

PID-ABJ-194

**Final Report**

**EVALUATION OF  
PROJECT CONCERN INTERNATIONAL**

John A. Massey, Consultant  
David Newberry, Consultant  
Susan Morawetz, AID/PVC Project Officer

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December, 1989

Under Contract No. OTR-0250-00-C-7237-00  
Automation Research Systems, Ltd.

AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON D C 20523

JAN 12 1990

Mr. Tom McKay  
Executive Director  
Project Concern International  
3550 Afton Road  
San Diego, CA 92123

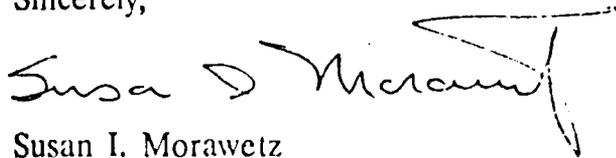
Dear Tom:

Enclosed are ten copies of the Matching Grant final evaluation for PCI. I think you will find the document is objective and thorough, and contains many constructive recommendations concerning the strengthening of headquarters and field programs.

I valued the opportunity to participate as a member of the evaluation team, particularly the chance to meet PCI staff and gain an in-depth understanding of PCI's operations.

If any more information can be provided please do not hesitate to contact me at (703) 875-4718.

Sincerely,



Susan I. Morawetz  
Project Officer, Child Survival Division  
Office of Private and Voluntary Cooperation  
Bureau of Food for Peace and Voluntary  
Assistance

cc: S. Montgomery  
J. McEnaney



EVALUATION OF  
PROJECT CONCERN INTERNATIONAL

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## I. EXECUTIVE SUMMARY

This report, prepared by Automation Resources Systems (ARS), assesses the technical and managerial capabilities of Project Concern International (PCI) in carrying out primary health care development assistance in a number of countries with financing from a Matching Grant from AID, FVA/PVC. This final evaluation was performed under a contract between AID/Washington and ARS during the period October 10 to December 18, 1989. John Massey, consultant, served as the team leader for the evaluation and chief writer of this report. David Newberry, consultant, participated in the evaluation of PCI's headquarters and Matching Grant activities in Belize; and Susan Morawetz, AID/PVC project officer, participated in the headquarters evaluation.

The purpose of the evaluation is to critically examine PCI headquarters performance in providing support to field projects financed by this Matching Grant. Two countries -- Bolivia and Belize -- were visited to provide data on field support. The results of this evaluation are expected to provide general inputs to the FVA/PVC review process for follow-on funding of ongoing and new grant agreements with private voluntary organizations. Any specific deficiencies identified in PCI's technical, administrative, fiscal and logistic support of field projects are addressed by recommendations which may lead to improvements.

In general, the evaluation team found PCI's operations to be sound, well managed and worthy of continued grant financing by AID. Continued support of PCI should, however, build in resources to strengthen the organization in a number of ways and be subject to agreement by PCI to schedule phase out of specific projects on a given timetable.

The team recommends staffing up at headquarters with the addition of two strong technicians in the areas of Competency-Based Training and Epidemiology. In the case of the former, PCI's contributions to training for Primary Health Care programs around the world could be strengthened by bringing state-of-the-art concepts to already excellent programs. The basic reason for bringing on an epidemiologist is to integrate the quantitative perspective that this discipline possesses into new project design, execution of baseline surveys, repeat surveys for impact measurement and project monitoring systems. PCI should also recruit from the advertising field a senior executive who can coordinate the actions of the excellent team in the Resource Development Department.

PCI should also tap their contacts in the California university system to obtain regular, part-time participation of acknowledged leaders in the various fields which cluster around Child Survival and Primary Health Care. These influential individuals can bring both skills in technical review of projects and greater credibility to PCI as an institution.

Headquarters should explore all the myriad possibilities that computerization of their administrative and technical systems will permit. They are already proceeding with development of software for budget and accounting. The whole area of Information Management, however, should not be overlooked: systems to accommodate data storage, data retrieval, project/task management, and quantitative measurements of project accomplishments should be developed.

In the area of financial management, the team recommends that PCI build up a reserve of at least \$500,000 which can serve to bridge "lean" periods in its fundraising cycle. Another way to smooth out resource flow is to put the field projects on a 60-90 day advance of funds basis, with the same procedure for monthly liquidations of expenditures they are now using. It is also suggested that funding be provided for annual "preventive audits" for all field projects.

The team recommends that the Belize project phase out completely by 1991 or 1992. AID resources in support of Primary Health Care can be better utilized in other countries where the dominance of tertiary hospital-based care has not gone as far as in Belize. In Bolivia, we recommend the current phase-out schedule in 1992 for the Oruro project but a start-up of a similar project elsewhere in the country.

Finally, for AID/Washington, if regulations permit the team suggests softening the match requirement to at least the standard 25% counterpart contribution on those measures which are clearly institutional strengthening of the PVO in question. For a PVO the size of PCI, hiring a few new professionals requires a significant chunk of new resources. We also found significant confusion among field staff on what is a baseline survey and how one is designed, and the elements of data processing and analysis, minimum sampling considerations etc. The team suggests that AID/W contract a blue ribbon team of survey researchers to develop an easy-to-use manual which can walk a Country Director and his staff through the entire process.

## II. PURPOSE OF THE EVALUATION

The Office of Private and Voluntary Cooperation (PVC) within AID's Bureau of Food for Peace and Voluntary Assistance, requested this final evaluation of the Matching Grant (PDC-0282-G-SS-6113-00). The overall purpose of the evaluation was to assess the performance of the PCI headquarters in providing oversight and technical/administrative support to the matching grant recipient countries. In addition, qualitative assessment were to be carried out of the possible impacts of project-financed health activities in Bolivia and Belize, comparing the outputs with those established in PCI's Cooperative Agreement.

Briefly, the evaluation team sought to assess PCI's performance in carrying out the goals and purposes it set for itself in promoting the delivery of accessible and affordable health care in recipient countries and to review PCI-Headquarters performance in providing technical, administrative, fiscal, logistical and general support to country projects. The team looked at PCI's accomplishments and organizational capacities to identify any constraints which might be affecting overall performance. Finally, if any deficiencies or constraints were identified, specific recommendations regarding modifications needed by both PCI and FVA/PVC were to be developed. See Annex A for the overall Scope of Work used by the evaluation team.

As this evaluation was principally a review of PCI-Headquarters capacity to support field projects, measurement of possible impacts of the Matching Grant projects

on the health status of beneficiaries was limited to overall assessments of whether the causal relationships between what was being accomplished in the projects and the project goals/purposes are reasonable.

### **III. METHODOLOGY**

Three team members participated in the PCI Matching Grant final evaluation, through site visits to PCI Headquarters and two recipient countries: Belize and Bolivia. A PCI staff person accompanied the evaluation team for site visits in the countries.

PCI headquarter operations, staffing and support function activities were assessed through background reading, interviews, project reviews, analysis of project-related documentation, scrutiny of operational aspects of project activities and direct inquiry into logistical and personnel matters. Examples of manuals, training curricula, computerization efforts and monitoring procedures were reviewed. Interviews of key staff were used to obtain impressions of policy and institutional development issues as well as procedures followed to support field activities. The team also examined staff recruitment, qualifications and experience factors. Prior evaluations, particularly the management review conducted by Management Sciences for Health (MSH) in 1986, were consulted extensively for guidance in carrying out the present evaluation.

Two field projects were selected as "case studies" which might illustrate more clearly the institutional strengths or weaknesses seen at headquarters. As at headquarters, the team performed document review, interviews of key staff, and examination of products such as manuals, training curricula and so on. To the extent possible, observations of service delivery activities and systems were also made. Topics of sustainability, project monitoring and evaluation problems were reviewed at length throughout the evaluation process.

The sites visited were PCI-Headquarters in San Diego, California, during the period October 9-15, 1989; Belize City and the health Districts of Toledo and Stann Creek during October 15-21, 1989; and La Paz City and the department of Oruro, Bolivia during October 22-28, 1989.

The review team consisted of Susan Morawetz, Project Officer in the PVO Office of FVA/PVC, David Newberry, a private consultant with long experience in health services development and John Massey who recently retired as a Senior Health Development Officer from the Agency for International Development.

### **IV. FINDINGS AND CONCLUSIONS**

#### **Overview of AID Support to PCI**

AID has provided PCI with over \$10.0 million in grant assistance since 1975, the majority of which was granted by the Office of Private and Voluntary Cooperation. This includes approximately \$4.5 million in Child Survival funding and \$4.0 in Matching grants.

The Matching Grant under review by this team is in its third and final year with a total of \$1.2 million dollars.

### **Project Concern International Operations**

PCI was founded in 1961 as a non-profit, non-sectarian organization for the purpose of providing clinical health services to underserved communities in the U.S. and developing countries. Since 1975, PCI has focused on primary health care training and the development of community-based health care delivery programs.

PCI currently has activities in six countries and in three locations in the U.S., with a total of 8 primary health care and Child Survival projects in operation. As of October 9, 1989, field staff totalled 15, with 11 working in overseas projects and 4 in the U.S.

The San Diego headquarters operation is staffed by 35 persons, organized into seven divisions: 1) Executive Director's Office; 2) Administration and Personnel; 3) Resource Development; 4) Budget and Internal Control; 5) Accounting; 6) Information Systems; and 7), the Program Department.

### **Findings of Previous Evaluations:**

The MSH management review conducted during the early part of 1986 provided the current team with an excellent and very positive context from which to begin our assessment. Their main conclusions center around the need for:

- Decentralization and delegation of responsibility and decision-making to mid-level managers and field project staff;
- Increased expertise in primary health care through full or part-time staff and staff development;
- Systematic, long term institutional, policy and budget planning;
- Improved Information Systems leading to strengthened planning and implementation by headquarters as well as the use of information for fundraising;
- Reorientation of the PCI board of directors toward fund raising and less involvement in operations.

The current ARS evaluation team also considered a number of past AID evaluation and technical review findings, which included:

- Lack of coherence of project inputs to purpose, goals, strategy and implementation. PCI proposal documents contain vague goals, purposes and lack measurable or quantitative outputs;

- Outcomes often described as training relatively large numbers of persons without relating the possible impact such activities will have either upon the community or how these will contribute in reducing morbidity and mortality;
- Some USAID Missions have cited concerns regarding PCI's ability to carry out monitoring and evaluation of their projects. Related, there is little information available regarding overall project progress, constraints analysis, or detailed reviews of process indicators;
- AID reports that few activities have been planned to measure the effect or impact of PCI projects.
- The sustainability of service activities by host governments is not adequately assessed in PCI grant proposal documents as well as annual project budgetary planning or operational documents;
- Overall linkages or relationships of PCI projects to overall country health policies and programs as well as local PVO's has not been adequately described in the MG proposals;
- Cost recovery components are unclear or weak in all PCI projects. Country and community involvement in contributing to service payment/recovery mechanisms are uniformly lacking.

As mentioned, the points listed above were extracted from prior evaluations and other documents which have examined PCI operations from different perspectives. These served merely as starting points for the team in its assessment of PCI as it is operating today.

## **EVALUATION FINDINGS AND CONCLUSIONS:**

### **A. Project Concern International Headquarters (HQ)**

The evaluation team found a highly motivated, well-organized team of development professionals in the Headquarters operation, many of whom had wide experience in the home offices and field projects of other voluntary organizations similar to PCI. After a period of several months without an Executive Director and the normal organizational uncertainty, we found a sense of new commitment to a strong program to provide technical, administrative and logistic support to ongoing projects as well as the development of new initiatives and the associated funding. See Annex B for job descriptions of key headquarters personnel.

## **HQ - The Program Department:**

The Program Department is the principal organizational location for new project design, implementation, monitoring and all aspects of relations with field projects. All contact between PCI-HQ and the field projects is handled by the Program Department which is composed of five professionals and three secretarial support persons. The critical position of Child Survival Officer is unfilled at the present time due to shortage of funds.

In response to recommendations contained in the 1986 management review conducted by MSH, the Program Department (previously known as the Health Services Development department) went through several organizational changes to try to improve communications, define geographic and functional responsibilities more clearly and generally improve the output of this important department. Currently, this department is directed by David Wilson, who in turn is assisted by two Associate Directors who have both functional and geographic responsibilities. One Associate Director (Millslagle) oversees all matters related to development of new grants and backstops Africa, Asia, Pacific and projects in the U.S.; the other Associate Director (Nagiel) is functionally responsible for Monitoring and Evaluation and covers projects in Latin America. These associate directors are assisted by a Child Survival Officer (currently vacant due to lack of funding) and a Project Monitoring Officer, respectively.

All communication from the field projects passes through the Program Department and is referred to the appropriate action officer in other departments at headquarters. Thus, a financial matter will be forwarded to Budget/Internal Control or Accounting for resolution. We found an excellent system for telephone, telegraph and fax communication with the field as well as a system for tracking headquarters actions which were pending for a particular field site.

The Program Department, through the Monitoring and Evaluation Officer, is developing a new quarterly project reporting system which is expected to be ready for implementation in early 1990. From the general project implementation plan, the Country and Project Directors develop a yearly plan with an accompanying budget. Each quarter, a work plan is developed for submission to the Program Department for review against the annual plan and the projected cash requirements. PCI-HQ expects this system to solve many of the problems identified in its monitoring and evaluation (M&E) system. Training of country project staff in the use of the new system will take place at the World Conference of PCI Project Staff, scheduled to take place early in 1990. This training should also permit standardization of the M&E system across projects. There is a significant opportunity, with the recent advent of computerization of some of PCI headquarters administrative functions, to make use of adapted versions of existing software in the area of project and task management. Some of the many software packages on the market include TIMELINE, PRO-MIS and others with adaptations of the PERT and GANTT chart display of project data.

Staff of the Program Department reported to the evaluation team on a training needs assessment which had been recently completed, involving the completion of a series of questionnaires by country project staff. Considering the central nature of training to PCI's approach to health services development, it was remarkable to hear that staff at project sites do not perceive the need for assistance in improving their training activities. Curricula reviewed reveal excellent understanding of technical content in the area of primary health care and certain relevance of content to epidemiological needs of the countries. Not reflected, however, in these curricula was a firm grounding in the principles of competency/performance-based design, specification of occupational and educational profiles of the trainees upon which to base the curriculum design and the use of formative/summative evaluation procedures. Evaluation instruments were very traditional in their structure, testing primarily cognitive learning. PCI should consider utilizing already developed performance - based, training materials from groups such as CE, WHO and UNICEF.

Among the many documents reviewed by the team were various Annual Reports and the current MG proposal prepared in 1986. Very apparent to the team was that PCI's internal proposal development process tends to create documents which do not reflect individual country-level project wants or needs adequately. The present system depends heavily on existing narrative "boiler plate" elements rather than quantitative and qualitative data from country projects and local national counterpart organizations. Lacking also from these documents, particularly the Annual Reports, was a clear sense of where along the continuum we are in project progress. The reader has the sense of considerable activity but little idea whether the project is on target, lagging, nearly completed, etc. Some of the problem is presentational and a matter of syntax, but there is a definite need to clearly stipulate the measurable outputs, components where impacts are possible, those activities which have largely process outcomes and the parameters for M&E reporting. Efforts are also needed to link program outputs or activities in PCI's planning documents to resources available, i.e. treat 10 dehydrated infants using 30 packets of ORS in X village at a cost of \$ 3.00 (30 x .10). Thus, an objective for the ORT component, for instance, becomes translated into activities (treat so many infants), each of which have a cost and for which resources need to be allocated.

The Program Department coordinates support services to the field projects. During the grant period, approximately 32 person/years of technical and administrative assistance was provided to both field projects and headquarters. (See Annex C for a listing of technical assistance provided.) Of this total, about one-quarter was external technical assistance contracted by PCI and provided to field projects, largely in the area of project evaluation, baseline survey design and statistical analysis (16 site visits), five visits to deal with topical assistance (eg. Traditional Medicine applications in Primary Health Care, Social Marketing, etc.) and one visit for financial systems.

In addition, headquarters staff provided 11.4 person/years of technical assistance of a supervisory nature to the field projects. During the grant period, Bolivia was the most frequently supervised country with 8 headquarters staff visits, followed by Guatemala with 6 visits and Belize and Indonesia each with 5 visits. Headquarters staff, particularly

from the Program Department, appear to travel to the field on average of twice per year.

Two technical areas were considered missing from the full time staffing of the Program Department. First, given PCI's long history of accomplishment in the area of training for primary health care service delivery programs, it is our judgment that someone with explicit academic training and field experience in competency-based curriculum design, design of evaluation of teaching/learning and design of educational materials should be on staff, at least part time to travel to the projects and work with site personnel on various aspects of their training programs.

Second, the team felt that an epidemiologist/survey research/health information system expert was needed to provide a quantitative (measurement oriented) perspective to the design of new projects as well as monitoring and evaluating ongoing projects. Baseline surveys for projects and the associated sampling, survey instrument design and data processing/analysis issues alone could keep such a person fully occupied. All the projects have explicit or implicit information systems which could benefit from this kind of expertise, not to mention PCI's own quarterly M&E reporting system.

#### **HQ - The Departments of Budget/Internal Control and Accounting:**

The team was favorably impressed with the staffing and organization of these two departments. The process used to transfer funds for project operating budgets is as follows. Each country director develops a proposed annual budget using a standard format and line item coding system (See Sample for Belize Budget, 1990, in Annex D). This submission is reviewed by the HQ Budget officer for compliance with the MG Agreement and funding availability. The proposed budgets in aggregated form, with field related costs paid from San Diego (eg. expatriate salaries) and headquarters costs, are presented for review and approval by the full Board of Directors in December of each year. Amendments to the Board approved budget are made in June. However, interim changes can be made in March and September on the authority of the Executive Committee.

Country Directors present a plan for monthly cash transfers for the entire year. These monthly estimates are updated by a telex sent near the end of each month with the next month needs. The monthly cash transfer telexes are reviewed by the Budget officer who authorizes payment by the Accounting Department through wire transfer or direct bank deposit. The funds required for these transfers are then drawn down from the Federal Reserve Letter of Credit. PCI staff indicated that this entire process took about 1 week to complete. PCI staff also reported very few occasions when monthly tranches of funds did not arrive on time at the field sites. Review of telexes from the field indicated that some projects reach balances on hand of as little as \$250.00, before receiving replenishment through the cash transfers. Also on a monthly basis, Country Directors submit bills and other documentation to liquidate the monthly advances. Issuance of the cash transfer is not dependent on receipt of the prior months liquidation.

When questioned about potential shortfalls in funding to field projects during the "lean" periods of fundraising (March-May and October-December each year), PCI staff reported having recently received an endowment of approximately \$138,000, which the Board had authorized for use as a reserve fund in conjunction with a \$300,000 bank line of credit.

In general, the team considers the financial management system now in use at PCI headquarters to be sound and well managed, if a little on the conservative side. The entire budget/accounting system, at the time of our visit, was completely manual, without the use of electronic spreadsheets. The Staff assured us that high on the priorities for the computerization process is the budget and accounting system. If PCI's resources increase beyond current levels, electronic accounting systems are a must.

#### **HQ - Administration and Personnel Department:**

Although the chief of Administration and Personnel was not present for our visit, we did have opportunity to examine a number of excellent manuals and written policies and procedures concerning employees. The issues dealt with in these documents seemed comprehensive and useful to the employee.

When we questioned employees at headquarters, almost all reported not having received any in-service training relating to their job tasks. New project employees receive an orientation to PCI activities at the Mexico project site in Tijuana, Mexico. Otherwise, there seems to be little emphasis on this staff development activity. We were unable to find an established career development pattern for field staff, or other mechanisms which might serve to provide internal incentives to junior staff to stay on with PCI after tours in the field.

A cursory review of staff salaries at all levels indicated that PCI may not be competitive with other PVO's. Crude comparisons with a salary and post classification study conducted by PACT indicated that most PCI heads of departments and mid-level staff earned significantly less than the PACT average for equivalent positions. Country and Project Director salaries seemed particularly low.

#### **HQ - Resource Development Department:**

The evaluation team encountered an experienced, knowledgeable and energetic fund raising team at PCI headquarters. This department is key to PCI's possibilities for expansion. As such, this department should be the object of careful study by the new Executive Director and the Board. Clearly, the business of fundraising has become very complicated and crowded with multiple sources and donor motivations. How to reach new donors and maintain donation levels among old donors will be a function of the image PCI has and/or should have.

The evaluation team did not come away from its visit to PCI headquarters with a clear, unified and compelling image or rationale why anyone should select and contribute to PCI activities around the world. The evaluation team concluded that skills should be brought into PCI to craft a new image which is fresh, compelling and still consistent with Board philosophy. In addition, new sources should be tapped with modern fundraising and advertising techniques.

or a summary of Project Activities and Outputs by year for all Matching recipient countries, see Annex F.

### **B. PCI OPERATIONS IN BOLIVIA:**

Since 1982, PCI has been implementing a primary health care system in rural areas of the Oruro Department in Bolivia. The system is based upon the training, deployment and support of community health workers (CHW). This project has been financed by three matching grants provided by the Agency for International Development (1979-1983, 1983-1985 and 1986-1989, as amended) for a total of \$1,005,138 in grant funds. The matching portion provided by PCI totalled \$1,042,747.

This project is part of a Bolivian national plan to extend coverage of primary health care throughout the country by means of a process known as the "regionalization" of health services. The project was designed jointly by the Office of Planning and Supervision of the Oruro Regional Health Services and PCI staff as part of this national plan. The strategy of "regionalization" -- underway in many countries in Latin America - - seeks to decentralize program and financial management of health service delivery.

PCI's contribution to regionalization in Oruro has consisted of support in four areas: a) training of community health workers, birth attendants, rural auxiliary nurses and support personnel; b) program planning and interagency coordination; c) development of administrative support systems for these rural health workers, including systems for medical supply and equipment; and d) promotion of community participation and integration of traditional medicine into health services. At all times during the course of this project, activities were jointly planned, implemented and supervised by MOH personnel of the Office of Planning and Supervision and PCI staff.

During the life of the project, PCI reports having expended a total of \$433,482, exclusive of expenditures for salaries and housing for US personnel. (See Tables in Annex E for an annual breakdown, by line item.)

#### **Bolivia - Results to Date:**

In overall terms, the evaluation team found the operations of PCI in Bolivia to be very effective and ably managed by the country and project level staff. We would support continued funding of the Oruro project with a turnover to the GOB in 1992 and a startup of a similar project in another location in Bolivia.

#### **Bolivia - General Observations:**

PCI's approach to development -- full integration of projects into the host country programmatic apparatus in order to assure maximum institutional strengthening -- is impressive. It is to their credit that they have continued to be true over the years to this principle, in the face of pressure to produce numerical results. To be competitive for the grant dollar, however, PCI needs to become more effective in developing

monitoring and evaluation systems which communicate to donor agencies the institutional strengthening outcomes as well as the immediate project outputs.

Not unique to PCI Bolivia is the relative lack of priority which host country policy makers and counterparts place on Primary Health Care, use of paramedical personnel in programs to extend coverage of health care and the role of community participation in financing some part of their health care costs. Very subtle changes in institutional attitude have occurred in Oruro over the past seven years, however, which would make it difficult (if not impossible) for opponents of the CIW program to eliminate this element from their program. Donor agencies need to have the institutional patience to realize that these changes are taking place and that it takes time for the process.

Also a chronic problem in health services development is the lack of interdonor coordination. There are always differences in philosophical approach between agencies. However, where donor programs overlap or involve administrative arrangements which cut across programs (such as the per diem scale), these should be the subject of careful discussion among the donors prior to full implementation.

#### **Support from PCI-Headquarters to Bolivia:**

PCI-Bolivia received 16 technical assistance visits during 1986-1989, primarily in the areas of project evaluation and baseline surveys with a total of seven visits. There were four visits to provide technical assistance, four had administrative purposes, and one visit was for orientation of a new staff person working on the monitoring and evaluation system. Compared to other PCI countries, Bolivia has received moderately strong support from headquarters.

#### **Bolivia - Staffing:**

Staffing at project level in Oruro is adequate for the work which needs to be done and is consistent with the process of project turn-over to the GOB which is presently underway. It is believed, however, that the competence, character and dedication of the Oruro Project Director may actually impede in the process of turnover of this project to the GOB.

In La Paz, however, it is believed that the span of control of the Country Director -- which now requires supervision of five projects and such major responsibilities as new project development, coordination with other FVO's, USAID and PCI Headquarters -- justifies adding a senior staff person with skills in project development and management.

Some of the staff in the La Paz office indicated that salaries may not be competitive with other FVO's, both in the La Paz office and at the project site.

## **Bolivia - Administrative and Project Reporting:**

The budget planning process, cash transfers from La Paz to Oruro and periodic budget reprogrammings are fundamentally sound. Full communication between the La Paz office and the field will assure a smooth, effective financial operation. The La Paz office reported having had annual financial audits; Oruro, on the other hand, could only recall having had two audits in seven years. The La Paz and Oruro offices carry out only occasional minor procurements, with major procurements such as vehicles being effected by PCI-SD.

Oruro staff reported occasional periods of considerable uncertainty and delay in receiving the monthly cash transfers, with the effect that activities tended not to be programmed for the first week or ten days of the upcoming month. There was considerable interest in working with a rolling 60-90 day advance, with monthly liquidations, as a means of always having a cushion to cover unexpected expenses.

Project reporting needs to be structured against annually approved program targets. At the time the budget process begins, decisions are made with respect to numbers of courses to be held, supervisory visits and other program actions. The periodic progress reports should key back to these annual projections and be put into the context of the overall life-of-project targets. In this manner, the reader can easily see where the project stands along the various targets and timelines. The new quarterly reporting system designed by PCI-SD is beginning to be integrated into Bolivia's reporting and should address these observations.

## **Bolivia - Project Outputs:**

There was uncertainty among the staff regarding the project targets they were responsible for achieving. There was no record of any negotiated changes of output levels.

### **1. Training, Community Participation and Traditional Medicine**

A total of 180 community health workers (CHW) were trained and deployed to their communities during the period 1982-1989. Annex F contains a summary of CHW's trained and the number who have left service, by year. A total of 29 of the 180 originally trained during the period 1982-89 have abandoned service. This loss rate is remarkably low, considering the experience of similar programs in other countries. A careful study of the reasons for leaving service has not been done, although PCI Oruro staff believe the primary reason for leaving is economic, ie. search for more remunerative work elsewhere. Indeed, most of the CHW's abandoning services are residents of a district which borders on Chile and where there is believed to be considerable contraband activity across borders.

A basic curriculum was used to train the CHW's which was modified slightly each year to meet MOH's program needs and to correct any deficiencies noted in the previous year. The curriculum varied slightly in length around an average of 240 classroom hours and was divided in three parts, each approximately two weeks in length. This was done to permit CHW's to attend classes during periods which were less disrupting of their normal income producing periods. Phase I of the curriculum is built around community participation concerns, role and function of the CHW within the community and the community vis-a-vis the health system as a source of health care. Throughout the 6-week curriculum, care is also taken to fully integrate traditional medicine concepts into the western concepts upon which the health system is based.

Classroom time was roughly divided into one-quarter devoted to theoretical considerations and three-quarters practical training. PCI has provided periodic refresher training to CHW's, which serves both as an incentive for these volunteer workers and to keep skill/knowledge levels up to desired levels. During the evaluation, the team had an opportunity to quiz 37 CHW's as a group on their knowledge of oral rehydration, immunizations, nutrition surveillance and other topics. They were remarkably up to date on all these subjects.

During the entire period 1982-89, selection of CHW's was based upon a lengthy dialogue between auxiliary nurses and other representatives of the Oruro Regional Health Office and the community. The candidates basically had to be able to read and write, have demonstrated leadership in their community, be from that community and married. The criteria used by the community for selection of the CHW were established primarily because it was believed that these might maximize acceptance by the community of the CHW as a reliable source of health information and services. The criteria were also thought to increase the stability of the CHW in the particular community.

Annex F contains a listing of all training events during the period 1986-89, with topic and numbers of participants. Recipients of training include the rural auxiliary nurse, inservice training of CHW's, rural teachers, graduate nurses and physicians.

A performance analysis has not been performed of CHW's in Oruro, or in Bolivia as a whole, to provide an empirical basis for standardization of training of this level of worker as well as permitting MOH policy decisions regarding supervision, resupply and continuing education for this worker.

## **2. Administrative Support Systems**

Of the support systems envisioned at the beginning of this project, Supervision, Patient Referrals and Rural Medical Supply System, only the latter has truly flourished and now stands as an accomplishment of the project.

### **Bolivia - Supervision:**

Supervision of the CHW at his worksite is accomplished on a semesterly basis by inter-disciplinary teams, usually composed of the Chief of Nursing, representatives from the Nutrition, MCH, Epidemiology, Planning and Supervision Offices and PCI staff. Transportation and per diem for these supervisory visits is usually covered entirely by PCI funding. A detailed log of general needs encountered during the supervisory visit is maintained by the principal counterpart in the Planning and Supervision Office. Inservice training needs are developed from these visits. The chief nurse indicated to us that the auxiliary nurse, who is the logical person in the system to supervise the CHW, can only "coordinate" his or her actions with the CHW. The chief nurse admitted that any action more direct than coordination on the part of auxiliary nurses was impractical due to distances and lack of transportation.

Supervision also occurs during the periodic visits made by the CHW to Oruro city to replenish his medical supplies or to attend a workshop. There are also periodic site visits by members of the categorical programs, notably the Expanded Program for Immunizations (EPI), which now relies extensively on the CHW to carry the program load for rural immunization coverage.

Because formal supervisory visits to the worksite require expensive logistic support and considerable senior staff time, it is likely that when PCI turns over the project completely to the GOB that this type of supervision will largely disappear.

### **Bolivia - Rural Medical Supply:**

The Rural Medical Supply System begun by PCI was completely absorbed by the GOB in 1987. At the time of the transfer to the government, only the resupply of CHW's was in operation. The following year in 1988, the Oruro Regional Health Office transferred supply operations of the categorical programs -- Maternal Child Health, Broncho-Pulmonary, Epidemiology -- over to the PCI initiated program. At the present time, about 100 CHW's are actively using the Supply System. With pre-established prices which contain a small per item markup, the CHW sells the pharmaceutical items in his community. Periodically, he will come to Oruro to replenish supplies, turning in the money collected and retaining the small built-in profit. Issuance of new medicines is not tied to clearing the balance owed on previously issued medicines.

A random review of the CHW accounts showed considerable activity in payments and receipt of new pharmaceuticals. A balance of between 65 and 250 Bolivian pesos (\$35 to \$90) was observed. In conversations with 37 CHW's in a refresher training course, we determined that monthly sales by the CHW ranged from 20 pesos to as much as 90 pesos. The most serious problem for the CHW was the availability of hard currency in the community to pay for the medicines. Some CHW's reported having to accept eggs or a chicken as payment from the client. Among the newer CHW's, there

was a reluctance among the clients to accept that they had to pay the CHW for their medicines.

The manager of the Supply System reported that his total annual procurements using the capital provided by the CHW's ranged from 12 to 15 thousand Bolivian pesos. Some items were procured one or two times a year, with other higher volume items requiring purchase up to six times per year. When questioned on whether it made sense to buy in volume (ie. in larger quantities fewer times per year), the manager indicated that devaluation of the Bolivian peso had been a factor. Recently, however, devaluations had occurred with less frequency and fewer procurements could be made.

According to the Director of the Supply System, bids for medicine procurements are reviewed by a committee consisting of the Project Director, himself and a staff member of the Supply Office.

The entire record system for this operation was on ledgers and cardexes. The manager said that a software package had been designed to manage his inventories and accounting. As yet, he had not been able to use the package because of problems with the computer which had been donated to PCI some time before.

#### **Bolivia - Program Planning and Interagency Coordination:**

Annual planning for project implementation was accomplished by PCI staff with personnel of the Office of Planning and Supervision. Results of the semesterly supervision visits, interviews with senior management in the Oruro Regional Health Office, interviews with CHW's themselves and specific requests from communities wishing to be considered for the CHW program were used as a basis for the plan for the new year. Timing of major events -- training of CHW's, semesterly supervisory visits, refresher training courses and so on -- was coordinated with important country wide MOH campaigns such as special house-to-house immunization programs.

PCI also participated fully in the development of the original regional health planning exercise as well as the periodic updates that laid the programmatic basis for this project. Baseline surveys were accomplished in a number of Oruro districts to establish statistical bases for these plans.

Interagency coordination has been a problem, primarily due to the implementation of programs financed by other donors which parallel PCI's project or which could impact on the activities it is carrying out. For instance, in 1987 with UNICEF funding a nationwide program was launched to train cadres consisting of health volunteers (Responsables de Programas de Salud or RPS) who could function in support of immunization and oral rehydration campaigns in their communities. These RPS were conceived as largely single purpose workers whose usefulness was limited to promoting the health behaviors such as taking children to the immunization clinic.

Organizationally, the RPS program split the Office of Planning and Supervision Office into two parts, each supporting programs with parallel purposes. The additional reporting requirements and the influx of new resources for training, equipment and per diems for supervision, for instance, caused considerable stress on the already scarce personnel in this office. There was apparently little attempt at that time to integrate the new program into the existing organizational structure or the ongoing CHW training activities. According to some observers, enthusiasm in the Government for the RPS program seems to be waning.

As the evaluation team arrived in Oruro, PAHO was finalizing details of a new program for Oruro to strengthen local planning and programming of health services. This program, under implementation by PAHO throughout Latin America, is known as "SILOS", or Sistemas Locales de Salud. The SILOS program is expected to greatly improve the planning process at organizational levels such as the Oruro Regional Health Office. Very alarming, however, was the information (unconfirmed by the evaluation team) that within the Agreement signed between PAHO and the MCH was approval of an increase in per diem rates for supervision by a factor of three times the current rate. If this information is correct, PCI's support for supervision in the form of per diems will have to triple in order to compete for senior staff time to supervise the CHW.

### C. PCI OPERATIONS IN BELIZE:

Since 1982 in a collaborative venture, PCI and the Government of Belize have been implementing a national plan to extend coverage of Primary Health Care (PHC) services to all six health districts throughout the country. The plan emphasizes community participation and intersectoral coordination as basic requirements for achieving the goals set by Alma Ata: "Health for all by the Year 2000."

The key elements in the plan consist of:

- Establishment of District Health Teams, headed by the District Medical Officer and composed of representatives of other sectors (Agriculture, Education, etc.) and key health program staff.
- Establishment of Village Health Committees (VHC), which select and support a Community Health Worker (CHW).
- Train and deploy CHW's in villages with functional VHC's.

This network is guided at the national level by a National Primary Health Care Committee (NPHCC), chaired by the National Director of Health Services, is composed of representatives of the major program areas and serves as an advisory body to the Minister of Health on PHC matters. The administrative and technical guidance provided by the NPHCC is carried out by the Director of Primary Health Care and the District Health Teams (DHT) under his direction.

Since the signing of the agreement in 1982, PCI reports having received \$2,550,000 in AID grant funds, consisting of two Matching Grant Agreements signed in 1982 and 1986. The second grant agreement was scheduled to end in 1989, but was extended through June of 1990. The matching portion provided to date by PCI for these two grants totals over \$2.5 million.

PCI staffing consists of a Country Director who is located in Belize City, and Project Directors located in Toledo and Stann Creek Districts. The Country Director has a rudimentary office located in the basement of his home; the Project Directors have established small offices in Punta Gorda and Dangriga, each with a secretary and other support staff. In Punta Gorda, the PCI office is contiguous with the water and sanitation office of the District Health authorities while in Dangriga, a small private house has been rented.

The Director of Primary Health Care at the national level is assisted by a person whose job title is Principal Trainer. Her role is to provide technical and administrative support to the DHT's in recruitment, training, deployment and support of CHW's. Although not explicitly stated in her job description, she is a key person in coordinating with the various PVO's. She is assisted at the local level by District Trainers in carrying

out the CHW training programs and organizing the community to support these personnel.

### **Belize - Results to Date:**

In overall terms, the evaluation team found the operations of PCI in Belize to be effective and ably managed. Of the PVOs currently operating in the country of Belize, PCI's program seems to be the most consistent with GOB primary health care policy. See Annex H for a listing of achievements and quantitative outputs of the Belize project. Although relationships between PCI and the USAID mission have not always been very cordial, there seemed to be a genuine desire among the new Mission staff to work with the PCI Country Director.

There seems to be strong commitment to primary health care (PHC) on the part of the principal counterpart at national level. Despite this personal commitment, however, the probability that the GOB will be able to allocate significant resources (human, financial and material) to PHC is not likely to be sufficient to warrant continued PCI presence beyond 1992. It is the evaluation team's judgment that, clear and decided government support for the extension of primary health care services to the districts is not present. Indeed, as other observers have indicated, as long as the Belize City Hospital (BCH) remains such a proportionally massive line item in the national health budget, the future for PHC is considered dim.

It is unlikely, for instance, that in the near term the GOB will be able to generate the resources to: a) recruit, train and hire District Trainers for all six districts; b) develop a supervisory system for CHWs which provides for at least quarterly contact with each village worker; c) establish a functional medical resupply system for CHWs; d), maintain a system of periodic retraining and refresher training; and e) issue policy declarations which increase the types and kinds of services provided by CHWs and add GOB responsibility for providing medical kits and supplies related to PHC needs, including appropriate antibiotics.

The GOB resource allocation problem notwithstanding, the team believes that project designers in 1982 were somewhat optimistic on what could be accomplished in the timeframe, even if national commitment had been more forthcoming during this period. There was an opportunity during the 1985-6 project agreement negotiations to align the project outputs with what was more feasible to accomplish and to build in more concrete contributions on the part of the GOB; or, to have taken the much harder decision: simply to have closed out the project.

As in other countries, there are a large number of PVOs in Belize all contending for the attention of counterparts and donors. This inter-PVO competition can be a constructive process resulting in the ultimate benefit of the people of Belize. The process can also bring into bold relief the differing conceptual approaches to development of the various PVO's regarding the degree to which national priorities are observed, as opposed to donor requirements for numerical outputs and amenities. When assessing

the performance of health PVO's, one has to ask the question, "By whose standards are we judging success, AID's or the host government?" From this perspective, PCI gets good marks among knowledgeable observers in the government, but appears to have lost some ground in its relationships with the AID Mission.

#### **Support from PCI-Headquarters to Belize:**

During the period 1986-1989, PCI-Belize received only five technical assistance visits, two visits in 1987 for the baseline survey and general supervision, one visit in 1988 for public information and two visits in 1989, for monitoring and evaluation and general technical assistance.

#### **Belize - Staffing:**

The evaluation team was very favorably impressed with the PCI staff at Belize City and District levels. They are experienced, technically qualified individuals who have excellent working relationships with key GOB counterparts. The project workplans are well-conceived and executed. We were particularly impressed with the work towards turn-over of the project to the GOB in Toledo District. The candidate who will assume directorship of the project in this district appears to be an excellent choice and preparations are well underway to assist him in the process of taking over responsibilities.

#### **Belize - Administration and Project Reporting:**

Communication on administrative matters between Belize City and the two project sites seemed to be fairly frequent, friendly and complete. Cash transfers for project operations seemed to occur without delays or misunderstandings. The Country Director is currently personally performing much of the administrative work, as his office consists of one small room in the basement of his residence which does not have comfortable workspace for two people. The Country Director was reported to have visited the project sites six times in slightly more than one year. Given the distances in Belize, excellent telephone communication and the maturity of the project directors, this frequency of supervision is probably adequate.

The Monitoring and Evaluation system continues to be a problem for the Belize project. The baseline surveys performed at various points in the project life were flawed and not very useful as starting points in the process of measuring impact of the interventions. PCI's monthly reporting system to headquarters requires 30-50% of the Country Director's time each month and consists of voluminous quantities of data, much of which is of questionable usefulness in tracking project progress.

## **Belize - Project Outputs:**

See Annex H for a listing of the activities and achievements of the Belize team, most of which are complementary to the major project outputs presented below. There was considerable uncertainty among the staff on just exactly what they were accountable for with reference to the originally agreed upon targets, numbers of CHW's trained, numbers of health education sessions, etc. There was no record of negotiations of target changes between the Belize PCI offices, PCI-Headquarters or AID/W.

### **1. Training:**

Since 1982, the project has completed the training of 38 community health workers (CHW) to work in two health districts: Toledo and Stann Creek. A total of 90 such CHW's were projected originally, on the assumption that the installation of the elements (supervision, identification and hiring of district trainers, etc.) of the Primary Health Care system would proceed on schedule.

It was eminently reasonable that PCI did not expand its operations nation-wide to all six districts, as the GOB health system was not in a position to keep pace with the elements necessary to support these workers. In fact, the number of CHW's actually trained under the project is proportional to the population in the districts in which the GOB has authorized PCI to work.

The curricula, syllabi reviewed appeared well-conceived and appropriate to the needs of Belize and the educational levels of the trainees. We had an opportunity to verbally quiz a number of trainees in Toledo health district and found them extraordinarily well-informed. We looked at curricula for training of CHW's, community health educators and the Village Health Committee members.

It was our understanding that other PVO's (with the exception of CARE) operating in other districts have roughly similar curricular content and training methodologies for this level and type of worker. CARE is producing, we were told by the national PHC director, a village worker who is more a health promotion agent than a basic health care provider who also is able to promote health behavior change. The PCI CHW is able to deliver simple care for coughs, colds, diarrhea, skin conditions, first aid, as well as give community talks on environmental sanitation, or the promotion of immunizations and breast feeding.

At the present time, with assistance from PCI, the national PHC office is attempting to standardize the CHW curriculum. The Principal Trainer has solicited comment and suggested changes to the CHW curriculum from all the participating PVO's. She is following a process which approximates task analysis, commonly used in competency-based curriculum design. She indicated that she had requested technical assistance from PAHO to complete this task analysis and carry the process through to a full-fledged curriculum. She had not heard from PAHO on whether this assistance would be forthcoming any time soon.

**2. Support for the National PHC Coordinating Committee (NPHCC):**

The NPHCC is fully operational and is a credit to PCI's continued support over the past several years. The training programs linked to this output (for CHW's and health educators) have been completed and are discussed above.

At the district level, the District Health Teams (DHT) seem to be functioning reasonably well, providing a forum for problem solving, resource allocation and coordination in the health sector and particularly in support of the primary health care program. The Project Directors have worked very closely with the District Medical Officers (DMO) to try to maintain a level of advocacy for the PHC program and often serving as the "right hand person" for the DMO in carrying out operational tasks. Though the DHTs have strong support from the PHC Director, no fiscal resources are provided.

**3. Health Post Construction:**

Of a target of 30 health posts, 13 have been constructed, equipped and are operational.

This is a joint venture with a Canadian PVO called Kirathimo International. Through the CHW's, PCI supports the community organization needed in the locations where health posts are to be located and does some of the procurement for each project. The construction itself is accomplished by the community under the supervision of a foreman paid by Kirathimo International. Initially, a prefabricated health post was proposed. This model has since been replaced by a very appropriate design using locally available materials. (See Annex G for drawing.)

**4. Mobile Health Clinics:**

Mobile health units were to be operational in three districts. As of our visit, progress was limited to placing an order (in June 1989) for the vehicle for the mobile unit in Toledo District. As with the training outputs, progress has had to limit itself to what the GOB can absorb. At the present time, only Toledo District is ready to receive this unit.

## V. RECOMMENDATIONS

Recommendations are presented by the elements of PCI visited by the evaluation team: Headquarters, Bolivia and Belize. For headquarters, we have grouped recommendations under a number of headings.

### A. HEADQUARTERS RECOMMENDATIONS

#### 1. Staffing

**Problems Addressed:** The evaluation team felt that staffing in the PCI headquarters was overbalanced towards administrative support and program development, and short on the technical areas that have given PCI its distinguished record over the years. There appeared to be little or no upward mobility among field staff.

- a. Recruit and hire selected long and short term professionals in specific technical areas, as follows:

- 1) **Competency-Based Training:**

This person should be a mid-level (5 or more years of experience) professional with at least Masters level training in Curriculum Design, Performance Analysis, Task Analysis, Evaluation of Teaching/Learning, preferably a health professional with direct experience in the design/implementation/evaluation of health worker training programs in developing countries.

- 2) **Epidemiology:**

An MD with MPH or DrPH level training in epidemiology with a firm basis in the technical underpinnings of the standard Child Survival interventions, working knowledge of sampling theory, survey techniques and 3 or more years direct experience with health programs in developing countries. This person would serve as staff medical programs consultant and epidemiologist. It would be appropriate to join these skills with those contemplated for the Child Survival Officer presently under recruitment.

- 3) **Short-term Consultant staff:**

No change is suggested to the approach currently being followed, with emphasis on the use of local consultants wherever possible. PCI may wish to consider, however, the use of its own field staff as short-term consultants to other ongoing field projects. A case in point is the baseline survey and project monitoring system developed by the Indonesia project staff. These

staff might be very useful to other Project Directors in developing their own survey and monitoring programs.

PCI should cultivate and recruit short term assistance from the acknowledged leaders and thinkers in the fields of Primary Health Care, Child Survival Programs and Technology, Health Worker Training, Resource Mobilization for Social Programs, Social Marketing and others. This measure not only generates new knowledge and improved approaches to ongoing programs, but also tends to validate PCI's image as an up-to-date and dynamic organization which carries out programs with impact.

- b. Implement a career development plan for PCI field staff which includes, but is not limited to:
  - short (1-2 months) academic training at UCSD, UCLA or UC Berkeley in current topics in international health, eg. Primary Health Care, Child Survival, Field Survey Methods, etc. For new staff, this could serve as a technical orientation; for present staff, as refresher training.
  - creation of one or more staff slots at Headquarters level which are reserved for exclusive occupancy by field staff who have distinguished themselves through superb performance and who could bring practical dynamism to the home office.
- c. Hold more frequent agency-wide and field conferences for both expatriate and national field staff such as contemplated for early 1990. Consider holding geographic region-specific conferences to alternate with the world-wide conference.

## 2. Resources Development

**Problems Addressed:** PCI needs to develop a new institutional image which is vital and compelling so that it can compete successfully for funds. Modern social marketing and advertising techniques need to be adapted to PCI's philosophical approach to development. The following are recommended:

- a. Recruit and hire a mid- to senior level executive from the advertising or marketing industry who brings sensitivity, modern techniques for social mobilization and good management skills. This person would be charged with crafting a multi-media image building campaign which translates into significant increases in fundraising.
- b. Contract a professional firm to do the creative work for the "image" building campaign, which could involve greater use of key supporters (eg. Jeff Bridges), national network video commentaries, leaflets, mailers in support of the walks, and other materials.

- c. Consider the use of selected (and willing) field staff in direct resource development activities such as slide talks, videos with professional coaching, etc.

### 3. PROJECT MANAGEMENT

**Problems Addressed:** PCI needs to build a team at headquarters which can respond quickly and effectively to both technical and administrative problems such that field staff feel fully supported in their day-to-day operational decisions.

- a. More funds need to be made available to permit more frequent travel to field sites by headquarters staff.
- b. PCI should proceed vigorously with the presently ongoing development and field test of the quarterly reporting system. In addition to the M&E officer, schedule site visits by a contracted specialist in information management to work with country and project directors in reviewing the structure and usefulness (to both field staff and headquarters) of the monthly reporting system. As possible, use adaptations of existing project and task management software for the quarterly reporting system.
- c. PCI should schedule on an annual basis travel in cross-cutting technical areas such as "Applied methods to study community organization in traditional societies", "Review of MOH information systems: their relevance to PCI projects", "Simple Curriculum revision techniques", "Rapid Survey Techniques for Immunization Coverage Assessment" and others. Contracted specialists can be assisted by Masters and Doctoral students in the specialty areas. This travel should serve both for substantive technical review of projects in specialty areas and supervisory reasons.
- d. PCI should provide in-service training of project staff in the specification of project goals, purposes/objectives, activities, program indicators, etc.

### 4. PROJECT DOCUMENTATION

**Problems Addressed:** PCI needs to perform an intensive internal review of its reporting systems so that these serve not only as management tools and good project records, but also as the bases for fund raising and new proposal development. A complete record of output targets and any modifications thereto should be kept by PCI-Headquarters on each project.

- a. As mentioned above, complete the first approximation of the quarterly reporting system. With the advent of computerization in PCI headquarters, take advantage of existing software packages for project management and tracking, including linkages of activities to expenditures, consultant banks.

- b. Contract a specialist in Information Management to suggest modern methods of machine archiving of project data, both program and financial.
- c. Periodically, contract a specialist in audiovisual arts (video, film, etc.) to visit field sites to record a visual record of project activities and provide attractive material for fund raising purposes.
- d. Just as funds are accounted for, so should clear records be kept of all agreed upon activities and output levels. The new quarterly report system should clearly carry forward the numerical targets, using a notation that makes it clear where we are in project progress: on target, lagging, ahead of schedule, etc.

## FINANCIAL MANAGEMENT AND FUNDRAISING

**Problems Addressed:** A combination of peak and low periods in the flow of funds from donations for application to the matching portion of the MG and a policy of transfers of 30-day's worth of funds to field projects creates unnecessary stress on Country and Project directors as regards the availability of funds for project operations.

- a. Fund field projects using a 60-90 advance with monthly liquidations, rather than the current 30-day system. Monthly liquidations can be accompanied with an update of the funds needed for transfer in the "out month", thereby always leaving a cushion of 60 or 90 days in front of the month being liquidated.
- b. To smooth out the funding curve, allocate AID Matching Grant funds during "lean" fundraising periods and vice versa, ie. fully fund project operations with donations during peak donation period.
- c. Build a reserve of at least \$500,000 for emergencies, targets of opportunity and to cover periods when fund raising income lags. The endowment of \$138,000 recently received is a good start in this direction.
- d. Priority should be given to computerization in the areas of budgeting, accounting and expenditure tracking (planned vs. actual expenditures with feedback to the field on project status). The two project sites visited could establish modem communication with PCI-Headquarters for transfer of budget/accounting information each month.

## **TRAINING**

**Problems Addressed:** PCI already has comparative advantage over other PVOs in the area of training for primary health care. Building in-house capability in modern techniques of competency-based curriculum design will solidify this expertise.

- a. Hire a long-term staff person in the area of Competency-Based Training. See staffing recommendation above.
- b. Conduct review and acquisition of international literature in training areas. Potential sources: CDC, WHO, PAHO, UNICEF.
- c. Hold in-service refresher training of field staff in topics such as: competency based curriculum design, performance analysis techniques, evaluation of teaching/learning and others.

## **GENERAL RECOMMENDATIONS**

**Problems Addressed:** The evaluation team encountered among headquarters staff a degree of anxiety, some of which is normal in the environment surrounding an evaluation. However, some of this may be due to working conditions, communication and a general feeling of "esprit de corps" which the new Executive Director is no doubt studying and will take actions in the future.

- a. Conduct a rigorous analysis and comparison of PCI pay scales using as a start the PACT studies.
- b. Conduct "team building" exercises with all levels of staff designed to identify areas of conflict, ambiguity of staff and line function and in consensual fashion, develop the means to improve communication and staff morale.
- c. After budget/accounting, priority should be given in the computerization program to computerize personnel records, expenditure tracking, and project data storage and retrieval (particularly focused on project accomplishments).

## **B. BOLIVIA RECOMMENDATIONS**

1. **Problem Addressed:** The PCI program in this country is large and likely to expand. The Country Director needs a program officer to assist him in managing the portfolio.

**Recruit and hire a mid-level Bolivian professional with academic and experiential background in social program development and project administration to serve the functions of deputy to the Country Director.**

2. **Problems Addressed:** This country program has experienced difficulties in receiving cash transfers and effecting the re-transfer to field sites. Field sites have had funds reprogrammed by the La Paz office without prior consultation.
  - a) Request approval from San Diego for use of 60-90 day initial advance with monthly liquidations by field projects to the La Paz office; accompanying the monthly liquidation is a request for advance of the "out month."
  - b) All budget reprogramming exercises should be accomplished jointly, paying careful attention to reductions in programmatic outputs where funds are reduced.

3. **Problems Addressed:** As verbally agreed with the new Director of the Oruro Sanitary District, turn-over of the project to the GOB will proceed over the next two years.

Proceed with dialogue with GOB (Oruro Sanitary District) on the turn-over of the project over the next two years. During this process, PCI staff should analyze all organizational options (eg. title changes for the Project Director, management of the project bank account, other methods to assure disclosure of use of project funds) which may tend to reduce the stress of the turn-over on project staff and counterparts. PCI staff stationed in Oruro should continue to be paid from La Paz.

4. **Problems Addressed:** Inter-donor coordination at the operational levels.

Request USAID support in obtaining greater donor coordination especially in programmatic areas which use the same counterparts or involve key administrative measures (eg. per diem rates for supervision activities)

5. **Problems Addressed:** Chronic weakness of policy commitment of governments to populations which are politically less important and for which resource allocations must compete with secondary and tertiary care.

Request USAID support in reaffirming policy commitments by GOB to the Primary Health Care strategy, particularly regarding community participation and use of community level workers to perform delegated functions.

6. **Problems Addressed:** There is widespread use of village level workers throughout Bolivia, often with differing training programs, standards for supervision, resupply and other support services. A careful assessment of the way in which this worker

performs under varying conditions would help unify training and supervisory approaches for the GOB and PVO's working in this area.

With USAID support and through the PVO Network Project, conduct a nation-wide "performance analysis" of the various community level workers being produced by different agencies; this performance analysis should serve to orient GOB policy regarding this level of worker.

7. **Problems Addressed:** Accounting personnel generally welcome a spot check of the financial operation in order to ensure that adequate internal controls are in place. Bid selection committees are vulnerable to conflict of interest problems. Standard PCI policy and procedures are needed to minimize this problem.
  - a. Budget and carry out annual preventive "pre-audit surveys" by a local auditing firm to ensure compliance with good accounting procedures at the project sites; continue the practice of annual audits in the La Paz office.
  - b. Develop a PCI country policy/procedure for the composition of bid selection committees to eliminate real or perceived conflicts of interest among PCI staff.

8. **Problems Addressed:** For PCI/Bolivia to remain competitive among the PVO community, its salary scales and other worker benefits must be similar.

Obtain a recent wage and post classification study of PVO's to ascertain that PCI salaries are acceptably competitive; if such a study is not available, contract with a local management firm to conduct such a study.

9. **Problems Addressed:** The already excellent training programs could be improved by upgrading staff skills in competency-based curriculum techniques.

Obtain consultant services to upgrade project staff skills in modern techniques of competency-based curriculum design and evaluation.

## C. BELIZE RECOMMENDATIONS

1. **Problems Addressed:** It will become increasingly difficult for PCI to proceed with implementation of this project, given the lack of policy commitment of the Government of Belize for Primary Health Care. What leverage there is with USAID in their policy dialogue with the GOB in the health sector is in decline as the Mission proceeds with its pullout from this sector by 1992.

- a. Fund an additional one or two-year extension of the MG to June 1991 or 1992, on the condition that the projects in Toledo and Stann Creek Districts are completely turned over to the GOB. The

turnover plan must be fully discussed and agreed upon with the GOB, with tasks clearly identified on a timetable which address issues of community organization, participation, sustainability and cost recovery elements.

- b. PCI should immediately, in writing, request the absorption by the GOB of the salary for the District Trainer in Toledo District (presently employed by PCI) and create the position for a District Trainer in Stann Creek. To test GOB commitment to PHC, PCI should explicitly tie these two salaries to the project phase-out in 1992, through a signed agreement between PCI and the GOB at the level of at least the Permanent Secretary.

2. **Problems Addressed:** Survival of the Primary Health Care program will depend primarily upon the contributions the community can make to the financing, as the GOB has taken the decision to use its national resources for tertiary care.

With headquarters assistance, carry out a national level workshop with the GOB and participation from the major PVO's, to analyze the recent decisions to abolish CHW stipends, permit/solicit salary payments by the community, sale of medicines, fee for services and other mechanisms to reduce the cost burden of CHW's on the GOB and increase participation of the community in sharing the costs of the program.

3. **Problems Addressed:** PVO's with AID financing in addition to PCI, are producing significant numbers of village level workers with different orientations, skills and knowledge. If the GOB is to be able to absorb any of these workers after AID funds are withdrawn, some standardization will be necessary.

- a. Support the current ongoing process of the task analysis leading to a revised, standardized curriculum for village level workers. PCI should fund, or assist in locating the funds, for the contracting of three months of a specialist in competency based curriculum design to assist the Principal Trainer in bringing the revision process to successful conclusion. This specialist should also prepare a protocol for a performance analysis of village level health workers for execution at some later date.
- b. With support from USAID/Belize, plan a workshop with the GOB and with PVO participation to analyze and reach agreement on formulas for standardization of the village level information systems.

**ANNEX A**  
**OVERALL SCOPE OF WORK FOR EVALUATION**

September 20, 1989

Project Concern International (PCI) Matching Grant  
Final Evaluation  
SCOPE OF WORK

Purpose:

To evaluate PCI's headquarters performance in providing oversight and support to all Matching Grant recipient countries, and the field impact of health activities in Bolivia and Belize, as compared to the goals and objectives established in cooperative agreement EOC-0232-G-SC-6113-02 (from July 1, 1986 to June 30, 1990).

Objectives:

1. To analyze and evaluate PCI's performance in improving the health status of people living in underserved communities in Matching Grant recipient countries, and bringing affordable and accessible health care to the populations, particularly the most vulnerable groups.
2. To analyze and evaluate the effectiveness of PCI's headquarters in providing technical, financial, policy and programmatic oversight and support to field activities in all Matching Grant recipient countries.
3. To assess PCI's major accomplishments and organizational capacities, as well as to determine what, if any, problems and constraints have prevented them from reaching the goals outlined in the cooperative agreement with AID/PVC.
4. If deficiencies are identified, to develop specific recommendations for PCI regarding technical modifications to field implementation and headquarters-centered responsibilities, including field budgeting, reporting, administrative procedures, and staff development.
5. To recommend specific actions for AID/PVC to support PCI's development of its institution building and health delivery/promotion capabilities.

- October 11-14:           Headquarters evaluation in San Diego.
- October 16-21:         Field evaluation in Belize.
- October 23-27:         Field evaluation in Bolivia.

Evaluation Questions and Issues: Described below are questions and issues that FVA/PVC/CSH has developed to direct the evaluators during the course of the evaluation. Some questions are more relevant for the field than headquarters, and vice versa. The evaluation team should use these questions as a guide; it is not expected that each will be separately addressed in the final report.

- Ability of project design and implementation procedures to meet project objectives
  - What strategies has the project management taken to improve health status/awareness? Do strategies seem appropriate?
  - Do field guidance, training materials and promotional materials reflect state-of-the-art health knowledge and sensitivity to cultural constraints?
  - Have health interventions been targeted to particular at-risk groups? If so, do groups seem appropriate? Has targeting been effective?
  - Are PCI program activities, organization structures, planning and management capacities consistent with the directions of the grant agreement?
  - Is there evidence that health status of subject communities has improved as a result of PCI's involvement?
- Relationship between field and headquarters
  - How does headquarters support field efforts?
  - What is the relationship between staffing patterns at headquarters and field activities?
  - What is the turnaround time between field requests for information, technical assistance, etc. and responses from headquarters?
    - What is the typical means of communication (phone, FAX, mail)? Does PCI have standard operating procedures identifying what types of requests are handled in specific manners?

- Do headquarter's funding mechanisms promote smooth project implementation?
- Are the separate functions of the Administrative and Program staffs as they relate to field operations clear cut and understood by both?
- Is there an established system for resolving conflicting views between the Administrative and Program staff regarding field operations?
- How many trips (on average) have headquarter's staff made to field sites? What has been the nature of the visits (i.e.- to provide technical assistance, monitor status of project, etc.)?
- To what extent, if any, does Headquarters provide policy and program guidance to field staff?
- What type of staff support does headquarters need to effectively do its job? Has such support been sufficient?
- Does Headquarters tend to employ technical staff, or to hire consultants as needed? What have been the effects of using the approach that they employ?
- Has headquarter's technical capacity increased in recent years? Has headquarters developed any new backstopping strategies?
- How is PCI using the \$25 thousand provided by A.I.D. in FY 1989 for headquarter's activities? Why was it decided to use the money in this manner (note: \$60,000 was Child Survival money and \$25,000 was Matching Grants)?

### Financial Management/Tracking

- What is the turn-around time between field expenditure requests and money sent from headquarters?
- On what financial system/information does the field base its planning?
- Is there a system that keeps everyone up-to-date?
- Is there typically enough cash on hand to meet requests from the field?
- What is the relationship between activities and expenses?
- Is there an implementation plan or time line that relates activities to expected expenses? If so, how far into the

### Evaluation Outputs:

The evaluation will produce the following outputs:

1. A final written report of PCI's progress towards the goals of the Grant Agreement.
2. An evaluation of PCI's performance in Belize and Bolivia.
3. An analysis of the strategic and organizational capacities, problems or constraints that have influenced PCI's progress towards the established goals.
4. Recommendations to AID/PVC for actions to support future progress of PCI.
5. Recommendations to PCI for actions to support their future progress.

### Scope of Work:

The evaluators will make their recommendations based on the following:

1. 1986 PCI Matching Grant proposal and addendum
2. PCI Matching Grant Annual Reports
3. Prior evaluations of PCI field operations and headquarters, specifically:
  - June 1984 Evaluation of PCI/Bolivia - by Management Sciences for Health (MSH) under contract for AID.
  - September 1986 Evaluation of PCI/Belize - by Management Sciences for Health (MSH) under contract for AID.
  - March 1986 Evaluation of PCI/Technical and Managerial Capabilities - by Pritech under contract for AID.
  - any other internal or external evaluations deemed relevant by both parties.
4. Other documents considered relevant by both parties
5. Interviews with PCI staff, host country technicians and government representatives, etc.
6. Interviews with and/or surveys of project beneficiaries (if deemed relevant by both parties).
7. PCI responses to previous evaluations (including those incorporated into new MG proposal).

### Schedule:

October 10: Team holds evaluation planning meeting in San Diego. At this point the scope of the evaluation will be further defined and logistics will be determined.

future does it calculate?

- How do planned and actual expenditures relate?

#### Project Focus and Use of Funding

- What has been the major focus of matching grant funding in each Matching Grant recipient country?
  - (a) to support and deliver health services from established sites
  - (b) to support and improve the MOH service delivery system through training, monitoring, and supervision,
  - (c) to increase community awareness of health needs and demand for services
  - (d) to change health behaviors
  - (e) other.
- Has PCI changed their focus since they started working in subject communities? How and for what reason?
- Does PCI have a "model approach" they try to use in all communities? If so, describe?
- Has PCI expanded to new communities and/or introduced new health interventions into project?

#### Organizational Development in the Field

- At each level, does the field staff have the training and skills necessary to perform project functions?
- What type of training is available/has been provided to staff who need assistance? Is there any type of training provided to all staff?
- If training has occurred, do staff feel it was appropriate and have they incorporated skills into their job responsibilities?
- Are expatriate or host country nationals performing administrative, training, evaluation or health service activities?
- Has any training been provided by the MOH, National Universities, or other organizations in the host country?

### Project Monitoring and Evaluation

- What type of system has each project site developed to monitor and measure costs, progress and the effectiveness of activities?
- Who is responsible for data collection and analysis? Do these individuals have the training and skills necessary to do the job?
- Have findings been used by field level managers to redirect resources and staff time?
- How is feedback provided to project staff and the community?
- What are the indicators of progress in program activities?

### Training/Supervision of Grass-Roots Workers and Local Partner Organizations

- How do planned and actual training sessions relate?
- Has PCI made any attempts to establish partnerships with non-governmental local partner organizations? If so, how successful have they been?
- How appropriate are training materials for trainees? Has training been tailored to meet specific needs of participants?
- Do health workers have adequate supervision? Are they provided refresher courses, if necessary? How is their competence measured?
- Has technical staff been sensitive to local abilities to absorb new information?

### Relationship with Host Government, Community and other organizations in country

- What has been the involvement of the MOH, local institutions, and other PVOs in terms of project design, financial support or staff involvement?
- Have changes occurred in the PVO's relationship with the government and other organizations?
- Has this project contributed to, or otherwise impacted, government activities in the health sector?

- How many village health committees are successfully functioning? How many were planned to be functioning at this time?

### Sustainability

- What financial and organizational strategies have been implemented to promote project's sustainability?
- How successful has PCI been at establishing revolving funds and other cost recovery mechanisms?
- What efforts have been made to phase out of certain activities/areas, and to turn responsibility over to the community/host government?
- Do PCI's programs complement those of the MOH?
- Does community believe that project meets their health needs?
- Does PCI plan to leave community at any specified point? If so, does host government demonstrate commitment/ability to assume project once funding ceases?

### Changes made in response to lessons learned and previous evaluations

- Has headquarters or field made any significant changes in response to prior evaluations? If not, why? If so, what has been the result of their changes?

**ANNEX B**  
**JOB DESCRIPTIONS FOR KEY HEADQUARTERS STAFF**

## Duties and Responsibilities

The Executive Director of Project Concern International is responsible and reports to a volunteer Board of Directors for all operations including the implementation of policies established by the Board.

### Examples of Duties

The Executive Director will perform, or caused to be performed, the following actions:

- Implement policy and Board guidelines, decisions, instructions and resolutions.
- Conduct the business and affairs of the corporation.
- Exercise appropriate control and accountability of all funds and physical and other property.
- Recommend to the Board programs and areas requiring its action providing appropriate background information.
- Prepare reports, analyses, statistics, plans and other information as may be requested from time to time by the Board.
- Implement, monitor and evaluate private sector fund-raising efforts.
- Prepare the annual corporate budget.
- Execute legal contracts and commitments and other instruments as are necessary, subject to Board authorization.
- Hire, supervise and terminate consultants and employees. (Executive Director shall not hire or discharge senior Executive staff who report directly to the Executive Director without prior ratification by the Board, specifically the Chairman and Vice Chairman of the Board and Chairman of the Corporate Organization Committee.)
- Fix employee and consultant compensation within the framework of budget and PCI salary scales.
- Attend all Board meetings.
- Monitor and evaluate all field programs and inspect program sites.
- Act as liaison to N.G.O.'s, the U.S. and foreign governments, their agencies and other organizations.

- Supervise applications to, and receive grants from, U.S.A.I.D. and other governmental funding sources.
  - ...And other duties as assigned by the Board.
- 

#### DESIRED QUALIFICATIONS

- General management experience in a multi-disciplinary setting.
- Operations experience overseas in international development.
- An understanding of the development process as it impacts on people and builds capacity in people.
- Experience in fund raising, preferably for international causes.
- Experience in volunteer and Board relations and the management of voluntary organizations.
- Experience in administration and financial management.
- Experience in public relations and promotions.

The Executive Director should have demonstrated:

- Commitment to humanitarian causes
- Good communications capability
- Commitment to planned growth
- Strategic planning experience
- Negotiating skills

DUTIES AND RESPONSIBILITIES

This employee supervises some of the aspects of administration concerning Project Concern as a whole and headquarters in particular. Among departmental responsibilities are Personnel and Industrial Relations functions, production, volunteers, etc.

EXAMPLES OF DUTIES

- . Recruiting, back-ground checks, interviewing, for headquarters staff and international field staff. (Includes responding to inquiries, job searches, production of recruiting information, selection procedures, contracts reports, health requirements, legal documentation of applicants, etc.).
- . Wage and salary studies, raise administration, etc.
- . Write or maintains job descriptions or supervises same.
- . General correspondence response and follow-up; includes responses for surveys and data.
- . Assist in training new employees and briefing visitors.
- .. Research and devise best forms and procedures in production, personnel, special studies, etc.
- . Response to complaints and actions against Project Concern.
- . Policies and procedures formulation and implementation. Manual changes and distribution.
- . Time-off maintenance (vacation, sick leave, etc).
- . Insurance and pension plan (supervision and/or coordination).
- . Production supervision (buying, printing and allied services, cost studies. Holds regular interdepartmental meetings concerning the various aspects of production.
- . Approves invoices for payment through A/P process.
- . Research of costs in certain production areas and recommends changes etc.
- . Proof-read all printed material in the two major stages of development and production.

- Supervise headquarters volunteers, through another employee, and attend to their problems where applicable.
- Signatory on checks, state and federal forms and other legal documents as Corporate Secretary.
- Prepares reports from special studies initiated on own or as a result of directive of Executive Director of Board of Directors.
- Counsels employees with problems and upon termination.
- Trouble-shoot expenditures and invoices that seem inappropriate.
- Correspond, when necessary, in problem areas with field staff, vendors, etc.
- Investigate, compile reports and initiate actions when deemed appropriate in unemployment claims, etc.
- Supervise Option Department personnel and operations; respond to certain correspondence, particularly advertising and problem cases, etc.
- Supervise research and purchasing of headquarters office supplies, services, and repairs, and all other materials through headquarters buyers.
- Supervise other department personnel and activity: Printer, production typist, receptionist, mail-shipping-receiving, staff coordinators (buyers).
- Supervise inquiries regarding special projects such as office planning, relocations, purchases, telephone systems, local transportation, etc.
- ~~Supervise Pharmacy Consultant and warehouse operations.~~
- Conducts meetings with own department staffs.
- Serve as (legal) Corporate Secretary.
- Other duties as specifically assigned by Executive Director.

Supervision: Reports directly to Executive Director.

#### QUALIFICATIONS

- BA, BS or MBA
- Ten years prior managerial/administrative experience.
- Ten years prior experience in supervision.

DIRECTOR  
PROGRAM DEPARTMENT

Duties and Responsibilities

Oversee development, implementation, monitoring and coordination of worldwide programs. Supervise technical and regional headquarters staff and program aspects of field operations. Negotiate, prepare and administer contract and grant proposals. Assist in the development of program policies and strategies and long-range planning in interaction with C.E.O., Planning Advisor, and Director of Budget and Internal Control.

Examples of Duties

- . Supervises all Program Department Staff and interfaces with Medical and Planning Advisors.
- . Ensures that all program deadlines are met.
- . Responsible directly and through subordinates for supervision of field staff as it regards program matters including support, program monitoring, evaluation and functions.
- . Program planning and development of current programs.
- . Annual program planning and oversight.
- . New program development.
- . Collaborates with Planning Advisor on development and preparation of position papers, planning documents, Board reports, and other special projects.
- . Task-force leadership and participation.
- . Liaison with A.I.D., foreign governments.
- . Liaison with other organizations relative to program matters.
- . Preparation of proposals for grants and contracts.
- . Grant and contract negotiation, if appropriate, in collaboration with Planning Advisor, the C.E.O., Director of Budget and Internal Control.
- . Where necessary, reviews Public Information/Resource Development materials and appeal letters for accurate programmatic content.
- . Assists in training and orientation of field program staff relating to programmatic matters.

**Prior experience in print and AV production, personnel, employee relations, public relations, specific program management, facility management and purchasing.**

**Prior foreign experience desirable but not mandatory.**

DIRECTOR  
PROGRAM DEPARTMENT

Duties and Responsibilities

Oversee development, implementation, monitoring and coordination of worldwide programs. Supervise technical and regional headquarters staff and program aspects of field operations. Monitor and prepare and administer contract and grant proposals. Assist in the development of program policies and strategies and long-range planning in cooperation with C.E.D., Planning Advisor, and Director of Budget and Internal Control.

Examples of Duties

- . Supervises all Program Department Staff and interfaces with Medical and Planning Advisors.
- . Ensures that all program deadlines are met.
- . Responsible directly and through subordinates for supervision of field staff as it regards program matters including support, program monitoring, evaluation and functions.
- . Program planning and development of current programs.
- . Annual program planning and oversight.
- . New program development.
- . Collaborates with Planning Advisor on development and preparation of position papers, planning documents, board reports, and other special projects.
- . Task-force leadership and participation.
- . Liaison with A.I.D., foreign governments.
- . Liaison with other organizations relative to program matters.
- . Preparation of proposals for grants and contracts.
- . Grant and contract administration, if appropriate, in collaboration with Planning Advisor, the C.E.D., Director of Budget and Internal Control.
- . Where necessary, reviews public information/resource development materials and appeal letters for accurate programmatic content.
- . Assists in training and orientation of field program staff relating to programmatic matters.

- . Where indicated will assist in liaison matters with intern programs, other development organizations, and Schools of Public Health.
- . Assists in performance reviews of field personnel relative to program matters.
- . ...and other duties as assigned by the Chief Executive Officer.

Supervision: Reports to Chief Executive Officer

#### Qualifications

- . Experience as an executive of an organization's foreign field program(s) with health components and rural and community development of not less than 10-years with a significant portion of that time having been at a U.S. based headquarters where the employee had a management function over international programs.
- . Minimum of 5-years international line field experience in international development and public and community health-related programs. Experience must include administrative work, health components and line operations.
- . Masters Degree in Public Health or development, or equivalent experience.
- . Able to travel internationally.
- . Able to supervise and motivate personnel, write effective proposals and management reports.

PROGRAM DEPARTMENT

Duties and Responsibilities

The Associate Director for Monitoring and Evaluation is responsible for monitoring and evaluation systems as well as for supervising and providing technical support to Project Concern programs in the specific program region(s) assigned.

Examples of Duties

- 1.) Design periodic and final evaluations for each project.
- 2.) Ensure that all evaluations occur on schedule.
- 3.) Develop, refine, implement management information systems.
- 4.) Ensure that each program is adequately monitored.
- 5.) Conduct correspondence relating to assigned responsibilities.
- 6.) Supervise Project Monitoring Officer.
- 7.) For programs in the director's assigned region:
  - Assist field program directors to develop annual program plans, implementation schedules, and, with the Director of Budget and Finance, operating budgets.
  - Prepare A.I.D. and other reports and proposals and assist with related research activities.
  - Monitor program effectiveness through review of monthly reports.
  - Supervise and provide guidance and technical assistance (including identification and use of external expertise if appropriate) to field program staff in the conduct of program activities. This will require periodic visits to field programs as authorized by the Director, Program Department.
  - Has responsibility for such logistical program support needs as procurement of vehicles and spare parts, materials, supplies and equipment.
  - Assist the Associate Director for Grants to research and actively pursue grant possibilities (government, private, corporate) by writing grant proposals and applying appropriate follow-through as required by Director, Program Department.

- Will be responsible for annual and special program evaluations.
  - Participate in the selection of new field staff.
  - Train and orient new (and continuing) field staff as appropriate relative to the specific program(s).
  - Establish and maintain relationships with host government counterparts and international development agencies to promote new program development and replication of existing programs.
  - Identify new projects and potential funding sources.
  - Participate in initial feasibility studies for new program development.
  - Prepare narrative reports of program activities as requested by Director, Program Department, for Board of Directors, program grantors, etc.
  - Encourage field program staff to find and report useful stories (and photos if requested) for utilization by the Public Information Department. Provide program information to, and collaborate with, other PCI departments relative to information they may need in the performance of their assignments.
- ...and other duties as may be assigned.

Supervision: Reports to Director, Program Department.

#### Qualifications

- Advanced degree(s) in public health or equivalent.
- Seven to ten-years cross-cultural experience in development program planning and management.
- Specific experience in design and/or implementation of Management Information Systems such as monitoring and evaluation.
- Experience in survey research and bio-analyses.
- Language fluency helpful. If assignment region is Latin America, fluency in Spanish is required.
- Computer literate.
- Ability to write effective reports and communicate well.
- Experience in interacting with officials in developing countries desirable.
- Ability to travel periodically in developing countries.

PROGRAM DEPARTMENT

Duties and Responsibilities

The Project Monitoring Officer (PMO) is the member of the Program Department who acts as the assistant to the Associate Director for Monitoring and Evaluation. The PMO is responsible for monitoring project activities, and for summarizing, synthesizing and disseminating field data.

Supervision: Reports to the Associate Director for Monitoring and Evaluation.

Examples of Duties

- 1.) Assist in the design and application of monitoring and evaluation procedures and systems.
- 2.) Create a master schedule for monitoring and evaluation activities.
- 3.) Assist field staff as requested by AD for Monitoring and Evaluation to design and implement monitoring and evaluation of projects.
- 4.) Obtain and help develop monitoring and evaluation materials.
- 5.) Conduct activities to upgrade skills of PCI staff and counterparts as requested by AD for Monitoring and Evaluation.
- 6.) Disseminate information as requested by AD for Monitoring and Evaluation.
- 7.) Act, when requested by AD for Monitoring and Evaluation, as a link between PCI and other organizations to improve information exchange, collaboration and development of resources.
- 8.) Identify new potential projects and funding sources.
- 9.) Assume the responsibilities of the AD for Monitoring and Evaluation in the latter's absence.
- 10.) Assist in the preparation of reports and proposals.
- 11.) Perform other duties as assigned.

- . Graduate degree in public health.
- . Minimum of 2-year appropriate practical health experience preferably in a developing country.
- . Experience in training community workers and counterpart personnel desirable.
- . Experience in Third World program administration desirable.
- . Experience in report and proposal writing.
- . Good organizational and communications skills.
- . Cross-cultural skills and adaptability.
- . Ability to travel periodically in developing countries.
- . Experience in interacting with officials in developing countries desirable.
- . Computer literate.

PROGRAM DEPARTMENT

Duties and Responsibilities

The Child Survival Officer is the member of the Program Department who acts as the assistant to the Associate Director for Grants. The C.S.O. coordinates Child Survival activities and is responsible for providing technical and other support to field programs.

Supervision: Reports to Associate Director for Grants

Examples of Duties

- 1.) Assist in the preparation of reports and proposals.
- 2.) Create a master schedule for the submission of CS documents.
- 3.) Assist field staff as requested by AD for Grants to design projects and develop implementation plans.
- 4.) Obtain and help develop training materials.
- 5.) Conduct activities to upgrade skills of PCI staff and counterparts as requested by AD for Grants.
- 6.) Disseminate information as requested by AD for Grants.
- 7.) Act, when requested by AD for Grants, as a link between PCI and other organizations to improve information exchange, collaboration and development of resources.
- 8.) Identify new potential projects and funding sources.
- 9.) Assume the responsibilities of the AD for Grants in the latter's absence.
- 10.) Perform other duties as assigned.

Qualifications

- Graduate degree in public health.
- Minimum 2-years appropriate practical health experience preferably in a developing country.
- Experience in training community workers and counterpart personnel desirable.
- Experience in interacting with officials in developing countries.

- . Experience in ~~7. 1991 work~~ desirable.
- . Experience in report and proposal writing.
- . Good organization and communications skills.
- . Cross-cultural skills and adaptability.
- . Ability to travel periodically in developing countries.
- . Computer literate.

PROGRAM DEPARTMENTDuties and Responsibilities

The Associate Director for Grants is responsible for grants, proposals, and related reports as well as for planning, supervising and providing technical support to Project Concern programs in the specific program region assigned.

Examples of Duties

- 1.) In conjunction with Director, Program Department, develop strategies, including task assignments, for completing reports and proposals.
- 2.) Ensure that reports and proposals are prepared and submitted on a timely basis.
- 3.) Conduct correspondence relating to assigned responsibilities.
- 4.) Coordinate Matching Grant activities.
- 5.) Supervise Child Survival Officer.
- 6.) For all programs in the director's assigned region:
  - Assist Field Program Directors to develop annual program plans, implementation schedules and, with the Director of Budget and Finance, operating budgets.
  - Assist the Associate Director for Monitoring and Evaluation to monitor program effectiveness through review of monthly reports.
  - Supervise and provide guidance and technical assistance (including the identification and use of external expertise if appropriate) to field program staff in the conduct of program activities. This will require periodic visits to field programs as authorized by the Director, Program Department.
  - Has responsibility for such logistical program support needs as procurement of vehicles and spare parts, materials, supplies and equipment.
  - Research and actively pursue grant possibilities (government, private, corporate) by writing grant proposals and applying appropriate follow-through as requested by Director, Program Department.
  - Responsible for annual and special program evaluations.
  - Participate in the selection of new field staff.

- Establish and maintain relationships with host government counterparts and international development agencies to promote program development and replication of existing programs.
  - Identify new projects and potential funding sources.
  - Participate in initial feasibility studies for new program development.
  - Prepare narrative reports of program activities as requested by Director, Program Department, for Board of Directors, program printers, etc.
  - Encourage field program staff to find and report useful stories (and photos if requested) for utilization by the Public Information Department.
  - Provide program information to, and collaborate with other PCI departments relative to information they may need in the performance of their assignments.
- and other duties as may be assigned.

Supervision: Reports to Director, Program Department.

#### Qualifications

- Experience in grant and proposals writing; a facile technical writer.
- Fluency in a language helpful. If assignment region is Latin America, fluency in Spanish is required.
- Computer literate.
- Advanced degree(s) in public health or equivalent.
- Seven to ten-years foreign cross-cultural experience in development program planning and management.
- Experience in interacting with officials in developing countries desirable.
- Good organization and communications skills.
- Ability to travel periodically in developing countries.

The "Director of Resource Development - Major Gifts" is responsible for the strategy, conceptualizing and implementation of major donor support.

A principle requirement for the employee, beyond fund raising itself, is the capacity to bring sound business practices to the day-to-day operations and effective relationships with RDD staff. Sound business practices relates to an understanding of cost benefit and the statistical tools necessary to derive and understand that benefit, keen behavioral skills and the ability to identify and seek out opportunities in the context of responsible, as opposed to irresponsible, risk.

#### Examples of Duties

- . Long and short-range planning and implementation of F/R activities including Major Donor gifts which would include deferred giving, wills and bequests.
  - . Develop specific Major Donor programs.
  - . Develop and implement a deferred giving, wills and bequests program.
  - . Maintain liaison with Major Donors, potential donors, community leaders, and other prospects.
  - . Interface with Regional Development (Walk) headquarters directors and others in the department as it may relate to Major Donor programs.
  - . Interface with (loaned) IBM advisor to RDD for background and counsel.
  - . Interface with other Department members as appropriate to realizing major-gift goals.
  - . Will make presentations to prospective donors and perform appropriate follow-up.
  - . Will work with others on staff in making presentations or following-up.
  - . Participate in corporate or foundation solicitation as appropriate.
  - . Will represent Major Donor support activities to Board of Directors, verbally or/and writing specific reports and plans for board meetings, and additionally for C.E.O. and chairman of Resource Committee.
  - . Where employee's expertise is apparent, may be called on for advice by other staff members engaged in Resource Development work not directly related to major gifts.
  - . Will be a member of Direct Mail review committee.
  - . May be called upon to address Walk workshop personnel, organizations or other groups both within and outside Project Concern.
- ...and other duties as assigned.

Qualifications

- 15 to 20 years of broad based, Creative Fundraising experience with no less than 10 years major donor development, with proven track record of success.
- Superior organization, leadership and persuasive ability.
- Ability to "close" on donation presentations.
- Accomplished, confident public speaker.
- Bachelor's and/or advanced degree related to International field, Business Administration, Fundraising/P.R.
- Able to budget and fiscally plan own operations.
- Motivation to serve humanitarian cause on long-range basis.
- Experience preferred in international development fund raising.
- Foreign travel experience helpful.
- Experience in uses of, and knowledge of, production of promotional materials, audio visuals.
- Experience working with volunteers.
- Able to travel up to 15% of the time.
- Articulate and facile writer.
- Good manager of detail and follow-up.
- Ability and willingness to roll up sleeves and do what is necessary to get the job done.

11/12/87

## PROJECT CONCERN INTERNATIONAL

### DIRECTOR OF BUDGET AND INTERNAL CONTROL

#### Summary Description

Responsibility for the corporate budget process; assists the Executive Director with internal financial planning, management and control; performs field program audits and fiscal oversight of cash transfers and expenditures.

#### Budget

Compile the annual corporate budget from individual revenue and expenditure estimates prepared by departments, divisions and field programs (approximately 515 budget estimates).

Review and approve all federal grant, RFP and contract budget proposals prior to final submission.

Review and approve all private sector fundraising, promotion/special event proposals for completeness and integrity with authorized field program budgets.

Prepare the financial sections of all federal grant and contract proposals, annual reports and evaluations.

Interface with the Corporate Committee of the Board of Directors on budget and financial control matters.

#### Internal Control

Review and audit monthly field financial reports before they go to Accounting to determine the accuracy and appropriateness of entries and support documentation.

Following review and audit of field reports, prepare where necessary - in conjunction with Accounting - "Request for Financial Information" forms (written audit comments).

Budget and Internal Control  
Page two

Review monthly income and expense information processed by Accounting and monitor department and field income/expenses against authorized budgets. Initiate remedial action where necessary.

Review and approve field program cash transfer requests and authorize Accounting to effect bank/wire transfers.

Conduct field program administrative, financial and inventory audits.

Coordinate the acquisition, storage and shipment of pharmaceuticals and medical supplies to field programs. Maintain control of cash value of shipments against budget estimates. Prepare for Accounting a monthly pharmaceutical inventory report.

Supervise/undertake field program procurement of approved vehicles, materials and equipment. To include waiver requests and full compliance with FAR (Federal Acquisition Regulation) and grant agreement standard provisions.

Maintain working copy files of all basic, grant and contract agreements, standard provisions, negotiated indirect cost rate agreement, waivers and related documents.

Arrange for the shipment and insurance of household goods and personal effects to and from field programs.

Process and approve overseas R & R travel and cash allocation requests from field personnel.

Process and approve international travel requests of headquarters staff.

DUTIES AND RESPONSIBILITIES

The ~~Controller~~ <sup>CFO</sup> is responsible for accounting, financial planning and analysis activities. This includes responsibility for the development, maintenance and operation of the General Ledger, Accounts Payable, Payroll, Donor Receipting, and Walk Pledge collection computer systems.

EXAMPLES OF DUTIES

- . Supervise accounting and data processing staff.
- . Monitor computer accounting systems for accuracy, timeliness, efficiency.
- . Prepare manuals and conduct training sessions for PCI staff with respect to accounting system coding.
- . Direct preparation of budgets.
- . Assist the Executive Director with long-range financial planning.
- . Review cash position information on daily basis.
- . Review monthly financial reports.
- . Review expense reports and check requests.
- . Prepare and keep up to date the general accounting procedures manual.
- . Supervise audit schedules.
- . Supervise donor receipting input.
- . Direct preparation of state registrations.
- . Supervise payroll preparation.
- . Supervise wire transfers to field projects.
- . Interface with data processing representatives.
- . Review Walk data processing representatives.
- . Review Walk data processing statistics.
- . Research new billing methods/packages with Walk personnel and vendors.
- . Prepare financial information for Board of Directors and act as a resource person to the Corporate Organization (Finance) Committee and the Board.

- . ~~Review PCL printed and audio/visual materials.~~
- . Do special projects for Executive Director (e.g., review speeches, reports, Board materials, etc.).
- . Supervise Walk money counting system.  
...and other duties as may be assigned.

Supervision: Reports directly to Executive Director.

#### QUALIFICATIONS

- . 4-year college degree preferred.
- . Minimum of 3 years administrative, supervisory experience.
- . Accounting/bookkeeping experience.
- . Able to help in day to day accounting work if necessary.
- . Data Processing accounting systems experience, at least as a client of such an operation.

## DUTIES AND RESPONSIBILITIES

5-011

The Director is responsible for identifying, prioritizing & implementing computer systems for the corporation. This includes analyzing user requirements, preparing statistical information & maintaining current donor data.

### EXAMPLES OF DUTIES

- . Supervise information system staff.
- . Monitor computer systems for accuracy, timeliness, efficiency
- . Prepare manuals and conduct training sessions for PCI staff with respect to applicable computer systems.
- . Supervise donor mailing list.
- . Prepare special reports on donor list & Walk sponsor profiles & performance.
- . Conduct needs assessments with other departments & establish an ongoing process of documenting, justifying and setting priorities for new computer applications.
- . Supervise system conversions for other departments.
- . Prepare proposals to acquire appropriate donated equipment and software.
- . Interface with outside data processing representatives.
- . Supervise Walk pledge collection system; direct needed modifications and enhancements.
- . Research new billing methods/packages with Walk personnel and vendors.
- . Prepare statistical information for Board of Directors and act as a resource person to the Corporate Organization (Finance) Committee and the Board.
- . Manage pool of volunteers for inserting Walk bills and counting Walk monies.
- . Review PCI printed and audio/visual materials.
- . Do special projects for Executive Director.
- ...and other duties as may be assigned.

Supervision: Reports directly to Executive Director.

**ANNEX C**  
**TECHNICAL ASSISTANCE PROVIDED TO PROJECTS**

**CONSULTANT SERVICES: at Headquarters and in Field Programs**

FCI's approach in using consultants tends toward the use of local consultants wherever possible and practical. The reasons are:

- a) Local consultants tend to be more familiar with the environment, language, culture and don't require any learning before starting their task(s).
- b) The experience acquired and money earned by the consultant remain in the program area and are not lost to the host country.
- c) They are less expensive than expatriate consultants.

**I. Field Programs**

<u>Mo. &amp; Year</u>	<u>Country</u>	<u>Consultant</u>	<u>Source</u>	<u>Period</u>	<u>Task</u>
86	Bolivia	Dr. J. Bastien	U. of Texas	2 wks	applications to PHC of traditional medicine
Aug. 86	Bol & Guat	Dr. G. Smith	JHU/AID	3 wks	program review and technical assistance
May 87	Bolivia	Dr. H. Elkins	private	3 wks	baseline surveys design
July 87	Indonesia	R. Henning, Ed.D.	CARE/Indon.	1 wk	evaluation Midterm CSI
July 87	Indonesia	Dr. Marzuki	MOH	1 wk	evaluation Midterm CSI
Aug. 87	Indonesia	Dr. R. Arnold		1 wk	Child Survival evaluation
Nov. 87	Guatemala	Dr. S. Spear	U of Ill.		depth analysis of baseline survey
July 88	Bol & Mex	A. Thomas	PACT	3 wks	expansion of benefits and sustainability
Aug. 88	Bolivia	B. Tucker	JHU/Fellow	1.5 wks	evaluation Child Survival
Aug. 88	Bolivia	Dr. D. Pedersen	JHU/AID	2 wks	evaluation CS-EPI
Aug. 88	Bolivia	E. Steinkraus	CEDES	3 wks	evaluation Child Survival
Aug. 88	Indonesia	Dr. S. Robinson	private	3 wks	evaluation CSI
Aug. 88	Indonesia	Dr. J. Wiadyana	MOH	1 wk	evaluation CSI
Aug. 88	Indonesia	Dr. Bantayan	MOH	1 wk	evaluation CSI
Sept. 88	Guatemala	Dr. G. Smith	JHU/AID	2 wks	evaluation CSI
Dec. 88	Viet Nam	Dr. J. Turpin	private	1 wk	program investigation
88	Guatemala	J. A. McNulty	Tulane U.	2 mos.	radio education and pictorial reporting
May 89	Indonesia	Dr. Iskandali	U of Indon.	1 wk	assistance with statistical analysis
May 89	Indonesia	Dr. A. Papilaya	U of Indon.	1 wk	Child Survival design and survey methods

<u>Mo. &amp; Year</u>	<u>Country</u>	<u>Consultant</u>	<u>Source</u>	<u>Period</u>	<u>Task</u>
April 89	Indonesia	N. Bergau	private	2 wks	soc. mktg. and newsletter
Jan-Mar 89	Bolivia	F. Ashinhurst	private	3 mos	financial systems
July-Aug 89	Bolivia	Dr. F. Finot	U of Bol.	3 wks	CSII Final Evaluation
July-Aug 89	Bolivia	Dr. L. Seoane	U of Bol.	3 wks	CSII Final Evaluation

## II. Headquarters Consultancies

<u>Mo. &amp; Year</u>	<u>Consultant</u>	<u>Source</u>	<u>Period</u>	<u>Task</u>
Mar. 86 & 87	Mr. Niles	private	initially 3 days periodic over 1 yr.	analysis of PCI computer needs
Mar. 87	Dr. D. Jellife	UCLA	1 day	feedback on Child Survival design and PHC strategy
Dec. 87 87-88	P. Drucker Dr. J. Elder	private SDSU	1 wk 20 days	board relationships analysis of Indonesia CS baseline
88	W. Kenney	Mesa College	15 days	analysis of Indonesia CS baseline
Mar. 88	Dr. Newman	UCLA	1 day	feedback on Child Survival design and PHC strategy
88-89	F. Kline	IBM		corporate fundraising & public information
July-Oct 88	Dr. F. Shaw	private	4 mos	proposal preparation
July-Sept 88	D. Millslagle	private	3 mos	proposal preparation
April 89	Dr. D. Storms	JHU/AID	3 days	CS update/guidance
April 89	C. Carter	JHU/AID	1 day	CS update/guidance

## III. Headquarters support visits to Field Programs

<u>Staff Member</u>	<u>Country</u>	<u>Period</u>	<u>Tasks</u>
Dr. F. Shaw	Papua New Guinea Indonesia	3/87 2 wks, 4/88 2wks 3/87 2 wks	program investigation CS proposal, program review/baseline survey
E. Vor der Bruegge	Bolivia	5/87 10 days, 4/88 2wks	baseline survey

<u>Staff Member</u>	<u>Country</u>	<u>Period</u>	<u>Task</u>
cont.			
E. Vor der Bruegge	Guatemala	5/87 10 days	baseline survey
	Belize	3/87 10 days	baseline survey
	Indonesia	7/87 2 wks	program review, Child Survival proposal
	The Gambia	3/88 1 wk	program investigation
D. Wilson	Bolivia	5/87 12 days	program review/supervision
	Belize	6/87 5 days	program review/supervision
	Guatemala	6/87 5 days	program review/supervision
D. Millsiagle	Indonesia	3/89 2 wks	orientation/support/supervision
	Papua New Guinea	5/89 1.5 wks	orientation/program review
E. Rasmussen	Indonesia	7/89 2 wks	orientation/monitoring systems
	Papua New Guinea	7/89 3 wks	orientation/baseline survey
Dr. M. Nagiel	Belize	5/89 1 wk	orientation/monitoring and evaluation
	Guatemala	5/89 1 wk	orientation/monitoring and evaluation
	Bolivia	6/89 1 wk	orientation/monitoring and evaluation
J. Puccetti	Guatemala	/87 1 wk	contract bid preparation
	Bolivia	1/89 1 wk	financial and contract review
Dr. P. Dean	Bolivia	5/87 1 wk	technical assistance
	Belize	2/89 1 wk	technical assistance
	Guatemala	2/89 1 wk	technical assistance
G. Davis	Guatemala	12/88 1 wk	computer system setup
M. Snow	Belize	1 wk	public information
H. Sjaardema	Papua New Guinea	4/88 4 days	negotiations with host government
	Indonesia	4/88 4 days	negotiations with host government
	Bolivia	1/89 10 days	financial and contract review
R. Montee	Bolivia	5/86 1 wk	planning and assistance
R. Lowell	Bolivia	11/87 1 wk	board representation

#### IV. Technical assistance received from the following groups

##### Guatemala

- a) Appropriate Technology Center - Latrine construction, Santa Maria Cauque
- b) Mennonite Central Committee - Smokeless stove construction
- c) APROFAM - Family planning materials and training
- d) INCAP - Training design and methodology
- e) Plenty/Canada - soy bean cultivation

##### Bolivia

- a) Caritas - Greenhouse technicians
- b) CAMEP - Community Education Methodologies
- c) Pulmon Sano - TB training for RANs and CHWs
- d) PRITECH - Research on salt content of water and effect on ORS preparation at home
- e) Bolivian Institute of Agricultural Technology - Greenhouse, solar tent construction, horticulture

#### V. Interns used from the following institutions:

<u>Institution</u>	<u>Intern</u>	<u>Period</u>	<u>Task</u>
UC Berkeley	T. Silberman	3 mos	world conference
ODN	Lauri Randles	2 mos	nutrition manual
ODN	Gayatri Gopinath	6 mos	Bolivia
ODN	Lisa Askenazy	6 mos	Bolivia
ODN	Chris Mokhtarian	6 mos	Bolivia (Administrative Assistant)
ODN	Kevin Flanigan	6 mos	Belize
U of Michigan	Sara Burkholder	2 mos	restructuring monitoring forms, MC III annual report, world conference
SDSU	Jackie Estey	36 days/year	world conference

ANNEX D  
SAMPLE BUDGET: BELIZE

PROJECT CONCERN INTERNATIONAL  
1990 Field Program Budget Estimate  
(Six Months)

Program: BELIZE		Budget:		Planned	Optimum
Prepared by: N. HUFF J. PUCETTI Date: 10/89		Approved by:		Date:	
Code	Description	Field Costs Local ① LC	Field Costs San Diego ② FX	Headquarters Costs	Direct Costs Total
410	Pharmaceuticals/Medical Supplies	933	25800		26733
411	Pharmaceuticals/Medical Supply Procurement (X)		750		750
412	Food and Lodging for Trainers, Trainees, and Local Counterpart	7710			7710
428	Training/Program Materials and Supplies	2504			2504
429	Office Supplies	1596			1596
432	Equipment Rental	130			130
452	Subscriptions, Publications and Dues	498			498
482	Office Equipment (under \$300)	1125			1125
483	Training/Program Equipment (under \$300)	1000			1000
534	Vehicle Repairs/Maintenance	2250			2250
570	Staff Travel (Local)	400 <sup>A</sup>			400 <sup>A</sup>
571	Staff Travel (International)		3640	700	4340
574	Staff Lodging/Meals (Local)	2809	1500		4309
575	Staff Lodging/Meals (International)			576	576
685	Printing/Copying/Artwork	943	200		1143
736	Equipment Repairs/Maintenance	391			391
737	Building Repairs/Maintenance	704			704
740	Office Rent	750			750
741	Staff Housing Rent	7988			7988
742	Telephone/FAX	1500			1500
743	Telegram/Telex	1252			1252
744	Office Utilities	300			300
745	Staff Housing Utilities	2985			2985
801	Salaries and Wages	11175	26000	8076	45251
803	Payroll Taxes		2340	727	3067
805	Medical Plan and Pension Benefits	493	5720	1777	7990
806	Accrued Local Employee Severance Payments				

<u>Code</u>	<u>Description</u>				
362	Outside Services/Consultants	965			965
863	Medical/Technical Services (X)				
322	Education	202	2000		2202
344	Insurance	1076	1810		2886
948	Taxes/Licenses/Permits	104			104
950	Postage	350			350
375	Public Relations	175			175
376	Shipping/Freight/Storage	352	7075		7427
983	Foreign Exchange				
	OPERATING BUDGET:	56264	76835	11856	144955
995	Capital Expenses - Property/Equipment (over \$300)				
	SUBTOTAL DIRECT COSTS:	56264	76835	11856	144955
491	Local Inputs/Third Country Noncash Contributions				
	TOTAL DIRECT COSTS				
(X) =	Headquarters use only				

BUDGET ESTIMATE - 1990 (Six Months)

FIELD COSTS	133099
HDQTS COSTS	<u>11856</u>
TOTAL DIRECT COSTS	144955
INDIRECT COSTS (34.6%)	<u>50155</u>
TOTAL COSTS	195110
AID SHARE	97555
PCI SHARE	97555

*revision pending (6/1/85)*

**ANNEX E**  
**BOLIVIA BUDGET TABLES**

TABLE 5

Field expenses by program component and year, 1981 - 1983

Program Component	1981	1982	1983*	Total	Percent
Primary health care	22,151	43,053	15,791	80,995	30.1
Training & traditional medicine	2,472	12,552	12,727	27,751	10.3
Planning & administration	8,935	6,128	5,285	20,348	7.6
Sub-Total Operations	33,558	61,733	33,803	129,094	48.0
Technical assistance & support	52,160	40,467	47,449	140,076	52.0
Total	85,718	102,200	81,252	269,170	100.0

Source: Project Concern International, field and central office records.

- \* In 1981, the Bolivian peso was devalued by approximately 260%. This caused field operations expenses to appear low in dollar terms, while the dollar-based technical assistance appears relatively high, as compared with 1982 expenses.

TABLE 4

Program expenses by line item and year, 1981-1983

Object of Expenditure	1981	1982	1983	Total	Percent
<u>Field Expenses</u>					
Salaries & housing, U.S. personnel	36,897	32,487	39,578	108,962	28.3
Local salaries & temporary services	6,142	8,467	8,911	23,520	6.1
Operating expenses (a)	5,378	7,331	11,582 (b)	24,291	6.3
Local travel & accommodations	4,117	10,412	5,190	19,719	5.1
Drugs and medicines	--	5,187	4,566	9,753	2.5
Small equipment (c)	4,954	31,538	9,980	46,472	12.6
Capital expenses	28,230 (d)	4,778	1,445	34,453	9.0
Sub-total	85,718	102,200	81,252	269,170	69.9
<u>Direct Support Costs</u>					
Home office salaries	--	--	19,212	19,212	5.0
International travel	2,515	5,994	3,711	12,220	3.1
Sub-total	2,515	5,994	22,923	31,412	8.1
<u>Indirect Support Costs</u>					
Overhead @ 23.16%	24,846	30,467	29,336	84,649	22.0
<u>Total costs</u>	113,079	138,661	133,511	385,251	100.00
Percent of total	29.3	36.0	34.7	100.0	--
Target population	47,284 (e)	47,651 (e)	72,176 (f)	--	--
Per capita expenditures	2.39	2.91	1.85	--	--
A.I.D. contribution	--	98,907 (g)	66,548	165,455	--
Percent contribution	--	59.3	49.8	42.9	--

Source: Project Concern International, field and central office records.

(a) Includes: office expenses, supplies, maintenance, etc.

(b) Includes approximately \$2,000 for building improvements and \$1,500 for replacement malaria nets while NAMA were in training.

(c) Less than \$100 for 1981-1982; less than \$300 for 1983.

(d) Includes new vehicle at \$16,000.

(e) District C only.

(f) Districts C and E.

(g) Includes final quarter of 1981.

EXPENDITURES 1984 - 1989

<u>OBJECT OF EXPENDITURES</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989 *</u>	<u>TOTAL</u>
<u>FIELD EXPENSES</u>							
a) Salaries & Housing: U.S. Personnel							
b) Local Salaries & Temporary Services	11,575.50	24,466.87	17,960.37	23,282.15	31,387.37	8,819.61	117,491.87
c) Operating Expenses	16,289.52	21,058.14	4,919.24	7,803.70	4,941.64	2,501.43	57,513.67
d) Local Travel & Accumulation	14,343.68	17,791.60	8,944.17	10,772.74	7,934.95	1,743.87	61,541.01
e) Drugs & Medicines	2,459.30	441.95	11.14	-0-	-0-	-0-	2,912.39
f) Mail Equipment	2,407.58	9,966.32	6,093.48	6,381.68	757.77	-0-	25,606.83
g) Capital Expenses	1,174.88	7,044.00	-0-	-0-	-0-	-0-	8,218.88
<b>TOTAL</b>	<b>48,250.46</b>	<b>80,763.88</b>	<b>37,928.40</b>	<b>48,240.27</b>	<b>45,021.73</b>	<b>13,064.91</b>	<b>273,274.65</b>

\* Only January to June.

ANNEX F  
SUMMARY OF PROJECT ACTIVITIES BY COUNTRY

Annex F

**TARGETS AND ACCOMPLISHMENTS  
HEADQUARTERS**

**TRAINING**

<u>Year:</u>	<u>Number</u>	<u>Target</u>
1. 1982	136	target unknown
2. 1983	2075	target unknown
3. 1984	1944	target unknown
4. 1985	5542	target unknown
5. 1986	4183	target unknown
6. 1987	3113	target unknown
7. 1988	<u>117</u>	target unknown
<b>TOTAL</b>	18110	

**INDIVIDUALS TRAINED BY MAJOR CATEGORY**

<b>Category</b>	<b>1982</b>	<b>1983</b>	<b>1984</b>	<b>1985</b>	<b>1986</b>	<b>1987</b>
Trainers and Supervisors	99	195	47	68	152	120
CHWs	261	196	236	233	128	209
TBAs	135	95	184	245	132	201
Community leaders	-	785	841	4133	2817	1153
Other Health Staff	205	166	195	126	51	75
In-service	329	304	376	640	675	1295
<b>TOTALS</b>	<b>1029</b>	<b>1741</b>	<b>1879</b>	<b>5445</b>	<b>3955</b>	<b>3058</b>

## Annex F

### SELECTED INTERVENTIONS - CHILD SURVIVAL AND MATERNAL CARE ( ROUNDED UP )

Category	1984	1985	1986	1987	TOTALS
Immunizations	8000	12500	38000	51000	109500
Growth and Nutrition Ed	4000	14000	18000	29000	65000
Well-baby Clinics	34000	50000	24000	57000	165000
Maternal Care	4000	6000	3500	9750	23350

### COMMUNITY ACTION PROJECTS 1983 - 1987

Category	1983-84	1985	1986	1987
Rural Infrastructure	29	23	76	76
Household Improvements	41	23	37	6
Sanitation	47	81	325	37
Agriculture and Income	199	254	249	385
Water Supply	269	101	92	92

## Annex F

### PROGRESS OUTPUTS JULY 1988 - JUNE 1989

#### COUNTRY

#### ACCOMPLISHMENTS

##### BELIZE

1. Completed a partial baseline survey in Stann Creek District
2. Completed feasibility study for expansion of solar radio network
3. Studied village stores to finance PHC services
4. Developed a CHW reporting and supervision form for PHNs use
5. Began testing rotating drug fund in the Stann Creek District
6. Developed a nation-wide surveillance form
7. Established six community health posts in the Toledo District
8. Assisted in the development of a national curriculum for CHWs
9. Recruited and trained a district trainer in the Toledo District
10. Sponsored 30 health education workshops in two districts
11. Training seven CHWs and 38 others who are serving in their respective communities

##### BOLIVIA

1. Trained 17 CHWs
2. Provided 20 CHWs with training in environmental sanitation
3. Conducted 5 in-service training courses in immunization practices for CHWs
4. Completed 5 supervisory visits to 70 communities
5. Constructed 20 greenhouses in Sora
6. Completed and distributed 3 new health education pamphlets
7. Surveyed with the MOH the activity of 3 rural auxiliary nurses
8. Supplied 17 new CHWs with medical kits, equipment and medicines.
9. Phased over responsibility for drug inventory and revolving funds to the Regional Health Officer
10. Conducted 2 PHC courses for 45 rural teachers
11. Upgraded the training and skills of 18 CHWs to a standard level acceptable to the MOH

##### GUATEMALA

1. Provided services to 450 outpatients, 14 inpatients, 199 laboratory and x-ray patients per month
2. Developed a functional prenatal and tetanus toxoid pictorial referral system
3. Appropriate technology developments include:

- 34 residents trained in overall appropriate tech products
  - The smokeless stove has become successfully adapted & used (100 units have been placed)
  - Sixty latrines have been constructed
  - Nutritional gains involving soybean production and use have been achieved
4. The hospital program is now 34% self supporting
  5. The treatment drug supply program has achieved a high level of sustainability
  6. The Santiago Atitlan project will continue under the direction of Guatemalan nationals during the 1989-91 Child Survival grant period. It will serve as a model and training structure for the Solola project

### **Papua New Guinea**

1. 25 VBAs trained who are serving 3,000 villagers
2. completed 2 birthing houses
3. conducted 6 in-service training sessions for VBAs
4. Supported training for the MCH mobile team to supervise VBAs
5. Formulated with district health staff to implement project activities
6. Government agencies, women's groups and other church organizations have developed coordination roles in the project
7. Completed a birthing practices survey in 16 clinic sites representing some 43 villages .
8. Trained 25 VBAs who are serving 11 villages
9. Established birthing houses in 3 villages
10. Conducted four in-service training sessions
11. Local business contributed financial support to the project

**ANNEX G**

**BOLIVIA: SUMMARY OF ACTIVITIES/OUTPUTS**

## **Annex G:**

### **BOLIVIA OUTPUTS TO DATE**

- Since 1981 PCI has worked with the RHO to provide effective PHC delivery services. The major issues which remain are affordability of services and sustainability.
- 200 CHWs have been trained by PCI and the MOH. These workers are active in 142 communities of the PCI project area. They are supervised by 130 PCI-trained Rural Health Nurses.
- The use of traditional healers and traditional medicines have contributed to greater cultural acceptance of PHC concepts in the project areas.
- The RHO was scheduled to take complete control to the project by the end of the 1989 project year. This didn't occur and some documentation and dialogue with the RHO needs to be developed.
- The RHO needs assistance in managing the infrastructure and resources to support this cadre of worker. Mechanisms for local community support must be identified.
- 17 CHWs trained
- 20 CHWs were given additional training in environmental sanitation and new community education techniques
- 5 in-service sessions were conducted for CHWs
- PCI-MOH conducted 5 supervisory visits to 70 communities
- 20 greenhouses were constructed in Sora
- 3 health education pamphlets were printed and circulated
- analytical assessment of RAN supervisory functions were done
- The RHO has assumed full responsibility for revolving medicine funds and administration of medical stores
- 17 new CHWs were provided with medical kits

### **OTHER ACHIEVEMENTS**

- 45 primary teachers were given two PHC training courses
- 18 CHWs were integrated into the RHO network through the efforts of PCI

## **Annex G:**

### **BOLIVIA**

#### **SUMMARY OF PROJECT OUTPUTS:**

Illustrative of the activities during the ten year life of this project are shown briefly below, by year.

#### **YEAR ONE; 1980**

1. Project sites selected: visited Beni, Cochabamba, Oruro and Tarija; selected of Oruro.
2. Project developed: Established contacts with Oruro Regional Health Offices; finalize the baseline program review (Diagnostico); integrate project into regionalization plan.

#### **YEAR TWO; 1981**

1. Project development continued: integrated PCI staff into Office of Planning and Supervision; signed Letter of Intent with the Ministry of Health (MOH).
2. Developed PCI participation in detailed regional health plan; signed formal agreement (convenio) with MOH; conducted one training session on regionalization.
3. Prepared and implemented first phase of community participation component; conducted three training courses.

#### **YEAR THREE; 1982**

1. Designed and implemented support sub-systems for: patient referral, supervision and rural drug supplies; conducted two training courses on referral and drug systems; conducted three courses on supervision and coordination.
2. Conducted four training sessions on community participation and one session on basic agriculture.
3. Completed design and implemented first course for CHW's in District C.
4. Designed and implemented traditional medicine component; conducted two training sessions.

#### **YEAR FOUR; 1983**

1. Carried out baseline studies in Districts C and E.

2. Implemented drug supply system throughout Oruro; carried out in-service training of field personnel; installed supervision system in District C.
3. Graduated second group of CHW's for Districts C and E; provided continuing education for the first group.
4. Held four courses on traditional medicine, two on supervision and one each on referrals, community participation, equipment maintenance and diagnosis/treatment.
5. Developed instrument for evaluation of rural auxiliary nurses.

YEAR FIVE: 1984

1. To be supplied by PCI-Bol.

YEAR SIX: 1985

1. To be supplied by PCI-Bol.

YEAR SEVEN: 1986

1. Graduated one group of 15 CHW's.
2. Carried out in-service training on community participation and health education for 42 CHW's.

YEAR EIGHT: 1987

1. Held courses on community participation for 23 participants.
2. Graduated two groups of CHW's, totalling 41 participants.
3. Provided in service training for prior groups of CHW's which included 13 participants.

YEAR NINE: 1988

1. Graduated 35 new CHW's.
2. Refresher training for 18 CHW's prepared by the St. James the Apostle project.
3. Provided community education for auxiliary nurses and CHW's which included 15 participants.

4. Conducted supervisory visits to review community education activities in 17 communities.

YEAR TEN: 1989

1. Held 8 community education meetings for cooperating agencies, PCI CHW's, MOH supervisors, auxiliary nurses and others.
2. Effected 12 supervisory visits to 104 communities.
3. Graduated 26 new CHW's.
4. Conducted five in-service training courses for 110 participants on topics of participatory educational techniques, and use of the Vade Mecum.

**ANNEX H**

**BELIZE: SUMMARY ACTIVITIES/OUTPUTS**

## Annex H

### BELIZE

#### THREE YEAR OUTPUTS (1986-89)

- 13 fully operational community health posts completed and staffed
- Established training programs, methodologies and syllabi for training CHWs, community health educators and VHCs
- Assisted in the development of a National PHC Coordinating Committee
- Completed training for 38 CHWs in two districts and provided in-service sessions out of a target group of 90. The original target was based on the presumption of expansion which did not occur
- A functional infrastructure staff person has been appointed in the Toledo District

#### OTHER ACHIEVEMENTS

- PCI pioneered the PHC concept in Belize
- Assisted in establishing DHTs and Community Health Teams in 4 of the nation's six districts
- The PCI/MOH PHC manual is the basic handbook regulating the MOH's PHC activities in Belize
- PCI is the chief partner with the MOH in PHC
- Studies regarding solar radios and baseline health and other KAPs are in process
- PCI has conducted limited studies on financing alternatives
- PCI Belize has developed a quarterly work plan system which establishes priorities better related to overall goals and objectives
- PCI has assisted the MOH in developing monitoring and evaluation (health information systems) PHC activities
- In Stann Creek District a drug inventory, ordering and reporting system has been set up to evaluate and monitor the use and needs for medications by the CHWs

- PCI has developed the community for fiscal resources. In the Stann Creek District an operating fund of more than \$2000 has been established. In the Toldeo District \$2500 was raised for operations and equipment
- Three managers were trained to supervise the operations of three trial village health stores. These will be self-supporting and self-sustaining in due course
- PCI scheduled 150 health education workshops over the three year funding period between 1986 and 1988. The number completed was 86. The difference was due to a reduced operational area.
- Six community health posts were constructed and 11 more buildings are planned. The local villagers provide the labor. A total of ten solar radios have been installed. These provide vital contact with medical technical expertise and establish a referral service presently unavailable in Belize.
- PCI is an active member of the Belize Child Survival Task Force, the National Health Education Council and the PHC Resource Committee. It also provides support to the national CHW newsletter.

## Annex H

### ISSUES IDENTIFIED

#### BELIZE

- Belize presently spends about 90% of its health dollar on curative services. It will require restructuring of government political forces to make difficult decisions for supporting PHC.
- Greater input from the MOH is required regarding both the development of the project plan of action and the implementation process. There are major differences between what the MOH wants from this project and what the PCI staff are trying to deliver.
- For sustainability purposes the GOB must increase its allocation of resources to PHC.
- Policy is needed to permit CHWs to be paid a fee for service
- Policy is needed which would integrate programs impacting on community health within a common operational protocol
- A policy is needed which would assign vertical activities and related tasks to CHWs and VHC as appropriate
- There is a need to professionalize the position of CHW
- There is a need for training to assure that the CHWs can provide analysis and feedback to their respective villages regarding the health status of the community.
- Communities must become more active in the process and activities of PHC.
- PCI and the MOH need to determine the best coordinated process for clarifying roles, responsibilities, skills needed, and resources required in order to provide genuine PHC services in a sustainable context.
- Factors affecting community stimulation and promotion of community action need to be documented and the process of using successful approaches to activate a village health committee needs to be developed into a replicable program.
- The problems related to project and PHC program replication appear nearly overwhelming. Differences involving heterogeneous populations, dissimilar logistical problems, differing climatic conditions, and the levels of natural and financial resources are all factors which impede replication.

**ANNEX I**  
**DOCUMENTS CONSULTED**

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| <ol style="list-style-type: none"> <li>1. Scope of Work AID/Project Officer</li> <li>2. PVO Profile Report</li> <li>3. Project Officer Analysis Report</li> <li>4. PCI Annual Reports</li> <li>5. PCI Management Review</li> <li>6. Eval. Rep. PCI/Belize</li> <li>7. Memoranda: various PCI &amp; AID</li> <li>8. Copy Belize PHC Manual</li> <li>9. Sample of Belize "Community Health News"</li> <li>10. Responses to MSH evaluation of Belize project</li> <li>11. Overview of Guatemala program</li> <li>12. Overview of Papua New Guinea program</li> <li>13. Bolivia reports and Oruro CIW Congress, pamphlets, etc.</li> <li>14. Proceedings of the 1986 PCI World Conference</li> <li>15. PCI policy paper on PHC</li> <li>16. Samples of Promotional articles</li> <li>17. PCI Matching Grant Proposal - FY 1986 - FY 1989</li> <li>18. 1989 assorted AID/PCI correspondence, budget documents, etc.</li> <li>19. Cables/Mission correspondence</li> <li>20. Technical review of PCI's MG Proposal</li> <li>21. PCI Employee Manual</li> <li>22. PCI Protection Handbook for Foreign-Assigned Personnel</li> <li>23. Employee Manual - Benefits and Information</li> <li>24. Samples of various PCI training curricula</li> <li>25. Various documents, forms, reports, memos, &amp; quarterly work plans</li> <li>26. Budget reports and work sheets and procurement documents</li> <li>27. Order forms and activity reports for field operation</li> <li>28. Records and reports from village health committees</li> <li>29. Training survey forms</li> <li>30. Various treatment and clinical records and reports</li> <li>31. Women's Primary Health Care Project Curriculum for TBAs</li> <li>32. Curriculum for Training in Community Participation</li> <li>33. Narrative Report Training Survey Results</li> <li>34. Training for New Field Personnel About PHC - Mexico</li> <li>35. PCI - Comparative Multiyear Programming Statistics</li> </ol> | <p>Susan Morawetz<br/>USAID/ARS<br/>USAID<br/>PCI<br/>MSH<br/>MSH</p> |
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**ANNEX J**  
**PERSONS CONTACTED**

## ANNEX J

### PERSONS INTERVIEWED

1. Thomas Allen McKay  
PCI, Executive Director
2. David E. Wilson  
Program Director
3. James J. Puccetti  
Dir., Budget/Internal Control
4. Ralph B. Montee  
Dir., Planning
5. William D. Ross  
Dir., Accounting Department
6. Shirley A. Sloop  
Dir., Information Systems
7. Moises Nagiel, M.D.  
Staff, Program Department
8. Dean L. Millslagle  
Staff, Program Department
9. Blanca Lomeli, M.D.  
Mexico Project Director
10. Jim Richards  
Acting, Dir. Res. Development
11. Frank Kline  
Consultant, Resource Devlpmt.
12. Barbie Rasmussen  
Staff, Program Department
13. Debbie Mondares  
Staff
14. Mary Carpenter  
AM DOC Options
15. Paul Bissek  
Deputy Director, USAID/Bel.
16. Patrick McDuffy  
USAID Mission, Belize
17. Bee Assema  
USAID Mission, Belize
18. Neil R. Huff  
PCI, Country Director
19. Dr. Rao  
MOH, PHC Director
20. Sam Dowding  
USAID, Belize
21. Wayne Urbanos  
Project Director  
Toledo District
22. Tomas Teul  
District Trainer designate  
Toledo District
23. David Kellerman  
Peace Corps, Toledo
24. Johanna Kellerman  
Peace Corps, Toledo
25. Teresa Cucul  
CHW, Aguacate Village
26. Dr. B. Raju  
DMO, Toledo District
27. Matt Tomich  
Project Director,  
Stann Creek District
28. Belinda Berry  
Principal Trainer  
Ministry of Health
29. Grettel Bernardez  
CHW, Cowpen Village
30. Clair Moody  
Chairman, Village Health Comtee.  
Cowpen, Villare
31. Dr. M. Kishore  
DMO, Stann Creek
32. Dr. Peter Allen  
District Dental Officer
33. Dr. Abram S. Benenson  
Past PCI Board Member
34. Paul Hartenberger  
Director, Health Office  
USAID/Bolivia
35. Charles Llewellyn  
Health Officer, USAID/Bol.

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| 36. | Dudley Conneely        | Country Director, PCI/Bol              |
| 37. | Lourdes Coloma         | Chief Accountant, PCI/Bol              |
| 38. | Beatriz Enriquez       | Accountant, PCI/Bol                    |
| 39. | Julia Rico             | Chief Secretary, PCI-Bol               |
| 40. | Dr. Oscar Velasco      | Project Director, PCI-Potosi           |
| 41. | Grissel Belliot        | Project Director, PCI-Oruro            |
| 42. | Dr. Israel Ramirez     | Epidemiologist, Oruro Health           |
| 43. | Esteban Mamani         | CHW/Auxiliary Nurse, Oruro             |
| 44. | Veronica Vargas        | Chief, Nutrition Serv. Oruro           |
| 45. | Dr. Jose Abastoflores  | Nutrition Service, Oruro               |
| 46. | Dr. Betty Soto         | Counterpart, Project Director<br>Oruro |
| 47. | Eivira Castro          | Accountant, PCI/Oruro                  |
| 48. | Dr. Alberto Montecinos | Director, Oruro Health Off.            |
| 49. | Gladys Cortez          | Chief Nurse, Oruro Health Off.         |
| 50. | Hilarion Hidalgo       | Chief, Rural Medical Supply,           |