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Mid-Term Evaluation
of
National Council for
International Health

for
Agency for International Development
Bureau for Research & Development
Office of Health
by
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MID-TERM EVALUATION

NATIONAL COUNCIL FOR INTERNATIONAL HEALTH

A.I.D. COOPERATIVE AGREEMENT #
DPE-5929-A-00-1010-00

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ACRONYMS

A.I.D.	Agency for International Development
AIDS	Acquired Immunodeficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
APHA	American Public Health Association
ATSP	(A.I.D.) AIDS Technical Support Project
CA	Cooperative Agreement
CSIS	Center for Strategic & International Studies
CTO	Cognizant Technical Officer
GPA	Global Programme on AIDS
HAPA	HIV/AIDS Prevention in Africa Project
HIV	Human immunodeficiency virus
NCIH	National Council for International Health
NGO	Non-governmental organization
PVO	Private voluntary organization
WHO	World Health Organization

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I. INTRODUCTION

The National Council for International Health (NCIH) was established in 1970 utilizing volunteers and financial resources provided by several sponsor agencies. Annual meetings and limited activities were conducted on this basis until 1979. A.I.D. funding began in 1979 with a five year Cooperative Agreement (CA) which permitted the hiring of the first full-time staff. A.I.D. funding has continued for 15 years -- the current CA runs through March 1994 -- supporting the overall objectives of NCIH, with specific support for the flagship international conferences, and the AIDS Project.

In 1989, recognizing the rapidly growing HIV/AIDS epidemic and the critical role of private voluntary organizations (PVOs) in helping to combat the epidemic, A.I.D. awarded a two-year Cooperative Agreement to the National Council of International Health (NCIH) for the period 1989-1991. This agreement, in addition to funding annual conferences, financed a PVO/AIDS programme support. The objectives of the initiative were to:

- promote information exchange among PVOs regarding the development and implementation of HIV/AIDS activities in developing countries;
- provide liaison between PVOs and A.I.D., the World Health Organization's Global Programme on AIDS (WHO/GPA), NCIH and other organizations involved with international AIDS work;
- strengthen the role of PVOs in the global program on AIDS.

This project was evaluated in July, 1990 under a contract with the Pragma Corporation, and the evaluation recommended that the annual conference continue to receive A.I.D. support and that the activities of the PVO/AIDS initiative be continued beyond the current Cooperative Agreement (CA). One controversial aspect of that evaluation was the issue of the financial health of NCIH.

A.I.D. agreed to continue funding of the annual conference based on its unique role and wide popularity and the PVO/AIDS Initiative ("the Initiative" or "the Project"), based on the recognition of the continued acceleration of the HIV/AIDS epidemic, the importance of continuing to encourage PVOs to expand their activities to include HIV/AIDS prevention, and the success of the first two years of the Project. The objectives and activities for this three year programme (1991-1994) were to: expand the composition of the PVO network; increase coordination/collaboration of U.S.-based PVOs; strengthen the role of PVOs, both U.S. and indigenous, in policy planning and programming activities; and establish a coordinated mechanism for assisting PVOs/NGOs in service delivery.

II. FINDINGS AND CONCLUSIONS

A. GENERAL OBSERVATIONS

1. Funding

In a June 27, 1990 letter to A.I.D., NCIH took issue with the 1990 evaluation comments on the financial situation at NCIH:

"NCIH has increasingly strengthened its financial situation over the past decade. We disagree with the draft Evaluation Report's statement that 'NCIH has a long history of financial difficulties'....and 'appears to be in a chaotic financial situation'".

The cover letter of the audit of NCIH by Goodman & Company (11/14/90) states:

"We would like to compliment management for the effective job it has done during this fiscal year in controlling expenses and raising funds for the organization. Through strong leadership in the past two years the organization's financial position has improved significantly and its fund balance has grown to over \$350,000.

In reference to the Pragma Report concerning financial management, we agree that NCIH's financial condition has improved, but we do not feel that these figures are deceptive, as Pragma suggests and could see no analytical data to support their conclusion. We take the position that NCIH's improved financial condition accurately reflects the continuing health of the organization.

Based on our experience in non-profit auditing we realize that fundraising for non-profits fluctuates and is a function of economic conditions therefore making long range strategic planning difficult at best (all of NCIH's current funding is either one time, one year or two year). We feel though that Pragma's assertion that 'NCIH is adrift without a sail in stormy financial waters' is inconsistent with our analytical findings and experience in the past three years of our association with NCIH. We also contend that this statement undermines the efforts and strong leadership of the Board of Directors.

NCIH is currently involved in implementing its second five year strategic plan of the decade which should be completed in the near future. This plan should indicate an increased reliance on private funding and membership revenue; however, 20% - 25% governmental funding is still important for NCIH to continue operating effectively to complete its charitable mission.

Management has also substantially increased the quality and condition of accounting records since our initial engagement in September of 1988, and at the same time streamlined the organization in an attempt to cut down on unnecessary salary

expenses. NCIH's actual overhead rate has dropped from 55% at fiscal year 1988 to 38% at fiscal year 1990.

Our final analysis reveals that NCIH is managing all of its fund grants proficiently, and therefore, see no concern for any agency providing funding for NCIH in the future."

In the intervening three years since that evaluation, the financial management at NCIH has clearly improved [see Appendix E for detailed financial tables and graphs]. A new strategic plan has been developed, and the Presidency of NCIH has changed. There is an increased responsiveness to the needs and priorities of members and major donors, "I want to continue to seek ways that we can be supportive of their [A.I.D.'s] mission, not just in the activities they fund but in the context of all of our publications, seminars, and other ventures." [Elliot Putnam, Jr., 1/9/93, Presentation to the NCIH Governing Board]. The transition period in the leadership at NCIH did contribute, however, to a lull in private foundation grants. Coupled with the recession and the increasing tightness of grant funds, NCIH faces the need to generate increased long term private grants. The cover letter of the current audit of NCIH by Goodman & Company (1/7/93) states:

"Management should again be commended for the effective job it is doing in the area of cash management. At September 30, 1992, cash and equivalents were over \$431,000, the overhead rate held steady at 38%, and the current ratio of current assets over current liabilities was well over 2 to 1.

On a negative note though, future funding has become a serious concern. Membership revenue has decreased nearly \$40,000 or approximately 20% from fiscal year 1991 to 1992. Private grant revenue has decreased over \$143,000 or approximately 20% during the same period. What is even more disconcerting about the private grant falloff is that at September 30, 1992, there was no deferred revenue generated by private grants, meaning fiscal year 1993 could be more bleak than 1992.

In the past few years, NCIH had begun to wean itself off of governmental support. Last year, government support only represented 22% of total revenue. In fiscal year 1992, it has jumped up to 29%. While we understand the transition in leadership has caused some of these problems, Governmental support will surely be even higher next year if immediate action is not taken...."

Discussions with NCIH staff and Board members indicate a clear understanding of the funding problem, and a determination to reverse the trend of falling revenues from membership and private foundation grants.

Membership rates for individual rose from \$60 to \$75 for 1993. In his presentation to the Governing Board (1/9/93), President Elliot Putnam, Jr. said:

"We will be reviewing rates in all categories to see if other changes are indicated. We are also looking closely at those services that we can add or expand at low cost. One that we hope to implement shortly is the generation, for the entire membership, of an up-to-date membership list in an inexpensive format that can be updated at least on an annual basis.

We are planning a concerted effort to expand certain categories of membership -- students, corporations, international members, university international health programs, etc. -- and to seek funds to underwrite those which would have difficulty paying. I am particularly interested that, in keeping with our name, our international representation be substantially expanded, and that we then draw on it to contribute articles and ideas to NCIH's mission."

After the leadership transition and the lag-time inherent in gearing up the new team, the President and relevant Board members are actively pursuing foundation and corporate funding. However, the lead-time involved in securing new grants combined with the tightness of the current foundation market will mean that the funding picture will probably not show immediate improvement. The audit firm's prediction of increasing dependence on public funding in the short run appears accurate. The Strategic Plan (1991-1995) sets financial goals, including an impressive increase in projected membership revenue as a % of total:

	<u>1991</u>	<u>1995</u>
<u>NCIH membership</u>	1748	2026
membership dues as % of total revenue	18.0%	25.1%
 <u>Annual Conference</u>		
Registration	1200	1285
Exhibitors	53	80
% total revenue	16.1%	20.4%
 <u>Public Support</u> as % of total revenue	 22.8% -	 15.2%
 <u>Other Revenue</u> as % of total revenue	 44.5%	 39.3%
 <u>Reserves</u>		
Total reserves	\$357,366	\$482,366
Reserves as % total revenues	29.5%	41.6%

Several funding possibilities were discussed with NCIH staff and Board members:

1. greater use of Board members in fund-raising -- while the organizational membership of the Board means that it does not include "sugar-daddies", as is the case with the Boards of many not-for-profit organizations, the Board is a gold mine of contacts with the foundation community. Because many of the organizations represented on the Board of

NCIH are financially dependent on these same foundations, there may be some perceived conflict of interest in pursuing these foundations on behalf of NCIH. Nonetheless, the Board should be used much more aggressively in seeking funding, and in opening doors for the NCIH President in his principal role of fund raising;

2. increased contributions from the corporate community -- some small contributions have been received from corporations, and the staff has identified a list of corporations for a more organized approach. A great potential benefit of corporate contributions is that they are generally untied, which allows their use in financing overhead -- which virtually no grantor (foundation or governmental) views favorably. While there are some misgivings among Board members about the possible influence of corporate donors, the staff and the Board Chair believe that the potential benefits of corporate contributions are very great, and that the principles of NCIH would not be compromised by corporate money, or even corporate membership on the Board;

3. broader approach to A.I.D. -- in addition to the Office of Health, there are several other portions of A.I.D. which could have an interest in NCIH activities. The 1993 Conference focus on environmental concerns, and the 1994 Conference focus on population should be of interest to the relevant A.I.D. offices. The success of NCIH in working to strengthen indigenous NGOs through US PVOs in the AIDS field is an experience base which could be built upon in other health areas, which might be of interest to the PVO office in A.I.D. The new NCIH strategic plan proposes possible international conferences with a regional focus, held in appropriate overseas venues. Regional bureaus in A.I.D. might be interested in financing such activities. Current work being done on Eastern European issues by NCIH might be a logical beginning.

The evaluation team is confident that the leadership of NCIH is seized with the priority of the funding issue. In his Board presentation 1/9/93, Elliot Putnam, Jr. said:

"I'm disappointed, above all, not to have been more successful to date in attracting the kind of resources we need to do the tasks that are before us. But we have learned a lot in the preceding months, not least that many foundations are becoming much more specific as to their funding priorities, are making awards of shorter duration, and are more focused than ever on funding projects rather than giving general support grants. We must adjust to these realities and be strategic in our thinking and planning. For that, I hope the Board will be willing to consider being somewhat more involved than it has heretofore, and we will be making some specific suggestions on this to the Finance Committee."

It should be clear that the day-to-day operational responsibilities of managing the organization should be delegated to other staff members, to the extent possible, and that the President should concentrate his efforts, together with the efforts of relevant Board members, on securing the funding base of NCIH.

The NCIH Strategic Plan uses a five year planning period during which funding dependence on governmental sources is projected to decline. For NCIH to do effective financial planning (especially in light of the trend of foundations to shorter term grants which exacerbate the "choppiness" of financial flows for not-for-profit organizations), the follow-on A.I.D. funding should be on a five year basis. This would have the additional benefit of reducing the need for frequent evaluations of the A.I.D./NCIH relationship.

The existing CA has a level of funding and supports a set of activities which have evolved over time and do not necessarily reflect the current priorities of A.I.D. or NCIH. The level and funding specifics of the follow-on relationship should be based on a mutually agreed set of objectives. In addition to the normal exchange of views between A.I.D. and NCIH, the evaluators suggest an informal retreat including appropriate NCIH board members and a cross-section of possible A.I.D. funders, to establish the broad parameters within which the agreement can be crafted.

A minor irritant in the funding relationship between A.I.D. and NCIH has been allowed to fester for years -- the issue of the number of A.I.D. people who should be allowed to enter the Annual Conference free of charge. Some people in A.I.D. argue that since it is Agency-funded, employees should have free access. Some in NCIH argue that it is unjust to charge students and foreign attendees while allowing the more affluent A.I.D. employees, who have no connection to NCIH throughout the year, to enter free. The evaluators are sympathetic to the priority of subsidizing developing-country attendees rather than A.I.D. employees, but offer no Solomonic compromise or recommendation. We strongly urge that this minor irritant be resolved well in advance of the next conference, and that the groundrules be transmitted to all potential attendees in A.I.D. as soon as possible.

2. Broader Utilization of the Annual Conference

The annual conference is clearly the flagship of NCIH, and is the most widely known activity of the organization, as well as a major revenue raiser. In response to the evaluator's question, all of the staff and board members interviewed indicated that in the absence of further A.I.D. funding beyond the current CA, they felt that the conference should continue. While there was some variation in the views of what such a funding cutoff would do to the conference, the consensus was that the conference was critical and that it must continue, be it smaller or less frequent. One fear is that it would be less inclusive (particularly of developing country representatives) because of the need to charge much higher fees. In the 1990 evaluation, continued support for the Conference was recommended:

"NCIH staff and board members believe the conference is the number one priority among all the programs and activities of the organization. One person described the conference as the 'backbone' of NCIH. Members clearly feel this meeting is a major, if not the major, service that NCIH provides to its members. Furthermore, conference revenues from registration fees and the sale of exhibition space, advertising and publications make up a significant proportion.... of NCIH's core support".

In the three years since that evaluation, the annual conference has remained the premier activity of NCIH, and has taken on broader significance. The annual conference cannot be viewed as an end in itself, but rather a key event in an ongoing process. As with any professional conference, it serves as an opportunity for professional "elbow-rubbing" and job hunting, but the conference has increasingly become the source of ongoing publication and public education activities. While "expanding contacts/networking" is the number one reason given for joining NCIH in its membership poll, there is an increasing use of the Annual Conference as a public policy forum. One of the consensus recommendations in the Strategic Plan is to, "Try to link the Annual Conference to NCIH's public policy efforts". The ongoing activities in women's health and global partnerships are excellent examples of the use of the annual conference as a focal point in an ongoing process of expanding public education and influencing public policy. This broader use of the annual conference is to be applauded and encouraged. The upcoming conferences on environment and population are generating wide interest outside the traditional NCIH community, and have the potential for expanding NCIH's influence. The staff and board members are enthusiastic about the conferences, and the long hours of the small staff and the volunteer time of board members are testimony to their dedication. The Case Statement for NCIH, May 19, 1988, says:

"The National Council for International Health is now uniquely placed to fill a vacuum in the area of U.S. international health policy and public information. The next logical step in its evolution requires a greater focus of resources on targeted public education and a more pro-active stance in international health policy. The purpose of each is to build commitment to international health through an expanded and more knowledgeable constituency for international cooperation". [emphasis added]

In a poll of the membership, cited in the Strategic Plan:

"...NCIH members were asked to rank order the focus of NCIH activities relative to NCIH's overall mission. The top ranked area of focus, receiving 57.6 percent of the first place rankings, was for NCIH to be an advocate for international health needs.

The area of focus which was second in number one rankings with 16.5 percent and top in the second place rankings with 44.1 percent was for NCIH to be a public educator for international health needs." [emphasis added].

The Strategic Plan combines public policy, education and media relations as advocacy:

"ADVOCACY

NCIH can be most effective as a dynamic advocate for international health. This type of advocacy is extremely valuable to the membership, as it is a role that no other organization performs.

Public Policy

1. Educating Policy Leadership

One of the best ways for NCIH to support international health is through its public policy efforts. Advocacy on behalf of important issues such as environmental degradation, AIDS, maternal/child health, smoking, etc., is a good way to bring these problems to the forefront of the public agenda. By keeping in touch with Congress, NCIH can fill a void as a voice for international health on Capitol Hill and keep its membership informed as to how taxpayer dollars are being spent in relation to health.

2. Public Policy Initiatives

Drafting public policy papers and formulating policy initiatives are also good ways to advocate. NCIH has begun an AIDS/PVO Initiative that serves as a conduit for the exchange of information among a variety of AIDS-related organizations. Through this type of effort, NCIH can expand its audience and develop new constituencies while performing a valuable service in the battle against AIDS.

3. Links With Governments

Through its position as a non-partisan international health advocate, NCIH can influence all levels of government. NCIH has developed close relationships with several U.S. government agencies and UN organizations. By making the most of these associations, NCIH can promote policy goals such as the reallocation of some of the U.S. and global military expenditures toward health.

*** Public Education/Media Relations**

1. Public Education

Public education is an important means by which NCIH can perform its advocacy function. Developing and distributing educational programs and materials to elementary and high schools would stimulate awareness in children and parents. Collaborating with the U.S. Public Health Service on public education activities would also be an effective educational strategy. By initiating cooperative programs with ministries of health in developing countries, NCIH can provide information to members. NCIH can also provide a forum for members to educate one another, e.g., the Annual Conference.

NCIH can also help to educate the international health community. By shifting attention from specific disease-related issues to the globalization of health, NCIH can encourage new thinking and provide opportunities, e.g., workshops for international health professionals to communicate their problems and achievements.

2. Media Relations

In order to raise its profile as the preeminent U.S. voice for international health, NCIH needs to continue its current media campaign.

Fostering a relationship with a global communications network like CNN would be an ideal way to reach millions of people with health-related information. CNN reaches policy makers and leaders around the world, as was recently proven during the Persian Gulf War.

Additionally, holding press conferences as activities warrant would help to keep NCIH in the news. Emphasizing the social, non-biomedical aspects of health could also help to propagate stories in broadcast and print media.

Expanding and maintaining the contact list of science and health correspondents who are kept up-to-date on topics that relate to NCIH is another method of establishing the Council's media profile."

The evaluation team discussed these issues with the staff and Board members of NCIH. One relatively easy and inexpensive activity which should pay high returns is the use of professional public relations expertise to capitalize on the annual conference as a source of public education material and publicity. One possible approach is to borrow (or partially defray the costs of) a professional public relations person from a member or affiliated organization. While the staff and volunteer efforts in public relations have been effective, the "packaging" expertise of a professional, along with the contacts in the media could greatly expand the impact of the public education value of the annual conferences and the publications which result. The media linkage proposed in the Strategy would also be more likely served with professional public relations assistance. Another possible approach would be for a public information/education position to be funded in the follow-on A.I.D. grant.

The full-time staff member who dealt with public policy and advocacy was funded by a foundation grant which has since terminated. While public policy activities have continued as a part-time activity of other staff members, it is believed that far greater utilization of the policy output of the annual conference could be achieved if there were a full-time professional staff member devoted to this activity. "I remain convinced of the need for an in-house policy analysis capability, and fund-raising activity to this end will be a priority." [Elliot Putnam, Jr., 1/9/93, Presentation to the NCIH Board]. Funding for this position would require additional assistance from a foundation grant, and the evaluators wish to endorse and strengthen the priority of this activity in the formulation of grant requests.

One result of the use of the conference as a part of a continuing multi-year process is the need to support activities on an increasing number of topics. The challenge this poses to NCIH's small staff should be more than offset by the opportunities that a broader topic menu offers to potential clientele and funders. The topic selection process needs to formalize the multi-year activities, expectations and commitments involved. NCIH and A.I.D. should consider the staff and funding implications of backstopping an increasing number of topics in the next grant period.

C. MAJOR OUTPUTS -- AIDS

1. Expansion of Network composition

Through the efforts of the NCIH Project leadership, the PVO network has been expanded from approximately 30 members in mid-1990 to over 140 members by early 1993. These members represent medical, social, political and academic fields, population and family planning, maternal and child health, religious organizations and others from international health, as outlined in the Project Scope of Work. A survey of PVOs working in AIDS was published in the recently-updated inventory of PVOs, and another survey is planned to arrive at a more accurate Project profile of current PVO network members.

The most active organizations in the network are the larger, international health PVOs based in the Washington area. The new relationship being established with Interaction may help attract more non-health-oriented members. This is critical as the overall determinants and consequences of the epidemic are increasingly linked to all facets of development. The smaller PVOs, especially those based outside Washington profit somewhat less from the Project, although Project leadership has made significant efforts to respond to their needs through newsletters and workshops. In addition, several PVOs commented that the Project Manager "always returns their calls promptly", not an insignificant accomplishment given the workload of the Project. The Project has also held some workshops in other parts of the country, in an attempt to serve non-East Coast-based PVOs.

The former NCIH AIDS Project Manager had established three categories of groups affiliated with the Project, and prioritized them as follows: a) "official" members, which were U.S.-based international PVOs working in the HIV/AIDS field, b) indigenous NGOs based in developing countries, and c) U.S. groups which were not PVOs and other non-U.S.-based groups. This distinction was made to enable the Project to serve its constituencies as defined by A.I.D., given funding and staff limitations.

A major question related to the way Project funds and staff time are used is the relative importance of serving: a) the headquarters of U.S.-based PVOs; b) field offices of U.S.-based PVOs; and c) indigenous NGOs without a U.S. link. Overall A.I.D. priorities appear to be changing, and A.I.D. and NCIH will need to rethink priorities in the future. The relatively aggressive position of U.S.-based PVOs and their geographical proximity to the Project, as well as the Project's lack of funds for overseas travel, workshops, postage, etc., make it difficult for the Project to involve PVOs or NGOs which are based outside the U.S. The question of providing resources necessary to serve non-U.S.-based organizations should be addressed by A.I.D. in any future Cooperative Agreement.

2. Coordinating PVOs

The Project's most impressive accomplishment is the effective role it has played in creating a forum for exchange of information, "networking", among PVOs. This networking opportunity was universally appreciated by the PVOs interviewed. The NCIH project has: given credibility and support to PVOs who are just beginning to become engaged in AIDS

work; linked PVOs which have common needs and valuable experience; matched funding sources with PVOs; and linked U.S. domestic and U.S. international PVOs. This coordination is achieved through the Project's newsletters; frequent, informal meetings held in Washington; workshops; and through other links made by the Project Manager. Some examples of this networking include:

helping the Milwaukee International Training Center link with the Experiment for International Living (now called World Learning) for a Guatemala workshop program;

helping CEDPA identify Project Hope as a program partner in AIDS.

Other important networking has taken place, as a result of mandated activities and other initiatives of the Project Manager: between PVOs and funders; between U.S.-based PVOs and smaller, indigenous NGOs; between U.S.-based PVOs and PVOs who participate in other non-U.S. PVO networks such as PVO consortia in Canada, Britain, and the Netherlands; and between U.S.-based PVOs and WHO/GPA.

Other forms of networking which the Project has fostered are less tangible but equally valuable -- in addition to its service to PVOs, the Project has become an information resource on the international AIDS epidemic and AIDS programs for many other concerned citizens, students, organizations, government bureaus, and institutions.

3. Providing a bridge between PVOs and A.I.D.

While not an explicit objective, the Project has served a useful role in facilitating constructive dialogue between the PVOs and AIDSCAP (A.I.D.'s largest AIDS Project) and between PVOs and A.I.D. the NCIH Project has played an important role in facilitating inclusion of PVOs in briefings and debriefings of AIDSCAP teams which travel on project planning and implementation missions. This has been beneficial to both AIDSCAP and the PVOs. NCIH has become a de facto negotiator/facilitator in the ongoing discussion of U.S. Government funding for headquarters of U.S.-based PVOs -- a subject which has been a major preoccupation of many of the PVOs during 1992-93 after a succession of events which PVOs perceive weakened their potential for securing funding from A.I.D. for AIDS activities [including: a decline in the availability of A.I.D. Child Survival funds for PVOs; the termination of the A.I.D. HAPA grants; and the perception that the level of AIDSCAP funding set aside for PVOS is insufficient. In addition, the other major sources of funding, such as the new Rockefeller Initiative and WHO's Global Programme on AIDS, focus primarily on indigenous NGOs, not U.S.-based PVOs.]

The present NCIH Project Manager has played this rather difficult negotiating role skillfully and professionally, always seeking constructive dialogue and compromise, in keeping with NCIH's goal of "coalition building". An example is the Project's role in preparing the draft concept paper, "HIV/AIDS flexible funding", in which the PVOs present a rationale for increased funding to carry out activities related to HIV/AIDS in developing

countries. The A.I.D. Project Manager for this Project was an active member of this working group. However, despite the utility of this role in funding discussions to date, it is strongly recommended that in future the Project concentrate on substantive, programmatic issues.

4. Strengthening PVOs in policy planning, program activity & service delivery

As outlined in the Project's Scope of Work, a representative from the PVO community has been represented on the U.S. Delegation to the WHO/GPA Management Committee. The major benefit of this seems to be to enable the Project to provide the PVOs with an accurate and detailed briefing on Committee deliberations. The proportion of the Committee meetings spent discussing issues directly related to U.S.-based PVOs is minimal, however, making this activity only marginally relevant to PVOs. Limited international travel funds available for Project staff could perhaps be better spent for other program-related international travel such as international and regional AIDS meetings, and/or meetings of other PVO/NGO consortia. If, however, representation on the Delegation is continued, more continuity in individuals who attend the Committee Meetings would ensure a more productive outcome, as the Committee process is complex, and must be learned by each new individual who attends.

PVOs and NGOs are being seen increasingly as critical players in combatting the HIV/AIDS epidemic, particularly as the epidemic is no longer viewed exclusively in the health arena, but as an overall development problem. The NCIH project has helped improve PVOs' capacity to respond programmatically to the epidemic primarily by facilitating the exchange of successful program models and experience. NGOs have received comparatively less Project attention because funding for international travel, mailings, consultations, etc. has not been available. NCIH has recognized the need to better serve NGOs, as reflected in its choice of topic for the June, 1993 workshop.

As mentioned above, the NCIH Project has served an important function in providing a forum for the exchange of experience among PVOs. It has not played a major role in providing technical assistance, information or materials, and the NCIH Project Manager feels that budget and staffing do not permit this. PVOs themselves, for the most part, felt their technical and programmatic base in the HIV/AIDS field was already sufficiently strong, and did not perceive a need for technical support. Some PVOs believe that since the nature of their work is prevention rather than treatment, their needs for technical information are minimal, while others maintain that there are other, more appropriate sources from which they can access technical information. This confidence (in PVOs' program capacity) was not shared, however, by several other individuals interviewed (who did not represent U.S.-based PVOs). These others felt that the PVOs had not demonstrated adequate capacity to implement HIV/AIDS-related projects of acceptable quality, to date. In any case, while not providing direct technical support, the NCIH Project has frequently served as a broker, putting PVOs in touch with appropriate sources of technical information, such as providing a source of information to Catholic Relief Service on blood-screening kits.

In terms of service delivery, the Project has focussed on the issue of care for AIDS orphans through an ongoing series of formal and informal meetings. The issue of home-based care may be discussed at the forthcoming October Workshop.

5. Newsletters

There was unanimous agreement among PVOs that the bi-monthly network newsletters, now titled "AIDSLINK" are extremely useful: as a source of announcements about forthcoming meetings and to share information about different PVO's projects, program approaches, and funding sources. While a couple of the PVOs would prefer that the newsletters contain more technical information, this was a minority view, and most PVOs felt that there were other projects better equipped to provide literature abstracts, technical articles, etc. (such as the AIDSCAP mailing, AIDS Targeted Information Newsletter, and WHO materials). The NCIH project is not staffed or equipped to select, abstract, or critique technical material. The announcements of books and articles in the Newsletter often omit precise contact addresses/telephone numbers to access the publications, and the selection criteria for the featured materials are not clear. The recent change in newsletter format and the periodic inserts/supplements are appreciated, however.

A \$15 newsletter fee is charged for U.S.-based groups which are not PVOs, and for duplicate copies. This fee was apparently set arbitrarily to help offset mounting printing and postage costs, but does not generate significant income, and should be reexamined.

6. Workshops

The Project workshops have benefitted the PVOs and have been well-attended, in part because they provide an effective network opportunity, as is the case with many professional meetings. Topics have been determined in consultation with PVOs and A.I.D. to respond to the changing epidemic and changing profiles of the PVOs. The quality of presentations was generally thought by PVOs to be high, although A.I.D. staff were not as enthusiastic. A list of Workshop topics is included in Appendix D.

As the funds provided by A.I.D. do not cover the entire cost of the workshops, the Project has charged participants fees to cover the cost of lunches and refreshments. The provision of financial support to enable some developing country participants to attend the Workshops has been particularly valuable, and this funding should continue.

While it is agreed that reports of the workshops are useful in principle, the current reports have received mixed reviews, with most PVOs agreeing that the present format (lengthy transcripts of varying quality and miscellaneous annexes) should be replaced by a more streamlined format which presents synthesis and analysis of key workshop issues. Recognizing limited staff time, it is recommended that other possibilities be explored, such as a consultant/rapporteur, a PVO volunteer, or an intern or student.

7. PVO survey and directory

The 1990 Project evaluation concluded that the PVO/AIDS inventory and donor list did not merit staff time and resources during the remainder of that CA or on an annual basis in future. Nevertheless, the network produced another survey of PVOs ("The U.S. Non-Governmental Response to the International AIDS Pandemic"), and another inventory, and plans to update both each year.

Several groups interviewed noted that they did not find the survey or the inventory useful because: they kept their own NGO inventory or relied on another inventory; because its format and presentation are not "user friendly"; or because they found some entries did not accurately represent their, or other organizations. In addition to profiles of PVOs, the compendium includes an apparently random sample of universities, consulting firms, publishers, etc. -- those who happened to receive and respond to the survey. Criteria for inclusion in the compendium is unclear (one consultant is listed three times under different auspices). The Publications Index is also of questionable utility and comprehensiveness. It is recommended that limited and valuable staff time is not spent on an updated version.

8. Compatibility with and support to A.I.D.'s AIDS program

In terms of compatibility between the NCIH Project and A.I.D.'s new priority intervention areas (increasing demand for and access to condoms; partner reduction; and diagnosis and treatment of sexually transmitted diseases), the NCIH AIDS CA was awarded before A.I.D. finalized its present strategy for program and geographic focus. However, NCIH project priorities in AIDS are reconciled with those of A.I.D. through joint decisions on the topics for the NCIH-sponsored AIDS workshops.

A.I.D. project managers question whether the Project's networking efforts have sufficiently benefitted A.I.D., however the evaluators note that the Project design itself focuses its services toward PVOs rather than toward A.I.D. The evaluators feel that the Project has (although necessarily indirectly) furthered A.I.D.'s objective (as stated in the AIDS Technical Support Project) of expanding access to HIV prevention and control programs in developing countries. The evaluators agree that PVO AIDS projects have been slow in starting, but that this is due to PVO funding and other constraints, rather than due to any shortcomings of the NCIH Project itself. The evaluators also conclude that the NCIH Project has (again, indirectly) furthered A.I.D.'s overall goal of preventing and controlling the spread of HIV in developing countries through the seven major Project outputs described above. The evaluators also recognize that any changes in the course of HIV transmission are slow, difficult to measure, and not easily attributable to any one Project input.

9. Other initiatives

The proactive style of the Project leadership has led to a number of other creative and effective initiatives which were not mandated (or funded) in the original Scope of Work:

planning a forthcoming meeting on AIDS in Eastern Europe with the CSIS and International Center for Better Health;

participating in a CSIS working group on the topic of AIDS as a foreign policy issue;

assisting in the preparation of AIDS documents for President Clinton's transition team;

working with Funders Concerned about AIDS to link domestic and international AIDS activities;

contributing to strategic thinking on overall policy and program priorities for the U.S. Government in international AIDS efforts.

C. MANAGEMENT AND FINANCIAL ISSUES -- AIDS PROJECT

1. Relationship with A.I.D.

The Project's relationship with the A.I.D. Project Manager is close, and is maintained through monthly ATSP Managers meetings; frequent informal meetings and telephone conversations; regular financial and program reporting (quarterly reports). All international travel, workshop topics, publications, and other Project components have been approved by the A.I.D. AIDS Project Manager, as required.

The evaluators question the basis of the split responsibility for the A.I.D. management of the two parts of the C.A. Because of the greater hands-on management needs of the AIDS project, the relationship between the A.I.D. AIDS Project Manager and NCIH is much closer than that with the A.I.D. CTO. The Office of Health should examine the efficiency of recombining the responsibilities for the relationship with NCIH in the AIDS Project Manager, with rotating assistance for the annual conferences, based on the subject matter of the upcoming conference.

2. Relationship with PVOs

As mentioned above, the Project leadership has been viewed as extremely responsive to PVO needs and requests. To maximize responsiveness, the former Project Manager established an informal Advisory Committee of PVOs and selected its members. This appears to have served its purpose of guiding the Project, although it should now be formalized with a more democratic means of selecting members, and a system for rotation of members.

3. Relationship with NCIH

The HIV/AIDS Initiative is well integrated into the overall NCIH mandate and structure, and well linked conceptually and logistically with the NCIH Annual Conference.

4. Staffing

Although there has been frequent turnover of Project Managers (already three since the Project was initiated in 1989), the quality of all of the Managers has been excellent. Each has shown commitment and professionalism, and brought a slightly new orientation to the Project. To expand staff capacity (within budget constraints) students and interns are utilized.

5. Financial Issues

The financial reporting on the Project is appears satisfactory. The overall rate of expenditure is on target, with expenditures totalling \$281,104 as of end January, 1993. This represents 62% of total Project funds expended 61% through the Project duration. Expenditures on some line items, however, require comment. Expenditures for "meeting expenses" have been underspent - surprising as four workshops have already been held. Line items for "Postage and Shipping", and "Printing & Duplication" have been grossly overspent, due to unexpectedly high costs of circulating the Newsletter, Workshop Reports, the inventory, and other publications, and the high costs of postage to developing countries, where the Project tries to reach indigenous NGOs. As this report is finalized, NCIH is reviewing these issues. Finally, "Travel and Per Diem" funds have been exhausted, leaving no travel funds for the present Project Manager for the balance of the contract period. This problem could be overcome if the Project were given the additional \$11,000 which A.I.D. indicated would be provided some time ago, and if A.I.D. approves an additional allocation of \$50,000. This latter allocation was discussed several months ago and the decision was deferred until this evaluation is completed. A.I.D. should decide as soon as possible to enable NCIH to plan activities for the remaining months of the CA.

As mentioned above, attempts have been made by the Project to secure outside funding, including a Hewlett grant which has been completed. It is recommended that these efforts be intensified, to move the Project toward sustainability.

C. FUTURE DIRECTIONS -- AIDS PROJECT

The major objective of the first CA (1989-1991), to promote PVO/NGO activity in the AIDS field; and the major objective of this second CA, to expand the PVO network, have essentially been met. However, as the epidemic evolves, the demands on and from PVO/NGOs are changing. There will be an increasing need for PVOs and indigenous NGOs to adopt policies and programs to help address both the causes and consequences of the epidemic. For example, with many current HIV infections moving to clinical AIDS in the near future, demands on NGOs to deliver home care will increase. With AIDS being increasingly viewed as an overall development problem, indigenous PVO/NGOs will be called upon to offer a range of social service support. While few PVO/NGOs need to be convinced of the importance of AIDS by this point in time, most NGOs in particular could still benefit from technical and programmatic guidance in how to respond.

It is recommended that A.I.D., through the NCIH Project, convene a working group to explore what kinds of policy advice, programmatic direction, and/or technical support PVOs and NGOs need to become more effective in the AIDS area, whether there is a need to issue a third CA after 1994, and if so, what activities the CA should include. The working group should also focus specifically on the question of the respective roles of PVOs and NGOs in supporting A.I.D.'s efforts to curb the epidemic.

This working group should think creatively about new challenges and new strategies, leading to suggestions to A.I.D. for future support. Specific topics which might be explored include how best to:

- increase PVOs' and NGOs' utility to A.I.D. and to move PVOs/NGOs into A.I.D.'s areas of program and geographic priority
- increase PVO/NGOs' contributions to development education in AIDS
- create partnerships between domestic PVOs and indigenous NGOs
- increase the technical capacity of PVO/NGOs
- identify AIDS-related needs in geographical areas newly affected by HIV/AIDS
- encourage non-health PVO/NGOs to address socio-economic needs related to HIV/AIDS

The working group should also ensure that there is no inappropriate overlap between any future activities proposed for this Project, and those of the new NGO/PVO AIDS Federation.

This working group, if convened immediately, could take advantage of the June 1993 NCIH workshop which is entitled, "Future PVO Agendas: Building Capacity with Indigenous Groups Responding to the AIDS Pandemic" to provide important input into its deliberations.

III. SUMMARY OF FINDINGS AND CONCLUSIONS

A. GENERAL

1. NCIH plays a unique role in the field of international health and serves a widening audience of the general public as well as the organizations directly involved, including A.I.D.
2. NCIH professional and financial management are coming through a transition period, and while staffing and funding limitations remain tight, the staff and Board members appear to have a strategy and priorities which will lead to a stronger organization and a broader role in the future.
3. The annual conference remains the premier activity of the organization, and is increasingly being used as the basis for continuing and wider utilization in public education and public policy formulation and advocacy.
4. The staff and Board members appear to be enthusiastic and dedicated, and see an expanding role for NCIH.

B. AIDS

1. This Project has been an effective and relatively inexpensive way for A.I.D. to (indirectly) expand access to HIV prevention and control programs in developing countries and to further its goal of preventing and controlling the spread of HIV in developing countries. This has taken place primarily through the seven major Project outputs described above.
2. The Project has helped PVOs develop their capacity to respond to the HIV/AIDS epidemic. It has been somewhat less effective in addressing needs of indigenous NGOs, in large part because the level of funding provided has not been sufficient to reach small organizations based in developing countries.
3. The major activity of the Project has been to foster and provide a forum for networking among PVOs; between PVOs, A.I.D., AIDSCAP, and WHO/GPA; and between PVOs and potential donors. However, this forum has been used too extensively in recent months to discuss Government/PVO funding issues.
4. NCIH as an organization has provided an effective base for the activities of this Project, with its historical relationship with relevant PVOs, its understanding of broad, international health issues, and its experience holding conferences and workshops.

5. The commitment and professionalism of each of the NCIH Project's managers has ensured that the Project achieves maximum impact. Several of the components of the activities, however, could be improved or eliminated and these are discussed above. The Project has also undertaken several initiatives which are not defined in the scope of work, which have benefitted PVOs and contributed to the broader goal of control and prevention of HIV/AIDS.

6. The Project has been well-managed, although overexpenditures in three critical budget line items (travel/per diem, postage/shipping, and printing/duplication) need to be addressed. It is recommended that A.I.D. provide the Project with the additional \$11,000 which was authorized, but not released some months ago; and favorably consider an additional allocation of \$50,000, a portion of which could be used to finance the working group discussed above.

IV. RECOMMENDATIONS

A. GENERAL

1. The current lull in long-term foundation grants poses a serious threat to the sustainability of NCIH without growing dependence on governmental funds. While the transition in NCIH leadership and the general tightness of funds in the recession are largely responsible, and the staff and Board members are seized with the problem, NCIH must now focus the efforts of the President and relevant Board members and increase their emphasis on fund-raising from private foundation and corporate sources.

2. A.I.D. financing of NCIH activities should continue, perhaps utilizing broader funding sources from other parts of the Agency, including support by:

- relevant offices for specific activities, such as environment and population;
- the PVO office for NGO strengthening activities modeled on the AIDS Project;
- regional bureaus for international conferences held in appropriate overseas venues.

3. The utilization of the annual conference as a focal point in a process of ongoing public education and public policy formulation and advocacy should be strengthened and expanded. Possibilities for this expansion include the use of professional public relations expertise in fully exploiting the public education potential of the annual conferences, and the inclusion of a full-time policy/advocacy staff members as a high priority grant request to a private foundation.

B. AIDS

1. In the remaining year of the CA, the NCIH Project should ensure that the focus of PVO discussions which it supports are programmatic and substantive, and do not unduly concentrate on issues of funding provided to PVOs by A.I.D. or AIDSCAP.

2. Newsletters should continue for the balance of the CA, concentrating on announcements of topics of interest to PVO/NGOs and articles which share information about activities and program strategies.

3. Workshops should continue for the balance of the CA, with venues outside Washington, DC when possible, to maximize attendance by non-East Coast-based PVO/NGOs. Workshop report formats should be revised to include summaries and analysis.

4. The plan to conduct another PVO survey and to reissue the PVO inventory should be reconsidered, given their limited benefit to PVO/NGOs, and the staff time they consume.

5. The Project Manager's travel should be carefully planned given limited travel funds for the remainder of the CA. Participation in the WHO/GPA Management Committee should not be a priority, if attendance at that meeting precludes attendance at the international or regional AIDS conferences, which are more relevant to PVO/NGOs.

6. A.I.D. funding for a PVO/NGO effort should be continued, although new forms of activities will be called for, since both the epidemic and PVO/NGO program capacities in the HIV/AIDS field are changing. While there will still be a need for A.I.D. assistance to provide a forum for networking among U.S.-based PVOs at some level, a major focus of the next Project should be to improve the capacity of indigenous NGOs to combat the HIV/AIDS epidemic in their countries. The next Project will need to be structured, designed, and budgeted appropriately for this new focus.

7. To help design future A.I.D. support, in the remaining year of the CA, the Project should convene a small working group of PVOs, NGOs, A.I.D. and relevant others to review current PVO/NGO capacities and needs with a view to ascertaining an appropriate role for A.I.D.'s support to a Project which supports PVOs and NGOs in future.

**SCOPE OF WORK
NATIONAL COUNCIL FOR INTERNATIONAL HEALTH
COOPERATIVE AGREEMENT DPE-5972-00-1010-00
MID-TERM EVALUATION**

Activity: NCIH cooperative agreement number DPE-5972-A-00-1010-00

Purpose:

1. to assess accomplishments to date;
2. to review the relevance, effectiveness, efficiency, impact and sustainability; and
3. to make recommendations for continuation and/or improvement of this agreement and on future relationships between NCIH and A.I.D.

Background: In April 1989, the Agency for International Development (A.I.D.) signed a two-year agreement with the National Council for International Health (NCIH). This agreement continued support for NCIH's annual conference and added a second component, development on an HIV/AIDS PVO network. In 1990 an evaluation was conducted that made specific recommendations for the strengthening and expanding the PVO network component. In May of 1991, the A.I.D. signed a new three-year cooperative agreement with the NCIH for \$1,050,000. This agreement was a follow-on to the earlier cooperative agreement with NCIH and continued support to the annual conference (total of 8 years) and an HIV/AIDS Initiative (total of 5 years).

The PVO network, part of the HIV/AIDS Initiative, grew out of the need to attract PVOs working in population and other areas of health to begin work in HIV/AIDS prevention. The Agency, recognizing the strength of PVOs in health and development, wanted to encourage PVOs to expand their activities to include HIV/AIDS prevention. NCIH initiated a network of PVOs designed to do just that. A.I.D.'s primary contribution to the network included support for semi-annual workshops and six newsletters each year. The full program description and cooperative agreement are attached.

An outcome of the 1990 evaluation (attached) was a recommendation to continue support to the NCIH and specific recommendations for improving the PVO network and expanding the HIV/AIDS Initiative component. These recommendations were to be incorporated into the follow-on cooperative agreement awarded in May 1991. This evaluation should consider the recommendations of the 1990 evaluation when accessing the current cooperative agreement.

Since this Cooperative Agreement really supports two separate activities the scope of work/questions for the evaluation are divided into two sections, one for the HIV/AIDS PVO Network and the other for the Annual Conference.

HIV/AIDS PVO Network Evaluation Questions:

Standard A.I.D.-required questions:

Is NCIH achieving satisfactory progress toward meeting the goals and objectives of the cooperative agreement's PVO HIV/AIDS Initiative component? The goal is to "increase PVO involvement in HIV/AIDS prevention activities". The objectives are to:

1. Expand the composition of the PVO network.
2. Strengthen coordination and collaboration of U.S.-based PVOs involved internationally in HIV/AIDS-related activities.
3. Strengthen the role of PVOs, both U.S. & indigenous, in policy planning and programming activities which directly affect them.
4. Establish a coordinated mechanism for assisting PVOs/NGOs in service delivery and maximize their resources to address priority problems.

What have been the accomplishments to date?

Are the effects of the project being produced at an acceptable cost compared with alternatives approaches to accomplishing the same objectives?

What has been learned (both positive and negative), thus far, from the PVO HIV/AIDS Initiative component of the cooperative agreement?

Is the Agency's support to the PVO HIV/AIDS Initiative an effective use of funds?

Is the network sustainable or working toward sustainability?

Does A.I.D.'s support contribute to the goals and objectives of the umbrella AIDS Technical Support Project (936-5972 attached)?

Management Performance:

Is the HIV/AIDS Initiative integrated into other NCIH activities?

Have annual workplans been submitted in accordance with the cooperative agreement?

Were all workshops and international travel approved by the Cognizant Technical Officer?

Are financial reports submitted quarterly to A.I.D.'s financial management office?

Has there been prudent expenditures of funds?

Are funds budgeted to support necessary newsletters and workshops?

AIDS Initiative Activities

Workshops Have the workshops promote information exchange about on-going HIV/AIDS-related activities overseas?

How have the workshops contributed to the objectives of the cooperative agreement?

Network Has the network expanded to an intersectoral and multisectoral network of PVOs/NGOs from fields other than health and population?

How does the network coordinate and collaborate in sharing of resources, expertise and skills?

Meetings Have the PVOs met with the U.S. delegation to WHO/GPA Management Committee meetings?

What other meetings/activities have been held which are conducive to strengthening the role of PVOs/NGOs in policy planing and programming.?

Survey How useful was the survey? How are the results currently being used? Is this effort duplicative? How comprehensive is the information? Did the survey have a sound design?

Other What mechanism has been established for assisting PVOs/NGOs in service delivery?

What mechanism has been established to assist PVOs/NGOs to maximize their resources?

Relationship to A.I.D.'s programs:

Has NCIH collaborated with other bureaus in A.I.D.?

Do the objectives of the HIV/AIDS Initiative contribute to the objectives and goals of the Agency's HIV/AIDS prevention program? In what ways specifically?

Are there other existing mechanisms that could carry out the same activities and meet the same objectives? What are they?

Is there any duplication of activities among other components of the AIDS Technical Support project? Where?

What elements are unique to NCIH as an institution as base for the PVO HIV/AIDS Initiative?

Is there a logical role for NCIH that they currently don't have in regard to the Agency's HIV/AIDS prevention program?

Annual Conference Evaluation Questions:

The purpose of this mid-term evaluation of the annual conference is to provide R&D/H and NCIH with:

- an assessment of the activities the NCIH has carried out (and will be carrying out) under the current Cooperative Agreement with R&D/H,
- guidance on possible future relationships between NCIH and AID.

An important part of this evaluation will be an assessment of the degree to which the conference meets the criteria of the new system of earmarks that AID will be using for 1993.

standard A.I.D.-required questions:

Are the objectives of the cooperative agreement regarding the annual conference being met?

What have been the accomplishments to date?

Are the accomplishments being produced at an acceptable cost compared with alternative approaches to accomplishing the same objectives?

Is A.I.D.'s support of the annual conference an effective use of funds?

Is the conference sustainable or working towards sustainability?

Does A.I.D.'s support of the conference contribute to the goals and objectives of A.I.D.'s health and child survival programs?

Management Performance:

Have annual workplans been submitted in accordance with the cooperative agreement?

Were all workshops and international travel approved by the Cognizant Technical Officer?

Are financial reports submitted quarterly to A.I.D.'s financial management office?

Has there been prudent expenditure of funds?

Are funds budgeted to support the various elements of the conference?

Relationship to A.I.D.'s programs:

Is the Annual Conference relevant to A.I.D.'s (Washington and Missions) needs for policy development and advocacy for international health programs? Can the same be said for family planning and nutrition?

What do individuals who attend the Annual Conference have to say about its value to them personally, to the organizations that they are affiliated with and the health professionals in general.

Is the conference seen as an important part of R&D/H's program by A.I.D. Missions?

Since the annual NCIH Conference is one of the only annual sectoral professional conferences for which AID provides the majority of the funds, should the conference become more self-supporting?

Is the Conference relevant to the needs of the international health community? Does it influence policy makers outside of international health? Does it provide an essential stage for education?

Given the earmark criteria for health and child survival programs, is continued A.I.D. support of the Conference appropriate?

Is NCIH still trying to move away from a USAID supported conference? How successful has NCIH been? What is the potential for NCIH finding other sources of support for the conference, or making the conference self-financing?

If RD/H's annual contribution to the conference (\$200,000) is less than NCIH actually expends on the Conference (eg expenditures minus revenues) how are the surplus funds used? Are they being used to further the objectives of the CA?

The current Cooperative Agreement provides support for the planning of the annual 1994 conference. What could be expected to happen if R&D/H did not provide support past the current Cooperative Agreement?

Methods and Procedures: The evaluation will be conducted by two evaluators. One will have a broad background in international health and be familiar with A.I.D. The other will be familiar with PVOs and HIV/AIDS programs. The duration of the evaluation will be three weeks over a 6 week period. The evaluators will undertake a variety of evaluation methods including: interviewing current and past A.I.D. and current and past NCIH staff; reviewing documents and files of both; interviewing a non-biased sample of PVO representatives and A.I.D. Missions; possibly a secondary analysis of the PVO survey; and other methods as the evaluators deem necessary and appropriate.

Team Composition: One senior public health specialist familiar

with both NCIH and A.I.D., plus someone with experience with the PVO AIDS Initiative of the NCIH cooperative agreement. At a minimum an evaluator who has experience with PVOs/NGOs and who has a general understanding of A.I.D. is required. No foreign language is required.

Reporting Requirements: The evaluators will submit a written evaluation report with an executive summary. The report should include a brief executive summary, a description of evaluation methods, findings, lessons learned, conclusions and recommendations. Annexes should include data and records collected and used to support findings. An oral debrief session in Washington with project staff will be necessary.

Illustrative Timeline: (15 working days over a six week period)

- Day 1 Meet in Washington with project office and collect written information from files
1. Helene Gayle HIV/AIDS Division Chief,
 2. Victor Barnes HIV/AIDS Deputy Division Chief, and
 3. Erin Soto Project Manager.
 4. Allen Randlov, Cognizant Technical Officer
 5. Robert Wrin, Acting Director Office of Health
- Day 2 Meet in Washington with NCIH staff and collect written information from files
1. Elliot Putnam, President NCIH
 2. Frank Lustumbo, Vice President NCIH
 3. Paurvi Bhatt, HIV/AIDS Network Project Manager
 4. Brit Saksvig, Conference Manager
 5. Financial Manager
- Day 3-4 Read written information and begin analysis
- Day 5-6 Follow up with questions phone fax
- Day 7 Talk with Shamseh Poonawala and Krystn Wagner (former project managers).
Talk with sample of PVOs/Missions
- Day 8-9 Analysis and evaluation
- Day 10 First draft of evaluation due to R&D/H, Erin Soto and Allen Randlov.
- Day 11 Receive written and verbal comments from R&D/H and make any recommended changes.
- Day 12 Second draft of evaluation due to R&D/H which will obtain NCIH's comments.
- Day 13 Final evaluation due to R&D/H.
- Day 14 Briefing on evaluation findings and recommendation.
- Day 15 Submit the project evaluation summary.

PERSONS CONTACTED

AID STAFF:

Victor Barnes, Deputy Chief, AIDS Division, RD/H/AIDS
Helene Gayle, Chief, AIDS Division, RD/H/AIDS
Allen Randlov, Office of Health -- CTO
Erin Soto, Project Manager, RD/H/AIDS
Melody Trott, Office of Health
Anno Van Dusen, Acting Assistant Administrator, AA/RD
Bob Wrin, Acting Director, Office of Health

NCIH BOARD:

Peggy Curlin, President, CEDPA
Barry Smith, (Chair) Director, The Health Foundation
James Sheffield, President, African Med. & Res. Foundation
Linda Vogel, Dep. Dir., HHS/OIH

NCIH STAFF:

Paurvi Bhatt, AIDS Project Manager
Frank Lostumbo, Vice President
Elliot Putnam, President
Brit Saksvig, Conference Manager
Al Witt, Finance

PVO REPRESENTATIVES:

Adrienne Allison, Vice President, CEDPA
Anno Duggan, AIDS Coordinator, CRS
Christopher Elias, The Population Council
Geeta Gupta, International Center for Research on Women
Pamela Hartigan, PAHO
Evy Hay, Director of Training Department, MAP International
Jill Johnson, Training Coordinator, Milwaukee International Training Center
Zoe Kopp, Consultant (formerly with CARE)

Mary Anne Mercer, Programme Director, Support for NGO AIDS Prevention, Johns Hopkins University

Kaiya Montaocean, Co-Director, Center for Natural and Traditional Medicines (CNTM)

Patricia Bradley Neu, Program Manager, Development Management, Projects in International Development and Training, World Learning, Inc.

John B.K. Rutayuga, President, Executive Director, Ukimwi Orphans Assistance, Inc., and Co-Director, Center for Natural and Traditional Medicines (CNTM)

Marjorie A. Souder, AIDS Program Coordinator, Project HOPE Health Sciences Education Center

AIDSCAP STAFF:

Wendy Githens, PVO Grants
Gail Goodridge, Office of Country Programs
Tony Schwarzwald, Deputy Director

OTHER:

Kathleen Cravero, NGO Liaison Officer, Global Programme on AIDS, World Health Organization

Jeffrey Harris, Assistant to the Deputy Director for Public Health Practice, CDC, and former A.I.D. AIDS Director

Jeff O'Malley Global AIDS Policy Coalition

Shamseh Poonawala, former Project Director, NCIH PVO/AIDS

Patricia Baldi Waak, Director, Population Programs, National Audubon Society (former evaluator of the NCIH project)

MATERIALS REVIEWED

USAID DOCUMENTS:

USAID, Project Authorization Amendment No. 2, AIDS Technical Support (project number 936-5972)

USAID/NCIH Cooperative Agreement No. DPE-5929-A-00-1010-00 and Scope of Work

NCIH DOCUMENTS:

Proposal from the National Council of International Health to the Agency for International Development for a Cooperative Agreement, March 1, 1991

PVO/AIDS Working Group for HIV/AIDS "flexible funding", draft concept paper, 18 February 1993

PVO/AIDS Newsletters (various issues)

PVO/AIDS Quarterly reports

Proceedings of NCIH AIDS Workshops:

The HIV/AIDS Epidemic: Lessons Learned from Evaluation (February, 1991)

AIDS, NGOs, and Private Sector Initiatives (June, 1991)

Mobilizing NGOs in AIDS Internationally: Policy and Advocacy (January, 1992)

Meeting the Sexual Health Needs of Women and Men: Exploring Integration of Family Planning, AIDS and STD Programs (June, 1992)

NCIH, Strategic Plan 1991 to 1995, Submitted by NCIH Strategic Planning Committee, June, 1991

NCIH, The U.S. Non-Governmental Response to the International AIDS Pandemic, 1992.

PREVIOUS EVALUATIONS:

Management Review of the Cooperative Agreement between the Agency for International Development and The National Council for International health, November, 1989.

The Pragma Corporation, Final Report, Evaluation of National Council for International Health Activity, July, 1990

OTHER DOCUMENTS:

World Health Organization Global Programme on AIDS, Draft Strategic Plan for Promotion and Support of NGOs Working on HIV and AIDS, 28 August 1992

Financial Statements for NCIH, 1990 and 1992, prepared by Goodman & Company (CPA)

LIST OF NCIH SPONSORED AIDS WORKSHOPS

1991

The HIV/AIDS Epidemic: Lessons Learnt from Evaluation. Arlington: February, 1991)

AIDS, NGOs, and Private Sector Initiatives. Arlington: June, 1991

1992

Mobilizing NGOs in AIDS Internationally: Policy and Advocacy. Los Angeles, January, 1992

Meeting the Sexual Health Needs of Women and Men: Exploring Integration of Family Planning, AIDS and STD Programs. Arlington: June, 1992

1993 (forthcoming)

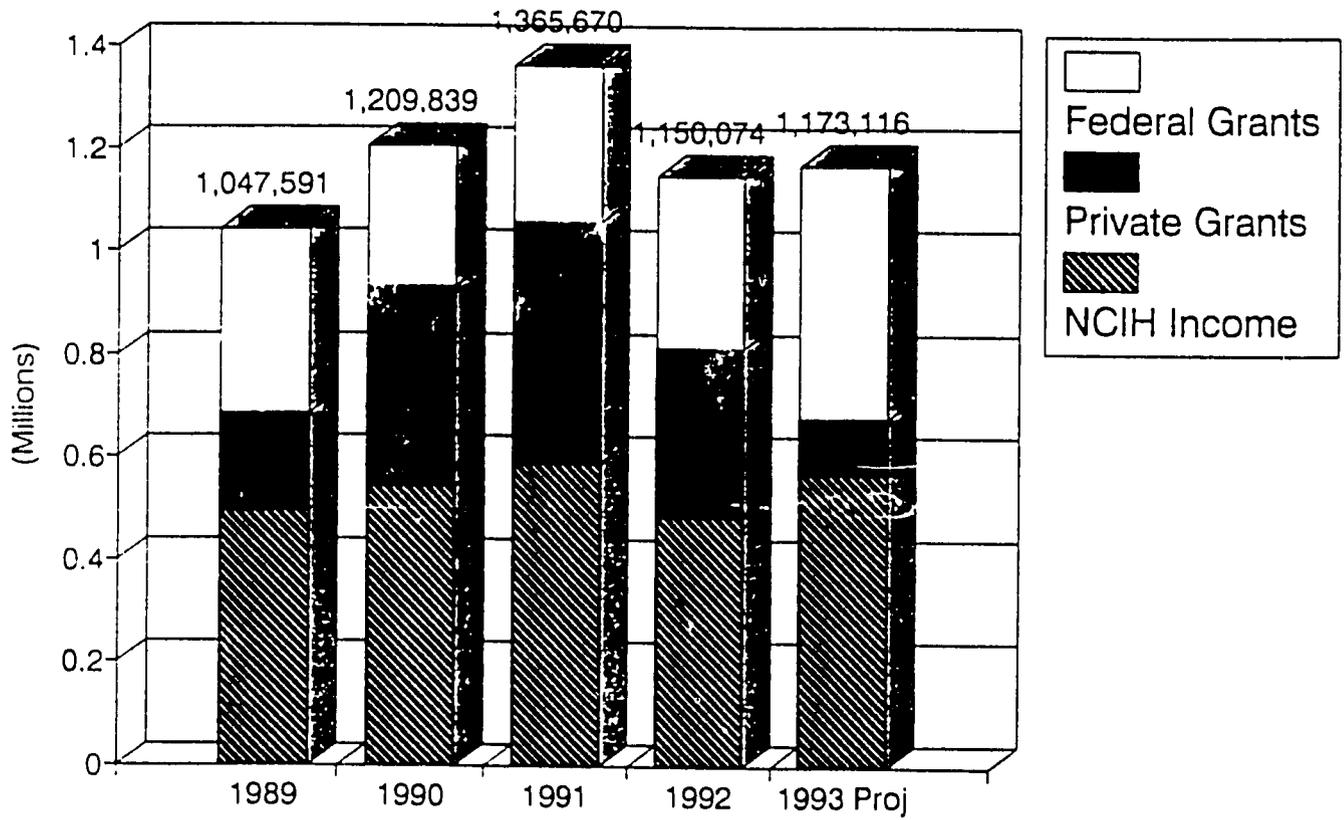
Defining future PVO agendas: Building capacity of indigenous groups responding to the AIDS pandemic. Arlington: June, 1993.

Building partnerships between international and domestic groups for a global response to the global AIDS pandemic (exact title to be determined). San Francisco: October, 1993.

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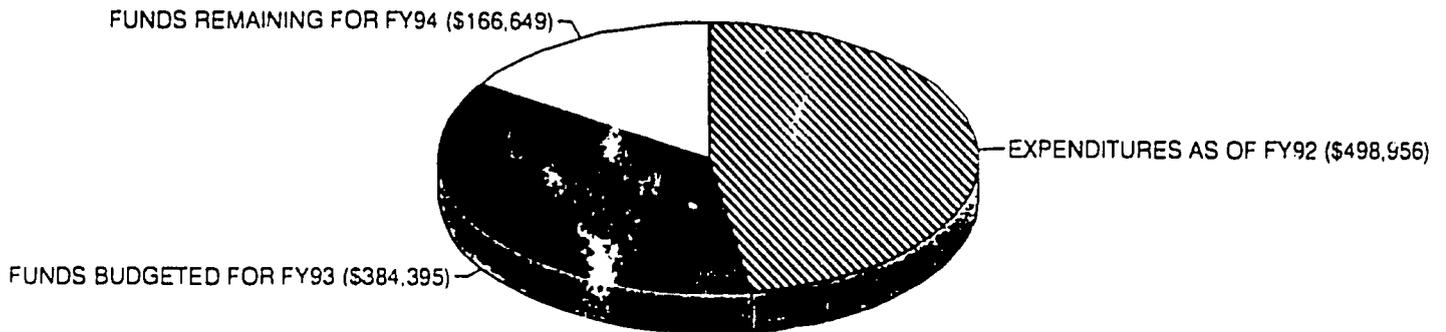
NCIH Revenue History

Comparison of Actual Revenues by Source



3-1-93

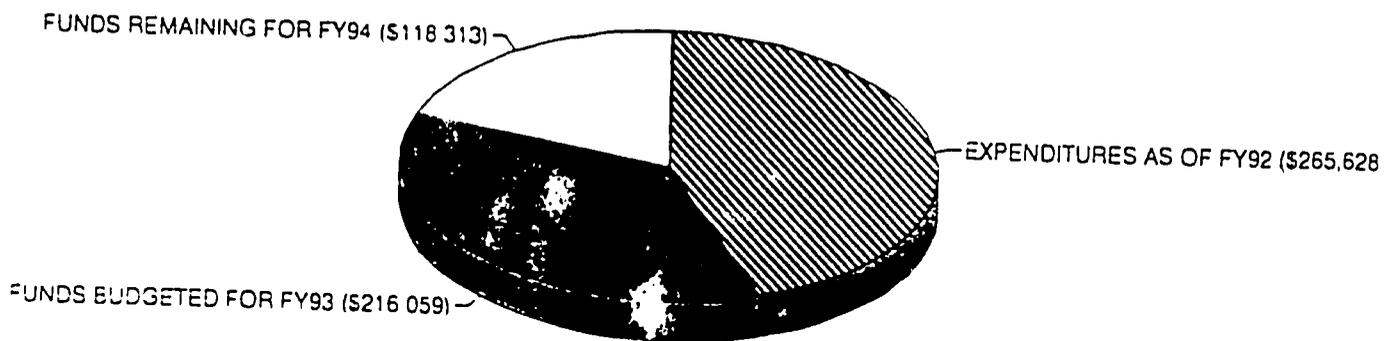
A.I.D. COOP. AGREEMENT ANALYSIS OF FUNDS AS OF SEPTEMBER 30, 1992



Total Amount of Funds \$1,050,000

3-1-93

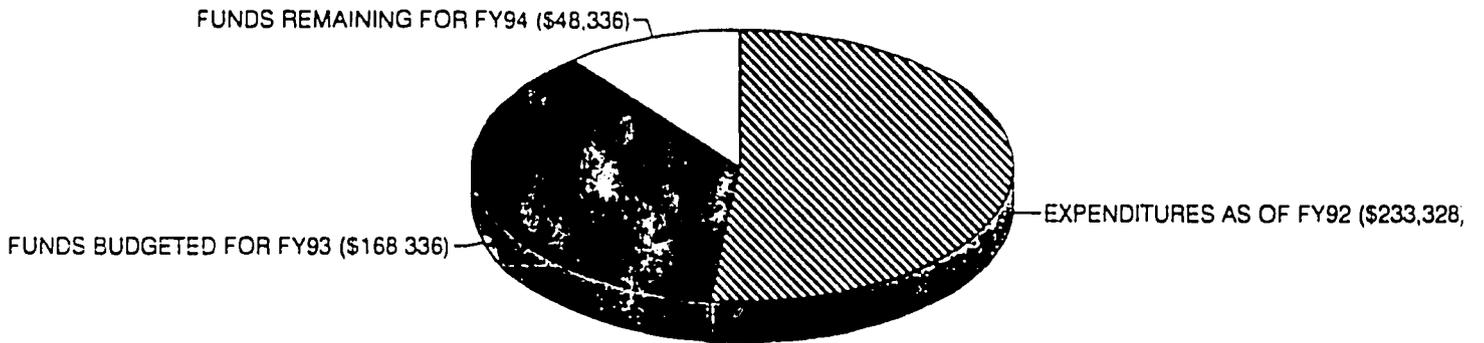
A.I.D. COOP. AGREEMENT ANALYSIS OF FUNDS AS OF SEPTEMBER 30, 1992



Total Amount of Funds \$600,000
for the Annual Conference Project

3-1-93

A.I.D. COOP. AGREEMENT ANALYSIS OF FUNDS AS OF SEPTEMBER 30, 1992



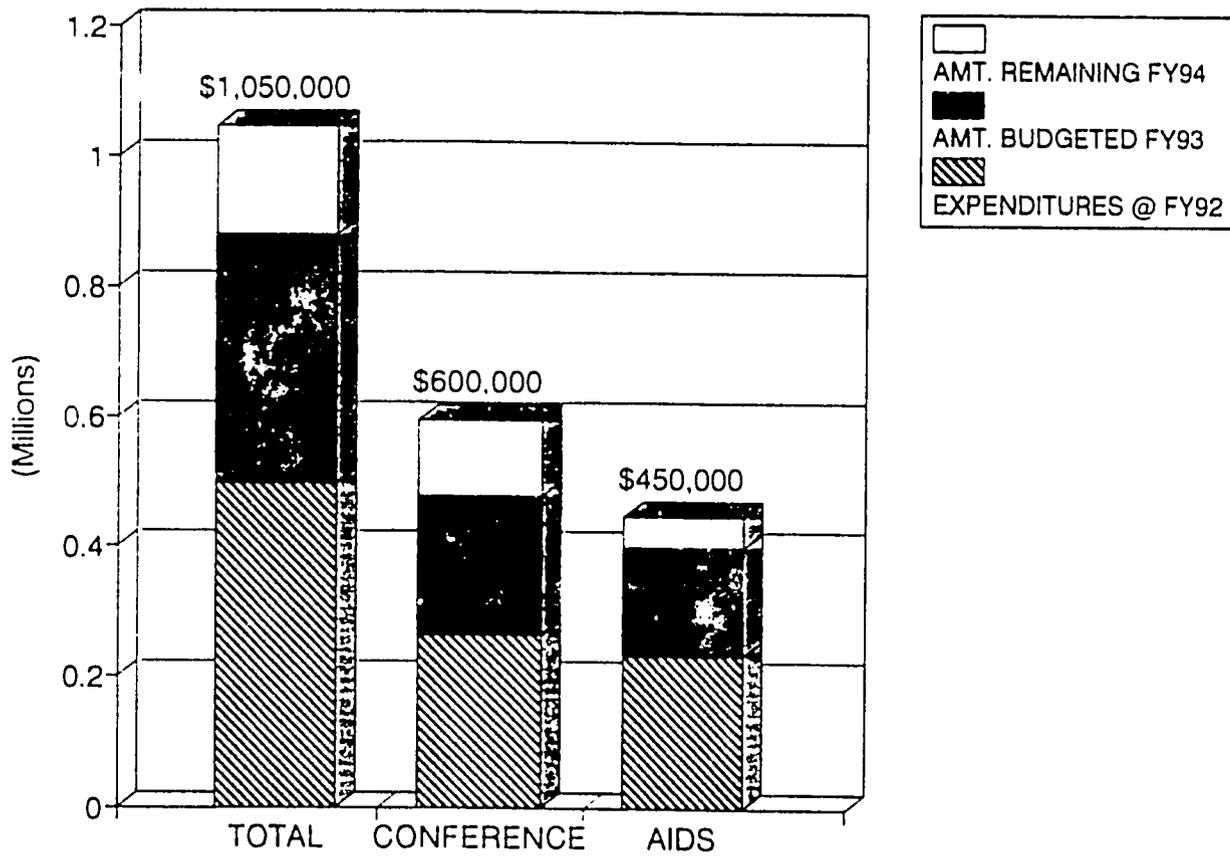
Total Amount of Funds \$450,000
for the AIDS Project

Please note that NCIH incurred over \$11K in expenses during FY92 for which funding was approved and has not been received.

40

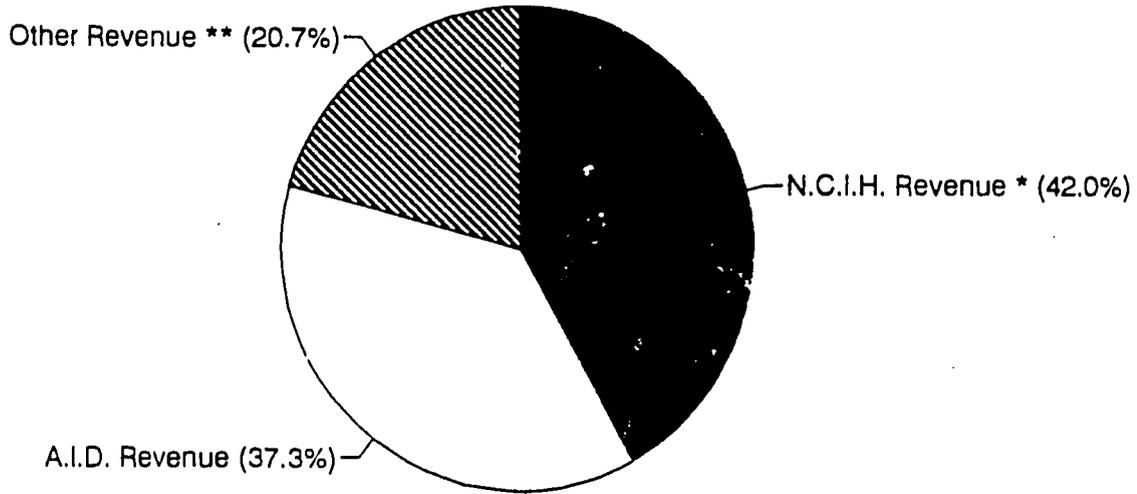
A.I.D. COOP. AGREEMENT ANALYSIS OF FUNDS AS OF SEPTEMBER 30, 1992

3-1-93



3-5-93

NCIH Annl Conf-Partnerships
Total Revenue = \$353,410

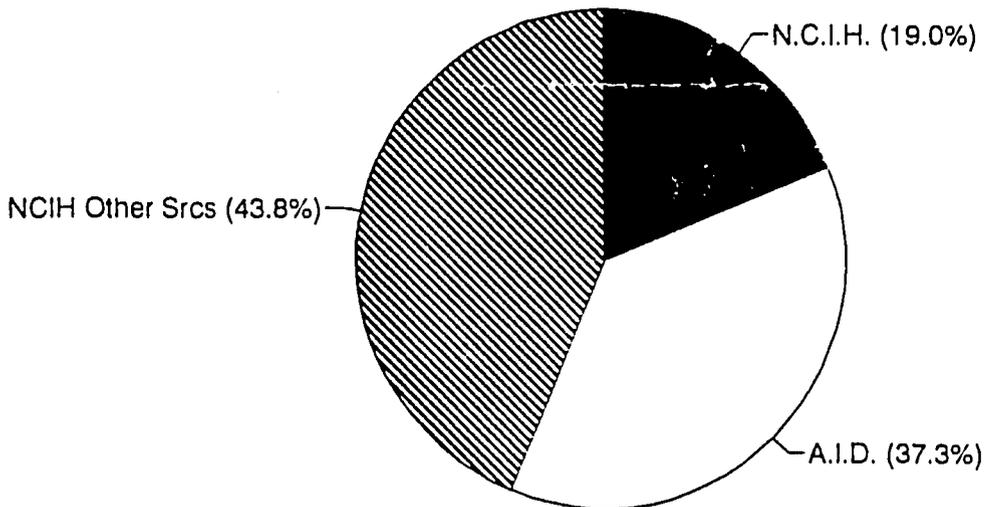


* NCIH Revenue sources generated from registration fee, exhibit rental, advertisement, etc

** Other Revenue sources generated from private grant sector

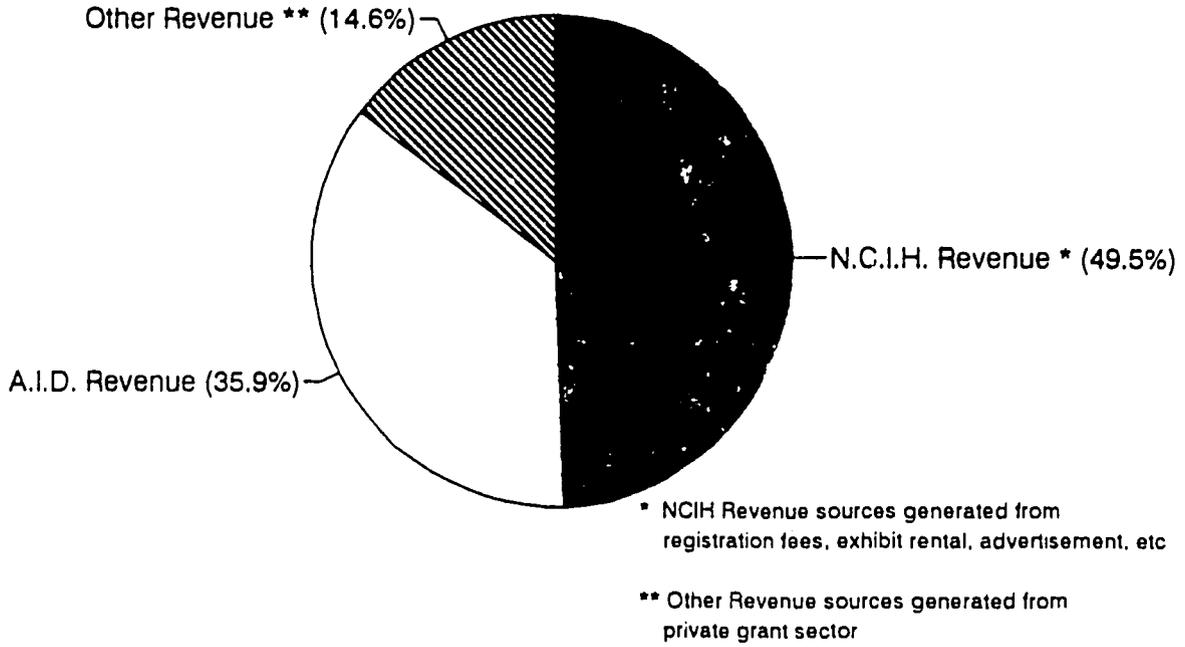
3-5-93

NCIH Annl Conf-Partnerships
Total Expenses = \$445,700



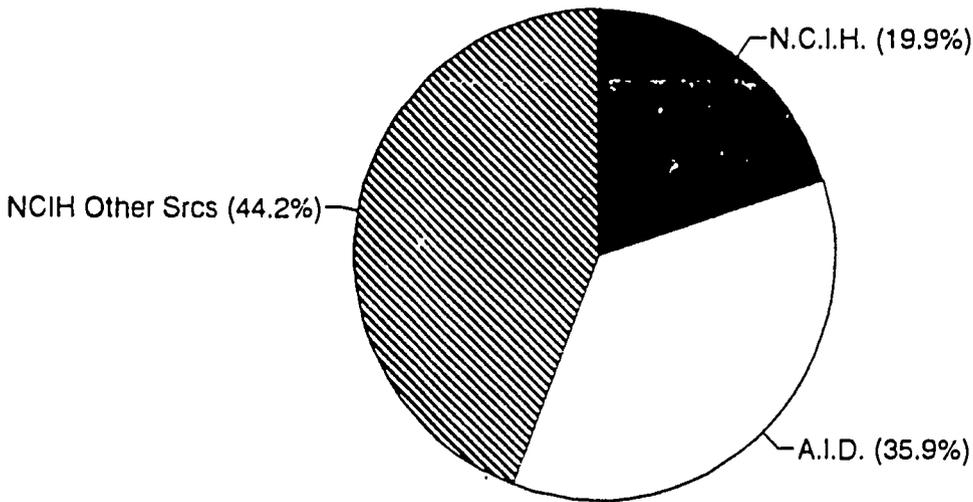
3-5-93

NCIH Anni Conf-Women's Hlth
Total Revenue = \$403,521



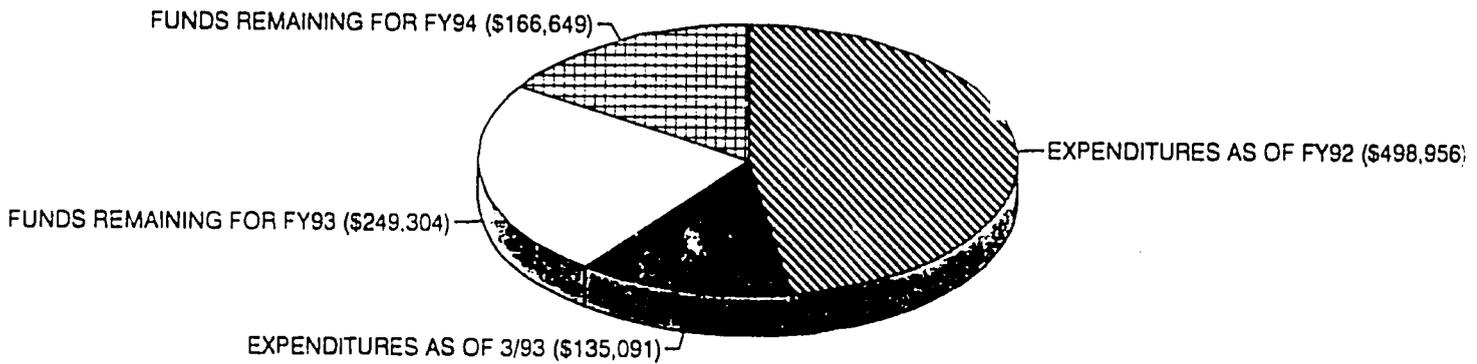
3-5-93

NCIH Anni Conf-Women's Hlth
Total Expenses = \$472,618



4-6-93

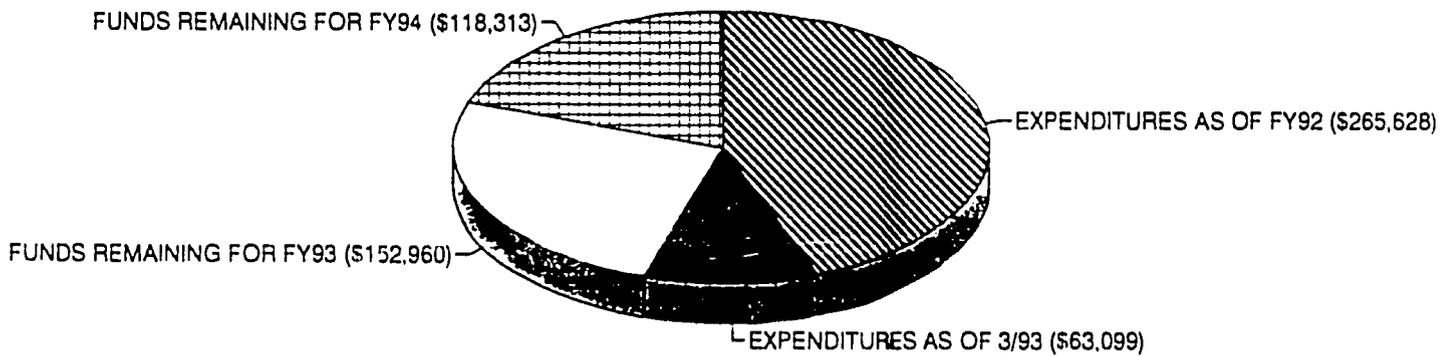
A.I.D. COOP. AGREEMENT ANALYSIS OF FUNDS AS OF MARCH 31, 1993



Total Amount of Funds \$1,050,000

4-6-93

A.I.D. COOP. AGREEMENT ANALYSIS OF FUNDS AS OF MARCH 31, 1993

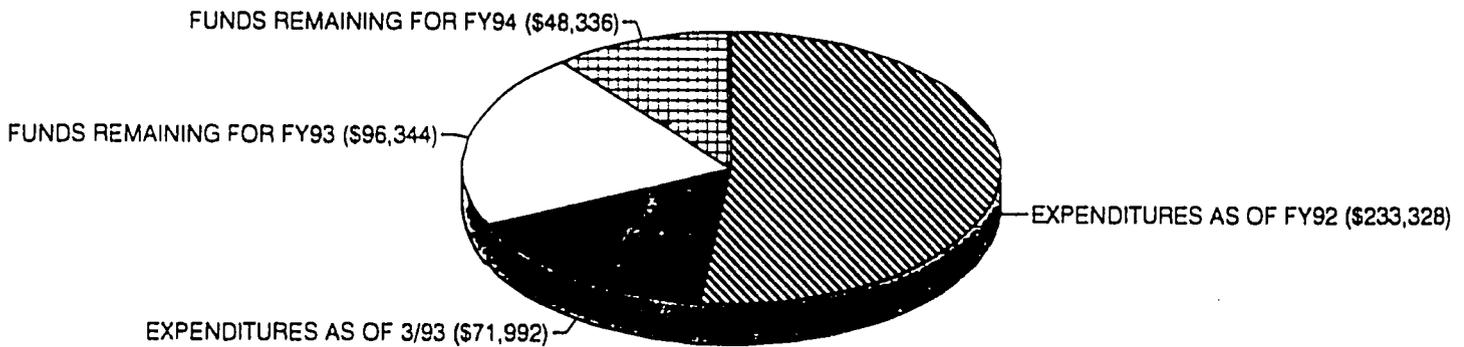


Total Amount of Funds \$600,000
for the Annual Conference Project

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A.I.D. COOP. AGREEMENT ANALYSIS OF FUNDS AS OF MARCH 31, 1993

4-6-93



Total Amount of Funds \$450,000
for the AIDS Project

Please note that NCIH incurred over \$11K in expenses during FY92 for which funding was approved and has not been received.

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INCOME AND EXPENSE STATEMENT AS OF 01/31/93
AID-Conference Sport 204

	PTD NET JAN 93	PTD BUDGET JAN 93	VARIANCE	YTD NET OCT-JAN 93	YTD BUDGET OCT-JAN 93	VARIANCE
REVENUE						
Grants/Contracts - Govt	14,649.97	15,454.42	804.45	37,868.85	42,772.68	4,903.83
Grants/Contracts - Prvt	.00	.00	.00	.00	.00	.00
Membership/Contributions	.00	.00	.00	.00	.00	.00
Registration Fees	.00	.00	.00	.00	.00	.00
Conference Rental	.00	.00	.00	.00	.00	.00
Advertisement	.00	.00	.00	.00	.00	.00
Publication/Network Sales	.00	.00	.00	.00	.00	.00
Office Rental	.00	.00	.00	.00	.00	.00
Interest Income	.00	.00	.00	.00	.00	.00
Miscellaneous Income	.00	.00	.00	.00	.00	.00
Total Revenues	14,649.97	15,454.42	804.45	37,868.85	42,772.68	4,903.83
EXPENSES						
Salaries & Wages	3,898.38	4,070.50	172.12	15,554.16	16,282.00	727.84
Employee Benefits	779.67	814.07	34.40	3,110.82	3,256.28	145.46
Professional Fees	3,219.13	5,250.00	2,030.87	4,314.13	6,550.00	2,235.87
Travel & Per Diem	.00	.00	.00	.00	.00	.00
Representation	.00	.00	.00	.00	.00	.00
Meeting Expenses	.00	.00	.00	298.31	650.00	351.69
Telephone	.00	.00	.00	.00	.00	.00
Supplies	.00	.00	.00	.00	.00	.00
Postage & Shipping	.00	.00	.00	.00	.00	.00
Printing & Duplication	.00	.00	.00	.00	.00	.00
Resource Aids/Sub Grants	.00	.00	.00	.00	.00	.00
Misc/Depreciation/Bad Dbt	.00	.00	.00	.00	.00	.00
Total Variable	7,897.18	10,134.57	2,237.39	23,277.42	26,738.28	3,460.86
FIXED EXPENSES						
Occupancy	2,301.86	1,074.53	1,227.33-	4,296.00	4,298.12	2.12
Equipment Rental/Purchase	600.00	200.16	399.84-	600.00	800.64	200.64
Repairs & Maintenance	350.00	70.06	279.94-	350.00	280.24	69.76-
Insurance	500.00	125.10	374.90-	500.00	500.40	.40
Total Fixed	3,751.86	1,469.85	2,282.01-	5,746.00	5,879.40	133.40
Total Variable & Fixed	11,649.04	11,604.42	44.62-	29,023.42	32,617.68	3,594.26
Overhead	3,000.93	3,850.00	849.07	8,845.43	10,155.00	1,309.57
Total Expenses	14,649.97	15,454.42	804.45	37,868.85	42,772.68	4,903.83
NET GAIN (COST)	.00	.00	.00	.00	.00	.00

INCOME AND EXPENSE STATEMENT AS OF 01/31/93
AID-AIDS Initiative 205

	PTD NET JAN 93	PTD BUDGET JAN 93	VARIANCE	YTD NET OCT-JAN 93	YTD BUDGET OCT-JAN 93	VARIANCE
REVENUE						
Grants/Contracts - Govt	\$ 13,856.37	13,674.15	184.22-	47,775.87	48,769.60	993.73
Grants/Contracts - Prvt	.00	.00	.00	.00	.00	.00
Membership/Contributions	.00	.00	.00	.00	.00	.00
Registration Fees	.00	.00	.00	.00	.00	.00
Conference Rental	.00	.00	.00	.00	.00	.00
Advertisement	.00	.00	.00	.00	.00	.00
Publication/Network Sales	109.00	.00	109.00-	520.85	.00	520.85-
Office Rental	.00	.00	.00	.00	.00	.00
Interest Income	.00	.00	.00	.00	.00	.00
Miscellaneous Income	61.00	.00	61.00-	243.00	.00	243.00-
Total Revenues	14,046.37	13,674.15	374.22-	48,539.72	48,769.60	229.88
EXPENSES						
Salaries & Wages	5,546.56	5,362.39	184.17	23,551.76	22,931.00	620.76-
Employee Benefits	1,109.71	1,146.56	36.87	4,710.36	4,586.32	124.04-
Professional Fees	.00	600.00	600.00	.00	600.00	600.00
Travel & Per Diem	.00	15.00	15.00	47.00	15.00	32.00-
Representation	.00	.00	.00	89.88	.00	89.88-
Meeting Expenses	.00	.00	.00	.00	.00	.00
Telephone	263.24	450.00	166.76	1,066.33	1,150.00	83.67
Supplies	.00	70.00	70.00	8.16	70.00	61.84
Postage & Shipping	483.46	450.00	33.46-	1,073.39	1,350.00	276.61
Printing & Duplication	.00	400.00	400.00	95.88	485.00	389.12
Resource Aids/Sub Grants	.00	10.00	10.00	5.00	15.00	10.00
Misc/Depreciation/Bad Dbt	.00	.00	.00	.00	.00	.00
Total Variable	7,425.01	7,474.13	1,449.32	30,647.76	31,202.32	554.56
FIXED EXPENSES						
Occupancy	1,301.56	1,174.53	1,227.33-	4,296.00	4,296.11	2.12
Equipment Rental/Purchase	510.00	170.14	339.86-	510.00	680.56	170.56
Repairs & Maintenance	300.00	40.05	239.95-	300.00	240.20	59.80-
Insurance	500.00	125.10	374.90-	500.00	500.40	.40
Total Fixed	3,611.56	1,429.82	2,182.04-	5,606.00	5,719.26	113.26
Total Variable & Fixed	11,036.57	10,304.15	732.72-	36,253.76	36,921.60	667.84
Overhead	2,621.50	1,370.00	546.50	11,611.99	11,848.00	236.01
Total Expenses	13,858.37	13,674.15	184.22-	47,865.75	48,769.60	903.85
NET GAIN (COST)	190.00	.00	190.00-	673.97	.00	673.97-

JANUARY 1993
 Grant/Contract Analysis Report
 Name: AID WDPF-5929-A 00-1010 00
 Period: April 1, 1991 - March 31, 1994

Consolidated Report

VARIABLE EXPENSES	TOTAL	EXPENDITURES									
	GRANT/CONTRACT BUDGET	Current Month	Cumulative Expenditures	% of Total Exp. to Date	CUMULATIVE	APR - MAR 92	APR 92 - SEP 92	OCT-NOV	DEC	JAN	FEB
SALARIES	312,382.00	9,446.96	211,069.90	68%	211,069.90	103,553.50	68,410.48	20,643.13	9,015.83	9,446.96	0.00
BENEFITS	78,095.00	1,889.38	43,260.19	55%	43,260.19	21,756.90	13,682.11	4,128.64	1,803.16	1,889.38	0.00
PROFESSIONAL FEES	137,091.00	1,219.13	47,064.27	34%	47,064.27	22,349.00	20,401.14	1,095.00	0.00	3,219.13	0.00
TRAVEL & PER DIEM	36,364.00	0.00	23,070.83	63%	23,070.83	15,197.35	7,826.48	0.00	47.00	0.00	0.00
REPRESENTATION	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEETING EXPENSES	121,803.00	0.00	53,014.11	44%	53,014.11	27,737.19	24,978.61	272.15	26.16	0.00	0.00
TELEPHONE	11,034.00	283.24	5,826.52	53%	5,826.52	3,118.22	1,641.97	462.19	320.90	283.24	0.00
SUPPLIES	6,258.00	0.00	555.06	9%	555.06	400.75	146.15	0.00	8.16	0.00	0.00
POSTAGE & SHIPPING	2,516.00	483.48	7,890.64	314%	7,890.64	3,821.45	2,995.80	483.05	106.86	483.48	0.00
PRINTING & DUPLICATING	6,305.00	0.00	5,765.81	91%	5,765.81	1,957.83	3,712.10	34.17	61.71	0.00	0.00
RESOURCE AIDS	1,783.00	0.00	83.00	5%	83.00	78.00	0.00	5.00	0.00	0.00	0.00
MISCELLANEOUS	0.00	0.00	33.00		33.00	33.00	0.00	0.00	0.00	0.00	0.00
TOTAL VARIABLE	713,631.00	15,322.19	397,633.33	56%	397,633.33	200,003.19	143,794.84	27,123.31	11,389.78	15,322.19	0.00
FIXED EXPENSES											
OCCUPANCY	53,215.00	4,603.72	32,427.36	61%	32,427.36	16,257.12	7,578.24	2,526.08	1,462.20	4,603.72	0.00
EQUIPMENT RENTAL	6,080.00	1,110.00	1,610.84	26%	1,610.84	500.84	0.00	0.00	0.00	1,110.00	0.00
REPAIRS & MAINTENANCE	2,086.00	650.00	828.40	40%	828.40	178.40	0.00	0.00	0.00	650.00	0.00
INSURANCE	3,808.00	1,000.00	1,000.00	26%	1,000.00	0.00	0.00	0.00	0.00	1,000.00	0.00
TOTAL FIXED	65,189.00	7,363.72	35,866.60	55%	35,866.60	16,936.36	7,578.24	2,526.08	1,462.20	7,363.72	0.00
OVERHEAD 38%	271,180.00	0.00	101,100.00	37%	101,100.00	75,001.20	54,642.04	10,305.87	4,328.12	5,822.43	0.00
TOTAL EXPENSES	1,050,000.00	22,685.91	534,599.93	51%	534,599.93	281,940.75	206,015.12	39,955.28	17,180.10	28,508.34	0.00

Analysis

1 Total Approved Funding Level	1,050,000.00
2 Total Amount of Funding Collected	573,495.17
3 Total Cumulative Expenditures	584,600.58
4 Balance of Collected Funds	(11,105.41)
5 Funds Remaining for Current FY	281,794.92
6 Funds Setaside for Future FY	183,604.50

CONFAID2

2/11

09-Feb-93

JANUARY 1993
 Grant/Contract Analysis Report
 Name: AID #DFE-5929-A-00-1010-00
 Period: April 1, 1991 - March 31, 1994

Annual Conference Support

VARIABLE EXPENSES	TOTAL GRANT/CONTRACT BUDGET	EXPENDITURES-----				CUMULATIVE	APR MAR 92	APR 92 - SEP 92	OCT-NOV	DEC	JAN	FEB
		Current Month	Cumulative Expenditures	% of Total Exp. to Date								
SALARIES	120,552.00	3,898.38	89,435.22	74%	89,435.22	42,887.90	30,993.16	8,226.99	3,428.79	3,898.38		
BENEFITS	30,138.00	779.67	18,309.88	61%	18,309.88	9,000.42	6,198.64	1,645.40	685.75	779.67		
PROFESSIONAL FEES	131,700.00	3,219.13	42,800.52	32%	42,800.52	20,274.00	18,212.39	1,095.00		3,219.13		
TRAVEL & PER DIEM	18,915.00		5,970.83	32%	5,970.83	2,775.89	3,194.94					
REPRESENTATION	0.00		0.00		0.00							
MEETING EXPENSES	109,193.00		50,362.74	46%	50,362.74	25,905.17	24,159.26	272.15	26.16			
TELEPHONE			0.00		0.00							
SUPPLIES			0.00		0.00							
POSTAGE & SHIPPING			0.00		0.00							
PRINTING & DUPLICATING			0.00		0.00							
RESOURCE AIDS			0.00		0.00							
MISCELLANEOUS			0.00		0.00							
TOTAL VARIABLE	410,498.00	7,897.18	206,879.19	50%	206,879.19	100,843.38	82,758.39	11,239.54	4,140.70	7,897.18	0.00	
FIXED EXPENSES												
OCCUPANCY	27,257.00	2,301.86	16,213.68	59%	16,213.68	8,128.56	3,789.12	1,263.04	731.10	2,301.86		
EQUIPMENT RENTAL	3,271.00	600.00	850.42	26%	850.42	250.42				600.00		
REPAIRS & MAINTENANCE	1,068.00	350.00	439.20	41%	439.20	89.20				350.00		
INSURANCE	1,917.00	500.00	500.00	26%	500.00					500.00		
TOTAL FIXED	33,513.00	3,751.86	18,003.30	54%	18,003.30	8,468.18	3,789.12	1,263.04	731.10	3,751.86	0.00	
OVERHEAD 38%	155,989.00	3,000.93	78,614.08	50%	78,614.08	38,320.47	31,448.19	4,271.03	1,573.47	3,000.93	0.00	
TOTAL EXPENSES	600,000.00	14,649.97	393,496.57	66%	393,496.57	147,632.03	117,995.70	16,773.61	6,445.27	14,649.97	0.00	

Analysis

1. Total Approved Funding Level	600,000.00
2. Total Amount of Funding Collected	292,391.15
3. Total Cumulative Expenditures	393,496.57
4. Balance of Collected Funds	(11,105.41)
5. Funds Remaining for Current FY	191,586.43
6. Funds Setaside for Next FY	104,917.00

CONFAID2

09-Feb-93

JANUARY 1993
 Grant/Contract Analysis Report
 Name: AID #DFE-5929-A-00-1010-00
 Period: April 1, 1991 - March 31, 1994

AIDS Program Coordination

VARIABLE EXPENSES	TOTAL	EXPENDITURES				CUMULATIVE	APR - MAR 92	APR 92 - SEP 92	OCT-NOV	DEC	JAN	FEB
	GRANT/CONTRACT BUDGET	Current Month	Cumulative Expenditures	% of Total Exp. to Date								
SALARIES	191,830.00	5,548.58	121,634.68	63%	121,634.68	60,665.60	37,417.32	12,416.14	5,587.04	5,548.58		
BENEFITS	47,957.00	1,109.71	24,950.31	52%	24,950.31	12,756.48	7,483.47	2,483.24	1,117.41	1,109.71		
PROFESSIONAL FEES	5,391.00		4,263.75	79%	4,263.75	2,075.00	2,188.75					
TRAVEL & PER DIEM	17,449.00		17,100.00	98%	17,100.00	12,421.46	4,631.54		47.00			
REPRESENTATION	0.00		0.00		0.00							
MEETING EXPENSES	12,610.00		2,651.37	21%	2,651.37	1,832.02	819.35					
TELEPHONE	11,034.00	283.24	5,826.52	53%	5,826.52	3,118.22	1,641.97	462.19	320.90	283.24		
SUPPLIES	6,258.00		555.06	9%	555.06	400.75	146.15		8.16			
POSTAGE & SHIPPING	2,516.00	483.48	7,890.64	314%	7,890.64	3,821.45	2,995.80	483.05	106.86	483.48		
PRINTING & DUPLICATING	6,305.00		5,765.81	91%	5,765.81	1,957.83	3,712.10	34.17	61.71			
RESOURCE AIDS	1,783.00		83.00	5%	83.00	78.00		5.00				
MISCELLANEOUS			33.00		33.00	33.00						
TOTAL VARIABLE	303,133.00	7,425.01	190,754.14	63%	190,754.14	99,159.81	61,036.45	15,883.79	7,249.08	7,425.01	0.00	
FIXED EXPENSES												
OCCUPANCY	25,958.00	2,301.86	16,213.68	62%	16,213.68	8,128.56	3,789.12	1,263.04	731.10	2,301.86		
EQUIPMENT RENTAL	2,809.00	510.00	760.42	27%	760.42	250.42				510.00		
REPAIRS & MAINTENANCE	1,018.00	300.00	389.20	38%	389.20	89.20				300.00		
INSURANCE	1,891.00	500.00	500.00	26%	500.00					500.00		
TOTAL FIXED	31,676.00	3,611.86	17,863.30	56%	17,863.30	8,468.18	3,789.12	1,263.04	731.10	3,611.86	0.00	
OVERHEAD 38%	115,191.00	2,821.50	72,486.58	63%	72,486.58	37,680.73	23,193.85	6,035.84	2,754.65	2,821.50	0.00	
TOTAL EXPENSES	450,000.00	13,858.37	281,104.02	62%	281,104.02	145,108.72	88,019.42	23,182.67	10,734.83	13,858.37	0.00	

Analysis

1. Total Approved Funding Level	450,000.00
2. Total Amount of Funding Collected	281,104.02
3. Total Cumulative Expenditures	281,104.02
4. Balance of Collected Funds	0.00
5. Funds Remaining for Current FY	90,208.48
6. Funds Setaside for Next FY	78,687.50

CONFAID2

09-Feb-93

AID Cooperative Agreement
Drawdown Schedule

DATE	DRAWDOWN NUMBER	INCREASE	DECREASE	BALANCE
06-01-91	Forwarding Balance			0.00
06-14-91	Amendment #14	332,495.00		332,495.00
06-14-91	Drawdown #69		50,000.00	282,495.00
07-19-91	Drawdown #70		75,000.00	207,495.00
09-21-91	Drawdown #71		35,000.00	172,495.00
10-09-91	Drawdown #72		20,000.00	152,495.00
11-14-91	Drawdown #73		30,000.00	122,495.00
12-10-91	Drawdown #74		22,495.00	100,000.00
02-12-92	Drawdown #75		20,000.00	80,000.00
03-18-92	Drawdown #76		25,000.00	55,000.00
04-27-92	Amendment #15	161,000.00		216,000.00
07-08-92	Drawdown #77		96,000.00	120,000.00
07-27-92	Drawdown #78		80,000.00	40,000.00
08-05-92	Amendment #16	200,000.00		240,000.00
09-08-92	Drawdown #79		30,000.00	210,000.00
10-26-92	Drawdown #80		30,000.00	180,000.00
11-05-92	Drawdown #81		15,000.00	165,000.00
01-11-93	Drawdown #82		45,000.00	120,000.00
		693,495.00	573,495.00	120,000.00
		AIDS	(0.00)	
		Conference	11,105.41	
		Amount to Draw	11,105.41	
Total Grant Expenses		584,600.00		

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