

PIO/T No.
*663-0510-3-40027

20. Special Provisions

A. Language Requirements (specify) (Include funds in budget for testing, as required.)
* English

B. Access to classified information will will not be required by technical specialists. (Indicate level)
*

C. Duty post(s) and duration of technical specialist(s) services at post(s) (months):
* Ethiopia 9/94 - 9/95

D. Dependents' travel and support will will not be funded by A.I.D.

E. Geographic code applicable to procurement under this PIO/T is: (If other than authorized in Project Authorization, attach waiver(s))
 1. 000 3. 935 5. Other (specify) *
 2. 899 4. 941

F. Salary approval(s) to exceed FS-1 salary ceiling are:
 1. attached 2. in process 3. N/A

G. Cooperating country acceptance of this project:
 1. has been obtained 2. is in process
 3. is not applicable to services required by PIO/T

H. Justification for use of external resources for advisory and assistance services is:
 1. attached 2. N/A

I. clearance for procurement of ADP equipment, software, and services is:
 1. attached 2. in process 3. N/A

J. OMB approval of any report to be completed by ten or more members of the general public under the statement of work is:
 1. attached 2. in process 3. N/A

K. Participant Training is is not being funded as part of this PIO/T.
(If so, attach Budget Estimate Worksheet, Form AID 1382-10)

L. Requirement (contracts only) is recommended for:
 1. small-business set-aside 2. SBA 8(a) program
 3. disadvantaged-enterprise set-aside 4. No recommendation

M. Other (specify) *

21. Provisions for Logistic Support	IN KIND SUPPLIED BY		FROM LOCAL CURRENCY		TO BE PROVIDED OR ARRANGED BY SUPPLIER	N/A
	A.I.D.	COOPERATING COUNTRY	A.I.D.	COOPERATING		
A. Specific Items (Insert "X" in applicable column at right. If entry needs qualification, insert asterisk and explain in C. "Comments")						
(1) Office Space					X	
(2) Office Equipment					X	
(3) Housing and Utilities						X
(4) Furniture						X
(5) Household Appliances (Stoves,Refrig., etc.)						X
(6) Transportation in Cooperating Country					X	
(7) Transportation To and From Country					X	
(8) Interpreter Services/Secretarial					X	
(9) Medical Facilities (Health Room)					x	
(10) Vehicles (official)					X	
(11) Travel Arrangements/Tickets					X	
(12) Nightwatchman for Living Quarters						X
(13) #						
(14) #						
(15) #						
(16) #						

B. Additional Facilities Available From Other Sources:
 1. Diplomatic Pouch 2. PX 3. Commissary
 4. Other (specify, e.g., duty free entry, tax exemptions) *

C. Comments: * Note that the Medium Term Advisor will have to pay a fee of \$200/quarter for access to the Health Unit.

PIO/T No.
663-0510-3-40027

22. Relationship of Contractor, Recipient, or Participating Agency to Cooperating Country and to A.I.D.

A. Relationships and Responsibilities: This activity will be supervised and overseen by Dr. VK.Barbiero, USAID/HPN Office, Addis Ababa.

B. Cooperating Country Liaison Officials: Ministry of Health/Southern Ethiopian Peoples' Region RHB

C. A.I.D. Liaison Officials: Dr. Victor K. Barbiero/Dr. Carmela Green Abate, HPN Office

23. Background Information (additional information useful to authorized agent)
see attached SOW.

24. Summary of attachments that accompany the PIO/T (check applicable boxes)

- A. Detailed budget estimate in support of increased funding (Block 13)
- B. Evaluation criteria for competitive procurement
- C. Justification for procurement by other than full and open competition or noncompetitive assistance
- D. Statement of work or program description
- E. Waiver(s), justification(s), clearance(s), certification(s), approval(s) (specify number)

25. Distribution of PIO/T USAID/W: POL/CDIE/E/SDS; AFR/EA (J.Pryor): G/H (A. Bartlett); AFR/D
REDSO/RFMC (R. Leonard)
USAID/Ethiopia: HPN; PDO; CONTR.

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES (PIO/T) *

1. Cooperating Country * ETHIOPIA	1. PIOT No. * 663-0510-3-40027	1. PIOT Amend No.
4. Project/Activity No. and Title * 663-0510 PROJECT DEVELOPMENT AND SUPPORT FUNDS FY 1994, BASICS G/H BUY-IN	3. Appropriation Symbol(s) * 72-114/51014	
7. Fed Ag No. or Project Authorization Date * N/A	6. Budget File Code(s) * 0584-94-21663-KG RCN: E940428	
7. Project Assistance Completion Date (Month, Day, Year) * 9/95	8. Obligation Status [X] Administrative Reservation [*] Implementing Document	
11. Type of Action and Governing A.I.D. Handbook	10. Authorized Agent * USAID/W	

11. Type of Action and Governing A.I.D. Handbook		12. Contract/Grant/Cooperative Agreement/Reference Number (if this PIOT is for an order or a modification to an award)
A. A.I.D. Contract (HB 14)	C. PASA/RISA (HB 12)	G/H Sub-Project No: 936-6006.01; Agmt No: HRN-6006-C-Q-00-3031-00
B. A.I.D. Grant or Cooperative Agreement (HB 13)	D. Other	

13. A.I.D. Funding (Attach a detailed budget in support of column (2) as Attachment A.

	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
A. Dollar:	- 0 -	375,970	- 0 -	375,970
B. U.S.-Owned Local Currency				

14. Mission References *

15. Instructions to Authorized Agent *FA/OP/B/REP is requested to negotiate a buy-in to the G/H/KSD Support for Institutionalizing Child Survival (BASICS) Project No: 936-6006.01; Agreement No: HRN-6006-C-Q-00-3031-00 to conduct the activities described in the attached SOW.

FINING AVAILABLE
 Sgk
 RE: HARRIS/KENYA
 DATE: 7/5/94

16. Address of Voucher Paying Office *USAID/W/ FM/CMP/DC, Room 700 8A-2, Washington DC, 20523-0209

17. Clearances - Include type, name, office symbol, and date for all clearances

A. The Project Officer certifies (1) that the specifications in the statement of work or program description are technically adequate, and (2) that (for contract actions only) all program personnel who are defined as procurement officials under 41 U.S.C 423 have signed the Procurement Integrity Certification (OI-335).

Signature: *Carmela Green Adams/Victor K. Barlow* HPN Date: *6/16/94* Phone No: *

B. The statement of work or program description lies within the purview of the C. *Carl Lewis*, Controller
 including office and approval agency procedures.
 Signature: * *Carla Barlow* PDO Date: *6/16/94* Signature: * *Carl Lewis* Date: *6/30/94*

D. Funds for the project requested are available
 Signature: * *R. Leonard*, RFMC Date: *7/5/94* Signature: * Date: *

18. For the Cooperating Country: The terms and conditions set forth herein are hereby agreed to:

Signature: * N/A Title: * Date: *

19. For the Agency for International Development:

Signature: * Margaret P. Bonner Title: * Mission Director Date: *

FOR CONTRACT ACTIONS ONLY: SOURCE SELECTION INFORMATION-SEE FAR 3.104. THIS DOCUMENT, OR PORTIONS THEREOF, CONTAINS PROPRIETARY OR SOURCE SELECTION INFORMATION RELATED TO THE CONDUCT OF A FEDERAL AGENCY ACQUISITION, THE DISCLOSURE OF WHICH IS RESTRICTED BY LAW (41 U.S.C. 423). UNAUTHORIZED DISCLOSURE OF THIS INFORMATION MAY SUBJECT BOTH THE DISCLOSURER AND RECIPIENT TO CONTRACTUAL, CIVIL, AND/OR CRIMINAL PENALTIES AS PROVIDED BY LAW. FOR OTHER ACTIONS: UNAUTHORIZED DISCLOSURE OF PROPRIETARY OR SOURCE SELECTION INFORMATION MAY SUBJECT AN EMPLOYER TO DISCIPLINARY ACTION.

REVIEWED
 FAD/RFMC
 Ayo
 7/15/94

SCOPE OF WORK
BASIC SUPPORT FOR INSTITUTIONALIZING CHILD SURVIVAL
(BASICS PROJECT)
FOR USAID/ETHIOPIA
ESSENTIAL SERVICES FOR HEALTH IN ETHIOPIA (ESHE)

I. BACKGROUND

Ethiopia is primarily an agricultural country, with 85% of the population living in the rural areas. It's population size and growth rate are among the highest on the continent. The population is estimated at over 51.5 million, making it the second most populous African country after Nigeria. With an annual growth rate estimated just below 3%, Ethiopia's population will approach 110 million before the year 2020. The total fertility rate (TFR) is estimated at 7.0 children per woman; overall contraceptive prevalence rate (CPR) is estimated at 4% with an urban prevalence of 14% against an estimated rural prevalence of less than 2%. Modern CPRs are estimated to be 2%, 8% and 1% respectively. The indices of the health and nutrition situation of the Ethiopian population are also poor. Life expectancy is estimated to be 53 years. The principal contributor to low life expectancy is high infant and child mortality with rates estimated at between 110-133 and 187-220 per thousand live births respectively. Principal causes of these high mortality rates are diarrheal disease, acute respiratory tract infection, vaccine-preventable diseases, malaria and malnutrition. Maternal mortality in Ethiopia has been estimated to be between 500-2000 maternal deaths per 100,000 live births, comprehensive data do not exist.

The ability of the Ethiopian health sector to provide adequate health services has been in decline for decades. It is currently estimated that the health service coverage reaches between 20-40% of the population. War, drought, lack of resources and poor economic policies of the previous government have combined simultaneously to increase the level of health care needs while reducing the capacity of the sector. The consequence of this decline is extremely low health status in Ethiopia. Improvements in health status will be critical to increasing the development potential of Ethiopia. At the same time, strengthening health services delivery will depend on many of the economic and political changes now underway as well as the strengthening of the development environment of the country as a whole. The health system faces many challenges in addressing the vast health care needs of this multi-ethnic, low-literacy, largely rural society where the existing infrastructure cannot meet even the most basic needs.

USAID/Ethiopia is developing an assistance program in the Health/Population/Nutrition (HPN) sector entitled: Essential Services for Health in Ethiopia (ESHE). ESHE's purpose is to: Increase the Use of Essential Health, Population and Nutrition Services in Ethiopia.

Essential services, for the purposes of ESHE, include family planning, pre- and post-natal care and delivery, adequate management of the sick child (ORT, ARI management, malaria treatment), immunizations, and STD/HIV prevention and control. Also included are IEC strategy to promote appropriate breast feeding practices and to dissuade traditional practices that adversely affect the health and nutritional status of the population. ESHE's approach puts emphasis on: policy reforms that are expected to positively benefit all regions; the provision of family planning and HIV/AIDS prevention programs in urban and peri-urban areas nationally; and, the delivery of integrated HPN services in the Southern Ethiopia Peoples' Region (SEPR).

In this environment, where the health system is weak and in need of strengthening, the BASICS Project is an appropriate mechanism to provide technical assistance in Ethiopia. The BASICS project is designed to address impact through focused interventions aimed at sustainability, health systems strengthening, behavior change, and improved policy and planning. BASICS has the resources and the mandate to provide assistance in four operational areas. These are:

Disease Related Technical Support - to build on and expand USAID's success in applying programmatic interventions that target health problems accounting for up to three quarters of infant and young child deaths and diseases;

Health Service Delivery Support - to build sustainable capabilities through strengthening of training, supervision, logistics and drug supply, management of primary health care, health and management information systems strengthening; and health care financing;

Communication, Marketing, and Behavior Change - to develop demand for child health services, including IEC, community participation and mobilization, and innovative consumer marketing; and,

Policy and Planning - to provide assistance and support for systematic improvement of country-level policy and planning, evaluation, organizational development, and development of strategies for public and private sector collaboration.

Considering the above BASICS mandates, the G/H/HSD BASICS Project is extremely well-suited to carry out this SOW.

II. TIMEFRAME

The total timeframe of this activity will span 12 months, the limit of PD+S assistance. However, this effort represents a springboard to a much longer term commitment by the Mission, by the G/H bureau and the BASICS project. Co-financing with G/H and AFR/ARTS (via G/H/BASICS core and AFR/ARTS dedicated core respectively) may expand

the timeframe of activities beyond the estimated 12 month period. It is anticipated that work on the regional baseline data collection and community demand efforts will begin within one month of the execution of this delivery order.

III. ANTICIPATED LEVEL OF EFFORT

It is estimated that over 36.5 person months of local and expatriate TA will be provided under this buy-in (in addition to TA provided from BASICS core resources). Supplies, equipment and other operating costs are estimated to comprise approximately 25% of the effort. An estimated breakdown of the level of effort of personnel directly employed by BASICS is presented below.

Resident Technical Advisor (RTA)	6 person-months
Short-term International TA	
● Regional Data/Demand Efforts	12 person-weeks
● National Guidelines & Workshop	6 person-weeks
● Local Professional TA	26 person months

IV. OBJECTIVE

The BASICS Project will provide technical assistance to USAID/Ethiopia, the SEPR and to the Ministry of Health to contribute to the successful design and initial implementation of the ESHE program/project.

V. PURPOSE

The purpose of this Project Development and Support (PD+S) activity is to provide USAID/E and the TGE critical information and analysis needed for the design and implementation of the ESHE program. It will also provide technical assistance to carry out policy and strategy development activities such as health care financing and baseline data collection which are essential to establishing a solid foundation for effective health and family planning service delivery.

VI. GENERAL TASKS

The general tasks are as follows:

1. Provide technical assistance and operational support to the SEPR for the development

of a consolidated data and information base inclusive of epidemiology, demographic profiles, service delivery capabilities, and community demand aspects of health and family planning services;

2. Organize and support out-of-country training and study tours for Ministry of Health and other TGE counterparts; and,
3. Provide technical assistance to the MOH in systems design and support for a workshop for regional and central health officials to review and amend proposed guidelines for health service delivery structure and functions.

V. SPECIFIC TASKS¹

1. Regional Baseline Data Collection and Demand Study

A. Description of activity

The establishment of a coherent and consolidated picture of the health, family planning and service delivery situation in the SEPR is an essential step in defining the package of essential family planning and primary and preventive (FP/PPHC) services that the ESHE project will support in the region and the approaches related to the delivery of those services. At the same time, the design of specific approaches must take into account community demand for and perceptions of services, needs and priorities, and relevant experience in delivery of FP/PPHC services to the community in the focus region.

Under this activity, BASICS will provide technical assistance and operational support to: 1) collect baseline epidemiologic and service delivery information in SEPR; 2) help the SEPR Regional and Zonal authorities begin to establish a functional HIS; and 3) provide initial input into deciding what is required to reach rural communities and promote sustainable use of the system over time.

Data collection and initial operational support shall be coordinated by a medium-term resident technical advisor (RTA) who will be expected to be present full-time in the capital of the SEPR (Awassa approximately 375km south of Addis Ababa) for at least a six month period. The RTA will oversee the establishment of the baseline data set and coordinate operational inputs with his/her RZW counterparts to initiate efforts to improve service delivery. He/She will be supported by a team consisting of local hire personnel, short term

¹ **Modifications of Anticipated Inputs (As Required)** - It is understood that availability of personnel or needs of the described activities may require some modifications of the expected inputs identified in sections V.1.-V.3., within the budget of this delivery order. Such modifications may be made with approval of the COTR and the USAID/E HPN Office Director subject to pertinent regulations.

international consultants, and local expatriate technical assistance. Obviously, strong collaboration with appropriate regional/zonal/woreda (RZW) counterparts will be pursued. Specific activities to be carried out during this period are presented below.

- RZW data on epidemiology and demographic/FP data will be consolidated and analyzed via a review of available data at the Regional HQ, all 16 zones (11 zones + 5 special woredas), 100% of woredas (districts) in the focus zones, and a representative sample of woredas in "nonfocus" zones within the region.² At the Regional HQ level, data from the preceding year shall be reviewed and compiled. These data shall be verified and supplemented by visits to peripheral health facilities (health centers and stations) and to community health posts in SEPR focus zones. The team, in collaboration with health officials and with the technical assistance as required, shall review existing data collection procedures and methods of analysis. Options to improve the system will be derived via a collaborative dialogue with RZW officials and the foundation of a data-based decision-making system will be established.
- The team shall compile existing data, and may collect a modicum of new data to more accurately characterize the family planning, health, and nutrition status of the population. Specific operational parameters of the incipient HIS will include (but not be limited to):
 - population size / intrinsic rate of growth (relative to coverage);
 - estimated number of reproductive age women, number of infants and children;
 - estimated annual number of births;
 - estimated mortality rates;
 - principal causes of death [disaggregated data on women, infants and children];
 - nutritional status indicators (summary of wt/ht, ht/age data);
 - number of reported AIDS and STD cases; etc..

This situation analysis shall also examine the delivery and utilization of services such as:

- number of facilities and personnel in relation to population;
- contraceptive use (by method);
- immunization coverage (including proportions achieved by outreach versus

² Focus zones will be identified in collaboration with the regional and zonal authorities and will be selected upon a mutually agreed upon set of criteria established by the region, USAID, and BASICS. Additional collaboration will be explored with the USAID/HID Office in order to explore potential synergies with the Mission's planned Education Program, BESO.

facility immunization);

- utilization of prenatal care;
- number of births attended by trained attendants;
- principal conditions treated at existing services.
- client attendance data (per day) relative to catchment and optimal client-load estimates.

This analytical process shall also include an assessment of service delivery capabilities in the SEPR. The team, in collaboration with RZW health authorities, shall gather and compile available information and indicators such as:

- condition and staffing of existing facilities;
- availability of equipment, commodities, contraceptives, drugs and vaccines in existing facilities;
- resources for outreach activities, frequency of outreach activities, and constraints on outreach other than resources;
- existence and function of community health services in the communities served by health facilities;
- existence of program and activity "targets" at various facility levels, and, the relation of these targets to projected need and to actual achievement;
- a comprehensive inventory of total facilities by level and operation, the distribution of NGO facilities, private vendors, pharmacies, clinics, etc.);
- the development of a GIS-based map for operational planning at the RZW level (if feasible).

These data will include non-governmental as well as government facilities and capabilities. Indeed, data will be collected in order to construct a valid comparison between NGO and public sector facilities, identify significant differences therein and verify the reasons for observed differences.

This information will be an important determinant of the package of essential FP/PPHC services and of the delivery approach to be developed, as well as serving as an initial data base and starting point for HIS/MIS development, data-based decision making and monitoring and evaluation activities in SEPR.

Concurrent with this general situational and service capability analysis, BASICS will support an assessment of community demand for health services and try to discern the types of services which are most preferred at the community level. This effort will require special expertise in community-based delivery, with particular knowledge of African situations. As all other activities, it will be overseen and coordinated by the RTA, with local hire personnel and international expertise as noted.

The community demand assessment will seek to identify important operational issues relative to the more effective delivery of services to communities in SEPR. Parameters might include:

- perceived needs of representative communities for health services;
- knowledge and attitudes regarding public health and primary and preventive health care;³
- attitude and experience related to the use of available (or previously available) community and health system services;
- opinions on how services might be offered to best meet community needs and concerns;
- value of community health agents (CHAs), issues concerning adequate incentives, problem with previous cadre of CHAs;
- role of women in health and provision of health care;
- FGM practices? nutrition practices?

This element of the SOW will be complemented by a retrospective analysis of previous approaches to community-based delivery of FP/PPHC services in Ethiopia. Determinants of success and failure (including community support and involvement, appropriate roles and functions of community health workers, training, support and problem solving, oversight, supply, and remuneration [of both community health workers and traditional birth attendant:]) will be examined and compared to the prospective data in order to identify common themes and/or divergence from expected outcomes.

Baseline data on community demand and delivery priorities will comprise the second important source of input when deriving the package of essential services and the delivery approach to be developed.

It is anticipated that the above-mentioned activities will be carried out over a period of six months, beginning within thirty days of the execution of this delivery order.

B. Inputs Required

In the execution of these activities, BASICS will provide the following inputs through a Mission PD+S fund buy-in, dedicated BASICS core funding through AFR/ARTS, and G/H core support to BASICS:

B1. Personnel

- Six months of medium term resident technical advisor (RTA)
- Short-term technical assistance (international consultants) (total 12 person-weeks, 4 visits);

³ P/PHC defined as: family planning, HIV/AIDS, immunization, common causes of childhood and maternal morbidity and mortality.

- Ten person weeks of local expatriate technical assistance;
- Twenty-six months of local hire professional expertise;
 - 2 MPH graduates (5 months each)
 - 2 social workers (5 months each)
 - 1 administrative/data entry assistant (6 months)
- Per diem for R/Z/W health staff to participate in the regional baseline data collection effort (200 days @ \$6.00 U.S. per day);

B2. Office Equipment and Supplies

- Desktop photocopier;
- Laptop computer, printer, accessories, software for use by RTA and regional counterparts;
- five desktop computers, five printers, accessories (including UPS's), and software for RHB.

B3. Operating Costs

- Local operating costs including rent, communications, supplies, fuel for government vehicles, etc.;
- Vehicle purchase⁴

B4. SOW Medium-Term Resident Technical Advisor (RTA)

The medium-term expatriate resident technical advisor (RTA) will serve as the coordinator of regional activities and will reside in Awassa, the capital of SEPR. With BASICS HQ/W support, the RTA will oversee the design, planning, management, implementation, monitoring, and reporting related to all aspects of this activity. This shall include technical, administrative, and management responsibility for this activity, in cooperation with the RHB Head. The RTA will work in close collaboration with relevant RZW health authorities. He/She will also collaborate with civil authorities and community representatives in this activity. Finally, the RTA will work closely with the USAID/E/HPN Office staff in order to discern elements of the baseline HIS which will be pertinent to Mission objectives over the LOP of the ESHE program/project.

The resident advisor is expected to have the following qualifications:

- Working experience (8-10 years) in public health programs in developing countries (preferably with substantial experience in Africa), with extensive experience in the field aspects of delivery of primary, child survival and other MCH services and, if

⁴ Since this funding source cannot support vehicle purchase, it is expected that a dedicated vehicle for team use will be provided from core funding sources.

possible, family planning services;

- Demonstrated ability to work with technical, planning, programmatic, and management aspects of child survival and other health and family planning topics;
- Experience and demonstrated competence in public health data collection, management, and analysis;
- Demonstrable ability to work effectively with host country counterparts in the health sector and communities;
- Ability to administer and manage a field team, technical assistance, and a large scale field activity;
- Willingness to reside in the focus region (SEPR) of Ethiopia for a minimum of six months;
- Fluency in English;
- M.D. or Ph.D. is desired; a Masters degree with commensurate experience is acceptable.

COST OF BASELINE DATA AND COMMUNITY DEMAND STUDY:⁵ \$263,970

2. Short Term Training and Observational Travel

A. Description of Activity

As part of its support for the development of essential capabilities in the PHN sector, USAID/Ethiopia recognizes the need to provide opportunities for key PHN personnel to increase their knowledge and skills in areas critical to effective delivery of health and family planning services. Important mechanisms for contributing to capacity development are short-term training at institutions outside of Ethiopia (U.S or regional institutions) and the support of observational travel (study tours) to locations where successful working models have been established in environments similar to the host country environment.

Under this activity, BASICS will carry out the planning, administration, and implementation of offshore training and observational travel to support the development of capabilities in critical areas related to the planning, management, and delivery of essential FP/PPHC

⁵ Cost estimates represent the costs of Mission PD&S buy-in and do not account for co-financing contributions which may also support this activity.

services. Trainees and participants in observational travel will be nominated by their organization and approved by USAID/Ethiopia. The following activities are anticipated:

- Short-term (2-4 week) training in U.S. courses for 2-4 professionals;
- Short-term (2-4 week) training at regional institutions for 2-4 professionals;
- Study tour(s) of 2 week duration (to 2 separate sites per tour) for 3-5 professionals.

COST FOR SHORT-TERM TRAINING AND OBSERVATIONAL TRAVEL: \$64,000

3. Assistance and Support for National Service Delivery Guidelines Development

A. Description of Activity

The MOH, as part of its mandate to set guidelines and policy, and to provide technical input to health services in the various regions, has been charged with preparing guidelines for the structure and function of health services at various levels of the system. These guidelines will include comment on the organization of services, staffing, tasks and functions appropriate to each level of facility. They will also include estimates of the resources expected to be available to perform these tasks and functions. These development of these guidelines will be an important benchmark for the MOH and the TGE to express, in operational terms, their vision for the provision of effective and efficient health service delivery. The guidelines must be cast with attention to the present and future limitations of resources. Furthermore, they must emphasize a long-term commitment to the sustainable delivery of FP/PPHC services. BASICS will provide technical assistance to help develop these operational guidelines. Relatedly, BASICS TA will be made available to help streamline elements of the MOH budget planning, allocation and disbursement system, and to improve overall fiscal transparency, accountability and efficiency.

Prior to the initiation of this delivery order, it is anticipated that BASICS will have provided local and international technical assistance in the development of these guidelines via core funding and co-financed BASICS core from AFR/ARTS. As part of the process of guideline preparation and approval, the MOH plans to hold a workshop, that will include regional and national health authorities, to discuss the draft guidelines. This workshop will be organized by the MOH and is expected to last about three days. In this light, BASICS will also provide technical assistance in the form of international and local expertise to assist the MOH in the preparation, conduct of and follow-up to the national guidelines workshop. BASICS will also support the implementation costs of the workshop itself. Finally, BASICS will provide funds to cover the costs of local production and dissemination of the final guideline document.

B. Inputs Required

The following illustrative inputs are anticipated.

- Six (6) person-weeks of international consultant TA⁶ (4 round-trip visits) for workshop preparation;⁷
- Eight (8) person-weeks of local expert TA for preparation of workshop materials and assistance in organization;
- Support for all local costs of the workshop (including venue rental, reception support and per diem and travel for an estimated 40 persons for three days); and,
- Support for the publication and dissemination of the guidelines (local contract estimated cost \$4,000 U.S.).

COST FOR SERVICE DELIVERY GUIDELINES DEVELOPMENT \$48,000

VI. REPORTS AND DELIVERABLES

1. Regional Baseline Data Collection and Demand Study

- **Implementation Plan** - At the end of the first month of this activity (marked from the arrival of the RTA), the RTA will present a comprehensive implementation plan for the baseline data collection and community demand efforts to the USAID/E HPNO Director for approval. This document will be shared with the G/H BASICS COTR for input and co-approval.
- **Monthly Reports** - During the six-month period, the RTA shall provide brief monthly reports (in the form of memoranda) to the USAID/E, HPNG Director and to the G/H/BASICS, COTR. These reports shall provide a brief description of activities and progress made during the month as well as any problems or delays encountered in the implementation of each effort.

⁶ These consultants must be those who have been involved with the development of the guidelines and budget exercise. Thus, they will be able to contribute practical and relevant experience to the workshop.

⁷ Provision of TA for the workshop will entail one 10 day trip for technical experts in: health care financing; health systems management and administration; maternal-child health and primary health care; and, information/education/communication (emphasis in counselling by primary health workers and outreach health education).

- **Mid-Term Report** - At the completion of three months of this activity, the RTA will provide the USAID/E, HPNO Director and the G/H/BASICS, COTR with a mid-term reporting memorandum which imparts a more detailed report of progress in relation to the baseline data collection and community demand efforts. This report shall describe progress made to date in relation to the design and plan of these activities, lessons learned, recommendations for modifications, and, an assessment of the contribution of these activities to RZW plans and strategies related to development of essential FP/PPHC services. This report shall also summarize the financial and resource status of the entire activity. This mid-term report will substitute for the third monthly report.

- **Trip Reports** - After each TA visit, a trip report shall be submitted to the COTR within two weeks of the completion of the assignment. BASICS will then send copies of these reports to the USAID/E HPNO Director. The MOH, and to the SEPR Regional Bureau will also receive copies of each trip report via the RTA or the Mission.

- **Final Report** - At the conclusion of the six-month period, the contractor shall prepare and submit to the USAID/E HPNO Director and the G/H/BASICS COTR, a report providing a detailed summary of the accomplishments of both the baseline data collection exercise and the community demand effort and a status update of the national guideline exercise. This report shall include a presentation in summary form of the data collected under the baseline data collection exercise, and a discussion of conclusions of both components of this activity in relation to the delivery of essential FP/PPHC services in the SEPR. This report shall also summarize the resource and financial status of the activity and the next steps for the implementation of the national guidelines. This final report will substitute for the sixth monthly report. The RTA will be expected to separately present the salient points of the report to the SEPR Regional Authorities, TGE Central Authorities and USAID/E Mission staff in the form of a formal, verbal presentation.⁸ The presentation will include, but not be limited to the following:

- A summary of the health, family planning situation and health service delivery situation in the SEPR as identified by the baseline and community demand efforts;

- An assessment of the value of the baseline data collection exercise, and the implications therein, for the future design of an essential package of FP/PPHC services in the SEPR and for HIS/MIS design, and monitoring and evaluation activities in the region;

- A summary of the findings of the community demand study and a review of community health service delivery experience perceived by rural communities in the

⁸ It is expected that BASICS/Washington will assist the RTA in the preparation of slides and overheads for the formal presentation. It is further anticipated this presentation will be recast as a quick-reference report focusing on the graphic and tabular presentation of information which can be used to convey information to decision makers at both the regional and central levels of the TGE and for USAID and State Department personnel.

SEPR;

- An assessment of the implications of both the baseline data and the community demand efforts relative to the future delivery of necessary and demand-driven essential FP/PPHC services to the rural populations of the region;
- A synopsis of the national guidelines which depicts the operational value of the guidelines, identifies potential impediments to their implementation and recommends follow-up steps for their dissemination and use in the regions; and,
- Recommendations for priority support efforts which should be provided to further the initial implementation of the Mission's ESHE program/project in the SEPR.

2. Short Term Training and Observational Travel

- **Reports of Activities** - BASICS/W will provide a report within two weeks of the completion of each training and observational travel activity. This report will identify the trainee(s) or participants involved, the objective of the training or travel, the actual activities carried out, and the financial and resource costs of the activity.

3. Assistance and Support for the Development of National Service Delivery Guidelines

- **Trip Reports** - Each technical assistance consultant participating in this activity shall submit a trip report to the COTR within two weeks of the completion of the assignment. BASICS will send copies of these reports to Mission and to the MOH (Department of Planning). The reports will summarize all activities related to the development of national service delivery guidelines including the conduct of the national workshop. Observations and recommendations for further development/implementation of the guidelines relative to their technical content, dissemination and application will be included in the final report.
- **Service Delivery Guideline Document** - Assuming that the MOH completes the process of development of these service delivery guidelines and the production of a final draft document, the BASICS will provide support for the local production of a minimum of 2,000 copies of this document through a local subcontract. This subcontract will cover the costs of production and distribution of the guideline document to the national and RZW health facilities.

VII. PARTICIPATION

TGE representatives will be involved in all aspects of this SOW. Regional and central personnel will participate as appropriate in the planning and field activities. Counterparts

from the MOH Planning Department and the SEPR Regional HQ will be identified from the outset. Thus far, the Mission has established firm working relationships with our TGE counterparts. We expect this activity to further cement this relationship and enhance the participatory aspects of our HPN Sector Assistance program.

VIII. PARTNERSHIP AND RESPONSIBILITIES

Administrative activities under this delivery order will be co-managed by the G/H/BASICS COTR and the USAID/E/HPN Office Director. In the execution of these activities the Mission will have direct oversight of all field activities and the G/H COTR will have direct oversight over all administrative arrangements. Technical responsibilities for management and planning of all activities will be jointly managed by the USAID/E/HPN Office Director and the G/H/BASICS COTR. Thus, USAID/Ethiopia will have substantial involvement in both technical and implementation aspects, and the BASICS COTR will maintain close communication and coordination with the USAID/E HPN Office Director, Dr. Victor Barbiero. Dr. Barbiero will provide technical direction to this activity. All TDYs associated with this (and other BASICS') activities will require formal Mission concurrence prior to their commencement. All TDY teams will report to the Mission on a regular basis during their tenure in Ethiopia. Frequency of TDYer reporting will be established jointly by the Mission, the COTR and the RTA.

IX. ADMINISTRATIVE AND LOGISTICAL SUPPORT

All logistic requirements will be the responsibility of BASICS.

X. INSPECTION AND ACCEPTANCE

Inspection and acceptance of services and deliverables will be performed by the BASICS COTR, who will coordinate with the USAID/E HPN Office Director in evaluating the quality and acceptability of efforts and deliverables under this delivery order.

XII. FUNDING

This activity will be supported with USAID/E FY 1994 PD+S funds. Co-financing is anticipated from G/H/BASICS core funds and BASICS dedicated core funds provided by AFR/ARTS.

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BUDGET: BASICS ETHIOPIA ACTIVITIES

ACTIVITY	DETAILS	AFR/ARTS CORE	G/H CORE	PD & S	AMOUNT
1. PAAD/PP DESIGN					
A. SOCIAL SOUNDESS ANALYSIS *					
International TA	6 person weeks @ \$5550/ person week loaded costs	\$33,300			\$33,300
Local TA **	8 person weeks				
B. HEALTH ECONOMIC ANALYSIS					
International TA	4 person weeks @\$5550/person week	\$22,200			\$22,200
REDSO TA (? Larry Forgy)	4 person weeks	\$0			\$0
SUBTOTAL PAAD/PP DESIGN		\$55,500			\$55,500
2. URBAN HEALTH IN FOCUS REGION					
International TA	3 person weeks (2 wks in the field/ 1 week in Addis)		\$15,236		\$15,236
SUBTOTAL			\$15,236		\$15,236
3. HEALTH CARE FINANCING FOLLOW-UP					
International TA	6 person weeks	\$33,300			\$33,300
International TA (macroeconomic)	1 person week	\$5,555			\$5,555
International TA (Conference Organizer)	3 person weeks		\$16,650		\$16,650
Workshop Costs	60 participants	\$5,000			\$5,000
? Kenya HCF Team participation	4 person weeks (incl. under their contract)	\$0	\$0		\$0
SUBTOTAL		\$43,855	\$16,650		\$60,505
4. SHORT TERM TRAINING/OBSERVATIONAL TRAVEL					
Short term training (US)	2 people @ \$12,000 each		\$2,400	\$24,000	\$26,400
Short term training (Regional)	4 people @ \$5,000 each		\$2,400	\$20,000	\$22,400
Study tours	1 trip x 5 people for 2 weeks		\$3,600	\$20,000	\$23,600
SUBTOTAL			\$8,400	\$64,000	\$72,400
5. INITIAL ANALYSIS & PLANNING (Focus Region)					
Medium Term Advisor	6 months		\$14,000	\$121,100	\$135,100
Short term International TA	12 person weeks (4 trips)			\$71,420	\$71,420
Local expatriate TA	10 person weeks @ \$1360/week			\$21,550	\$21,550
Local personnel (technical)	4 people @ \$500/per month for 5 months			\$10,000	\$10,000
Admin Asst/Data Entry	1 person @ \$450/per month for 6 months			\$2,700	\$2,700
Per diem for regional staff	@ \$6/day for 200 person days			\$1,200	\$1,200
Fuel and vehicle operating costs				\$1,000	\$1,000
Office/data processing equipment	5 computers/5 printer etc.			\$20,000	\$20,000
Other operating expenses	6 months @ \$2,500/month			\$15,000	\$15,000
Vehicle			\$30,000		\$30,000
SUBTOTAL			\$44,000	\$269,970	\$307,970
6. SYSTEMS DESIGN (Ministry of Health)					
International TA (HCF, Management, MCH/PHC, IEC)	12 person weeks @ \$5550/week		\$66,600		\$66,600
Local TA	18 person weeks @ \$200/week			\$3,600	\$3,600
Local travel				\$2,000	\$2,000
WORKSHOP					
International TA	6 person weeks @\$5550			\$33,300	\$33,300
Local TA	8 person weeks @\$200/week			\$1,600	\$1,600
Workshop costs				\$3,500	\$3,500
Dissemination sub - contract				\$4,000	\$4,000
SUBTOTAL			\$66,600	\$48,000	\$114,600
TOTAL		\$99,355	\$150,886	\$375,970	\$626,211

* Additional POP/CAs would contribute FP component ** through Mission Purchase Order