

PD-ABH-701
86308

PROJECT CONCERN INTERNATIONAL
CHILD SURVIVAL V INITIATIVES
FOR
YUNGAS, BOLIVIA
CHUQUISACA, BOLIVIA
SOLOLA, GUATEMALA
AND
PAPUA NEW GUINEA

PART I

SUBMITTED TO
THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C.

FOR THE PERIOD SEPTEMBER 1989 THROUGH AUGUST 1994

Representative: Mr. David Wilson (619) 279-9690

PROJECT CONCERN INTERNATIONAL, 3550 AFTON ROAD, SAN DIEGO, CA 92123

23 DECEMBER 1988

TABLE OF CONTENTS

	Page
A. PCI SUMMARY TABLE.....	1
B. BACKGROUND/COMMITMENT TO CHILD SURVIVAL	
B.1. PCI Background.....	2
B.2. PCI Commitment to Child Survival.....	3
C. TRACK RECORD IN CHILD SURVIVAL	
C.1. Child Survival focus.....	4
C.2. Lessons learned.....	5
C.3. List of AID-funded PCI Child Survival programs.....	6
D. HUMAN RESOURCES FOR CHILD SURVIVAL	
D.1. Individual responsibilities.....	6
D.2. Organization diagram.....	7
D.3. Personnel qualifications chart.....	7
E. PROGRAM INFORMATION MANAGEMENT	
E.1. Program monitoring.....	7
E.2. Program evaluation.....	8
F. SCHEDULE OF ACTIVITIES.....	9
G. FINANCIAL PLAN/SUSTAINABILITY STRATEGY	
G.1. Comprehensive budget summary.....	9
G.2. Headquarters budget.....	9
G.3. Strategies for replicability and sustainability.....	9
APPENDICES	
1. Biodata of key headquarters CS staff.....	11
2. Evaluations of AID-funded CS/vitamin A projects.....	13
3. Organizational diagram.....	14
4. Qualifications chart.....	15
5. Schedule of activities (chart).....	16
6. Comprehensive budget summary.....	17
7. Negotiated indirect cost rate agreement.....	19

FORMAT A: PVO SUMMARY TABLE

I. IDENTIFICATION:

A. ORGANIZATION PROJECT CONCERN INTERNATIONAL

B. PROJECT TITLE Child Survival V-Initiatives in Yungas, Bolivia; Chuquisaca, Bolivia;

II. COUNTRIES AND TARGET POPULATION (fill in below) Solola, Guatemala; and Papua New Guinea

COUNTRY NAME:	Number of Individuals					
	< 12 Months	< 24 Months	< 60 Months* (< 5 Years)	< 72 Months** (< 6 Years)	Women 15 - 45 Years	Total Pop. in Service area
1. Bolivia-Yungas	2,758	5,731	12,032	14,131	20,033	70,078
2. Bolivia-Chuquisaca	2,406	4,580	10,427	12,236	14,314	60,907
3. Guatemala-Solola	7,591	8,432	33,868		70,000	194,749
4. Papua New Guinea	5,348	9,216	23,040		72,560	258,245

< = less than

** Only for Vitamin A Interventions

* For Child Survival Interventions

III. ACTIVITIES:

COUNTRY NAME: CIRCLE ALL ACTIVITY CODES* THAT APPLY:

1. Bolivia	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	11	12	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	20	21	22	23	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>
2. Guatemala	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	11	12	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	18	19	20	21	22	23	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>
3. Papua New Guinea	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	11	12	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	18	19	20	21	22	23	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	

* Activity Codes:

1 = distribute ORS packets

2 = ORT training

3 = promote ORT home-mix

4 = promote ORT home-base fluids

5 = dietary management of diarrhea

6 = hygiene education

7 = distribute vaccines

8 = immunize mother/children

9 = promote immunization

10 = training in immunization

11 = distribute or provide food

12 = distribute or provide Iron & Folic acid

13 = distribute or provide scales & growth charts

14 = counsel mother on breastfeeding & weaning practices

15 = promote growth monitoring

16 = training in breastfeeding & weaning practices

17 = training in growth monitoring

18 = Vit. A Nutritional education

19 = Vit. A Food production

20 = Vit. A Supplementation

21 = Vit. A Deficiency treatment

22 = Vit. A Fortification

23 = distribute contraceptives

24 = sponsor training sessions on high-risk births

25 = promote breastfeeding to delay conception or space births

26 = promote child spacing or family planning

27 = other (specify)

IF APPLICABLE TO YOUR PROJECT, PLEASE LIST THE CIRCLED NUMBERS WHERE SOCIAL MARKETING WILL BE USED.

IV. BUDGET: In thousands of dollars (\$000)

COUNTRY NAME:	COSTS		NO. YEARS OF PROJECT	A.I.D. CONTRIBUTION	PVO CONTRIBUTION	OTHER FUNDS	TOTAL COST
	FIELD	HO					
1. Bolivia	1949.3	163	5	1584.2	528.1		2112.3
2. Guatemala	1968.1	350	5	1738.6	579.5		2318.1
3. Papua New Guinea	1260.1	234	5	1120.6	373.5		1494.1
Grand Total	5177.5	747	15	4443.4	1481.1		5924.5

B. BACKGROUND/COMMITMENT TO CHILD SURVIVAL

B.1. PCI Background Project Concern International (PCI) was founded as an independent, non-profit, non-sectarian organization to provide health services to underserved communities around the world. The purpose of PCI programs is to develop community-based primary health care (PHC) activities that improve the health of the target populations, strengthen the outreach of the health service delivery system, develop skills in individuals and communities, and initiate the capacity-building process that leads to self-reliance.

PCI's PHC strategy, of which Child Survival is a key part, centers on preparing local health personnel to train community health workers (CHWs), traditional birth attendants (TBAs) and other health workers, and on developing the administrative, technological and communication systems that support the effective delivery of the full range of PHC services. This includes strengthening the ability of host country counterparts to more effectively plan, administer and evaluate PHC and Child Survival programs.

PCI is currently implementing programs in Belize, Bolivia, Guatemala, Indonesia, Mexico, and Papua New Guinea. Other projects begun by PCI, e.g., in Sonora, Mexico, The Gambia, Gorontalo, Indonesia, and Hong Kong continue to operate successfully with little or no direct PCI support, and thus testify to the sustainability of PCI's approach. Indeed, PCI had the opportunity to verify that the two hospitals begun in Vietnam in the mid-1960's continue to operate and expand, and the PCI-trained medical assistants continue to work in their communities there.

The operating budget for PCI programs in 1988 is \$5,306,000. The planned budget for 1989 is \$5,740,000.

PCI programs in all locations are planned in close collaboration with host government counterparts and are directed at the development of appropriate, affordable, accessible, and sustainable PHC services. PCI's PHC systems are designed to respond to the health needs, disease patterns, the institutional and cultural structures, and the environment of the individual countries. PCI implements its programs by establishing an effective partnership at all levels of the country's public health system and with local communities.

PCI's expatriate technical personnel provide planning, design curricula, and train health staff and community volunteers; they assist in the development of support

systems, monitor program implementation, and assess program impact. Programs are planned and implemented in each country by a team comprising PCI and host country counterparts and community health workers. This team is supported by Project Concern's headquarters staff, by senior host country health officials, and by technical consultants.

B.2. PCI commitment to Child Survival During almost three decades of growth and evolution, Project Concern has focused on the health needs of children, pregnant women, and women of childbearing age. The training of community health workers in Child Survival interventions and primary health care (PHC) to enhance the health of children has been and is a hallmark of PCI programs. The range of activities includes a) assistance in immunization against preventable diseases; b) teaching mothers to prepare oral rehydration solution (ORS); c) supply of ORS packets; d) growth surveillance through weighing and measuring of children; e) use of Road-To-Health (RTH) Charts; f) promotion of family planning and birth-spacing through education and provision of services; g) nutrition education and rehabilitation; h) improved food production; i) health education and hygiene; and j) treatment of acute respiratory infections and other diseases such as goiter, malaria and parasites.

PCI also recognizes that child survival depends in large measure on maternal health and well-being. The success and sustainability of child health programs rely on the education, understanding, and participation of mothers, because they play a central role in maintaining the health of the family.

The training of TBAs and CHWs to increase the accessibility, quality, and use of PHC services by women is central to the survival of children and to PCI strategy. PCI has implemented the following Child Survival interventions in its existing programs: immunizing against tetanus for pregnant women and women of childbearing age; monitoring the nutritional status and promoting adequate nutritional intake by women, especially during seasonal food shortages; promoting birth-spacing and family planning; improving the pre- and postnatal care of mothers, including early and adequate treatment of infections; and training TBAs in aseptic delivery techniques and the identification and referral of high-risk pregnancies for professional care. Also important are the education and training of men about women's, children's, and family health issues so that Child Survival, maternal care and women's health activities are properly understood and supported by men.

A critical component of PCI programs is the development of administrative, supervisory, and information systems to

support PHC. PCI assists host counterparts in the design and improvement of reporting systems for CHWs, TBAs, and supervisory personnel and provides training in administration and supervision for Child Survival and PHC programs. Community health development committees are trained in skills that enhance their ability to effect community participation in PHC and Child Survival programs. Joint evaluation exercises are carried out to measure the effectiveness of the interventions.

C. TRACK RECORD IN CHILD SURVIVAL

C.1. PCI Child Survival Focus Since our involvement in the AID-assisted Child Survival Program began in 1985, PCI has undertaken seven CS projects. In each of these, PCI has worked to make Child Survival an integral part of the existing health care delivery system by aligning itself with those individuals and groups most capable of implementing effective CS activities within the official health system and in local communities. PCI then trains these people in the needed technical and administrative skills. By training health workers and through community education, PCI can effect change on the grass-roots level. By working with personnel in the official health system, PCI helps to create the institutional foundation at national and regional levels which makes it possible for CS interventions to succeed. This includes training personnel, incorporating appropriate health indicators into health information systems, designing baseline surveys and reporting systems, and providing information to influence official policy in the provision of health care.

PCI's approach to CS intervention has been successfully demonstrated in the following programs:

Indonesia: The training of TBAs as village health workers and the use of MOH interns to supervise their activities have opened entirely new roles for these individuals within the PHC system, providing impetus to the expansion and more effective delivery of Child Survival services.

Guatemala: PCI effectively supports the MOH's channelization program--a method of phasing-in CS interventions by targeting small groups of households within communities. CHWs and MCH promoters trained by PCI are the community volunteers providing linkage to the departmental health services.

Bolivia: PCI works side-by-side with key regional health office personnel at all levels, providing on-the-job training, motivation, information, and support for implementing CS. This has stimulated a growing demand for

accelerated CHW training and Child Survival interventions and PHC services.

C.2. Lessons learned PCI has conducted five baseline surveys and a series of minisurveys. Formal midterm evaluations of five CS programs and two end-of-project evaluations have been conducted. Numerous informal project reviews by headquarters staff and country directors during visits to the field programs have provided additional information used to improve program effectiveness. The information gained in the evaluation process has proven invaluable in program development; useful not only in the guidance of specific projects, lessons learned can often be applied on a wider basis to the benefit of all projects. Much of this information has already been shared with USAID in midterm and final evaluations and annual reports; it is expanded upon in the country-specific sections of this proposal.

From these field exercises, PCI staff has learned the following:

a) AID Technical Assistance----USAID makes available a variety of technical assistance to support PVO implementation of CS interventions. PCI has drawn on this system several times to support CS programs in Bolivia, Indonesia, and Guatemala. It is an effective tool for strengthening PVO planning, implementation and developing consistency in program activities. PCI has especially benefited from technical assistance in specific areas such as conducting baseline surveys, strengthening EPI systems and services, developing health information systems, and performing evaluations.

b) Surveys---From experience with baseline and refining implementation strategy surveys (RISS) in current CS projects, it is clear that these surveys must be designed so that data collection and analysis and management of the information systems, can be accomplished by the project itself. Increasing the capacity of field staff is seen as a priority by the PCI program department.

The system of evaluation under CS has enabled PCI to set measurable, realistic objectives for each project. The process of evaluating objectives has provided a level of accountability which has stimulated staff to increase levels of performance.

c) PCI has had a positive experience exchanging personnel with other PVOs to perform midterm evaluations. Participatory evaluation by the PVO community

is both appropriate and professionally stimulating, particularly when adequate ground rules and specific tasks have been determined for conducting the evaluation.

d) Program Focus---Implementation experience and technical assistance from PCI headquarters and AID consultants has yielded clearer priorities and greater balance between core Child Survival interventions and complementary activities. This has greatly facilitated the identification of elements in ongoing CS projects requiring greater clarity of focus as well as development of Detailed Implementation Plans (DIPs).

C.3. List of AID-funded PCI Child Survival programs

	<u>CS II</u>	<u>CS IV</u>
	GUATEMALA: Solola BOLIVIA: Yungas	INDONESIA: Sulawesi BOLIVIA: Potosi, Cochabamba
AID Funding	\$ 900,000.00	\$2,103,800.00
PCI Funding	300,000.00	701,267.00
TOTAL	<u>\$1,200,000.00</u>	<u>\$2,805,067.00</u>
Grant Number	PDC-0521-A-00-6145	PDC-0510-A-00-5111 (A-3)
Start Date	August 1, 1986	August 31, 1988
End Date	July 31, 1989	August 30, 1991
Evaluation/Review		
Midterm Evaluations	July-Aug. 1988	July-Aug. 1989
Second Annual Review	October 1987	October 1990
Final Evaluation	July-Aug. 1989 (planned)	July-Aug. 1991

D. HUMAN RESOURCES FOR CHILD SURVIVAL

D.1. Individual responsibilities The individuals responsible for administrative and financial management and technical oversight include:

Financial Management:

Shirley Sloop, Director of Information Systems

James J. Puccetti, Director of Budget and Internal Control

William Ross, Director of Accounting

Program Administration:

David Wilson, Program Director and Associate Director for Monitoring and Evaluation (Acting); Director for Latin America
Dean Millslagle, Associate Director for Grants; Director for Asia & U.S.

Technical Support:

Paul Dean, M.D., M.P.H., Medical Advisor
Blanca Lomeli, M.D., M.P.H. (pending), Training Advisor
Dean Millslagle, Associate Director for Grants
Barbie Rohrbach, R.n., M.P.H. (pending), Project Monitoring Officer and interim Child Survival Officer.
David Wilson, Acting Associate Director for Monitoring and Evaluation

Information Systems:

Ralph Montee, Special Assistant for Planning and Evaluation
Barbie Rohrbach, Project Monitoring Officer

Please note: CS V funding will make possible two full-time staff positions with CS background and experience: Child Survival Officer (MPH) and Associate Director for Monitoring and Evaluation (Dr.PH or MD, MPH).

D.2. Organizational diagram can be found in Appendix 3.

D.3. Personnel qualifications chart can be found in Appendix 4.

E. PROGRAM INFORMATION MANAGEMENT

E.1. Program monitoring Since the inception of its CS programs, PCI has continuously worked to refine its information system to better monitor progress in achieving stated objectives and targets. One of the first measures taken was to revise the field-to-headquarters reporting system to conform more closely to the core CS activities being implemented. Interaction with project directors to develop realistic, measurable objectives led to data flow more reflective of AID's tier indicators. PCI sought and received assistance from AID in the process. Once sharper objectives had been developed, they were placed within a timeline to guide implementation. In most cases a Gantt chart was developed to provide an overall project picture at a glance and serve as a quick reference of progress when monthly reports are received.

The monthly report format was also revised to show the percentage of accomplishment for activities grouped under

particular CS objectives. These activities can be readily cross-referenced for time sequence with the Gantt charts. Problems, constraints, and notable successes are expanded upon as part of the elaboration section.

The final step in the monthly report revision process will be to implement an improved statistical report. Currently being developed, it will employ graphics to more clearly and quickly demonstrate progress toward objectives. This will be developed for computer use to facilitate ease of communication and reporting.

The information gathered through reporting systems is shared with both AID/Washington and USAID missions, and with host country personnel involved in project implementation.

Revision of reporting systems within CS programs has also taken place in the field. The Indonesia and Guatemala CS programs have developed a pictorial reporting system for use with semiliterate and nonliterate health workers to monitor CS activities and community participation. The Potosi CS program has accomplished the difficult feat of consolidating an interdepartmental reporting system for the regional health system that facilitates circulation and comprehension of information. Immunization and growth monitoring recording systems measuring levels of coverage/enrollment have been designed and implemented for all PCI CS programs where such systems did not exist or were not used. These activities were accomplished with the support and guidance of PCI headquarters staff. Field visits by PCI/San Diego staff, USAID mission personnel, government counterparts and consultants provide opportunities for interaction with project directors and on-site project monitoring.

E.2. Program evaluations The program evaluation process begins with the drafting of objectives and the implementation of baseline surveys. These provide the yardsticks both for monitoring progress and for evaluating impact.

Formal midterm and final evaluations were performed in CS I programs in Indonesia and Bolivia. In each project, representatives from the local MOH staff and other PVOs working in the country and an expatriate expert in the field of international health evaluated the programs and contributed to the report. AID mission staff participated in the end-of-project evaluation in Indonesia. Midterm evaluations were carried out for CS II in Guatemala and Bolivia.

Refining Implementation Strategy Surveys (RISS) have been introduced in the PCI Indonesia CS project. These are short surveys that periodically measure health status of very

young children and their mothers' knowledge. When repeated, the surveys indicate the extent to which key CS interventions such as immunization, growth monitoring and ORT are reaching the target children. RISS also provides PCI with a basis for understanding local health beliefs and practices, in turn allowing program staff to sharpen the focus of training, health education and support as needed.

F. SCHEDULE OF ACTIVITIES Please refer to the chart in Appendix 5.

G. FINANCIAL PLAN AND SUSTAINABILITY

G.1. Comprehensive budget summary can be found in Appendix 6.

G.2. Headquarters' costs Please refer to the estimated country project budgets in the Appendices of the individual country project proposals.

G.3. Strategies for replicability and sustainability Fostering sustainable and replicable programs is a major objective of PCI philosophically and programmatically. PCI is especially careful to promote and support activities which are ultimately affordable to the people, communities, and governments involved. PCI has accomplished this in Mexico, Indonesia, The Gambia, Hong Kong and Vietnam.

a) Host country cooperation and coordination The key to PCI project effectiveness is that from the outset it be a combined effort by PCI, the host government, and local communities. Eventual program sustainability requires that host country counterparts be selected to complement the PCI team. Each PCI staff member works closely and shares responsibility with counterparts who participate in the decision-making process and acquire on-the-job experience. For PCI this is a programmatic reality, not just program rhetoric. PCI staff are often located in the offices of host counterparts, and host governments provide other facilities and services in support of the program. Outside evaluations of PCI programs have documented the close working relationship PCI enjoys with host country staff and the high degree to which PCI activities are integrated into the official health system.

Training is tailored to the specific needs of each program. By drawing upon its field experience, proven training strategies, and technical skills, PCI can respond with appropriate assistance to a variety of problems faced by the health care delivery system at various levels. PCI is responsive to the priorities

identified by health counterparts. For example, PCI not only trains host country personnel in Child Survival intervention and PHC, it has also assisted with supply, equipment maintenance, and inventory systems. Joint efforts to solve problems strengthens capacity for self-reliance of local public health agency counterparts.

b) Community involvement and participation To build a sustainable Child Survival and PHC system at the community level requires the commitment and support of the participating communities. This rests not only on developing skills which can readily be seen to be practical by the community members, but also on a process of active and continuing involvement. The usual components of PCI programs include: practical training of CHWs and TBAs in the village environment; orienting community leaders in PHC; working with village committees on appropriate management and administrative skills for community-based activities; support systems for CHWs; village development activities; and identifying and accessing resources to meet local needs that go beyond the scope of the program.

On PCI's part, the process requires a responsiveness to the needs, problems, and priorities identified by local communities. Without this type of partnership, the trust that builds the local capacity and problem-solving skills leading to sustainability is not created.

To be truly effective and sustainable, the village program implemented through CHWs, TBAs and community health/development committees must be an integral part of a total health system which supports their efforts and which they in turn support. By directing assistance to both the formal health delivery system and the grass-roots level, PCI has developed a proven strategy for the development of community-based health services, a strategy which provides one of the most effective contexts for achieving sustainability and replicability of child survival and supportive child health activities within the health systems of developing countries.

BIODATA SUMMARY OF KEY HEADQUARTERS CHILD SURVIVAL STAFF

Paul Dean, M.D., M.P.H -- Dr. Dean received his M.D. from the University of California, San Francisco, and completed a rotating internship in internal medicine at UCLA-affiliated hospitals. He received his M.P.H. degree at UCLA and served as Epidemic Intelligence Service Officer for the Centers for Disease Control. In addition to his service with Project Concern, Dr. Dean maintains a private practice in San Diego.

Blanca Lomeli, M.D. -- Dr. Lomeli is PCI country director in Mexico and serves as Training Advisor for PCI field personnel. Dr. Lomeli has been with Project Concern since 1986 and her experience with PCI includes training and supervision of interns and health promoters, program administration, and development of curricula for training.

In addition to her work for PCI, Dr. Lomeli has served as a social service physician with the Mexican government, where her work included community preventive medicine, primary health care, training at the community level and out-patient care. Dr. Lomeli is computer literate, and is presently completing an M.P.H. at San Diego State University. She received her M.D. from the Universidad Autonoma de Baja California, Mexicali and is bilingual in Spanish and English.

Barbie Rohrbach, R.N., M.P.H. (pending) -- Ms. Rohrbach is a registered nurse who is presently completing work on a master's degree in public health at San Diego State University. Her nursing experience includes management, training, and health teaching at hospitals in California and Pennsylvania. Her educational background includes a B.A. in cultural anthropology, with emphasis in field research and data analysis.

James Puccetti -- Jim Puccetti has extensive experience in international development and management. He worked overseas for 24 years (1961-1984) primarily with CARE in project management and senior administrative positions in Latin America, Africa and Asia. He began his international experience with the first group of Peace Corps volunteers to be placed overseas. Mr. Puccetti has a degree in International Business Management from San Francisco State University.

David Wilson -- David Wilson's career began as a U.S. Navy Ensign, graduating with a B.S. from Miami University and later from the American Graduate School of International Management. He worked eight years for CARE in program administration in

positions in Costa Rica (as country director), Colombia, Chile and New York. Mr. Wilson was employed by the American Soybean Association for four years as their regional director based in Madrid, Spain. He has held positions and undertaken consultancies in the health field with the Pan American Development Foundation, APHA, Westinghouse Learning Corporation (Health Services Division), Development Associates and Johns Hopkins University.

Ralph Montee -- Mr. Montee has degrees from the University of Redlands in Philosophy and Political Science and the University of California, Berkeley, in International Relations, Economics and Sociology. He worked in various program management and administrative capacities with CARE for 21 years (1961-1982). He served in Jordan, Indonesia, and Liberia (as Country Director) and in Egypt and Sri Lanka (as Assistant Country Director), supervising the implementation of health and nutrition, medical training and rural development projects. Other CARE assignments included survey and task force work in Nigeria, Kenya, Tanzania, Lesotho, Vietnam, and Somalia. Mr. Montee was the director of the program department in CARE headquarters for three years and also a special assistant to the CARE executive staff. He has extensive international development experience in project design and development; proposal preparation; program research, planning and evaluation; and budgeting.

Dean Millslagle -- Dean Millslagle has a total of 25 years of experience in international development: 13 years in the U.S. and 12 years overseas in Latin America, the Caribbean, and Africa. His undergraduate and graduate work in cell biology were done at the University of Arizona. He has served as deputy country director for Peace Corps programs in Colombia and Venezuela, Latin America regional director for Save the Children Federation, and Director of Program Services for PCI. He has worked on long-term consultancies with the Experiment in International Living in Uganda and Latin America and most recently managed joint venture businesses in the Caribbean and Kenya.

Henry Sjaardema -- Mr. Sjaardema is Project Concern's chief executive officer. Before joining PCI in 1982, he served 21 years with CARE, with 12 years' experience overseas where his responsibilities included planning, budgeting and implementation of nutrition and development projects. In addition to field work, Mr. Sjaardema has six years' extensive fund-raising experience in the United States.

Mr. Sjaardema earned a B.A. from the University of Redlands, and a master's degree in political science, public administration and Southeast Asia studies from the University of California at Berkeley.

EVALUATIONS OF PCI CHILD SURVIVAL PROGRAMS CONDUCTED IN CY 1988:

1. Final evaluations of Child Survival I projects in Indonesia and Bolivia.

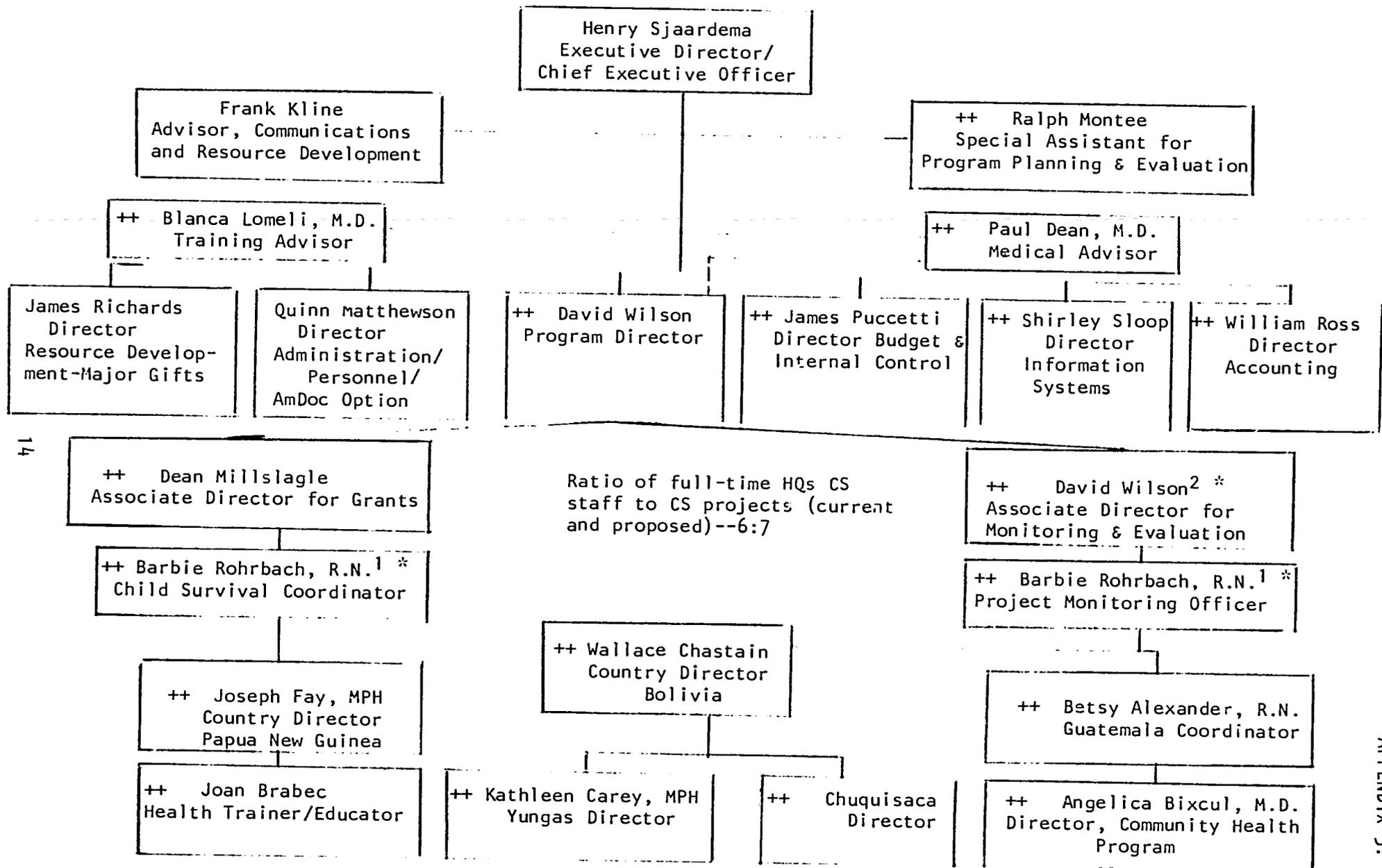
Submission date: November 30, 1988.

2. Mid-term evaluations of Child Survival II projects in Bolivia and Guatemala.

Submission dates:

Bolivia--Potosi and Cochabamba	October 15, 1988.
Guatemala	November 30, 1988.

D.2. PROJECT CONCERN INTERNATIONAL ORGANIZATIONAL CHART



* Acting/Recruiting
++ Responsible for CS Programs

1 Position requires MPH (Rohrbach in MPH program)
2 Position requires Dr. PH or MD, MPH

D.3 QUALIFICATION CHART

Key Position	Level of Effort	Annual Person Months	Nature/Level	Qualifications	Experience	O.B.
Program Director	30%	4.0 p.m.	Graduate degree in public health or development or equivalent experience	10 yrs Intl. work w/ at least half in a U. S. management position		*
Assoc. Director for Monitoring & Evaluation	50%	6.0 p.m.	DrPH or equivalent degree with formal preparation in MIS/HIS	5 yrs exper. in dev. country prog. mgmt/eval. 2 yrs exper. computer systems		1)
Assoc. Director for Grants	50%	6.0 p.m.	Graduate degree in dev. planning/mgmt. exper.	10 yrs intl. exper. in grant mgmt. Devel. country & U.S. exper.		*
Child Survival Officer	100%	12 p.m.	Post-graduate degree in public or community health.	5 yrs exper. in public health prog. implementation. Field service with CS projects		1)
Project Monitoring Officer	50%	6.0 p.m.	MPH or equiv. degree w/ background in health science	5 yrs exp. dev. country programs 2 yrs exp. in computer systems		*
Medical Advisor	20%	2.4 p.m.	M.D. with MPH or equiv. degree or experience	5 yrs community & public health work incl. dev. countries & U.S. HQs experience		*
Training Advisor	20%	2.4 p.m.	M. D. degree; MPH	3 yrs community & public health work in developing countries		*
Planning Advisor	17%	2.0 p.m.	M.A. degree in dev., planning, pub.health or equiv. subject or experience	12 yrs intl exper. in both mgmt. & line field exper. w/ 5 yrs mgmt. in U. S. HQs		*
Director of Budget & Internal Control	35%	4.2 p.m.	Master's degree in Business Administration or equiv. experience	10 yrs intl. work with 5 yrs as director of foreign field program		*

1) Recruiting

FORMAT B: HEADQUARTERS SCHEDULE OF ACTIVITIES

SCHEDULE OF ACTIVITIES BY QUARTER - (check the box to specify quarter and year)

ACTIVITIES:	YEAR 1				YEAR 2				YEAR 3				YEAR 4				YEAR 5				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
1. PERSONNEL IN POSITION:	X																				
HQ/HO Technical	X																				
HQ/HO Administrative	X																				
Country 1 Key Staff BOLIVIA	X																				
Country 2 Key Staff GUATEMALA	X																				
Country 3 Key Staff PAPUA NEW GUINEA	X																				
2. BASELINE REPORTS COMPLETED:																					
Country 1 BOLIVIA				X				X				X				X				X	
Country 2 GUATEMALA		X																			
Country 3 PAPUA NEW GUINEA			X				X				X				X					X	
3. TRAINING COMPLETED:																					
Country 1 BOLIVIA			X				X				X				X					X	
Country 2 GUATEMALA	X	X	X	X	X	X	X	X	X	X	X	X									
Country 3 PAPUA NEW GUINEA		X		X		X		X		X		X		X		X		X		X	
4. PROCUREMENT OF SUPPLIES.	X	X	X	X																	
5. SERVICES DELIVERY INITIATED:																					
Country 1 BOLIVIA		X				X				X				X					X		
Country 2 GUATEMALA	X		CONTINUOUS THEREAFTER																		
Country 3 PAPUA NEW GUINEA	X		X	X	X				X				X				X				
6. HQ/HO TECHNICAL STAFF VISITS:																					
Country 1 BOLIVIA		X	X			X	X			X	X			X	X			X	X		
Country 2 GUATEMALA			X				X				X				X				X		
Country 3 PAPUA NEW GUINEA		X		X		X		X		X		X		X		X		X		X	
7. HEALTH INFO. SYS. FUNCTIONING:																					
Country 1 BOLIVIA			X	CONTINUOUS THEREAFTER																	
Country 2 GUATEMALA			X	CONTINUOUS THEREAFTER																	
Country 3 PAPUA NEW GUINEA	X		CONTINUOUS THEREAFTER																		
8. MID-TERM/FINAL EVALUATION										X	X						X	X			
9. A.I.D. REPORTS PREPARED:																					
Country 1 BOLIVIA				X				X				X				X	X	X	X		
Country 2 GUATEMALA				X				X				X				X	X	X	X		
Country 3 PAPUA NEW GUINEA				X				X				X				X	X	X	X		

FORMAT C: COMPREHENSIVE BUDGET SUMMARY

NAME OF PVO	YEAR 1			YEAR 2			YEAR 3		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
FUNCTIONAL LINE ITEMS / COST ELEMENTS									
HEADQUARTERS/HOME OFFICE									
A. PROCUREMENT	2250	750	3000				2250	750	3000
B. EVALUATION	4950	1650	6600				4950	1650	6600
C. INDIRECT COSTS	27975	9325	37300	24900	8300	33200	30300	10100	40400
D. OTHER PROGRAM COSTS	73750	20450	93200	71886	23314	95700	80360	27040	107400
E. TOTAL AMOUNT:	108925	36175	145100	96786	32114	128900	117360	39540	157400
COUNTRY (NAME) BOLIVIA									
A. PROCUREMENT	159750	53250	213000	49425	16475	65900	52875	17625	70500
B. EVALUATION	2700	900	3600	2700	900	3600	2700	900	3600
C. INDIRECT COSTS	103650	34550	138200	66750	22250	89000	71700	23900	95600
D. OTHER PROGRAM COSTS	137100	45700	182800	140700	46900	187600	151650	50550	202200
E. TOTAL AMOUNT:	403200	134400	537600	259575	86525	346100	278925	92975	371900
COUNTRY (NAME) GUATEMALA									
A. PROCUREMENT	98925	32975	131900	63750	21250	85000	66825	22275	89100
B. EVALUATION	1350	450	1800	1200	400	1600	1200	400	1600
C. INDIRECT COSTS	85425	28475	113900	73800	24600	98400	81075	27025	108100
D. OTHER PROGRAM COSTS	146550	43850	195400	148425	49475	197900	166350	55450	221800
E. TOTAL AMOUNT:	332250	110750	443000	287175	95725	382900	315450	105150	420600
COUNTRY (NAME) PAPUA NEW GUINEA									
A. PROCUREMENT	53625	17875	71500	28425	9475	37900	53925	17975	71900
B. EVALUATION	1050	350	1400	1050	350	1400	1200	400	1600
C. INDIRECT COSTS	50175	16725	66900	42900	14300	57200	53475	17825	71300
D. OTHER PROGRAM COSTS	90300	30100	120400	94575	31525	126100	99450	33150	132600
E. TOTAL AMOUNT:	195150	65050	260200	166950	55650	222600	208050	69350	277400

Note: For precise descriptions of these functional line items please refer to section H of Attachment II.

FORMAT C: COMPREHENSIVE BUDGET SUMMARY (Cont'd)

NAME OF PVO	YEAR 4			YEAR 5			TOTAL		
	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL	A.I.D.	PVO	TOTAL
FUNCTIONAL LINE ITEMS/COST ELEMENTS									
HEADQUARTERS/HOME OFFICE									
A. PROCUREMENT				2250	750	3000	6750	2250	9000
B. EVALUATION				4950	1650	6600	14850	4950	19800
C. INDIRECT COSTS	27750	9250	37000	33150	11050	44200	144075	48025	192100
D. OTHER PROGRAM COSTS	80053	26747	106800	88599	29601	118200	394648	131652	526300
E. TOTAL AMOUNT:	107803	35997	143800	128949	43051	172000	560323	186877	747200
COUNTRY (NAME) BOLIVIA									
A. PROCUREMENT	57000	19000	76000	52650	17550	70200	371700	123900	495600
B. EVALUATION	2700	900	3600	2700	900	3600	13500	4500	18000
C. INDIRECT COSTS	69675	23225	92900	64050	21350	85400	375825	125275	501100
D. OTHER PROGRAM COSTS	141750	47250	189000	129750	43250	173000	700950	233650	934600
E. TOTAL AMOUNT:	271125	90375	361500	249150	83050	332200	1461975	487325	1949300
COUNTRY (NAME) GUATEMALA									
A. PROCUREMENT	68100	22700	90800	49875	16625	66500	347475	115825	463300
B. EVALUATION	1275	425	1700	1275	425	1700	6300	2100	8400
C. INDIRECT COSTS	74325	24775	99100	64800	21600	86400	379425	126475	505900
D. OTHER PROGRAM COSTS	145500	48500	194000	136050	45350	181400	742875	247625	990500
E. TOTAL AMOUNT:	289200	96400	385600	252000	84000	336000	1476075	492025	1968100
COUNTRY (NAME) PAPUA NEW GUINEA									
A. PROCUREMENT	29025	9675	38700	29025	9675	38700	194025	64675	258700
B. EVALUATION	1275	425	1700	1425	475	1900	6000	2000	8000
C. INDIRECT COSTS	47250	15750	63000	49125	16375	65500	242925	80975	323900
D. OTHER PROGRAM COSTS	106200	35400	141600	111600	37200	148800	502125	167375	669500
E. TOTAL AMOUNT:	183750	61250	245000	191175	63725	254900	945075	315025	1260100

Note: For precise descriptions of these functional line items please refer to section H of Attachment II.

-17 b

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

NEGOTIATED INDIRECT COST RATE AGREEMENT

Date December 2, 1985

SUBJECT: Indirect Cost Rates for Use in Cost Reimbursement Type Agreements With the Agency for International Development (AID)

REFERENCE: PCI Proposal for FCY 1984 Indirect Cost Rates

CONTRACTOR: Project Concern International (PCI)
 or P. O. Box 85323

GRANTEE: San Diego, CA 92138

PART I - NEGOTIATED INDIRECT COST RATES (%)

Type	Effective Period		Health Related Overhead Rate (%)	G&A Rate (%)
	From	Through		
Provisional	1-1-84	Until Amended	20.05 (a)	12.12 (b)

PART II - ITEMS NORMALLY TREATED AS DIRECT COSTS

PART III - SPECIAL TERMS AND CONDITIONS

Pursuant to 5 7-3.705 of the Agency for International Development Procurement Regulations (AIDPR), the negotiated indirect cost rates set forth in Part I of this Agreement are incorporated into AID Agreements shown below. This Agreement shall not change the monetary ceiling, obligation, or specific cost allowance or disallowance provided for in the Contracts or Grants listed below or any other Agreement between the parties.

<u>Contract/Grant Number</u>	<u>Amendment Number</u>	<u>Project Number</u>
PDC-0510-A-00-5111	1	938-0510

ACCEPTED: Project Concern International

BY Henry Sjaardema

Henry Sjaardema

Printed or Typed Name

Chief Executive Officer

December 11, 1985

Date

James J. Peery
 James J. Peery

CONTRACTING OFFICER
 Overhead and Special Costs Branch
 Support Division

Acquisition & Assistance Management
 Agency for International Development

RFM

DISTRIBUTION:

AM/OS
 OS/ANE

AM/ST
 ST/HP

AM/W
 X W/CO

OTHER
 X RIG A/W

X FVA/PVC