of disabled people. Immediately after 1975, the needs of the disabled were supervised by the Ministry of Invalids. In 1986, the government of Vietnam merged the Ministry of Labor and Social Affairs with the Ministry of Invalids to provide special attention to the estimated 200,000 war veterans scattered throughout

the country who sustained injuries during the war. As the Ministry of Labor, Invalids, and Social Affairs (LISA), the enlarged agency currently administers pensions and benefits, manages rural welfare institutions (which take care of war invalids without families), and operates seven rehabilitation centers throughout the country.

These centers were set up to provide specialized services to war veterans and the handicapped, such as surgery and physical therapy which are given free. On the other hand, prosthetic devices are dispensed at a minimal charge. If the patient is poor and cannot afford the charge, the cost may be subsidized or paid for by social welfare bodies within the provincial government. Prostheses are normally replaced every three years.

The types of handicaps addressed include loss of motor functions, loss of hearing and speech, visual impairment, mental handicaps, and others. There are many hospitals and government clinics established under the responsibility of provinces and districts to address these problems, but services and equipment are minimal and the personnel responsible are inadequately trained.

Although UNICEF's and other estimates are available, the exact number of war-handicapped civilians in Vietnam is not known. No central register has been developed to locate the handicapped or to identify the type of assistance they need. Due to the scarcity of complete data, small district-wide surveys have been sponsored by World Vision in three districts of Quang Nam-Danang province as part of its Community-Based Rehabilitation (CBR) project. In a survey completed in December 1990, the percentage of the handicapped in the general population was as high as 4.88% in Dien Banh, a lowland district about 30 kilometers south of Danang city in central Vietnam (World Vision project data, 1991).

The present services in Vietnam for the disabled have traditionally been delivered at the institutional level such as residential schools, hospitals, and special vocational training centers. Due to the high cost and lack of sustainability of hospital-based rehabilitation services (apart from being inconvenient and accessible only to a fraction of those in need), the government of Vietnam adopted in 1989 the Law for the Protection of People's Health. This law states that the Ministries of Health and LISA should collaborate to expand activities that assist the handicapped to lead a normal life.

The CBR strategy was introduced by the World Health Organization in Vietnam in 1986, and a national commission was formed to initiate and provide leadership to CBR activities. A department at the Olof Palme Hospital (Institute for the Protection of Children's Health) in Hanoi was also created to provide the impetus for CBR training to be undertaken at the grass roots level and integrated with primary health care. The PVO, Radda Barnen from Norway, supported the majority of CBR-related activities in the country until 1990, when World Vision started providing resources to the program in the central part of the country. Current work has focused on three districts and will expand to at least three more districts in FY92. This expansion will target previously unidentified war wounded and others needing

prostheses. They will be referred to the Danang Rehabilitation Center when necessary.

III. WORLD VISION'S WORK IN VIETNAM

In the 1970s, World Vision had an extensive network of relief and development projects, including some that responded to the rehabilitation needs of the handicapped. The programs were closed in April 1975 when the country was reunified and World Vision withdrew its presence from the country.

Small relief projects were undertaken from time to time during the early and middle '80s. The decision to re-start a program of strategic ongoing assistance to Vietnam was adopted in 1988 when a Child Survival project was initiated in Quang Nam-Danang province. Since then the program has grown to include a variety of projects. A number are health-related, including projects to support rehabilitation needs, support for the National Acupuncture Institute, physician training in Thailand and the United States, a province-wide Child Survival project, a local pharmaceutical production project, and an AIDS prevention program.

Although the focus of World Vision Vietnam was initially the health sector, there are an increasing number of projects and activities in agriculture, education, relief, vocational training, and childcare. There is a plan to introduce child sponsorship in FY92.

World Vision conducted an internal review of its current Vietnam program in April 1991. The internal review team made the following observations specific to World Vision's involvement with assisting the handicapped in Vietnam:

A. The World Vision-assisted Danang Rehabilitation Center continues to regularly serve an ever-increasing number of handicapped persons, and program expansion was deemed necessary. (Note: The director of the center began an outreach program for the handicapped in Quang Ngai in June 1991. An expanded mobile team that will serve Hue and Quang Binh provinces is anticipated in 1992.)

B. The Danang Center needs assistance to become more sustainable. A need exists to purchase equipment to manufacture small parts used for prostheses at the center itself, e.g., nuts, bolts, buttons, etc.

C. The CBR program, under the leadership of Dr. Tran Truong Hai of the Olof Palme Hospital in Hanoi, has given hope to many of the handicapped who were previously relegated as hopeless. CBR training has been successfully implemented in three districts, and the potential exists to introduce CBR to at least three more districts.

11

D. World Vision's rehabilitation work in Vietnam can be easily linked to the rehabilitation work of World Vision in Laos and potentially Cambodia. Technical assistance and "lessons learned" can be shared among the three countries.

Currently, World Vision assists the Danang Rehabilitation Center. This center has a surgical unit, prosthetics/orthotics unit, and a physical therapy unit. The surgical unit includes a theater where corrective surgery, amputations, and other orthopedic procedures are performed. Post-operative rehabilitation is undertaken by a team of health professionals, including physical and occupational therapists, and prosthetists/orthotists. These professionals in Vietnam are usually inadequately trained, and the few who possess the skills are overburdened by the load of the responsibilities heaped upon them.

The center occasionally refers cases to the provincial hospital if surgery is done on patients with medical conditions. On the other hand, the provincial hospital refers cases for rehabilitation to the center.

Since 1988, World Vision has renovated the building housing the center, provided a vehicle, donated equipment for the manufacture of prostheses, subsidized food for the handicapped who needed to stay at the center for therapy or surgery, and imported raw materials for the manufacture of artificial limbs.

Complementary to the activities in the center, World Vision started a CBR program in Duy Xuyen, Tam Ky, and Dien Ban districts in Quang Nam-Danang Province. More than 100 primary care workers (a combination of MOH staff, community volunteers, and parents of handicapped children) have been trained to diagnose, care for, or refer handicapped patients.

A mobile clinic is planned as an outreach component to provide services to the handicapped in two other provinces (Hue and Quang Binh) covered by the Danang Center. A team composed of rehabilitation professionals (physical therapist, prosthetist/orthotist and CBR worker) will visit villages to follow up registered handicapped people quarterly.

World Vision's assistance has always focused on the sustainability of rehabilitation activities. Significant inputs have been provided to the Danang Rehabilitation Center to allow the production of artificial limbs, using local raw materials. World Vision's inputs have emphasized training and skills transfer (technical and vocational) while providing service delivery.

World Vision Vietnam currently has three permanent expatriate staff in-country. They include a country representative, a health coordinator, and an agriculture coordinator. Other professional staff are being recruited. Support staff based in Bangkok include a finance manager, a program officer, and a secretary. Office facilities have been rented in both Hanoi and Danang as project offices. The long-term residence of staff in-country is currently being negotiated.

IV. PROJECT DESIGN

A. Goal

The goal of the project is to expand World Vision's ongoing work to provide a comprehensive program of assistance to war-related handicapped persons, to enhance their quality of life, and to assist them to lead an economically productive life. The methodology for expanding ongoing work will be to increase patient coverage to include all known handicapped people in the provinces targetted and to provide them equal access to the project's services. There will be an emphasis on the following: (1) Enhancing the quality of services by improving the skills of local health personnel; (2) Increasing the production of locally made artificial limbs; and (3) Increasing the sustainability potential of different activities of the project.

There are four regional rehabilitation centers being targetted by the project. Each center covers four or five provinces. These centers have the cumulative potential to reach 20 provinces, or roughly half the country's territory and total handicapped population. A map on page ii indicates the proposed project sites.

B. Rationale

The primary site for the program's rehabilitation activities will be central Vietnam (Quang Nam-Danang, Quang Ngai, Hue and Quang Binh provinces), one of the most needy areas in the country in terms of services to the handicapped. Prior to 1988, there was little or no service delivery to the handicapped, either by a PVO or the government in Quang Binh and Quang Ngai provinces. Some other NGOs who have been in rehabilitation work elsewhere in the country have reduced their involvement in this sector.

In addition to Danang, assistance will be provided to the Qui Nhon Rehabilitation Center in Binh Dinh province, the Vinh Center in Nghe Tinh, and the Can Tho Center in Hau Giang. Of these centers, only Vinh is in northern Vietnam; the rest are in southern Vietnam. Project assistance to these centers will enable them to add outreach and to increase prostheses production outputs of their current programs. The directors of the above centers requested help from World Vision to enhance ongoing activities.

This proposal was designed in dialogue with WV's partners in the Ministry of Labor, Invalids and Social Affairs in Quang Nam-Danang and also through conferences with the directors of the centers in Qui Nhon and Can Tho. Danang, the project's primary location was chosen on the basis of World Vision Vietnam's ongoing work among the handicapped since 1988. The other geographic areas were added because the magnitude of the need was greater than previously realized.

C. End of Project Objectives

The following are the specific objectives of this two-year project. With the exception of the first two objectives, all others are projected to be met by the end of the project's second and final years.

Baseline Data Gathering

1. By December 1991, conduct a baseline survey to establish realistic baseline estimates of the numbers of the handicapped in the areas served by the four rehabilitation centers and one subcenter. Information on where they live and what their priority needs are will be included in the survey data to be obtained.

Patient Care and Outreach

2. By July 1992, through effective use of the media (radio, TV, and newspaper), 75% of handicapped persons targetted by the four rehabilitation centers will know of services the project provides. Focus will be on surgical correction of disabilities, physical therapy, and fitting or replacement of artificial limbs or joints.

3. Increase by 25 percent the current level of utilization of services at the four centers (defined in terms of number of outpatients, and use of surgical services with FY91 figures as baseline).

4. Establish Community-Based Rehabilitation Centers in three additional districts of Quang Nam-Danang province.

5. Establish a subcenter of the Danang Rehabilitation Center in each of three provinces of central Vietnam (Hue, Quang Ngai and Quang Binh).

Prosthetics Production

6. Renovate facilities and provide basic equipment and supplies as needed to the four targetted rehabilitation centers to enable them to produce additional prosthetic components from locally available materials over the next four to five years. The Danang center will be developed to produce high quality feet and knee joints which may be used elsewhere in central Vietnam.

7. Increase by at least 20 percent the current level of production of prostheses, joints, braces crutches, and orthopedic shoes at the four centers.

8. Improve the capacity of the centers so that 75 percent of artificial limbs and joints produced use locally available raw materials. (Note: Plastic and resin are not locally available).

Training and Institution-Building

9. Assist in the provision of training to the following cadre of local health/allied health professional staff and community workers:

   a. Fifteen physicians or surgeons, or prosthetics workers from the four centers (Danang, Qui Nhon, Vinh and Can Tho) will be selected for training in the USA or other countries in Asia.

   b. Eight allied health professionals (orthotists, physical therapists, prosthetists) from the four centers and the Central Vietnam Physical Therapy School.

   c. Ten provincial CBR trainers.

10. Provide basic training supplies, equipment and consultants to the four rehabilitation centers and to the Central Vietnam and Provincial Physical Therapy School.

11. Assist the Vietnam Rehabilitation Association in defining its goals during the next five years.

12. Assist in organizing a national workshop of key agencies and individuals involved in rehabilitation activities to share lessons learned and to identify future national strategic directions in the provision of services to the handicapped.

13. Provide skills training and seed resources on income-generating activities to 500 handicapped persons in order for them to become financially independent.

D. Indicators and Benchmarks

	Indicators	Year 1	Year 2	End-of Project
1.	Survey areas for needs assessment of the handicapped	4	0	4
2.	No. of districts in Quang Nam-Danang with CBR activities	2	3	5
3.	Proportion of artificial limbs made out of locally available raw materials	40%	75%	75%

4. Inputs to four rehab centers			
a. Renovation of facilities as required	4 centers	--	4 centers
b. Surgical equipment/supplies	4 centers	--	4 centers
c. Prosthetic equipment/supplies	4 centers	--	4 centers
d. Training equipment/supplies	4 centers	--	4 centers
5. Percentage increase of utilization of services at the Danang Rehab Center	20%	25%	25%
6. No. of people trained			
a. Physicians or surgeons in exchange programs	3	3	6
b. Allied health professionals in refresher courses abroad	4	5	9
c. Provincial CBR trainers	4	6	10
d. 10 vocational trainers	5	5	10
7. Inputs to the Central Vietnam Physical Therapy School			
a. P.T. consultancy	1	1	2
b. Copies of training books/aids printed	750	750	1,500
8. No. of handicapped trained in an income-generating skill	250	250	500
9. No. of specific radio or TV spots aired each year	10	10	20

E. Proposed Approaches

Strengthening Referral and Support Services. Physicians or surgeons, orthotists, and prosthetists from the four rehabilitation centers in Danang, Qui Nhon, Vinh and Can Tho, and physical therapists from the Central Vietnam Physical Therapy School will be given the opportunity to introduce a stronger multidisciplinary approach and a two-way referral system in the provision of services to the handicapped. Surgeons or physicians will be encouraged to channel patients requiring prostheses to prosthetic workshops after medical/surgical care is completed. Alternatively, other health staff will be required to refer patients needing reconstructive surgery to the orthopedic team. Complementary to training is the repair, renovation, and upgrading of facilities for physical therapy, orthotics, prosthetics, and orthopedic surgery through the provision of supplies and equipment to the aforementioned centers/school.

Direct Service Delivery. Specialized services such as corrective surgery, physical therapy, prostheses, and orthotics will be made increasingly available through the four participating centers and the Physical Therapy school. This will be complemented by the development of CBR programs in three additional districts of Quang Nam-Danang. CBR programs will be initiated through the local political and health

16

infrastructure and with the technical input of Dr. Tran Truong Hai of the Olof Palme hospital in Hanoi.

Human Resource Development. Training and skills transfer will be significant components of the project. The strategy will be aimed at improving the quality of education and services in the program. This involves the use of a multi-tiered strategy, including on-the-job training, consultancies, classroom-based workshops, and refresher courses abroad.

Professional staff such as orthotists, prosthetists, physicians or surgeons, and physical therapists from the four rehabilitation centers and the physical therapy school will be trained to upgrade their knowledge and skills through short-term courses in and out of the country and through visiting professorships. Such opportunities will enable local staff to upgrade their ability to perform better surgical operations, to appropriately apply recent advances in prosthetics, orthotics, and physical therapy.

Development/Strengthening of Rehabilitation Centers. The four centers collaborating with the project will be strengthened to locally produce their component parts for prosthetics. The project will purchase machines that will be able to produce nuts, bolts, and hinges used in the manufacture of artificial limbs so that products are made almost completely from local materials. Unfortunately, plastic and resin are not yet locally produced in adequate quantities to-date, limiting the ultimate goal of artificial limbs made up of 100 percent local raw materials. The Danang Center, in addition to the production of artificial arms and legs, will be upgraded to produce high-quality artificial feet and knees that can supply all of central Vietnam's needs.

Effective Use of the Media. To increase community awareness and subsequent demand for services offered by the project, spot announcements will be produced and aired regularly via radio, the most popular medium of mass communication in Vietnam. These will be supplemented by newspaper articles and TV announcements. Core information to be aired will include types of services available, schedules, locations of the centers, and answers to most common questions regarding the program.

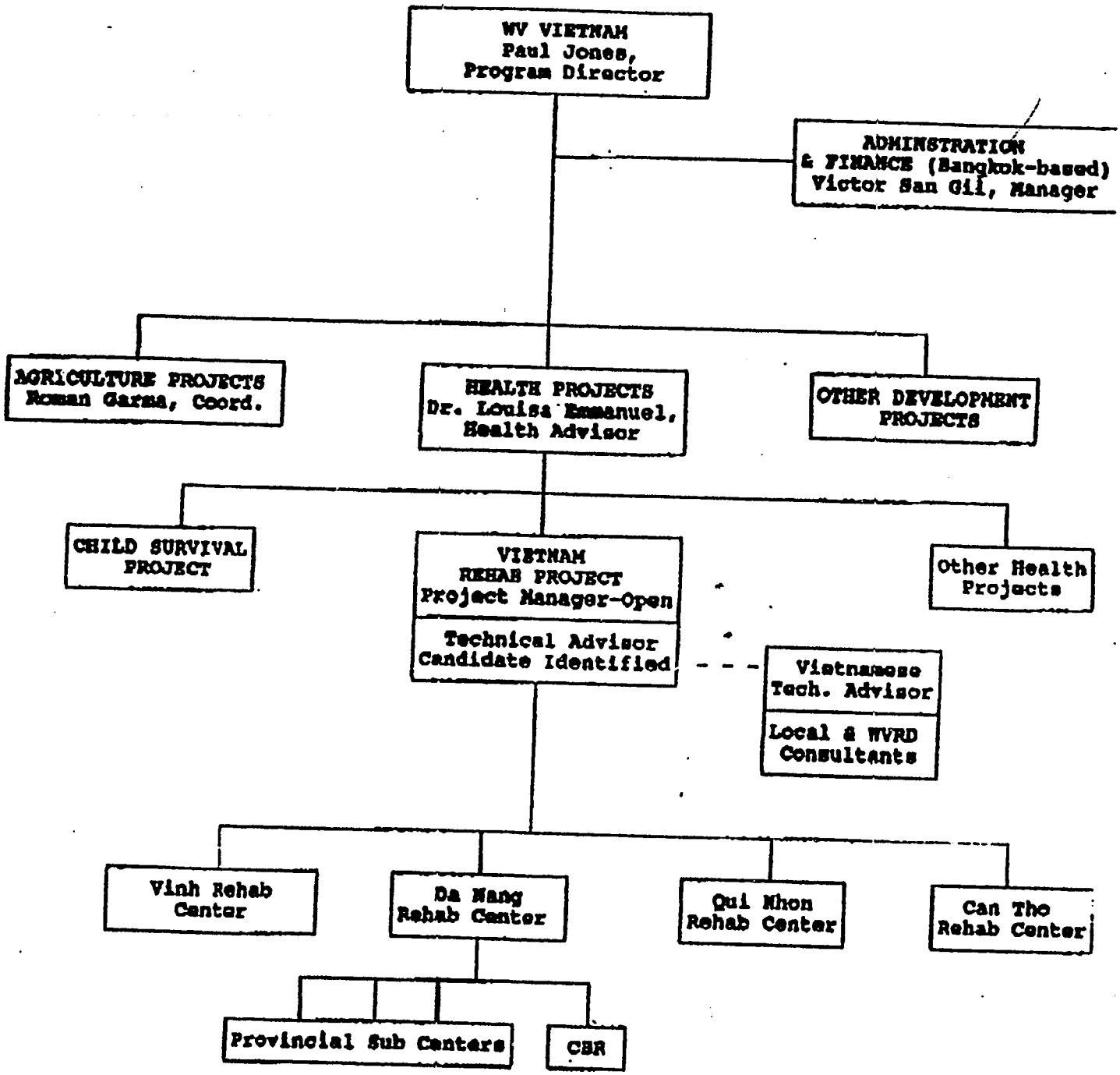
Partnership with Public Sector. In order to ensure broad coverage and maximum utilization of resources available and to enhance the project's sustainability potential, all activities will collaborate with government institutions responsible for each sector and geographical region. Project staff will establish relationships with the People's Committees in Vinh, Can Tho, and Qui Nhon, in addition to Quang Nam-Danang where working relationships are already strong. At the national level, appropriate contacts will be initiated with the Ministry of Health and the Ministry of Labor, Invalids, and Social Affairs. Because of its work history in Vietnam, World Vision is well known to many government offices and bureaus in Hanoi, Ho Chi Minh City and many provinces.

V. PROJECT MANAGEMENT AND HUMAN RESOURCES

This project will be administered by a combination of in-country project staff, international short-term consultants, and Bangkok-based support staff. A project manager and a technical advisor will be based in Danang. Both will supervise the day-to-day administrative and technical aspects of project operations. They will travel to the centers on a regular basis to ensure training and production schedules are met on time. They will be assisted by WV Vietnam's health advisor and country representative. WV staff will be assisted by the directors of the entities collaborating with the project, including the four rehabilitation centers assisted, and Dr. Hai of the CBR department of the Olof Palme Hospital in Hanoi. A Vietnamese technical advisor will be solicited from the government of Vietnam to act as a counterpart to WV's project technical advisor.

The organizational chart of the project is on the next page. All technical staff will have high-level technical qualifications in order to provide emphasis on training. The project manager and technical advisor are currently being recruited. The profile of the candidate for technical advisor is part of the appendices.

ORGANIZATIONAL CHART
VIETNAM REHABILITATION PROJECT



Additional technical support, when required, will be provided by local consultants nominated by the Vietnam Rehabilitation and US-based consultants supplied through the home office of World Vision Relief & Development (WVRD) in Monrovia, California. A possible collaboration with the University of California in Los Angeles is being discussed.

Project staff who will assist in ensuring the project's financial accountability will include a half-time accountant based in Bangkok. He will be responsible for the tracking of project expenses and the preparation of monthly and quarterly financial reports. The quarterly financial reports will be processed and submitted by WVRD headquarters Monrovia, California.

All of the permanent WV project staff thus far cited will be expatriates. Requests to hire Vietnamese professionals to work in PVO projects are being negotiated. There are government restrictions to this practice, mainly due to the paucity of trained Vietnamese professionals. Once restrictions are lifted, every effort will be made to include as many Vietnamese staff as possible, provided their qualifications meet project criteria.

Additional technical backstopping will be provided by the International Health Programs Department (IHPD) of WVRD. Monitoring of project achievements and objectives and the submission of quarterly and annual reports to USAID/Washington will be done through IHPD.

VI. INFORMATION SYSTEM

Needs assessment surveys will be conducted by December 31, 1991. The feasibility and need of establishing a central database will be studied as part of the baseline survey.

Monthly, quarterly and annual reports will be furnished by the project. These reports will follow the reporting format for USAID-funded projects of World Vision. The format has narrative, statistical, and financial components in addition to a plan of action for the next reporting period. The narrative section includes a description of activities based on the action plan, problems encountered, and ways of addressing them. The statistical section includes inputs and outputs, and where applicable, effectiveness and impact indicators. Monthly reports are consolidated quarterly, and the quarterly summaries are prepared by the International Health Programs Department of WVRD. These summaries are circulated throughout the World Vision Partnership, to USAID, and to other interested parties.

There will be two evaluations of this project. The midterm evaluation will be done at the end of the first year of the project to determine whether activities initiated are achieving intended objectives. The final evaluation will be done on the 24th month of project life and will determine the magnitude of achievement of the project towards stated objectives. Midterm and final evaluations on WVRD's work are usually done under the leadership of an outside consultant with the participation of local consultants and project staff.

Cross-sectional surveys will be conducted during the midterm and final evaluations.

VII. SCHEDULE OF ACTIVITIES

	Activities by Quarter							
	Year One				Year Two			
	1	2	3	4	1	2	3	4
1. Personnel								
a. Project Manager	x	x	x	x	x	x	x	x
b. Technical Advisor	x	x	x	x	x	x	x	x
c. Project Accountant	x	x	x	x	x	x	x	x
d. Support Staff	x	x	x	x	x	x	x	x
2. Detailed Plan of Action								
a. Design	x							
b. Write-up/submit		x	x					
3. Procurement of Supplies and Equipment	x	x	x	x	x	x	x	x
4. Project Information System								
a. Baseline survey	x							
b. Registration/record sys.	x	x						
c. Dissemination/feedback	x	x	x	x	x	x	x	
5. Training								
a. Design/preparation		x	x					
b. Training manual producin.		x	x					
c. Trainers' training		x						
d. Training sessions				x	x	x		
e. Overseas Training			x	x			x	x
6. Service Delivery/Prosthetics Production								
a. Area 1 (Quang Ngai, Quang Nam-Danang, Hue, Quang Binh)	x	x	x	x	x	x	x	x
b. Area 2 (Can Tho, Vinh, Qui Nhon)			x	x	x	x	x	
7. Technical Assistance								
a. External TA	x			x				
b. Regional/HQ TA	x	x	x	x	x	x	x	x
8. Monitoring and Evaluations								
a. Progress Reports	x	x	x	x	x	x	x	x
b. Midterm Evaluation				x				
c. Final Evaluation								x

VIII. BUDGET

Budget Summary

Staff. The management/technical team will consist of a project manager, a technical advisor, a one quarter-time health advisor, plus other office and administrative support, all located in Vietnam. In addition, a half-time project accountant will be based in Bangkok. Benefits include housing, insurance, R&R, etc. The benefits rate for Bangkok-based personnel will be 25 percent, while the rate for Vietnam-based personnel will be lower at 20 percent, reflecting the lower costs in Vietnam.

Training. A total of 8 training workshops will be held over the two year period. Training is a major component of the project and is directed towards enhancing the capabilities of not only allied health personnel, but also those of people at all levels of society - home, community, district, and province. In addition, considerable resources are set aside for provision of manuals, books and other teaching aids in Vietnamese, and vocational program training supplies ($13,000).

Travel. Travel for management/technical staff includes relocation costs for the project manager, technical advisor and his wife ($28,500), plus liaison with Bangkok ($12,000) and local travel for management staff between Da Nang and Hanoi ($16,000). Also, funds have been allocated for training trips out of the country by physicians, surgeons and allied health professionals ($22,500), a baseline survey ($5,000), and local travel to and from Hanoi, Da Nang, Can Tho, Qui Nhon and Vinh ($15,000).

Supplies & Materials. In addition to $6,380 set aside for office supplies (paper, pens, furniture under $200), $211,200 in GIK will be provided by World Vision for medical and prosthetics supplies.

Rent, Utilities, Communications. Office rent will amount to approximately $1,000 per month, although we are requesting reimbursement for only about half that amount. The remainder of the $21,800 will go towards utilities, telephones, etc. Also budgeted in this area are funds for enhancing public awareness of the services available at the rehab center ($5,000). Additional details on this public information effort is given in Section IV, Project Design - Effective Use of the Media.

Evaluation. This functional item has been discussed in detail under Section VI. Information System. The total budget for evaluation is $9,770.

Capital Expense. Medical equipment and material for the renovation of rehabilitation centers will make up the bulk of this budget item. In addition, a vehicle and office equipment will also be purchased.

Indirect Costs. $86,750 is budgeted for headquarters and other indirect costs, which represents 20 percent of the direct costs of the project, excluding capital expense. This is in line with the most recent negotiated overhead rate, a copy of which is attached.

WORLD VISION RELIEF & DEVELOPMENT, INC.
Vietnam Rehabilitation Budget Summary
1 Sep 91 - 31 Aug 93

	Year 1 A.I.D.	Year 1 WVRD	Year 1 A.I.D.	Year 1 WVRD	Grand Totals A.I.D.	Grand Totals WVRD	Grand Totals TOTAL
I. SALARIES, BENEFITS, HOUSING	$135,900	$19,400	$135,900	$19,400	$271,800	$38,800	$274,680
II. TRAINING	$17,000	$0	$8,000	$0	$25,000	$0	$25,000
III. TRAVEL	$55,750	$0	$43,250	$0	$99,000	$0	$99,000
IV. SUPPLIES AND MATERIALS	$3,940	$105,600	$2,440	$105,600	$6,380	$211,200	$217,580
V. RENT/UTILITY/COMMUNICATION	$11,400	$0	$10,400	$0	$21,800	$0	$21,800
VI. EVALUATION SERVICES	$8,770	$0	$1,000	$0	$9,770	$0	$9,770
VII. CAPITAL EXPENSES	$403,300	$0	$151,200	$0	$554,500	$0	$427,900
IX. TOTAL DIRECT COSTS	$636,060	$125,000	$352,190	$125,000	$988,250	$250,000	$1,238,250
X. INDIRECT COSTS - 20% of direct, excl cap exp	$46,552	-	$40,198	-	$86,750	-	$86,750
TOTAL COSTS	$682,612	$125,000	$392,388	$125,000	$1,075,000	$250,000	$1,325,000

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19-Aug

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23

WORLD VISION RELIEF & DEVELOPMENT, INC.
Vietnam Rehabilitation Budget Proposal
1 Sep 91 - 31 Aug 93

	Year 1 A.I.D.	Year 1 WVRD	Year 1 A.I.D.	Year 1 WVRD	Grand Totals A.I.D.	Grand Totals WVRD	TOTAL
I. SALARIES, BENEFITS, HOUSING							
A. Expatriate							
1. Project Manager - full-time	$36,000	$0	$36,000	$0	$72,000	$0	$72,000
Benefits - 20%	$7,200	$0	$7,200	$0	$14,400	$0	$14,400
2. Technical Advisor - full-time	$48,000	$0	$48,000	$0	$96,000	$0	$96,000
Benefits - 20%	$9,600	$0	$9,600	$0	$19,200	$0	$19,200
3. Health Advisor - 3 person months/yr	$0	$5,000	$0	$5,000	$0	$10,000	$10,000
Benefits - 20%	$0	$1,000	$0	$1,000	$0	$2,000	$2,000
4. Country Rep - 2 person months/yr	$0	$7,000	$0	$7,000	$0	$14,000	$14,000
Benefits - 20%	$0	$1,400	$0	$1,400	$0	$2,800	$2,800
5. Project Accountant 1/2 time	$10,800		$10,800	$0	$21,600	$0	$21,600
Benefits - 25%	$2,700		$2,700	$0	$5,400	$0	$5,400
SUBTOTAL - EXPATRIATES	$114,300	$14,400	$114,300	$14,400	$228,600	$28,800	$257,400
B. Local Staff							
1. Driver	$4,800	$0	$4,800	$0	$9,600	$0	$9,600
2. Office Asst	$4,800	$0	$4,800	$0	$9,600	$0	$9,600
3. Local Consultant	$12,000	$0	$12,000	$0	$24,000	$0	$24,000
4. Other Office & Admin Support	$0	$5,000	$0	$5,000	$0	$10,000	$10,000
SUBTOTAL - LOCAL STAFF	$21,600	$5,000	$21,600	$5,000	$43,200	$10,000	$53,200
TOTAL - SALARIES, BENEFITS, HOUSING	$135,900	$19,400	$135,900	$19,400	$271,800	$38,800	$310,600
II. TRAINING							
A. Local Training Workshops (travel, food, lodging, site rental, etc.) 4 each year	$6,000	$0	$4,000	$0	$10,000	$0	$10,000
B. Training Supplies/Materials	$10,000	$0	$3,000	$0	$13,000	$0	$13,000
C. CBR	$1,000	$0	$1,000	$0	$2,000	$0	$2,000
TOTAL - TRAINING	$17,000	$0	$8,000	$0	$25,000	$0	$25,000

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24

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WORLD VISION RELIEF & DEVELOPMENT, INC.
Vietnam Rehabilitation Budget Proposal
1 Sep 91 - 31 Aug 93

	Year 1 A.I.D.	Year 1 WVRD	Year 1 A.I.D.	Year 1 WVRD	Grand Totals A.I.D.	Grand Totals WVRD	Grand Totals TOTAL
III. TRAVEL							
A. International Travel							
1. Expatriate Relocation Costs (3 persons)	$14,250	$0	$14,250	$0	$28,500	$0	$28,500
2. Liaison to Bangkok -	$6,000	$0	$6,000	$0	$12,000	$0	$12,000
3. Trainee Travel							
- Physicians, surgeons & allied health professionals:							
- 3 total to USA	$15,000	$0	$0	$0	$15,000	$0	$15,000
- 4 total to SE Asia	$0	$0	$7,500	$0	$7,500	$0	$7,500
SUBTOTAL - INTERNATIONAL TRAVEL	$35,250	$0	$27,750	$0	$63,000	$0	$63,000
B. Local Travel							
1. Baseline Survey	$5,000	$0	$0	$0	$5,000	$0	$5,000
2. Hqtr Staff Danang/Hanoi - 4 times/yr	$8,000	$0	$8,000	$0	$16,000	$0	$16,000
3. Trips to Can Tho - 5 times/yr	$3,000	$0	$3,000	$0	$6,000	$0	$6,000
4. Trips to Qui Nhon - 5 times/yr	$2,000	$0	$2,000	$0	$4,000	$0	$4,000
5. Trips to Vinh - 5 times/yr	$2,500	$0	$2,500	$0	$5,000	$0	$5,000
SUBTOTAL - LOCAL TRAVEL	$20,500	$0	$15,500	$0	$36,000	$0	$36,000
TOTAL - TRAVEL	$55,750	$0	$43,250	$0	$99,000	$0	$99,000
IV. SUPPLIES AND MATERIALS							
A. Office Supplies		$18,600					
B. Various GIK, including transport	$3,940	$0	$2,440	$0	$6,380	$0	$6,380
TOTAL - SUPPLIES AND MATERIALS	$0	$105,600	$0	$105,600	$0	$211,200	$211,200
	$3,940	$105,600	$2,440	$105,600	$6,380	$211,200	$217,580
V. RENT/UTILITY/COMMUNICATION							
A. Office Rent - Utility	$6,600	$0	$6,600	$0	$13,200	$0	$13,200
B. Telephone/Telex/Fax	$1,800	$0	$1,800	$0	$3,600	$0	$3,600
C. Public Information	$3,000	$0	$2,000	$0	$5,000	$0	$5,000
TOTAL - RENT/UTILITY/COMMUNICATION	$11,400	$0	$10,400	$0	$21,800	$0	$21,800
VI. EVALUATION SERVICES							
A. Local Consultant (Dr. Hai)	$1,000	$0	$1,000	$0	$2,000	$0	$2,000
B. Evaluation Consultants Mid-Term	$4,270	$0	$0	$0	$4,270	$0	$4,270
C. Consultant Travel/Accomodations	$3,500	$0	$0	$0	$3,500	$0	$3,500

25

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WORLD VISION RELIEF & DEVELOPMENT, INC.
Vietnam Rehabilitation Budget Proposal
1 Sep 91 - 31 Aug 93

	Year 1 A.I.D.	Year 1 WVRD	Year 1 A.I.D.	Year 1 WVRD	Grand Totals A.I.D.	Grand Totals WVRD	TOTAL
TOTAL - EVALUATION SERVICES	$8,770	$0	$1,000	$0	$9,770	$0	$9,770
VII. CAPITAL EXPENSES							
A. Danang Center							
Quang Ngai	$110,000	$0	$15,000	$0	$125,000	$0	$125,000
Future Sub-Centers	$20,000	$0	$20,000	$0	$40,000	$0	$40,000
	$63,300	$0	$63,300	$0	$126,600	$0	$126,600
B. Qui Nhon Center							
Sub-Center #1	$40,000	$0	$20,000	$0	$60,000	$0	$60,000
	$10,000	$0	$0	$0	$10,000	$0	$10,000
C. Can Tho Center	$40,000	$0	$20,000	$0	$60,000	$0	$60,000
D. Vinh Center	$120,000	$0	$12,900	$0	$132,900	$0	$132,900
	$403,300	$0	$151,200	$0	$554,500	$0	$554,500
IX. TOTAL DIRECT COSTS	$636,060	$125,000	$352,190	$125,000	$988,250	$250,000	$1,238,250
X. INDIRECT COSTS 20% of direct, excluding capital expense	$46,552	-	$40,198	-	$86,750	-	$86,750
TOTAL COSTS	$682,612	$125,000	$392,388	$125,000	$1,075,000	$250,000	$1,325,000

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26

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IX. SUSTAINABILITY

The project is a continuation and expansion of an ongoing project to assist the handicapped in four geographic areas of Vietnam. The main strategy for sustainability will be the strengthening of institutions that deliver rehabilitation services to the handicapped. This strategy is implemented primarily through the following:

- The provision of equipment and supplies to enable rehabilitation centers to eventually become self-sufficient in the production of artificial limbs using local raw materials.
- The training of a sufficient cadre of professionals who will be able to provide the services into the future.
- An increased demand from the community for project services, and the emergence of the willingness of the recipients to pay for services rendered.

A substantial infusion of resources will be required to enable the centers to produce locally sufficient quantities of prostheses that will adequately meet needs. Similarly, resources will be required to ensure that Vietnamese professionals are adequately trained to provide services to the handicapped with a satisfactory level of quality of care. Finally, resources will be necessary to assist the handicapped to become economically productive and to enable them to pay for services rendered. The project will attempt to respond to the above needs for resources.

In addition to the technical and production activities described elsewhere in this proposal, Income-Generating Activities (IGAs) will be an important activity for the target beneficiary groups toward financial independence. The proposal has budgeted funds to make IGAs a reality, using World Vision's private funds.

It must be recognized, however, that there will always be a significant proportion of handicapped or blind who will not gain economic independence. Those who have the possibility to do so need to be encouraged and given support. With the meager resources of the government of Vietnam, the basic needs of many of the handicapped have not been adequately met. There are pensions for war veterans and social camps designated to provide shelter for the war-handicapped, but these are grossly inadequate, even for local standards in Vietnam. Many other needs are only just now being uncovered.

Cost-Recovery. Equipping the Danang Rehabilitation Center so that it becomes a major production and supply center of prosthetics will enable it to become self-sufficient and, at the same time, generate some funds to maintain its operations. The Center has achieved significant gains. Under the leadership of Dr. Hoang, for instance, it has a small commercial sawmill for providing lumber to create the prostheses. Due to the existence of the mill, they also are able to sell wood to provide additional income. The prosthetic workshop can also produce bicycle parts for sale to the general public. This brings in additional income to support the activities of the Center. This entrepreneurial spirit needs to be reinforced and expanded.

Cost-Effectiveness. To diminish costs, current facilities and personnel will be maximally used and the use of external consultants will be reserved for training and skills transfer, not direct service delivery unless service delivery is necessary for training. Even the roles of non-MOH project staff are purposely minimized, and their roles are limited to coordination, training, supervision, project monitoring, and evaluation. Some of the costs of administering the project will be shared with WV's other in-country activities. All trainees are Vietnamese who will comprise the backbone of the rehabilitation system in the project areas. It is hoped that in three to five years, additional responsibilities will be shifted to the community, e.g., monitoring the number of disabled, which is a good indication of project ownership.

World Vision is committed to respond to the needs of the handicapped in Vietnam. It has been involved in this project's activities prior to this time and will remain involved for at least the next five years. It is providing a match of 25 percent to this grant from USAID in the form of personnel, cash, and gifts-in-kind. It is foreseen that World Vision's assistance to the handicapped in central Vietnam will extend for a long time into the future.

NEEDS ESTIMATES vs. PROJECTED OUTPUTS PER CENTER

Indicator	Danang & Quang Ngai		Qui Nhon		Can Tho		Vinh		TOTAL	
	91 Estimates	93 Projections	91 Estimates	93 Projections	91 Estimates	93 Projections	91 Estimates	93 Projections	91 Estimates	93 Projections
1. No. of patients seen on an out-patient basis	2,500	3,000	2,200	2,600	2,000	2,400	no data	500	6,700	8,500
2. No. of patients admitted for surgery	100	120	100	120	100	120	no data	50	300	410
3. No. of patients referred for physical therapy	1,000	1,200	1,000	1,200	800	1,000	no data	400	2,800	3,800
4. No. of artificial limbs and joints produced	2,000	2,400	2,000	2,400	1,500	1,800	no data	500	5,500	7,100
5. No. of orthopedic shoes produced	500	600	500	600	500	600	no data	200	1,500	2,000
Additional data:										
Total Service Units	6,100	7,320	5,800	6,320	4,900	5,920	no data	1,650	16,800	21,210

N.B.: Above figures are conservative. Revisions will be made after the baseline survey.

PO BOX [illegible] BANGKOK [illegible] THAILAND
TEL [illegible] CABLE: WORLDS
TELEX [illegible]

WORLD VISION INTERNATIONAL

16 September 1991

Mr. Neil C. Edin
Grant Officer
USAID/Thailand
Bangkok, Thailand

Re: Vietnam Handicapped Grant Proposal

Dear Mr. Edin:

Thank you for sending your concerns and questions regarding the grant proposal. We have received a response from our WVRD office and enclose a copy of the letter for your review.

Please contact me if there are any further questions or ways I can be of assistance. I appreciate your patience and understanding in getting all of these matters settled before proceeding with the grant.

Sincerely,

Watt Santatiwat
Regional Director

30

Attachment A

1a) **Biodata Forms**

AID biodata forms are being prepared by our Human Resources Department and will be forwarded to you as soon as possible. All positions have been filled with the exception of the project manager.

1b) **Fringe Benefits**

Fringe benefits are shown as percentages of average base salaries and include the following:

- Insurance coverage (health plan - 9%, long term disability - .5%, SOS - 1.1%, travel accident insurance - .05% and workman's comp -1%) for a total of 11.65%;
- Home leave - 10%;
- Education - 4.4% and
- Housing Costs of 35.9% (shelter - 17.7%, goods and services - 18.2%)

This brings total benefits and housing to a possible 61.95% of base salary. Therefore, a 20% or 25% housing and benefits figure is very conservative.

2a) **Local Staff Costs**

The PRF proposal is based on government salaries which are not reflective of the local average salary. The average government worker often works more than one job to compliment his/her government income. Market workers who own shops selling imported items make well over $3 - 400/ month. The local staff salaries shown in the budget reflect the average local salaries in the new market economy of Vietnam.

2b) **Local Consultant**

The local consultant cost has been decreased to $4000/ year representing a change in consultants and a decrease in the amount of time they will be used. A local Vietnamese consultant is budgeted at $35/ day for 50 days while an expert working with WHO at $150/ day for 15 days.

3) **Training Materials**

Training materials have been estimated at $250/ month and include tapes, books and charts as well as printing and translation costs. In addition, some items have been reclassified as capital expenditures.

31

4a) **Relocation Costs**

Relocation includes airfare, shipment of household goods (packing, crating freight, insurance, duties, transportation and unpacking) up to 6000 lbs by surface transportation and 400 lbs by air depending on the size of the family. In addition, relocation includes temporary living arrangements for up to four weeks and repatriation of one month of base salary upon return to the home country. Estimates of these expenses include:

- One-way tickets to and from Vietnam (for 3) ($1500/ one-way * 2 ways * 3 persons)	9,000
- Shipment of Household for couple and single (2500/ staff person)	5,000
- Temporary living arrangements (2500/ person/ month)	7,500
Please note that benefits/ housing expenses are low enough as to not be showing this as doubled.	
- Repatriation of one month's base salary (4000 + 3000 based on budget)	7,000
Total shown in grant budget	28,500

4b) **Liaison to Bangkok**

Technical advisor is budgeted for 4 trips/ year @ $1000/ trip; project accountant @ 2 trips/ year @$1000/ trip for a total of $6000.

5) **Project Office**

Project office will be in Quang Nam Danang. The exact location within city is unknown at present.

6) **Consultants**

The $1000 per year represents an honorarium for Dr. Hai who will provide technical input in the development of the CBR programs.

The evaluation consultant was calculated as 1 consultant @ $305/ day for 14 days.

7) **Capital Expenditures**

The capital expenditure information has been broken down in detail into categories for vehicles, office and training equipment and rehabilitation center equipment. Please refer to the revised attached budget for more detail. In addition, renovation supplies and medical supplies have been reclassified as supplies and materials. Renovation supplies include carpentry, plumbing, electrical supplies and labor while medical and prosthetics supplies include items such as gowns, bandages and small tools.

32

8) **Grant Documents**

The grant documents should be sent to me for signature. My address is: World Vision Relief & Development, 919 W. Huntington Drive, Stop 900, Monrovia, CA 91016.

9) **Religious Preference**

I do not think it is necessary to insert a "no religious preference" clause with regard to grant personnel in the grant documents. The standard A.I.D. provision regarding non-discrimination (A.I.D. Mandatory Standard Provision #9) does not make reference to religion. This provision also applies only to expatriate staff who are U.S. citizens or legal residents of the United States and does not include national Vietnamese or contract staff.

World Vision Relief & Development, a non-sectarian organization, does provide grant resources (for relief and development purposes only) to World Vision International, a Christian organization. As a sectarian organization, World Vision International has the right under the law to discriminate on the basis of religious preference in its hiring practices. Because World Vision Relief & Development is not a "church, or organization engaged exclusively in religious activities" (as defined under 22 CFR part 203 - Registration of Agencies For Voluntary Foreign Aid, Section 203.2.a) it is eligible to receive U.S. Government funding if it complies with standard A.I.D. registration procedures.

We do not believe that World Vision International's sectarian hiring practices affect World Vision Relief & Development's ability to receive A.I.D. grant funding for humanitarian purposes, as long as grant personnel are not using any grant or matching funding for religious purposes. Therefore, I would like to request that A.I.D. not include a "no religious preference" clause in the grant documents.

33

RP.

WVI/VIETNAM INTER-OFFICE MEMORANDUM

FAX (662) 381-1976

DATE: 18 SEPTEMBER 1991 5 PAGES

TO: NEIL EDIN - USAID BANGKOK OFFICE

FROM: BRYAN TRUMAN

FOLLOWING ARE THE BUDGET FIGURES PER OUR CONVERSATION THIS MORNING. I WILL BE CALLING YOU TOMORROW.

WORLD VISION INTERNATIONAL
EAST ASIA REGIONAL OFFICE
DATE 18 SEP 91
TO NEIL EDIN
FROM BRYAN TRUMAN
SUBJECT
THIS IS PAGE ONE OF 5 PAGES

RECEIVED SEP 18 1991		
ACT		INFO
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	ASEAN	
	DTEC	
	C&R	✓
DUE DATE SEP 26 1991		
ACTION TAKEN NAN		
INITIAL		
DATE 9/18/91		

file 1 copy WV VN grant

34

WORLD VISION RELIEF & DEVELOPMENT, INC.
Vietnam Rehabilitation Budget Summary
1 Sep 91 - 31 Aug 93

	Year 1		Year 2		Grand Totals		
	A.I.D.	WVRD	A.I.D.	WVRD	A.I.D.	WVRD	TOTAL
I. SALARIES, BENEFITS, HOUSING	$123,900	$19,400	$123,900	$19,400	$247,800	$38,800	$286,600
II. TRAINING	$18,000	$0	$0,000	$0	$18,000	$0	$18,000
III. TRAVEL	$55,750	$0	$43,250	$0	$99,000	$0	$99,000
IV. SUPPLIES AND MATERIALS	$278,720	$105,600	$350,035	$105,600	$628,755	$211,200	$639,955
V. RENT/UTILITY/COMMUNICATION	$11,400	$0	$10,400	$0	$21,800	$0	$21,800
VI. EVALUATION SERVICES	$12,770	$0	$5,000	$0	$17,770	$0	$17,770
VII. CAPITAL EXPENSES	$75,250	$60,000	$0	$0	$75,250	$60,000	$135,250
IX. TOTAL DIRECT COSTS	$567,790	$185,000	$540,585	$125,000	$908,375	$310,000	$1,218,375
X. INDIRECT COSTS - 20% of direct, excl cap exp	$98,508	$25,000	$68,117	$25,000	$166,625	$50,000	$216,625
TOTAL COSTS	$666,298	$210,000	$608,702	$150,000	$1,075,000	$360,000	$1,435,000

Printed: 17-Sep-91

35

DEPT. (TX): FIN'L SERV

SEP 17 '91 16:20 WORLD VISION INTERNATIONAL DEPT. (TX) : FIN'L SERV

WORLD VISION RELIEF & DEVELOPMENT, INC.
Vietnam Rehabilitation Budget Proposal
1 Sep 91 - 31 Aug 92

	Year 1 A.I.D.	Year 1 WVRD	Year 2 A.I.D.	Year 2 WVRD	Grand Totals A.I.D.	Grand Totals WVRD	Grand Totals TOTAL
I. SALARIES, BENEFITS, HOUSING							
A. Expatriate							
1. Project Manager - full-time	$36,000	$0	$36,000	$0	$72,000	$0	$72,000
Benefits - 20%	$7,200	$0	$7,200	$0	$14,400	$0	$14,400
2. Technical Advisor - full-time	$48,000	$0	$48,000	$0	$96,000	$0	$96,000
Benefits - 20%	$9,600	$0	$9,600	$0	$19,200	$0	$19,200
3. Health Adviser - 3 person months/yr	$0	$5,000	$0	$5,000	$0	$10,000	$10,000
Benefits - 20%	$0	$1,000	$0	$1,000	$0	$2,000	$2,000
4. Country Rep - 2 person months/yr	$0	$7,000	$0	$7,000	$0	$14,000	$14,000
Benefits - 20%	$0	$1,400	$0	$1,400	$0	$2,800	$2,800
5. Project Accountant 1/2 time	$10,800	$0	$10,800	$0	$21,600	$0	$21,600
Benefits - 25%	$2,700	$0	$2,700	$0	$5,400	$0	$5,400
SUBTOTAL - EXPATRIATES	$114,300	$14,400	$114,300	$14,400	$228,600	$28,800	$257,400
B. Local Staff							
1. Driver VN	$4,800	$0	$4,800	$0	$9,600	$0	$9,600
2. Office Asst VN	$4,800	$0	$4,800	$0	$9,600	$0	$9,600
3. Other Office & Admin Support VN	$0	$5,000	$0	$5,000	$0	$10,000	$10,000
SUBTOTAL - LOCAL STAFF	$9,600	$5,000	$9,600	$5,000	$19,200	$10,000	$29,200
TOTAL - SALARIES, BENEFITS, HOUSING	$123,900	$19,400	$123,900	$19,400	$247,800	$38,800	$286,600
II. TRAINING							
A. Local Training Workshops (travel, food, lodging, site rental, etc.) 4 each year	$6,000	$0	$4,000	$0	$10,000	$0	$10,000
B. Training Supplies/Materials - $250/mo	$3,000	$0	$3,000	$0	$6,000	$0	$6,000
C. CBR	$1,000	$0	$1,000	$0	$2,000	$0	$2,000
TOTAL - TRAINING	$10,000	$0	$8,000	$0	$18,000	$0	$18,000
III. TRAVEL							
A. International Travel							
1. Expatriate Relocation Costs (3 persons)	$14,250	$0	$14,250	$0	$28,500	$0	$28,500
2. Liaison to Bangkok -	$6,000	$0	$6,000	$0	$12,000	$0	$12,000

36

WORLD VISION RELIEF & DEVELOPMENT, INC.
Vietnam Rehabilitation Budget Proposal
1 Sep 91 - 31 Aug 93

	Year 1 A.I.D.	Year 1 WVRD	Year 2 A.I.D.	Year 2 WVRD	Grand Totals A.I.D.	Grand Totals WVRD	TOTAL
3. Trainee Travel							
- Physicians, surgeons & allied health professionals:							
- 3 total to USA	$15,000	$0	$0	$0	$15,000	$0	$15,000
- 6 total to SE Asia	$0	$0	$7,500	$0	$7,500	$0	$7,500
SUBTOTAL - INTERNATIONAL TRAVEL	$35,250	$0	$27,750	$0	$63,000	$0	$63,000
B. Local Travel							
1. Baseline Survey	$5,000	$0	$0	$0	$5,000	$0	$5,000
2. Agmt Staff Demang/Hanoi - 4 times/yr	$8,000	$0	$8,000	$0	$16,000	$0	$16,000
3. Trips to Can Tho - 5 times/yr	$3,000	$0	$3,000	$0	$6,000	$0	$6,000
4. Trips to Qui Nhon - 5 times/yr	$2,000	$0	$2,000	$0	$4,000	$0	$4,000
5. Trips to Vinh - 5 times/yr	$2,500	$0	$2,500	$0	$5,000	$0	$5,000
SUBTOTAL - LOCAL TRAVEL	$20,500	$0	$15,500	$0	$36,000	$0	$36,000
TOTAL - TRAVEL	$55,750	$0	$43,250	$0	$99,000	$0	$99,000
IV. SUPPLIES AND MATERIALS							
A. Office Supplies & Furniture	$3,940	$0	$2,440	$0	$6,380	$0	$6,380
B. Various GIK, including transport	$0	$105,600	$0	$105,600	$0	$211,200	$211,200
C. Center Renovation Supplies							
1. Da Nang and Subcenters	$40,000	$0	$13,660	$0	$53,660	$0	$53,660
2. Qui Nhon	$10,000	$0	$4,650	$0	$14,650	$0	$14,650
3. Can Tho	$8,500	$0	$4,000	$0	$12,500	$0	$12,500
4. Vinh	$65,270	$0	$8,840	$0	$74,110	$0	$74,110
SUBTOTAL - CENTER RENOVATION SUPPLIES	$123,770	$0	$31,150	$0	$154,920	$0	$154,920
D. Medical and Prosthetics Supplies							
1. Da Nang and Subcenters	$83,470	$0	$46,475	$0	$129,945	$0	$129,945
2. Qui Nhon	$19,640	$0	$18,640	$0	$38,280	$0	$38,280
3. Can Tho	$16,900	$0	$15,960	$0	$32,860	$0	$32,860
4. Vinh	$31,000	$0	$35,370	$0	$66,370	$0	$66,370
SUBTOTAL - MEDICAL SUPPLIES	$151,010	$0	$116,445	$0	$267,455	$0	$267,455
TOTAL - SUPPLIES AND MATERIALS	$278,720	$105,600	$150,035	$105,600	$428,755	$211,200	$639,955
V. RENT/UTILITY/COMMUNICATION							
A. Office Rent - Utility	$6,600	$0	$6,600	$0	$13,200	$0	$13,200
B. Telephone/Telex/Fax	$1,800	$0	$1,800	$0	$3,600	$0	$3,600
C. Public Information	$3,000	$0	$2,000	$0	$5,000	$0	$5,000
TOTAL - RENT/UTILITY/COMMUNICATION	$11,400	$0	$10,400	$0	$21,800	$0	$21,800

DEPT. (TX) : FIN'L SERV
P.04

WORLD VISION RELIEF & DEVELOPMENT, INC.
Vietnam Rehabilitation Budget Proposal
1 Sep 91 - 31 Aug 95

	Year 1 A.I.D.	Year 1 WVRD	Year 2 A.I.D.	Year 2 WVRD	Grand Totals A.I.D.	Grand Totals WVRD	TOTAL
VI. EVALUATION SERVICES							
A. Consultants							
1. Dr. Mai	$1,000	$0	$1,000	$0	$2,000	$0	$2,000
2. Local Vietnamese Consultant $35/ day x 50 days	$1,750	$0	$1,750	$0	$3,500	$0	$3,500
3. U.N.O. Consultant $150/ day x 50 days	$2,250	$0	$2,250	$0	$4,500	$0	$4,500
SUBTOTAL - Consultants	$5,000	$0	$5,000	$0	$10,000	$0	$10,000
B. Evaluation Consultants Mid-Term	$4,270	$0	$0	$0	$4,270	$0	$4,270
C. Consultant Travel/Accomodations	$3,500	$0	$0	$0	$3,500	$0	$3,500
TOTAL - EVALUATION SERVICES	$12,770	$0	$5,000	$0	$17,770	$0	$17,770
VII. CAPITAL EXPENSES							
A. Toyota Landcruiser 4WD	$27,000	$0	$0	$0	$27,000	$0	$27,000
B. Office & Training Equipment							
1. Desktop computer with printer	$2,500	$0	$0	$0	$2,500	$0	$2,500
2. Photocopy machine	$2,000	$0	$0	$0	$2,000	$0	$2,000
3. Fax machine	$600	$0	$0	$0	$600	$0	$600
4. Typewriter	$600	$0	$0	$0	$600	$0	$600
5. VCR & Monitor	$1,200	$0	$0	$0	$1,200	$0	$1,200
6. Overhead projector	$500	$0	$0	$0	$500	$0	$500
7. Slide projector (carousel)	$350	$0	$0	$0	$350	$0	$350
8. PA system	$500	$0	$0	$0	$500	$0	$500
SUBTOTAL - OFFICE AND TRAINING EQUIPMENT	$8,250	$0	$0	$0	$8,250	$0	$8,250
C. Rehabilitation Center Equipment							
1. Surgical instruments & equipment ($5,000/center x four centers)	$20,000	$0	$0	$0	$20,000	$0	$20,000
2. Prosthetics/Orthotics production machines ($15,000/center x four centers)	$0	$60,000	$0	$0	$0	$60,000	$60,000
3. Physical therapy Equipment ($5,000/center x four centers)	$20,000	$0	$0	$0	$20,000	$0	$20,000
SUBTOTAL - REHABILITATION CENTER EQUIPMENT	$40,000	$60,000	$0	$0	$40,000	$60,000	$100,000
TOTAL - EQUIPMENT	$75,250	$60,000	$0	$0	$75,250	$60,000	$135,250
IX. TOTAL DIRECT COSTS	$567,798	$185,000	$340,585	$125,000	$908,375	$310,000	$1,218,375
X. INDIRECT COSTS - 20% of direct, excluding capital expense	$98,508	$25,000	$68,117	$25,000	$166,625	$50,000	$216,625
TOTAL COSTS	$666,298	$210,000	$408,702	$150,000	$1,075,000	$360,000	$1,435,000

38

DEPT. (TX): FIN'L SERV

BUDGET NARRATIVE

Staff

The management/ technical team will consist of a project manager, a technical advisor, a one quarter-time health advisor, plus other office and administrative support, all located in Vietnam. In addition, a half-time project accountant will be based in Bangkok. Benefits include housing, insurance, R&R, etc. The benefits rate for Bangkok-based personnel is 25%, while the rate for Vietnam-based personnel is at 20%, reflecting the lower costs in Vietnam.

Training

A total of 8 training workshops will be held over the two year period. Training is a major component of the project and is directed towards enhancing the capabilities of not only allied health personnel, but also those of people at all levels of society - home, community, district, and province. In addition, resources will be used for provision of manuals, books and other teaching aids in Vietnamese, vocational program training supplies, and printing and translation.

Travel

Travel for management/technical staff includes relocation costs for the project manager, technical advisor and his wife, liaison with Bangkok, and local travel for management staff between Da Nang and Hanoi. Funds have also been allocated for training trips out of the country by physicians, surgeons and allied health professionals, a baseline survey and local travel to and from Hanoi, Da Nang, Can Tho, Qui Nhon and Vinh.

Supplies and Materials

Office supplies include items under $200 each such as computer and typing paper, accounting ledgers, desks, etc. Center renovation supplies include all costs for the renovation of the centers in Da Nang, Qui Nhon, Can Tho and Vinh such as carpentry, electrical, plumbing and labor costs. Medical and prosthetics supplies include items under $200 each such as bandages, gowns, small tools, etc.

Supplies and materials costs in Da Nang also include $20,000 ($10,000 for renovation supplies and $10,000 for medical and prosthetics supplies) budgeted for Quang Ngai subcenter and $20,000 (same breakdown) for a second subcenter established as an outreach from Da Nang Hospital.

10

Rent, Utilities, Communications

Office rent will amount to approximately $1000 per month, although we are requesting reimbursment for only half that amount. The remainder of the $21,800 will go towards utilities, telephones, etc. Also budgeted in this area are funds for enhancing public awareness of the services available at the rehab center. Additional details on this public information effort is given in Section IV, Project Design - Effective Use of the Media.

Evaluation

This functional item has been discussed in detail under Section VI. Information System.

Capital Expense

Medical equipment and machines for the renovation centers will make up the majority of this budget line item, including surgical instruments and equipment, machines for local production of prosthetics/ orthotic devices, and physical therapy equipment (parallel bars, stationary bicycles, whirlpools, etc.). A four wheel drive vehicle is also budgeted.

A desktop computer and printer is budgeted for use in the Da Nang office, as is a typewriter, fax and copy machine.

A VCR and monitor, overhead and slide projectors and a small PA system will be used in the continuing education / training program to increase the ability of Da Nang, Qui Nhon, Can Tho and Vinh Rehabilitation Centers to provide training and services.