PD-ABP-660
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Partnership for Household Livelihood Security

CARE Matching Grant Proposal to USAID

November 21, 1995

- Bolivia
- Peru

FY 1996 MATCHING GRANT APPLICATION

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A. PROGRAM SUMMARY

A3. A.I.D. $ Request
FY96 $1181.4
LOP $6173.6

PVO $ Match
FY96 $1302.3
LOP $6205.0

A5. Distribution of AID $ by Strategic Objective

Strategic Objective	*% PCT of AID LOP*
Economic Growth	5
Population & Health	30
Environment	40
Democratic Pluralism	40

A4. Program Period: (3 or 5 years) 5

A6. LOP Funding Distribution By Region and Country ('000s)
(This chart should correspond to the figures provided in the program summary budget as *Attachment 1*.)

Location	A.I.D.$	P.V.O.$	TOTAL$
a. HEADQUARTERS	2,063.9	3,177.4	5,220.6
REGIONAL	966.4	0.0	966.4
b. COUNTRY (list)			
Bolivia	461.1	497.2	958.3
Ethiopia	435.7	287.0	722.7
Mali	456.1	456.8	912.9
Niger	386.4	386.3	772.7
Peru	458.0	432.7	890.7
Tanzania	500.0	519.2	1,019.2
TOTAL (DIRECT COSTS):	5,727.6	5,756.6	11,484.1
INDIRECT COSTS:	446.1	448.4	894.5
TOTAL MG PROGRAM:	6,173.7	6,205.0	12,378.6

A7. TITLE/EXECUTIVE SUMMARY: Describe the program's goal, purpose, sectoral focus, and indicate how it fits in with the strategic planning of your organization. Identify beneficiary groups and estimate the numbers by gender in each that will be directly affected by your proposed program. Describe the program management organization proposed and the technical and managerial resources at headquarters and in the field which will be assigned to this program. Indicate which of these positions are new for your organization.

Over the course of the past two years, CARE has conducted rigorous analyses of global development trends and its own program portfolio. These related analyses have sharpened CARE's understanding of the dynamics of poverty and strategies for its alleviation. As a result, CARE has articulated a program vision focused on improving household livelihood security. The household livelihood security approach is the name given to CARE staff's efforts to develop participative,

integrative diagnostics of household livelihood strategies, and the ability of households and communities to meet basic needs on a sustainable basis. Many current country programs are not strategically focused on household livelihood security and therefore are targeted to an amorphous group "the poor", without geographic focus or synergy between projects. **By building Country Office capacity to conduct such diagnostics, the matching grant will lead to appropriate targeting of the most livelihood insecure beneficiaries, appropriate choice of high leverage interventions from a menu of sectoral options, identification of links with partners who specialize in other needed interventions not to be provided by CARE, greater cross-project and cross-sectoral coordination, and an improved ability to measure impact.**

Another problem faced by CARE is that its current focus has been on direct delivery of services and eclectic work with partners, rather than on systematically building partnerships and local institutional capacity for greater sustainability and impact. **By building Country Office capacity to partner, the matching grant will ensure that clear choices of partners have been made based on quality analysis and well-articulated strategies, increased percentages of CARE's work in key Country Offices is being done with and through partners, and partners have demonstrated skills in proposal writing, accessing donor funds and providing quality services on a sustainable basis.**

The goal of the project is to improve the household livelihood security of more than 18 million households at various point on the relief- mitigation-development continuum. Over half of the direct beneficiaries will be female. CARE will accomplish this goal by achieving the following purposes: 1) Operationalize the concept of livelihood security, institutionalize it CARE-wide and disseminate lessons learned to Country Offices, colleague PVOs, and AID; 2) Assist six specific Country Offices to increase their capacity to analyze household livelihood security and drive their projects to sectoral best practice with specialized technical support, and 3) Build both Country Office ability to partner with indigenous institutions, and the capacity of partners to deliver relevant services efficiently, effectively and sustainably.

The three major groups in the Program Division will share responsibility for implementation of Matching Grant activities. The Technical Assistance Group (TAG) will be responsible for providing TA and tools for household livelihood security assessments, baseline and monitoring systems, Country Office long-range strategic plans and project designs/redesigns. One TAG Unit (the Food Security Unit), which has done much of CARE's work in food and livelihood security, will have another livelihood security expert added with grant funds and become the Food and Livelihood Security Unit. This unit will be responsible for designing frameworks and tools for household and community analysis in conjunction with the Design, Monitoring and Evaluation Coordinator.

The Regional Management Group (RMG) will be responsible for generating the regional strategies from which the country-level changes will take place. The RMG will also provide support to Country Offices in the production of long-range strategic plans which will help COs make difficult programmatic choices in terms of target groups and interventions.

The Management and Organizational Development Group (MODS), headed by Jon Mitchell, will take responsibility for producing management capacity development tools (including strategic planning) and adapting these CARE tools for use by the indigenous institutions with which we work. All three groups report to the Vice President for Programs who is responsible for the overall programmatic vision of CARE. Grant funding will be used to support the following positions: Design, Monitoring and Evaluation Coordinator, Partnership Coordinator, Household Livelihood Security Coordinator, part of the TAG Director, and small portions of the Regional technical Advisors in Africa and Latin America based on specific TA provided to key Country Offices.

B. ORGANIZATIONAL BACKGROUND

B8. HISTORY OF YOUR ORGANIZATION. General purpose/goals. CARE was founded November 27, 1945 to assist in the reconstruction of Europe. In 1952, CARE began to shift its focus away from Europe and relief activities to long-term development in Asia, Africa, and Latin America. Since 1945 CARE has:

- Worked in 121 countries
- Helped more than **one billion** people
- Provided more than $7 billion in assistance, and
- Received financial support from more than 35 million private American citizens.

CARE's purpose is to help the developing world's poor in their efforts to achieve household livelihood security defined as adequate and sustainable access to income and resources to meet basic needs. It's goal is to make an **even greater difference** in the lives of people in the developing world by establishing global partnerships and building constituencies, strategically focusing programs geographically and by sector for maximum impact, and maintaining effective advocacy.

B9. ORGANIZATIONAL DESCRIPTION: Describe your domestic and worldwide activities, method of operation and organizational structure. Indicate your organization's annual budget. CARE USA is operational in 38 countries in Asia, Africa and Latin America. With 242 expatriate and 9,902 national staff, CARE has the technical and managerial expertise to operate over 200 projects around the world. Last year through these projects, CARE delivered more than $400 million of goods and services and helped more than 45 million people (more than 3% of the developing world's poor). In addition, CARE's management infrastructure includes 250 headquarters and regional staff to provide technical, management development, fund-raising and financial reporting support to Country Offices. This management/advisory infrastructure facilitates exchange among CARE countries and projects and with other development organizations, increasing the likelihood of replication of successful programs. Traditionally, CARE partners with a wide variety of INGOs.

B10. ORGANIZATION GOALS: Describe the relationship of the proposed program to your organization's present and future goals and how this program will help you reach these goals. How will the program result in organizational growth to better address development problems? The matching grant program is designed to help accomplish an important, measurable piece of CARE's overall strategic vision. The Program segment of the vision has four major elements: 1) household livelihood security, 2) the relief to development continuum, 3) partnership/ institutional capacity building, and 4) strategically focused programs for maximum impact. The household livelihood security approach is the name given to CARE staff's efforts to further develop participative, integrative diagnostics of household livelihood strategies and the ability of households and communities to meet basic needs on a sustainable basis. **By building Country Office capacity to conduct such diagnostics, the matching grant will lead to appropriate targeting of the most livelihood insecure beneficiaries, appropriate choice of high leverage program interventions, identification of links with partners who specialize in needed interventions not to be provided by CARE, greater cross-project and cross sectoral coordination, and an improved ability to measure impact.**

CARE works across the entire spectrum of relief, rehabilitation and development activities. Nonetheless, we have not fully integrated the concept of the continuum into the theory or practice of our programming. **The matching grant will give Country Offices the analysis skills they need to program along the continuum as the livelihood needs of their beneficiaries change.**

By increasing Country offices ability to partner, the grant will also improve the scope, sustainability and cost-efficiency of CARE's programs. By helping Country Offices choose the most appropriate sectoral interventions and moving sectoral projects to best practice, it will help us focus programatically.

C. PROGRAM FOUNDATION

C11. PROGRAM GOAL: Broad development objective that is being addressed. (The goal is usually broader in scope than can be reached by any one program, e.g., to increase income and employment among the poor in Latin America.) **The goal of matching grant program is to improve the household livelihood security of more than 18 million households at various points along the relief-mitigation-development continuum.** This involves ensuring adequate and sustainable access to income and resources to meet basic needs such as potable water, food security, basic education, health and family planning services. CARE is commited to achieving this goal and will measure progress towards accomplishing it during the life of the project.

C12. PROGRAM PURPOSE(S): What the program is expected to achieve (specific identifiable and measurable result(s)) during the life of the program (e.g., to help local credit affiliates in five countries achieve self-sufficiency in their microenterprise lending programs).
There are three basic purposes to the matching grant: 1) Operationalize the concept of household livelihood security, institutionalize it CARE-wide and disseminate lessons learned to Country Offices, colleague PVOs and AID; 2) Assist Six Specific Country Offices to improve their targeting of beneficiaries, choice of sectoral interventions, design/ redesign of projects, and monitoring and evaluation of impact on households, by increasing their capacity to analyze Household Livelihood Security and moving projects to sectoral best practice with specialized technical support; and 3) Build both Country Office ability to partner with indigenous institutions and the capacity of partners to deliver relevant services efficiently, effectively and sustainably.

C13. PROBLEMS TO BE ADDRESSED: Undesirable situation which the project will help correct, or key constraints to development which may be lessened or removed by the program.
Large scale poverty persists in the world today due to a number of interrelated economic, political, social and environmental processes taking place within developing countries and globally. Economic crises in the past two decades have forced many developing countries to make cutbacks in social services, weakening the ability of governments to provide social safety nets for their poor populations. Job creation has not kept pace with population growth, and inequalities in the distribution of income, resources and opportunities have increased. The most serious inequities continue to be among women and children. Complex emergencies are on the rise and almost sixty million people have been affected. In addition, population growth rates have outstripped environmental carrying capacity, leading to tremendous environmental degradation. Finally, the HIV/AIDS pandemic has reached crisis proportion in the developing world. As a result of these factors, poor people's basic livelihoods are being threatened the world over. Currently, 1.3 billion people (more than 20% of the world's population) live in absolute poverty and are not able to meet their basic needs in terms of access to adequate food, clean water, shelter, education and basic health care. By the year 2010, the numbers in absolute poverty in the world could reach 1.8 billion.

In addition, there are institutional constraints to CARE having greater impact on these problems. These include:

- Country programs are not strategically focused on household livelihood security and therefore are targeted to an amorphous group "the poor". By adopting a household approach, they could be more focused in their targeting of beneficiaries and take advantage of potential synergies between sectoral programs.
- CARE's current focus has been on direct delivery of services and eclectic work with partners, rather than on systematically building partnerships and local institutional capacity for greater sustainability and impact.

C14. PROGRAM STRATEGY: In narrative form discuss and describe how your proposal will deal with problem(s) identified in C13. How is this project likely to achieve the goal and purposes in

C11 and C12? Relate discussion to key inputs and outputs as well as implementation details. (Limit answer to one page.)

Strategy #1: Apply CARE's comparative advantage in established sectors to address the increasingly complex problems of the world's poor, through improved Country Office capacity to conduct household and community level diagnostics. This strategy will be accomplished with inputs of: tested frameworks for household and community analysis; training for Country Office staff in methods and tools of analysis; specialized funding support and technical assistance for household livelihood assessments, cross-sectoral baselines and comprehensive impact evaluations. It will lead to appropriate/ focused beneficiary targeting, setting of cross-sectoral priorities and choice of high leverage program interventions, identification of CARE's program "niche" in a given country, identification of links with partners who specialize in other needed interventions, greater cross-project and cross-sectoral coordination, and improved capacity to measure impact.

Strategy #2: Create synergies with current AID Institutional Support Grant in Food Security. A tremendous amount of work has already been done on the conceptual framework around Household Livelihood Security. Practical tools have also been developed in the area of Rapid **Food** Security (a sub-set of livelihood security). Rapid Food Security Assessments have already been conducted in 16 CARE Countries. The challenge to be met with matching grant resources is to insure that existing assessment tools are broadened to cover the full spectrum of livelihood information **for sector-specific programming** beyond food security needs, and the countries chosen complement (rather than duplicate) the work done under ISG (including non Title II countries).

Strategy #3: Provide special TA around project design/redesign. This strategy will assure us that better analysis does not simply provide more abstract, conceptual information, but, in fact, leads to better programs and increased impact. Inputs include continuously up-dated portfolio analyses conducted by sectoral technicians and strategically applied TA. The key output is individual projects moving towards best practice.

Strategy #4: Improve CARE Country Office ability to partner/ build institutional capacity. Inputs include specialized funding support and TA to: develop Country Office and CARE-wide partnership strategies, conduct institutional mapping exercises, assess and select partners, develop institutional capacity building plans, and monitor and evaluate partnerships. Outputs include CARE Country offices with NGO partners selected based on quality analysis and well-articulated strategies, and partners who have capacity to develop, implement and get funding for high quality programs.

Strategy #5 Focus on a limited number of strategically chosen Country Offices. The purpose of this strategy is to provide enough resources to key Country Offices to lead to significant change. It also avoids hiring significant numbers of new headquarters staff who may not be sustainable over time. Once learnings are achieved in these key Country offices, they will be disseminated throughout CARE and to colleague PVOs and AID through newsletters, publications, workshops, cross-visits etc. The output will be organization-wide change.

Strategy #6 Use regional strategies and Country Office long-range strategic plans to leverage change. While adopting household livelihood security as a global framework for our programming, CARE will not apply this in a rigid way which ignores significant differences between the countries and regions in which we work. Rather, these differences will be explicitly taken into account through our work on strategic planning at the country office and regional level. Regional strategies will be developed identifying key livelihood security issues. Decision making criteria will be set up that will help Country Offices choose appropriate program interventions. Such criteria may include the severity of the problem, CARE's comparative advantage, potential for CARE to have an impact, opportunities for funding, and potential partners for program implementation. The output would be sector-specific Country Office programs tied to regional strategies and coordinated in a shared framework focused on

household livelihood security. This will allow the Regional Management Group (line authority) to hold Country Offices accountable for beneficiary impact.

C15. RATIONALE FOR UNDERTAKING PROGRAM: Explain in the context of your organization's development philosophy and A.I.D.'s policies and priorities as stated in the *Guidelines* for FY 1996 Matching Grant Applications, pp. 3-5, Section D.
Discuss the appropriateness of investing intended amounts of scarce resources in the activities identified. Why is the approach chosen in this program recommended over other approaches for addressing the problem? An emphasis on households as the focus of CARE's development efforts is justified on the grounds that households are the social and economic units within which resources are organized and allocated to meet the basic needs of household members. Because the livelihood security of a household is determined by the cumulative actions of its members, the rights, responsibilities and tasks of all the members must be taken into account in project design. Households are not static corporate units. Social differentiation exists across households and within households in any given community. Development interventions will contribute to improving the living conditions of all or a few, depending on how responsive we are to this social differentiation. Intra-household dynamics are critical to take into account in the design of interventions aimed at improving the livelihood conditions of household members. An understanding of household coping strategies can also help us provide appropriate assistance when unplanned but inevitable shocks like drought, flood or civil unrest begin to erode income gains, deplete assets and cause households to fall back into poverty. This approach is consistent with such AID concerns as people-centered impact, clear results commensurate with costs, participation (household assessments are done with substantial community, local government and NGO participation), integration (household livelihood security provides the framework that integrates discrete activities at the strategic level and highlights complementary impacts), and comparative advantage.

The proposed matching grant activity is consistent with **all** the programmatic guidelines outlined on pages 3-5. In particular, the partnership focus of our grant activities will fundamentally shift the balance in CARE's mode of operations from being predominantly direct service delivery to having a greater mixture of roles as implementor, partner and advocate. CARE will remain a hands on organization with strong field presence, but partnership strategies will be developed and implemented in every country program.

C16. CRITERIA FOR SELECTION OF COUNTRIES.
Countries were chosen for inclusion in the grant based on the following criteria: focus on Africa (as one of the regions of greatest growth of livelihood insecure populations), strong relationships with USAID Missions/ ties to Mission strategic objectives, ties to the two programmatic themes of the proposal (household livelihood security and partnership), large and/or growing programs (to maximize the impact on beneficiaries), complementarity of resources with the Institutional Support Grant rather than duplication, and Long-range Strategic Plan in place or to be conducted soon in order to focus program change.

C17. PROGRAM FOUNDATION: (For recipients of previous matching grants) How does the proposed program build on the activities and lessons learned in the previous matching grant? How has institutional strengthening contributed to the improved implementation of field programs?
Through past AID support, CARE has succeeded in institutionalizing a technical services capacity. The impact of this capacity is indicated by the increased technical sophistication of CARE's programs and the satisfaction expressed by field staff concerning the quality of TA services. **One important feature of CARE's program strategy continues to be to achieve and maintain technical excellence in sectors in which it choose to do extensive work. Ahieving better integration and synergy between sectors and between regions and sectors will be given greater emphasis in the future.** This can be primarily accomplished by moving existing sectoral projects towards best practice and improving project design skills, while at the same time, adopting a coherent overall program framework centered on the concept of household livelihood security. Individual

sectors will be responsible for formulating questions for Rapid Livelihood Security assessments, designing baseline instruments and project design tools, and providing input into Country Office Long-range Strategic Plans. Specific linkages between existing CARE sectors (e. g. Primary Health Care and Population around issues of reproductive health) will also be sought. At a Country Office level, clustering of interventions in priority geographic locations will be actively promoted.

Past AID support has also allowed CARE to increase its capacity to partner with local institutions. This grant would allow key Country Offices to establish partnership baselines, then define a mix of capacity-building and partnership strategies to carry out. Workshops, published case studies, newsletters and cross-visits will assure broad dissemination of this information within CARE and beyond.

C18. **LESSONS LEARNED:. How have the findings and recommendations of the most recent evaluation been incorporated into the proposed program design?** The final evaluation of the Sustainable Impact Program states that: "perhaps the greatest success of SIP has been to elevate the three strategy areas (partnerhip, training/ management development, and evaluation) to organizational prominence. It is clear that strong institutional will now exists to pursue these areas as a means to improve CARE's programs." CARE agrees with virtually all of the recommendations of the evaluation and will implement them in the remaining life of SIP and beyond.

In the area of evaluation, the SIP evaluation concluded that CARE had used grant resources effectively to increase emphasis on evaluation within the organization, that CARE's capacity to do evaluations had increased, and the tools developed were comprehensive and useful. In response to recommendations in the SIP evaluation, we have hired a full-time Design, Monitoring and Evaluation Coordinator and structured the job description accordingly. We are also focusing the resources of the up-coming grant on individual Country Offices. This is consistent with the evaluation recommendation to set up a "lessons learned" fund to be allocated to studies, workshops, cross-visits etc. according to Country Office strategic plans. Country offices will be used as learning laboratories to extract, document and disseminate lessons learned on the impact of our interventions on household livelihood security.

In the area of training, the evaluation team agreed with the universally held conviction that long-range strategic planning and management development are appropriate priorities for the training unit and that excellent progress has been made in advancing these areas. While no formal recommendations were made vis a vis the training strategy, the evaluation team suggested that the Training/ Management Development Unit support CARE's work in partnership. We agree, and consequently plan to have one of the major responsibilities of this unit be to adapt the high quality management development and strategic planning tools they have generated for CARE for use by our loval institutional partners.

In the area of partnership, the evaluation team strongly recommended that a full-time Partnership Coordinator be hired. As of this writing, finalists for the position are being interviewed and the new person should be on board no later than Jan., '96. The evaluation also strongly endorsed CARE's continued work in this area and recommended that a detailed strategy guiding our work be developed. The in-coming President of CARE, the Vice President of Program and the Board of Directors all see the development of such a strategy as a matter of some urgency. In addition, the six key Country Offices included in the new matching grant proposal will document their own partnership strategies. Private NGOs don't always pool resources and coordinate in key sectors or geography. Duplication and competition are sometimes a problem. By getting indigenous organizations to take part in household livelihood security assessment and focusing on implementation only on areas of clear CARE comparative advantage, such coordination becomes far more likely.

D. COUNTRY-SPECIFIC ACTIVITIES

[NOTE: The following 7 pages (questions 19-35) should be copied and filled out with information specific to each country in which activities are proposed.]

Country: Bolivia

D19. Overview of Country Program (Summary of country-level objectives and activities and their relationship to the overall matching grant.)

CARE Bolivia's FY96-2000 overall program objective is to improve the household livelihood security (HLS) of poor families and marginal groups in Bolivia. Two key elements of CARE Bolivia's FY96-2000 Long Range Strategic Plan are an overall program focus on HLS and a major emphasis on providing institutional strengthening (IS) support in partnership relationships with other organizations. CARE Bolivia's program and Matching Grant objectives are the following:

1. Improve the socioeconomic condition of 30,800 rural and urban families through income generation activities and the sustainable management of their natural resources.
2. Assist 870,000 women and their partners in rural and urban areas to achieve their reproductive goals by increasing demand for and access to family planning services.
3. Improve the health and self-help capacity of 22,700 rural and peri-urban families in a sustainable manner through the provision of water and sanitation, improved access to better quality services, and by strengthening their community organizations.
4. Strengthen the operational and self-development capacity of 1,480 community and grass-roots organizations, municipalities and INGOs.
5. Assist CARE Bolivia to establish HLS as its overall program focus in the context of a large multisectoral portfolio with a well defined geographic concentration.
6. Develop the capacity in CARE Bolivia to establish viable partnership relations with other organizations, and provide effective IS support to INGOs, municipalities and grass-roots organizations in order to increase the sustainability and the scope of project interventions.

D20. BASELINE DATA ON BENEFICIARIES at the start of the grant support. Identify and quantify beneficiaries (direct and indirect) of program activities. Please disaggregate beneficiary populations by gender. Also provide baseline data on the level of beneficiary development (e.g., production, income, savings, number of groups formed, available resources). Identify the source of the data (e.g., UNDP, PVO's baseline survey, World Bank).

Beneficiaries: 19,000 poor rural families in 430 communities and 98,168 women and men of reproductive age and children under 2 years of age in marginal urban areas. Total number of direct beneficiaries of all current projects is 172,300 of which 48% are women. Baseline data:

- GNP per capita (1991, current USD) 650
- per capita daily calorie supply as percentage of requirement 78%
- life expectancy at birth 60.5 years
- rural population below poverty line 85%
- rural population with access to safe water 27%
- rural population with access to sanitation 13%
- maternal mortality rate (per 100,00 live births) 600
- infant mortality rate (per 1,000 live births) 86
- adult literacy rate 79%
- female adult literacy 76%

Source: IFAD, The State of World Rural Poverty: A profile of Latin America and the Caribbean, IFAD-UN, 1993. UNDP, Human Development Report 1994.

D21. **INPUTS: Description of logframe inputs, including in-country staffing, technical assistance, and other inputs for each year of the grant.**
Inputs to this program in CARE Bolivia include:

- Training for CARE Bolivia staff in HLS concepts and analysis tools.
- TA for Development and implementation of HLS cross-sectoral indicators and monitoring systems.
- TA for HLS assessments and baseline studies in key geographic areas.
- Staff training and TA for the design of new projects with HLS focus and institutional strengthening interventions.
- Training for CARE Bolivia staff in cost analysis.
- TA for implementation of country office impact study.
- Establishing country office Partnering and IS Coordinator position.
- Training for CARE Bolivia staff in partnership development, institutional assessment and strategic planning.
- TA for development of country office partnering strategy, institutional change indicators, and monitoring systems.
- Institutional assessments of partner INGOs and municipalities.
- Funds for design of municipal development strategy and methodology.
- Development of management and technical manuals to be used with partner organizations.
- Funds for documentation and dissemination of lessons learned.
- Existing country office programs and staff.

D22. **TRAINING: If training is to be a component of the proposed program, describe how the activities will serve to accomplish program objectives. Also indicate training methodology to be used, anticipated target groups, and plans for follow-up.**
The development of CARE Bolivia's initiatives in HLS and partnerships requires intensive and ongoing staff training in concepts and tools, and in their application in the different sectorial programs. Staff training is based on a non-formal education methodology supported by an effective training of trainers program headed by a office-wide Training Coordinator. The training processes will start at the executive level with the support of experts in these areas, and will be replicated with the technical teams in each of the projects in the suboffices. Training manuals for the replications will be prepared by the experts with the support of the Training Coordinator, who will also provide ongoing follow-up and support to the projects. Training will also involve partner INGOs, municipalities and grass-roots organizations. The training that will take place with these organizations will be part of the IS support provided under the partnership initiative.

D23. **OUTPUTS/TARGETS: Description of logframe outputs/targets that will be used in the ongoing monitoring and evaluation of the country program.**
The expected country program outputs/targets are the following:

- A minimum of 12 sector specific and multisectoral projects with a HLS focus.
- A geographic concentration of the country program in 9 specific areas and five departments in Bolivia.
- A minimum of 8 projects developed and implemented in partnership with INGOs and grass-roots organizations.
- Two national level IS projects in partnership with municipal governments and the National Health Secretariats (NHS).
- Projects in new programming sectors in Bolivia including SEAD, Girls Education and Municipal Development.
- Cross-sectoral HLS indicators, baseline and monitoring systems that allow for office-wide assessment of CARE's HLS interventions.
- Project impact evaluations at household and institutional levels.
- A CARE Bolivia-wide partnering and institutional strengthening policy and strategy.

- Comprehensive municipal development training manuals for use by other organizations and municipalities in Bolivia.
- Management and technical manuals for use by INGOs.
- Strategic planning processes implemented in all organizations receiving CARE Bolivia's IS support.
- Cost effectiveness indicators established office-wide and monitoring systems in place to compare CARE's interventions across projects.

D24. CRITICAL INDICATORS to be used in the monitoring and evaluation of the country program (critical indicators must monitor success toward program objectives). (Note: These are to be used in preparing the aggregate logframe.)

The indicators for the country program and Matching Grant objectives are the following:

HOUSEHOLDS

- 80% of the 24,800 involved in ANR projects improve agricultural practices and natural resource management.
- 80% of the 6,000 families that participate in SEAD projects increase their income.
- 870,000 women of reproductive age have access to family planning services.
- 16,300 rural and peri-urban families have access to safe water and sanitation.
- 22,700 families have improved access to primary health care services.

PARTNERS

- 20 INGOs and grass-roots organizations have improved their operational and service delivery capacity.
- 60 municipal governments are better able to respond to their constituent's demands for services.
- 1,400 community-based organizations have increased their capacity for self-help.

CARE BOLIVIA

- 12 baseline studies conducted using HLS indicators.
- 6 project evaluations measure household level impact.
- HLS analysis and project design tools used widely in country office.
- Office-wide information system allows for ongoing monitoring of HLS indicators and cross-project comparisons.
- Country office contracting and control systems for working with partners operating effectively.
- Designated country office staff trained in institutional development skills.
- Monitoring and evaluation indicators measure partner's institutional development and impact on beneficiaries.
- Partnering and IS Coordinator position institutionalized.

D25. MONITORING PLAN: How and when will each of the country-specific critical indicators listed in D24 be investigated? Progress on the country office program objectives and specific Matching Grant objectives will be monitored on a quarterly basis primarily through CARE's standard Program Implementation Reports (PIRs). Each project is required to submit a report to HQ and to its specific donor, tracking key program indicators, and reporting on the project's progress towards the accomplishment of its intermediate goals. In addition, the country office will prepare a PIR for its Matching Grant activities. These reports in conjunction with project midterm and final evaluations, specific impact studies, annual Management Assessment of the Country Office (MACOs) conducted by HQ, and other information from CARE's global information system will be the basis for the annual reports to USAID.

D26. RELATIONSHIP TO USAID MISSION AND HOST GOVERNMENT'S DEVELOPMENT PRIORITIES: Describe how your program relates to the development priorities of the USAID mission and the host government in the proposed country. If applicable, give a summary of any planned collaboration in your field-level activities with Host Government ministries, Peace Corps, other U.S. PVOs, or other international organizations. (Include letters of support as *Attachment 9 (optional)*, if available).

CARE Bolivia's program is consistent with USAID's strategic objectives for the country, principally in the areas of health, population, democracy, the environment and economic development. Over the years the USAID Mission has consistently supported CARE Bolivia's development program in the country in water and health, and more recently in population. CARE Bolivia is currently completing a USAID funded health, water and sanitation project in 160 rural communities, and is in the process of implementing a five-year national rural reproductive health project, also funded by USAID. The project will reach 800,000 women and train over 3,000 doctors and nurses in an agreement with the NHS.

The major priority of the GOB is the implementation of substantial structural reforms in the country. Among these, Popular Participation Law (PPL) is the most prominent. CARE Bolivia has been supporting the implementation of the PPL in 500 communities where it currently works, and is providing IS support to key municipalities in an agreement with the Secretariat for Popular Participation. Municipal development has been identified as one of the new program areas in CARE Bolivia's long range strategic plan. The environment and conservation are also areas prioritized by the GOB, and CARE is currently working closely with the Ministry of Sustainable Development on two initiatives. CARE is a member of PROCOSI, the child survival NGO network established by USAID; has established strong linkages with other US PVOs such as Save the Children, CRS, PLAN International and RTI; and has worked in collaboration with the Peace Corps throughout the years.

D27. HOST GOVERNMENT POLICY DIALOGUE: Discuss any efforts being made by your organization to influence, at the local and national levels, government policies that impact your program. In addition, discuss host government actions or approvals that are needed and plans for securing them.

CARE Bolivia has successfully influenced government policy in the areas of rural water and sanitation, reproductive health and the environment. Based on its vast in-country experience CARE Bolivia published a manual which provides technical guidelines for the construction of rural water systems, and the GOB adopted these standards as its own. With regards to reproductive health, CARE obtained government authorization to allow trained nurse practitioners to perform certain interventions that only doctors could perform in its pilot project, and its is now seeking to expand this nationally, based on the project's success. In the environmental area CARE conducted a study to redefine the boundaries of a national park which was the source of intense conflict with small farmers in the area, and lobbied successfully with the Ministry of Sustainable Development to have a law passed with the proposed change.

D28. MISSION CONTACT: Status and nature of prior or ongoing discussions with USAID Mission staff. Indicate dates and names of staff contacts.

Robert Kahn of the Office Program Development and Paul Ehmer of the Office of Health and Human Resources, USAID Bolivia were contacted on October 30, 1995 regarding this Matching Grant initiative.

D29. GENDER: How have/will gender differences been/be addressed in the design, implementation, management and evaluation of the program?

CARE Bolivia's policy is to incorporate gender considerations in its program activities, and throughout the organization. The specific guidelines and strategies for implementing this policy are the following: 1) incorporate gender considerations and seek the participation of men and women in the various stages of project development: design, implementation and evaluation; 2) disaggregate project objectives and targets, and data by gender; 3) motivate women within community based organizations to assume leadership roles; and 4) seek an equal participation of men and women staff both at the field and management levels. Given Bolivia's strongly male dominated society, incorporating gender considerations in program activities is a slow process,

nevertheless, CARE has made significant advances in the last few years. The country office has developed a successful model for addressing gender differences in ANR projects, and will replicate this experience in all future projects in the sector. Furthermore, CARE's extensive reproductive health program in Bolivia targets women specifically, and new program initiatives in Small Economic Activity Development (SEAD) and Girls's Education are also aimed towards women.

D30. **INSTITUTIONAL DEVELOPMENT: Describe local institution building activities in your proposed program, including a description of local counterpart organization(s) that will participate in program and how your program will strengthen them.**

As a new CO, CARE Tanzania has identified partnership as one of the cornerstones of its strategy. CARE Bolivia works in partnership with grass-roots organizations, INGOs, municipalities and with the NHS. The institutional development strategy that will be implemented by CARE Bolivia begins with the selection of appropriate partners, followed by a institutional assessment to determine the organization's IS needs. Based on the needs assessment CARE and the organization will jointly develop institutional development priorities and an action plan. CARE's institutional development support will include specific TA and training in program, administration and finance; development of management systems and procedures; and assisting the organization with strategic planning. CARE Bolivia is currently implementing one project in partnership with a local NGO, and it has several new initiatives with a partnership approach in the pipeline. The Amboro Conservation and Development Project will be implemented by INGOs and with the participation of the municipalities in the area. CARE's role will be that of coordinator and capacity developer. Likewise, CARE Bolivia will be starting a credit component in one of its ANR projects to be implemented through local farmers associations; a World Bank rural water project to be implemented through local NGOs; and a Women's Credit Project in collaboration with a Bolivian NGO with credit experience. As a result of Bolivia's PPL, small rural municipalities now have access to central governments funds and are being entrusted with the responsibility of providing services to communities in their jurisdiction. In working with these small rural municipalities CARE will develop their capacity to manage funds and respond effectively to the demands from their constituents.

D31. **INSTITUTIONAL SUSTAINABILITY: Describe the processes you will undertake to facilitate institutional sustainability of the program. What is your plan for ensuring that the intended program beneficiaries, counterpart organizations, and local/regional/national authorities participate in the planning and implementation of the program? How will other external resources, such as locally contracted and trained personnel be progressively incorporated into the program?**

Over the last 20 years CARE has developed a strong relationship with the GOB, has a profound knowledge of local conditions and a high credibility with different organizations in the country. Traditionally CARE has worked with community based organizations and government counterparts involving them in the different stages of project development, from problem identification through implementation and evaluation. As CARE Bolivia moves to expand its partnership relations with INGOs and municipalities, it will continue with the same approach with the philosophy that including significant effort and resources from Partners help ensure sustainability. Beneficiaries and partner organizations will actively participate in HLS assessments, baseline surveys and all evaluation activities supported by the program.

D32. **PLANNED DURATION OF OUTSIDE SUPPORT of country activities.**

Support under the PHLS program will continue for the five-year life of the grant. However, CARE Bolivia and HQ will continue support of program activities indefinitely. CARE's well-developed donor basis will be able to provide long term financial support.

D33. FINANCIAL SUSTAINABILITY: How do you plan to achieve financial sustainability of your program after outside support ends? If there will be recurrent costs, what processes will be implemented for recovery of these expenses? Sustainability of project activities differs depending on the sector. In water and sanitation projects sustainability rests primarily at the community level. CARE establishes a water committee in each community and trains water operators who are responsible for the maintenance of the systems, and for the collection of tariffs. With the PPL municipalities are responsible for the long term sustainability of water systems and can allocate their own resources for this purpose. CARE will work with municipalities to develop operation and maintenance programs to backstop situations where community management breaks down. In ANR projects CARE seeks to achieve sustainable impact on the basis of strengthening local organizations and through a participatory identification of priorities at both the community and household levels. CARE will empower local communities and rural municipalities to continue with the development process. Sustainability of health interventions is based on developing the capacity of government health services. This is accomplished by seeking policy level changes in the health system, such as expanding the role of nurse practitioners who have closer contact with communities and a lower attrition rate than doctors. Also by ensuring that local health programs are incorporated into municipal budgets under the PPL in order to ensure continued funding.

D34. ENVIRONMENTAL IMPACT: Describe the process by which environmental impact has been assessed, and possible positive and negative effects which may be created by the proposed program.
The natural resource base in the Andean region of Bolivia has been deteriorated to such an extreme that basically all of CARE's interventions in water, sanitation and agriculture and natural resource conservation aim towards improving the situation. Part of the construction of rural water systems involves the protection of the water source, and soil conservation and agroforestry practices contain soil erosion. As CARE Bolivia begins to implement integrated conservation and development projects there will be a need to conduct regular environmental impact studies.

D35. YOUR OTHER IN-COUNTRY A.I.D.-FUNDED ACTIVITIES (e.g., Title II Food Aid -- including monetized Title II resources, OPG's, contracts, Child Survival grants). Specify the activities being funded. What is the relationship of the proposed program to these other activities?
CARE Bolivia's AID funded programs are the following:

- PN 26, Rio Chico Renewable Natural Resource Management Project, a 3-year $1.6 million project funded by PL-480 funds.
- PN 26, Market Networks for Community Health, a 3-year $700,000 Child Survival project, focusing on reproductive health, and implemented in partnership with CIES an INGO.
- Our Bodies Our Health, a 5-year $5 million reproductive health project implemented in partnership with the NHS.
- Three smaller rural health and reproductive health projects funded by OPGs through PROCOSI.

All of these projects will benefit from the proposed Matching Grant, as TA and other services available under the grant will be used to strengthen their partnership relations, and their focus on HLS.

D. COUNTRY-SPECIFIC ACTIVITIES

[NOTE: The following 7 pages (questions 19-35) should be copied and filled out with information specific to each country in which activities are proposed.]

Country: Peru

D19. Overview of Country Program (Summary of country-level objectives and activities and their relationship to the overall matching grant.)

CARE Peru is currently in the process of developing its Long Range Strategic Plan (LRSP). This five-year plan ensures that the existing program portfolio of $15 million in program budget and $12 million in food will continue to help project participants achieve substantial and sustainable improvements in the quality of their lives, while converging experiences and lessons learned over the past five years with a clear vision of Peru's development into the next century.

CARE Peru continues to target the population in greatest need in both urban and rural areas, especially women and children, through programs in four sectors, Food Assistance, PHC and Water, ANR, and SEAD, while expanding its work with populations in specific geographic areas or microwatersheds to ensure integration of project activities. Specific program objectives underscore the following: 1)increased food security and incomes for the population in greatest need in rural communities through agricultural production and rational use of natural resources; 2)improved health of CARE project participants through preventive medicine, family planning education and services, reproductive health, and nutrition; and 3)increased capacity of the population in greatest need to generate income and employment in a sustainable manner. USAID Matching Grant funds will provide crucial support in achieving CARE Peru's program objectives through the following activities:

1)Expansion of CO Participatory Impact Initiative and Dissemination of Lessons Learned with Project Counterparts:CARE Peru will carry out five Impact Evaluations, one a year, for the following projects: Community Water and Health; North Andean Agricultural Development; CASPI - Amazonian Communities and the Sustainability of their Production; Integrated Small Industries Development; and Women's Income Generation. These five impact evaluations will be carried out as a continuation of CARE Peru's Impact Initiative, implemented over the last three years with SIP funding. This initiative, carried out through the joint effort of project participants and CO staff, has ensured that all CARE Peru projects strive towards sustainable impact at all stages, and has enabled the CO to share its experiences throughout CARE as well as with NGOs and counterparts through the dissemination of the documents themselves, as well as through two publications:Evaluating for Sustainable Change: Documentation of CARE Peru's Experience, and a Facilitators' Guide presenting a detailed blueprint for implementing impact evaluations.

2)Development and Implementation of Household Livelihood Security Baseline Studies and Monitoring System for CARE Peru Agricultural and Natural Resource Projects:CARE Peru, in coordination with project participants and counterparts, will develop and carry out Household Livelihood Security Baseline Studies for five of its agricultural projects, standardizing indicators and setting up a database system for project monitoring and evaluation. Household Livelihood Security is a major focus of CARE Peru's programming as demonstrated by the CO's program objectives, staff training and participation in various internal and external food security workshops, and CARE Peru's recently approved Development Project Proposal for USAID Title II funds, which includes five projects across three sectors focused on increasing participants' food security.

3)Monitoring and Evaluation of Gender in Household Livelihood Security:CARE Peru will study the issue of gender within the framework of Household Livelihood Security, and ensure that women are specifically targeted in baseline studies, monitoring and evaluations in the CO's four sectors and in both urban and rural areas. The CO prioritizes gender in terms of both programming and human resources, and has development a Gender and Development Training Workshop based on CARE Peru's Gender and Development Facilitator's Guide, which has been disseminated to other CARE COs, project counterparts, partners, and other NGOs.

4)Partnership Strategy with Focus on Evaluation of Institutional Change:To achieve program objectives, CARE Peru works closely with governmental counterpart organizations, local NGOs, organized community groups, and microenterprise associations. Moreover, CARE Peru has experience with two major projects focused on partnering. With Matching Grant funds, the CO will develop a partnership strategy based on its experiences and lessons learned over the last five years. The strategy will be developed as part of the CO's LRSP, and will include monitoring and evaluation indicators to study how institutional change relates to actual sustained improvement in people's lives. CARE Peru's strategy will be shared with throughout CARE as well as with other NGOs and government counterparts.

D20. BASELINE DATA ON BENEFICIARIES at the start of the grant support. Identify and quantify beneficiaries (direct and indirect) of program activities. Please disaggregate beneficiary populations by gender. Also provide baseline data on the level of beneficiary development (e.g., production, income, savings, number of groups formed, available resources). Identify the source of the data (e.g., UNDP, PVO's baseline survey, World Bank).

CARE-Peru works directly with approximately 1,000,000 poor people in Peru, more than 4% of the total population, through projects that are spread out across eight regions and approximately 12,000 communities or groups. In addition to direct beneficiaries, CARE Peru's programs benefit approximately 3,000,000 people indirectly, through a family member's participation in project activities. Project beneficiaries are nearly equally divided between men and women.

CARE Peru carries out baseline surveys of every project, and, for project planning, uses the Peruvian Government's FONCODES publication entitled "El Mapa de La Inversi"n Social: Pobreza y Actuaci"n de FONCODES a Nivel Departmental y Provincial", used also by USAID Peru, and developed in coordination with CUANTO, a private research organization, and UNICEF. FONCODES' data published in 1994 indicate that 50% of Peru's 23 million people live in poverty, and over 20% are considered to be extremely poor and food insecure. In this case poverty is defined by the population's inability to meet one or more of their basic needs, including food, shelter, education and health; extreme poverty is defined in terms of food security -- those households in which total family income is not sufficient to satisfy basic nutritional requirements.

D21. INPUTS: Description of logframe inputs, including in-country staffing, technical assistance, and other inputs for each year of the grant.

Expansion of CO Participatory Impact Initiative and Dissemination of Lessons Learned with Project Counterparts:Inputs for impact evaluations are the following for each year: a workshop on impact evaluation methodology for project and counterpart staff conducted by the CO National Training Coordinator; a research assistant to assist in research and organization of information; translation and editing of final document by CO Documentation Coordinator; support staff for document production and dissemination.

Development and Implementation of Household Livelihood Security Baseline Studies and Monitoring System for CARE Peru Agricultural and Natural Resource

Projects:Inputs needed for this activity are as follows: Year 1: TA visit from member of CARE HQ Food Security Unit, and visit from a consultant specializing in agriculture and gender in development; a workshop with CO and counterpart staff; final document production by CO Documentation Coordinator; set-up of database for monitoring by CO MIS staff person; Years 2 - 5, 1 baseline each year: participation of project and counterpart staff for data collection; workshop with CO and counterpart staff for development of baseline.

Monitoring and Evaluation of Gender in Household Livelihood Security:Inputs needed for this activity are as follows: Year 1 - Gender Diagnostic at CO level and Needs Assessment: a workshop carried out with CO staff and consultant. Year 2 - Analysis of Gender in ANR Sector: a workshop with CO ANR Sector and counterpart staff led by CO National Training Coordinator; disseminate lessons learned to date; and development of ANR Sector gender strategies for project implementation. Year 3 - Analysis of Gender in Microenterprise Projects: gender workshop with CO, project and counterpart staff for microenterprise owners and workers participating in CO project. Year 4 - Analysis of Gender in PHC and Water Sector: field study of women's roles and copping strategies carried out by project and counterpart staff and National Training Coordinator; workshop with sector and counterpart staff, as well as health INGOS to develop sector gender strategies for project implementation. Year 5 - Analysis of Women's Role in Household Livelihood Security in Urban Areas: field study carried out by project and counterpart staff; workshop with project and counterpart staff and INGOs to disseminate findings. Final document production for sector strategies will be prepared by the CO Documentation Coordinator, and support staff will provide administrative support to the above activities.

Partnership Strategy with Focus on Evaluation of Institutional Change:Inputs needed for this activity are as follows: Year 1 and 2:impact evaluations of CARE Peru's LADERA and Strengthening Health Institutions(SHIP) projects respectively, with the assistance of an outside consultant. Year 3:impact evaluation of the CO's partnering experience at the community level carried out by CO and counterpart staff. Year 4:workshop for document review and development of partnering strategy and monitoring and evaluation indicators. Year 5:CO preparation of at least one new proposal for partnering project.

D22. **TRAINING: If training is to be a component of the proposed program, describe how the activities will serve to accomplish program objectives. Also indicate training methodology to be used, anticipated target groups, and plans for follow-up.**

CARE Peru's training emphasizes education, practical training and access to information for community members, local NGOs, and government agencies. CARE's training programs are based on qualitative research that ensures that training contents and delivery are appropriate to the needs of participants. To monitor and evaluate the impact of its training and educational activities, CARE Peru uses methods such as focus groups, in-depth interviews, and computerized systems to measure changes in knowledge, attitude, and practices.

D23. **OUTPUTS/TARGETS: Description of logframe outputs/targets that will be used in the ongoing monitoring and evaluation of the country program.**

Outputs will include: five impact evaluations, subsequent modifications in project implementation, and counterpart staff trained in impact evaluation methodology; Household Livelihood Baseline Surveys for all ANR Sector projects, computerized food security monitoring system, and counterpart staff trained in baseline development; food security monitoring system that includes disaggregated gender information, sectoral gender strategies; standardized CO Partnering Strategy, and at least one new partnering project.

Country *Peru*

D24. **CRITICAL INDICATORS to be used in the monitoring and evaluation of the country program (critical indicators must monitor success toward program objectives). (Note: These are to be used in preparing the aggregate logframe.)**

CARE Peru's critical indicators used to monitor and evaluate the CO program's progress are the following: 1)increased income in harvested foodstocks and in cash for rural households; 2)improved nutrition of children under 5 years old in both urban and rural areas; 3) increased income.

D25. **MONITORING PLAN: How and when will each of the country-specific critical indicators listed in D24 be investigated?** CO instruments for planning, monitoring and subsequent reporting on activities and indicators include the Annual Operating Plan (AOP); the Project Implementation Report, which is prepared semi-annually; trip reports; and mid-term and final evaluations. CARE has also recently developed the Management Assessment of Country Offices (MACO) annual evaluation system, which will provide a complete overview of the CO.

D26. **RELATIONSHIP TO USAID MISSION AND HOST GOVERNMENT'S DEVELOPMENT PRIORITIES: Describe how your program relates to the development priorities of the USAID mission and the host government in the proposed country. If applicable, give a summary of any planned collaboration in your field-level activities with Host Government ministries, Peace Corps, other U.S. PVOs, or other international organizations. (Include letters of support as *Attachment 9 (optional)*, if available).**

CARE Peru's frequent communications with USAID/Peru include consultations on: the CO's twelve projects that receive AID funds; audits; participation in training events; and frequent visits on all levels. Furthermore, CARE Peru's program objectives complement two of USAID/PERU's three strategic objectives as identified in their 1995 Action Plan: broader-based, sustainable economic growth and improved health of high-risk populations. Peru is also AID's third largest recipient of food and one of the largest AID non-food programs. CARE carries out Title II monetization for CARE and three other NGOs in Peru.

CARE Peru's program objectives complement the G.O.P.'s social sector policy in three areas: 1)improvement of primary health care; 2)reduction of malnutrition, especially in pregnant women and children under age three; and 3)increased incomes and employment generation. CARE Peru coordinates the majority of its project activities with local government, and coordinates many field-level activities with government ministries. Examples of this type of coordination include, the Multi-Sectoral Population Project's work training MOH staff in family planning education methods and the ANR Sector's training of MOA staff to implement project activities.

D27. **HOST GOVERNMENT POLICY DIALOGUE: Discuss any efforts being made by your organization to influence, at the local and national levels, government policies that impact your program. In addition, discuss host government actions or approvals that are needed and plans for securing them.**

CARE Peru's influence on government policies at the local and national levels has occurred, in great part, as a result of its partnering activities. For example, results of a CO agricultural project impact evaluation revealed that a shift in project focus was necessary to ensure sustainable impact. CARE-Peru's local project counterpart, the State Program for Soils Conservation - PRONAMACHCS who provides 90% of the project's staff, decided to shift its focus as a result of the impact evaluation, asking CARE Peru to provide the appropriate training for its field extensionists.

D28. **MISSION CONTACT: Status and nature of prior or ongoing discussions with USAID Mission staff. Indicate dates and names of staff contacts.**

Meeting with Harry Wing will take place the week of November 6 - 11.

D29. **GENDER: How have/will gender differences been/be addressed in the design, implementation, management and evaluation of the program?**

CARE-Peru actively implements CARE's institutional gender policy in both human resources management and programming. The country office staff has nearly equal numbers of men and women at all levels of the organization, including senior management and employs an equal opportunity policy. All CARE-Peru projects include gender analysis in their design, implementation and evaluation, ensuring that men and women have the opportunity to participate in project activities and benefits in ways that do not negatively affect their roles in their families and communities. Gender analysis is also on-going in CARE-Peru's project monitoring, and progress reports include detailed analyses of men's and women's participation in project activities. In addition to considering gender in the implementation of all projects, several CARE-Peru projects specifically target women, helping them to improve their lives.

D30. **INSTITUTIONAL DEVELOPMENT: Describe local institution building activities in your proposed program, including a description of local counterpart organization(s) that will participate in program and how your program will strengthen them.**

As a new CO, CARE Tanzania has identified partnership as one of the cornerstones of its strategy. CARE Peru works to build local institutional capacity through the following activities:

+ NGOs/PVOs are assisted in carrying out institutional analyses, are given support and/or included in training in project design and evaluation, and are assisted in developing financial sustainability plans.
+ Community Based Organizations are trained in organizational and business management, strategic planning and management of their resources, and are provided with technical training in skills they have determined to be necessary for their development.

D31. **INSTITUTIONAL SUSTAINABILITY: Describe the processes you will undertake to facilitate institutional sustainability of the program. What is your plan for ensuring that the intended program beneficiaries, counterpart organizations, and local/regional/national authorities participate in the planning and implementation of the program? How will other external resources, such as locally contracted and trained personnel be progressively incorporated into the program?** CARE Peru will continue to involve its government counterparts, partner organizations and project participants in project planning and evaluation through ongoing conversations, counterpart and participatory community planning sessions, workshops, document dissemination and participatory project impact evaluations. In order to facilitate institutional sustainability of its program, CARE Peru will continue to ensure that:

+ NGOs/PVOs have sustainable access to CO funding, are able to ensure the service delivery of their activities, and have good accounting and internal controls set up; and
+ Community Based Organizations are cost-efficient and empowered to manage and plan their own development.

D32. **PLANNED DURATION OF OUTSIDE SUPPORT of country activities.**

CARE Headquarters and CARE Peru are committed to maintaining and developing country office activities as long as there is a marked need for project support in Peru. CARE's diverse donor base will provide financial support in the long-term, complementing, CARE-Peru's excellent track record for attracting and working with a diversified group of donors, including the GOP, European Union, ODA and the Netherlands.

D33. **FINANCIAL SUSTAINABILITY: How do you plan to achieve financial sustainability of your program after outside support ends? If there will be recurrent costs, what processes will be implemented for recovery of these expenses?** CARE-Peru program activities are sustainable at several levels:

1)Training and Partnership Activities: CARE staff receive extensive training in areas such as health practices and improved agricultural techniques, which are sustained over time by project participants. The CO also provides training

for its governmental counterparts and local NGOs, that in turn replicate training and project activities. Training methodology and material is shared throughout CARE-Peru's regional offices, with other CARE missions and central headquarters in Atlanta.

2)Economic Sustainability of Activities and Cost-Recovery Programs: Income generation activities, new agricultural techniques or new jobs will not be sustained unless they are profitable in the local open market. To this end, all CARE Peru projects lend at market rates of interest, and have manuals and procedures which regulate how loans and revolving funds are managed. CARE-Peru's SEAD projects are also financially sustainable through the recuperation of revolving loans and fees for some project services; and CARE-Peru's Community Water and Health Project charges modest water user fees.

D34. **ENVIRONMENTAL IMPACT: Describe the process by which environmental impact has been assessed, and possible positive and negative effects which may be created by the proposed program.**

In collaboration with the International Center for Potato Research, CARE-Peru is implementing the Integrated Pest Management Project (IPM). IPM ensures the safe use of only the least toxic pesticides, and promotes non-chemical forms of pest control. This project is considered an international model for integrating the effort of agricultural research institutes and other NGOs. Moreover, CARE-Peru's projects consider environmental impact in every region where they work, from the Amazonian rainforest to the Andes. Environmental assessments are made through review of published studies of the areas, evaluations of the areas by CARE staff prior to project implementation, and conversations with the population. CARE-Peru projects work to prevent land erosion in the Andes, promote agroforestry in poor rural communities, and prevent the ongoing degradation of the Amazonian rainforest.

D35. **YOUR OTHER IN-COUNTRY A.I.D.-FUNDED ACTIVITIES (e.g., Title II Food Aid -- including monetized Title II resources, OPG's, contracts, Child Survival grants). Specify the activities being funded. What is the relationship of the proposed program to these other activities?**

Currently, twelve CARE-Peru projects receive AID funds. These include the Multisectoral Population Project - Central Grant; the Strengthening Health Institutions Project - Cooperative Agreement; the Women's Income Generation Project - Title II and APPLE funding; the Urban and Rural Income Generation Project - Title II; the Technological Alternatives for Land Use and Food Security, ALTURA 2 - Title II; the NI%OS Project - Title II; the Integrated Pest Management Project - OPG; and PROJECT 2000 - a Consortium working in partnership with the MOH. The activities supported through Matching Grant funds will enable CARE Peru to strengthen these projects and others.

D. COUNTRY-SPECIFIC ACTIVITIES

[NOTE: The following 7 pages (questions 19-35) should be copied and filled out with information specific to each country in which activities are proposed.]

Country: Tanzania

D19. Overview of Country Program (Summary of country-level objectives and activities and their relationship to the overall matching grant.)

CARE Tanzania, one of the newest country offices for CARE International (CI), opened in May of 1994 in response to the Rwandan refugee emergency. Two documents currently provide guidance for the Country Office(CO) strategy and objectives. The first, a February 1995 CI exploratory probe investigated the opportunities of establishing a long-term CARE operation in Tanzania. Key program areas identified were **institutional capacity building of local organizations, food and livelihood security**, agricultural natural resources development, and small economic activities development. The second, a Rapid Food and Livelihood Security Assessment (RFLSA) was undertaken in three Lake Zone regions to identify food insecure households, analyze constraints to livelihood security and suggest possible interventions to alleviate household insecurity (July 1995). A number of new program development initiatives building on the recommendations of the assessment will be undertaken. These will include strategies to work at the household level to enhance farmers' identification of and access to resources and technical information and to identify strategies for communities to undertake self-help initiatives. In support of a partnership strategy, CARE Tanzania has initiated a pilot institutional strengthening project with the Tanzanian Midwives Association (TAMA) to promote and support midwives to establish a private practice. The Credit and Savings to the Informal Sector (CSIS) Project is expected to start in April next year and will work in partnership with the Mennonite Economic Development Associates and Huduma ya Maendeleo to strengthen the latter as a non-bank financial institution providing services to micro and small enterprise. In 1996, the CO will hold its long range strategic planning workshop to further refine initiatives that enhance partnership and alleviate household insecurity.

Over the next five years, CARE Tanzania will develop a portfolio of new program activities built on an understanding of the needs and constraints of the target group at the household level. CARE Tanzania will continue its demonstrated strong commitment to provide services to the target group through local partners. The outputs will be new project activities over the next five years that(1) build on the foundation of a solid understanding of household livelihood security needs, (2) are developed and implemented in collaboration with effective partners, and (3) develop systems to enable projects to monitor project performance and impact at the target beneficiary level.

D20. BASELINE DATA ON BENEFICIARIES at the start of the grant support. Identify and quantify beneficiaries (direct and indirect) of program activities. Please disaggregate beneficiary populations by gender. Also provide baseline data on the level of beneficiary development (e.g., production, income, savings, number of groups formed, available resources). Identify the source of the data (e.g., UNDP, PVO's baseline survey, World Bank).

CARE Tanzania's current largest program is an emergency program for Rwandan refugees. As such the CO does not yet have specific baseline data for intended beneficiaries. As development programs are implemented, baseline data on target beneficiaries will be gathered. The geographic focus for program development activities will be in the Lake Zone regions of Mwanza, Mara, Shinyanga and Kagera as well as in the urban area of greater Dar es Salaam. Some basic socio-economic information is provided below.

HDI index 36

Maternal mortality rate is 370 per 100,000 (25% of pregnant women in Tanzania)
In Mwanza MMR 115/1000
Nationwide CPR is at 16%. Mwanza 2.3%
Mwanza ranks third in percentage of births at home 55.9% versus national 42.5%
Mwanza ranks fourth among all districts in AIDS reported cases. 20% of women 25-34 in Mwanza city tested HIV positive.
80% population lives in rural areas, majority derive economic livelihood from small-scale food crop production, rainfed and hand hoe technology. Small scale farmers accounted for 83% of all households (1978 census)
52% of the population of a UNICEF survey of rural households were female (1990)
17% of households are classified as female headed.
Education of females - Percentage with no education: Shinyanga 59.5, Mwanza 49.9, Mara 46.8, Kagera 49.1

D21. **INPUTS: Description of logframe inputs, including in-country staffing, technical assistance, and other inputs for each year of the grant.**
A full-time Tanzanian staff member (PHLS Coordinator), supported programmatically by the country office program management and development team (currently consisting of the country director and assistant country director and supported administratively by the administrative support staff in the Dar es Salaam and regional offices in the Lake Zone Regions). Yearly activities and necessary inputs follow:

Year One. A wide variety of potential local partners exist in the Lake Zone Regions, ranging from community-based informal groups to local and national NGOs. To obtain a rapid understanding of the types, qualities, and interests of these partners, an inventory and preliminary capacity assessment of these organizations will be conducted. A Tanzanian consultant from the region will be recruited to complete the inventory and assessment over a period of thirty days. CARE USA has developed some capacity assessment tools which will be adapted by the PHLS Coordinator for use by the consultant .

A number of new initiatives were identified in the RFLSA related to improving agricultural technology, agricultural input supply and marketing, and strengthening self-help through community-based groups. Thirty days of technical assistance will be utilized to refine these concepts into viable projects.

Finally, an on-going activity of the PHLS Coordinator will be to develop and maintain a CARE Tanzania strategy for working with partners. Partnership principles, policies and procedures will be developed in the first year reviewed and refined annually thereafter. Eight days of technical assistance from a specialist in partnering will be required to provide guidance in developing the strategy.

Year Two. The major event in year two is the implementation of an urban food and livelihood security assessment in the Dar Es Salaam area to identify livelihood insecure households, analyze livelihood constraints and strategies, and develop initial ideas on possible interventions. Twenty days of technical assistance in the design and implementation of the assessment will be required with support from the Food Security Unit/CARE USA. Representatives of appropriate government departments and potential partners will be invited to participate in the exercise.

It is expected that a number of new project ideas will emerge from the urban livelihood security assessment. Thirty days of technical assistance will be utilized to refine these ideas into well-designed projects. Finally, late in the second year, a workshop will be conducted to review and refine the

partnership strategy. Representatives of current project partners will be invited to participate.

Year Three. CARE will conduct another food and livelihood security assessment, in Kagera Region. Approximately twenty days of technical assistance in the design and implementation of the assessment will again be sought from the Food Unit of CARE USA. As in previous assessments, participation will be sought from appropriate government departments and other local partners. Thirty days of technical assistance will again be utilized to refine the project ideas that emerge from the assessment.

A new activity will be implemented in the third year, an evaluation of the TAMA Partnership Project. The project will be near completion and lessons from the evaluation will be used to define additional activities and refine the partnership strategy. A local consultant will be sought to work in collaboration with the PHLS Coordinator to implement the evaluation over a period of ten days.

Finally, an annual review of the partnership strategy will be conducted. Following two complete years of application and revision of the strategy, this review will require five days of technical assistance again from a partnering specialist.

Year Four. A subsector analysis will be conducted on the cotton subsector in the southern lake Zone Regions. This follows a recommendation made in the July 1995 food and livelihood security assessment. The analysis will facilitate identification of appropriate leverage points for interventions in this sector. Fifteen days of technical assistance from the CARE USA Small Economic Activities Development Technical Assistance Unit will be required to plan and implement the analysis.

Thirty days of additional technical assistance will be required to further develop the project ideas that emerge from the subsector analysis. An annual review workshop will again be held to review and refine the partnership strategy.

Year Five. A second subsector analysis will be conducted, this time on the lake fisheries subsector. Fifteen days of technical assistance from the CARE USA Small Economic Activities Development Technical Assistance Unit will be required to plan and implement the analysis.

Thirty days of additional technical assistance will be required to further develop the project ideas that emerge from the subsector analysis. An annual review workshop will again be held to review and refine the partnership strategy.

D22. **TRAINING: If training is to be a component of the proposed program, describe how the activities will serve to accomplish program objectives. Also indicate training methodology to be used, anticipated target groups, and plans for follow-up.**

CARE Tanzania will seek to develop resident expertise in livelihood assessment and partnering by creation of the position of PHLS Coordinator. An investment will be made in this Tanzanian staff member. The PHLS Coordinator will participate in appropriate training programs managed by CARE USA. There is also a moderate amount of resources allocated to enable this person to attend other external training events.

As part of each of the food and livelihood security assessments, a one week training workshop will be held to orient assessment participants to the methodology. Approximately ten persons representing appropriate government

departments and NGOs will participate in each workshop. Methodology will be a mix of presentation and practical hands on experience. CARE will also conduct partnership workshops in each year of the project as ongoing work to evolve an effective partnership strategy. This will involve persons from potential partner groups and permit an ongoing opportunity for feedback and sharing of ideas to enhance partnership relationships. The overall training plan will ensure a capable Tanzanian staff member to move grant activities, Tanzanian government and NGO staff trained in livelihood assessment methodologies and major NGO input to CARE's partnership strategy.

D23. **OUTPUTS/TARGETS: Description of logframe outputs/targets that will be used in the ongoing monitoring and evaluation of the country program.**
The following outputs are expected to result from the proposed activities.

* A final report on the Lake Zone Partner Inventory and Assessment
* **An initial Partnership Strategy for CARE Tanzania with annual reviews and modifications made on an annual basis.**
* An impact Evaluation of the TAMA Partnership Project
* A tested methodology for conducting urban food and livelihood security assessments.
* A final report on a Dar Es Salaam Urban Food and Livelihood Security Assessment.
* A final report on a Kagera Region Rapid Rural Food and Livelihood Security Assessment.
* A Subsector Analysis Report on the Cotton Subsector in the Southern Lake Zone Regions
* A Subsector Analysis Report on the Lake Fisheries Subsector in the Lake Zone Regions.
* **Proposals for at least five new projects that are based on findings from a food and livelihood security assessment and designed to be implemented in collaboration with local partners.**
* **Resident expertise in the CARE Tanzania country office on partnership and livelihood assessment. This will demonstrated through the design and implementation of CO projects.**

D24. **CRITICAL INDICATORS to be used in the monitoring and evaluation of the country program (critical indicators must monitor success toward program objectives). (Note: These are to be used in preparing the aggregate logframe.)**
While many of the outputs described above are documentary, the activities themselves lead to two results. One is a number of well-designed projects (5), and the other is an enhancement of the in-house capacity of CARE Tanzania to effectively undertake partnership and livelihood security programming. Obvious indicators are whether or not quality activities are implemented and documented. Critical indicators, however, will be the performance indicators of the specific projects that arise from the assessment activities and are designed using the partnership strategy and experiences.

D25. **MONITORING PLAN: How and when will each of the country-specific critical indicators listed in D24 be investigated?**
Every CARE project is required to develop monitoring evaluation plans which describe reporting (usually quarterly), the timing and nature of mid-term external evaluations and the timing and nature of final evaluations. In addition, information will be provided semi-annually to CARE USA to be compiled into an annual report of the overall Matching Grant. CARE USA will also provide evaluation of progress external to the country office through periodic field visits and country assessments.

D26. **RELATIONSHIP TO USAID MISSION AND HOST GOVERNMENT'S DEVELOPMENT PRIORITIES: Describe how your program relates to the development priorities of the USAID mission and the host government in the proposed country. If applicable, give a summary of any planned collaboration in your field-level activities with Host Government ministries, Peace Corps, other U.S. PVOs, or other**

international organizations. (Include letters of support as *Attachment 9 (optional)*, if available).

USAID. USAID and CARE Tanzania collaborated closely in the design of a community-based national resources management project(KRM) in support of USAID's SO of protecting the environment which emphasizes community-based activities for prudent utilization of the country's resources. Funded by CARE USA, CARE Tanzania's partnership to strengthen TAMA (a local association of midwives) supports USAID SO in Family Planning/HIV/AIDS preventive measures. This SO stresses greater reliance on the use of the private sector. The GOT has relaxed regulations for private sector practice by midwives and welcomes CARE's initiative with TAMA. USAID has a strong commitment to partnership collaboration, and has expressed interest in CARE's work with TAMA. USAID undertakes partnerships through its HIV/AIDS project that strengthens local NGOs 'clustered' in specific regions.

Government of Tanzania (GOT). In implementing the RFLSA in three Lake Zone regions last summer, CARE Tanzania collaborated closely with the GOT/Tanzanian Food and Nutrition center (TFNC). One TFNC staff assisted in the planning of the exercise, identifying participants from the regional government departments, and organizing initial logistics. This person along with another member of the TFNC staff played key management roles in implementing the activity. All team members were drawn from district and regional government services and received a one week training in RRA methodology. This same level of cooperation with the TFNC, regional governments and other departments will be sought in implementing the activities planned in this proposal. The willingness of the GOT to support and participate in such livelihood security activities is indicative of the level of importance given to addressing household livelihood security needs.

Other Organizations. CARE is in the process of finalizing a proposal for collaborating with another international PVO, MEDA, to help strengthen a Tanzanian, non-bank financial institution.

D27. HOST GOVERNMENT POLICY DIALOGUE: Discuss any efforts being made by your organization to influence, at the local and national levels, government policies that impact your program. In addition, discuss host government actions or approvals that are needed and plans for securing them.

The GOT is acutely aware that it cannot continue to provide the same level of support to its population. It actively encourages and endorses all activities to build the capacity of local Tanzanian organizations to undertake projects and has welcomed CARE's initiative and interest. Approvals will be required from local governments for any field work that is planned. Generally, such approvals are a matter of informing local government officials of planned visits. For a number of activities, local government staff will actually be involved in the activities. For other activities in which government staff are not directly involved, endorsements from local governments will be obtained.

D28. MISSION CONTACT: Status and nature of prior or ongoing discussions with USAID Mission staff. Indicate dates and names of staff contacts.

October 19: Mark Wentling, Director, to seek verbal support for the grant.
Oct 26: Mark Wentling, Director. To discuss details of CARE Tanzania's proposed activities. Positive response and the document has been circulated among other senior staff for comments. None yet received.

D29. GENDER: How have/will gender differences been/be addressed in the design, implementation, management and evaluation of the program?

In the RFLSA conducted last summer, a focussed effort was made to recruit women participants. As a result, 33% of the participants were women. The methodology included focus groups of women and individual household interviews of female headed households to gather information particular to women in the communities. Women have been historically at a disadvantage in Tanzania, both as project participants and in securing employment in the private sector. In its current partnership with TAMA, CARE will assist midwives to establish private sector practices. Throughout this grant period, CARE will ensure that strategies enhance the economic position of women. Through baseline and sub-sector research, we will identify and mitigate against gender barriers. CARE will seek to identify an individual experienced in gender issues in Tanzania as the PHLS coordinator to ensure that appropriate activities and strategies are identified.

D30. INSTITUTIONAL DEVELOPMENT: Describe local institution building activities in your proposed program, including a description of local counterpart organization(s) that will participate in program and how your program will strengthen them.

As a new CO, CARE Tanzania has identified partnership as one of the cornerstones of its strategy. As it is further developed, this strategy will define how the CO can work with local organizations to enable them to become active, self-sustainable partners in development capable of continuing to provide services to the target group after a project activity ends. Although CARE has begun work with TAMA and is in the process of a proposal development with MEDA and Huduma ya Maendeleo, it is not possible to indicate at this point who other partners might be for specific projects. **Every project developed as part of this grant will be designed to have a local organization as an implementing partner.**

In conducting the recent livelihood security assessment, CARE drew the team of 33 participants from GOT Regional and District services. The one week methodological training, followed by four weeks in the field, resulted in a strong core team returning to their respective Regions well versed in RRA methodology. Such institutional strengthening will be continued and enhanced through the activities proposed in this Matching Grant as CARE will continue to draw expertise from district and regional levels.

D31. INSTITUTIONAL SUSTAINABILITY: Describe the processes you will undertake to facilitate institutional sustainability of the program. What is your plan for ensuring that the intended program beneficiaries, counterpart organizations, and local/regional/national authorities participate in the planning and implementation of the program? How will other external resources, such as locally contracted and trained personnel be progressively incorporated into the program?

As with all project designs and the RFLSA undertaken to date, the CO will continue to work closely with regional, district and national authorities in design, implementation and evaluation of activities. Potential partners will participate in a collaborative analysis to determine and identify appropriate and mutually advantageous relationships based on a thorough understanding of each organizations's strengths and weaknesses. Once this is established, all project activities will be based on agreed upon strategies and funding initiatives. The CO will identify and recruit Tanzanian experts to serve both on a consulting basis and as staff as necessary. Through the proposed workshops, RFLSA and subsector analysis, Tanzanian experts will be intimately involved in formulating and assisting the CO in the implementation of its partnership strategy and household level interventions.

D32. **PLANNED DURATION OF OUTSIDE SUPPORT of country activities.**
Matching Grant support will be for a period of five years. During the life of the grant, the CO will identify and implement a portfolio of projects through CARE International's diverse donor base. To date, the CO receives funding from 6 non-USA donors.

D33. **FINANCIAL SUSTAINABILITY: How do you plan to achieve financial sustainability of your program after outside support ends? If there will be recurrent costs, what processes will be implemented for recovery of these expenses?**
The proposed activities assist CARE Tanzania to develop and implement a partnership strategy with viable partners as well as a program strategy that enhances household livelihood security. As the cornerstone of the COs program, financial sustainability would be provided through the successful implementation of projects identified and funded, demonstrated by careful selection of partners, community ownership of activities and the implementation of financially sustainable activities (eg private sector midwifery practices).

D34. **ENVIRONMENTAL IMPACT: Describe the process by which environmental impact has been assessed, and possible positive and negative effects which may be created by the proposed program.**
As the activities described focus on partnership identification and strategy as well as RFLSA, no negative environmental impacts are anticipated. The subsector analyses proposed for the fisheries and cotton sectors would contribute to the knowledge of these sectors and would identify both negative and positive environmental factors that could be mitigated/enhanced by potential interventions. The Kagera project actively seeks ways to use natural resources more sustainably..

D35. **YOUR OTHER IN-COUNTRY A.I.D.-FUNDED ACTIVITIES (e.g., Title II Food Aid -- including monetized Title II resources, OPG's, contracts, Child Survival grants). Specify the activities being funded. What is the relationship of the proposed program to these other activities?**
CARE Tanzania receives support from USAID for one project. The Kagera Resource Management Project is an 18 month project (though March 1997). It works in the districts of Ngara and Karagwe to adapt participatory methodologies for developing and implementing natural resource activities that meet critical needs as identified by the participating communities. The project uses PRA to understand community problems, identify potential solutions and support implementation of activities designed to make more economic and sustainable use of natural resources at the community level. Information from this project will complement the RFLSA in the Kagera region in year three. Experience with the communities to identify sustainable strategies will contribute to the development of partnership strategies for CARE at the community level.

D. COUNTRY-SPECIFIC ACTIVITIES

[NOTE: The following 7 pages (questions 19-35) should be copied and filled out with information specific to each country in which activities are proposed.]

Country: Mali

D19. Overview of Country Program (Summary of country-level objectives and activities and their relationship to the overall matching grant.)

Currently, CARE Mali has nine operational projects in agriculture/natural resources or "ANR" (2 projects), integrated ANR/water supply/credit (3), water supply, maternal/child health, adult literacy, and a complex rehabilitation project in the north combining schools and wells rehabilitation with food distribution and institutional support to newly decentralized local government structures. These projects are run out of five sub-offices, all in the Sahelian agro-climatic band which bisects Mali from west to east. The projects are executed by CARE's 240 employees, in collaboration with other local actors.

Three important elements of CARE Mali's 1995-2000 multi-year strategy are to: improve monitoring and evaluation, focus its programs more closely on household livelihood security, and strengthen CARE's partnership role. Two key events have taken place in 1995 in connection with this, each of which is related to the objectives of the program described in this matching grant proposal.

1. Recognizing that partnerships with local organizations are key to the sustainability of the development process, CARE Mali commissioned a thorough study of its existing partnerships in May 1995. These were on three levels: village level organizations, often created at the behest of CARE to further the particular goals of its projects; with GRM (Government of Mali) institutions such as technical services, ministries and the territorial administration; and (more recently) with Malian NGOs.

The report was critical of the partnerships on the basis of lack of sustainability. It argued that village level organizations are usually too small and powerless to become sustainable agents for change on a significant scale. GRM partnerships were found to be moribund, due to administrative inertia. Partnerships with local NGOs seemed at first sight to offer the best chance for sustainability through a transfer from CARE of the capacity to deliver services to grassroots communities. However, a deeper analysis showed that the membership of national NGOs is almost with exception made up of Bamako-based professionals rather than people at the grassroots. Thus, even NGOs with high scores for transparency, management skills, and strategic planning will tend to act in the interests of the Bamako elite, rather than the needs of CARE's target population. The report recommended that CARE should change from being focused on direct delivery, and become an intermediary between donors and beneficiary-owned, community-based organizations. These latter should exhibit certain pre-defined characteristics, to indicate a likelihood of long-term viability. CARE's role would then be to strengthen the organizations' ability to achieve their own objectives through a long-term partnership.

Subsequently, CARE held a week-long workshop for 25 senior staff to examine the report's findings. One result of this workshop was the recommendation to start a small project to try out the proposed new form of partnership. Thus CARE Mali is creating a new five-year partnership initiative, which forms the first part of this proposal, and for which the objective is to identify and provide institutional support to two or three beneficiary-owned organizations in order to increase their capacity to identify and meet the development objectives of their members.

Given that this kind of program is new to CARE Mali, an important aspect of the project will be staff training, the development of methodologies for identifying the beneficiary-owned organizations (BOOs), and for defining and supplying the kind of support they will need. Thus, the proposed program ties in well to the overall purposed of the matching grant: that of increasing CARE's capacity to partner and to build institutional capacity.

2. The other recent event is related to the second purpose of the matching grant, that of increasing CARE's ability to design, implement and evaluate programs around a comprehensive analysis of household livelihood security. CARE Mali's five-year strategy is framed in terms of improvements in living conditions of rural populations taking account of their own livelihood strategies. However, our knowledge of these strategies is limited, and while many of our programs undoubtedly have a significant effect on livelihood security, our institutional capacity to understand and measure this impact is poor. Thus, in October, as a first step in the process of remedying this problem, CARE commissioned a livelihood security expert to conduct an analysis of two of CARE Mali's ANR projects and of their operating environment, and make detailed recommendations for continued activities along the same lines.

The consultant's recommendations are essentially to use Participatory Rural Appraisal (PRA) tools to better define what constitutes livelihood security for rural households in Mali, and to ensure that current and future projects address the critical elements in that equation; to redefine the logical framework for all CARE Mali's projects; and to develop within CARE Mali the capacity to continue these processes.

Thus, the second objective of the program outlined in this document, is to increase CARE Mali's capacity to identify and evaluate program interventions with significant impact on household livelihood security.

D20. **BASELINE DATA ON BENEFICIARIES at the start of the grant support. Identify and quantify beneficiaries (direct and indirect) of program activities. Please disaggregate beneficiary populations by gender. Also provide baseline data on the level of beneficiary development (e.g., production, income, savings, number of groups formed, available resources). Identify the source of the data (e.g., UNDP, PVO's baseline survey, World Bank).**

According to prevailing data summarized in the 1995 USAID-Mali strategic plan and recent World Bank documents, Mali has the 20th lowest per capita income in the world, at $310. Population grows at 3.2% per year, and about 20% of births are from women under 20 years old. Mali has the highest known maternal mortality rate at 2,325 out of 100,000 mothers dying while giving birth. Primary school enrollment is low at 32% (with 50% drop out), and the infant mortality rate is 200/1000. Overall, Mali is ranked 7th lowest in the world according to social indicators, so the need for organizations such as CARE to increase their institutional capacity to deliver high impact programs is clear.

CARE Mali's current PHC activities directly reach around 40,760 persons; its ANR activities reach 8750 persons; its education activities reach 17,580 persons; its SEAD activities reach 2,270 persons. Of these, 64% are women. Over 240,000 people are indirectly affected by project activities. This figure includes some double counting, as several activities reach the same households. However it is clear that, given the scale of CARE's work in Mali, the institutional improvements sought in this proposal will increase the organization's impact on the lives of a very significant number of Malian people.

D21. **INPUTS: Description of logframe inputs, including in-country staffing, technical assistance, and other inputs for each year of the grant.**

The partnership program will be run by a Malian Project Officer qualified in sociology or related field, and with experience in working with the

institutional development of BOOs. S/he will work first with one BOO, then add a second in year two, with the possibility of adding a third, depending on the results achieved with the first two. Staff for the livelihood security component consists of one expatriate M&E Coordinator with skills, qualifications and experience of monitoring and evaluation systems including PRA techniques. This person will provide regular support in all aspects of M&E to CARE Mali's projects, and will play an important role in developing and executing detailed M&E plans for the partnership initiative. This component will be limited to three years only.

$984,800 will be expended on the program during five years (including CARE match). Other inputs for the partnership program will include training that will be provided to each of the BOOs according to need, but will likely include aspects of management, account-keeping, organizational systems and procedures, various problem-solving techniques, and literacy - all at an appropriate level. This will be through a combination of formal events and non-formal support, according to need. CARE staff training will also be essential, in institutional development and socio-organizational skills, and will be done through participation in annual retreats and through external Technical assistance. Given that this kind of work in new to CARE Mali, a total of 80 person days have been budgeted for intensive training and technical assistance during years one and two.

CARE will also arrange cross-visits to other projects, and will program small sums of money through the BOOs (against a define match provided by the members) for their activities.

Inputs to the livelihood security component will include annual training workshops for CARE staff in livelihood security concepts and M&E techniques including PRA techniques. Initial PRA-type studies will then be conducted in three project sites per year during years one and two, with outside help form locally available consultants where necessary. The M&E Coordinator will visit each project three times per year, to provide continuous M&E support, and to conduct on-site workshops for project staff in M/E related subjects.

Two workshops will be arranged for around 25 selected participants from NGOs, GRM, CARE, to cover lessons learned, techniques used, etc. An outside facilitator will be hired for these. Two workshops per year will also be held specifically for CARE staff: each will take one theme of M&E, and will be linked to a follow up plan for each participant.

Two vehicles (for the Project Officer and M&E Coordinator) will also be purchased, and maintained. A computer, with printer and the usual accessories and software will be purchased for the M&E Coordinator. In addition, office furniture and equipment will be purchased.

CARE's Bamako staff will be directly involved in supervising and supporting these activities, and thus the costs of such support are included in the budget for this program.

D22. **TRAINING: If training is to be a component of the proposed program, describe how the activities will serve to accomplish program objectives. Also indicate training methodology to be used, anticipated target groups, and plans for follow-up.**

Training will be conducted for CARE staff through workshops tailored to the development of specific skills, and through existing training establishments in the region. All such workshops will be designed to respond to staff training needs in relation to the program objectives, and will be tied to follow-up plans in which the content of the training session will be put into

practice as soon as possible. CARE's existing performance management system provides a framework for this.

Training needs for BOO members will be defined by them with CARE's help, and they will be involved as far as possible in the design of the training and choice of techniques. This process will itself contribute to the institutional development of the BOOs. Where the training needs cannot be met directly by project staff, CARE will assist the BOOs in the process of selecting TA, usually through the development of terms of reference and selection of trainers.

D23. **OUTPUTS/TARGETS: Description of logframe outputs/targets that will be used in the ongoing monitoring and evaluation of the country program.**
The project partnership component will develop a replicable methodology for the identification of BOO partners using generic criteria indicative of good governance and transparent management. It will also identify at least two Malian BOOs capable of becoming sustainable agencies for development activities benefiting their members, through a long-term partnership with CARE. With each of the BOOs, the project will identify their organizational objectives and goals; and their institutional strengths and weaknesses, thus leading to incremental partnership plan with two main components: institutional strengthening and support to activities leading to achievement of their goals. Fifteen CARE Mali staff will also be trained in socio-organizational techniques suitable for BOO partnerships of this nature.

CARE will provide five years (in this phase) of institutional and technical support to the beneficiary owned organizations. CARE will also establish a list of quality service-providers capable of providing training and other suitable assistance to BOOs in Mali. These could be national level NGOs or training consultants, etc.

CARE will also disseminate lessons learned through external evaluations of the partnership component at years three and five.

The livelihood security component will develop and use PRA methodology/tools to define livelihood security concepts for a given population, and translate these into program interventions with significant impact on livelihood security in at least six CARE project sites. It will then revise project log-frames for CARE projects, and collect improved baseline data and revise M&E plans for all CARE projects.

Twenty-five CARE personnel, plus 15 partners, will be trained in PRA techniques specifically designed for livelihood security assessments. The 25 CARE personnel will also receive training in M&E concepts and tools.

CARE Mali will publish a series of technical handbooks in English and French, covering: PRA methodologies/tools for livelihood security in Mali; program design and logframe development; data collection and analysis; participatory M&E techniques.

D24. **CRITICAL INDICATORS to be used in the monitoring and evaluation of the country program (critical indicators must monitor success toward program objectives). (Note: These are to be used in preparing the aggregate logframe.)**
The effectiveness and sustainability of the partnerships with Malian BOOs will be measured by a series of criteria. These will include indicators of the membership's involvement in the governance process; good transparent management of assets and accurate accounting; existence and respect of regulations, systems and procedures; successful execution of activities linked to the organization's stated objectives.

The ability of CARE staff to identify the minimum criteria for a potentially viable BOO partner, that can be a focus for sustainable development activities on behalf of its membership after the partnership is over, will increase.

The ability of CARE staff to work cooperatively with BOO partners to identify institutional support needs, including training of members, and development of organizational systems, will increase.

CARE Mali staff and partners will improve their capacity to design interventions which enhance livelihood security at the household level.

All of CARE Mali's projects will have logframes which clearly show the likely impact of activities on household security, and how this impact will be measured; and are linked to a M&E plan which gives details of how and when the M&E data will be collected and analyzed.

D25. **MONITORING PLAN: How and when will each of the country-specific critical indicators listed in D24 be investigated?**

Monitoring will be via trip reports and four-monthly project implementation reports. The partnership component will also be evaluated by an external team during years two and five. BOO members will also be involved in monitoring the performance of the partnership component. The M&E Coordinator will play a key role in developing M&E systems for the partnership program.

D26. **RELATIONSHIP TO USAID MISSION AND HOST GOVERNMENT'S DEVELOPMENT PRIORITIES: Describe how your program relates to the development priorities of the USAID mission and the host government in the proposed country. If applicable, give a summary of any planned collaboration in your field-level activities with Host Government ministries, Peace Corps, other U.S. PVOs, or other international organizations. (Include letters of support as *Attachment 9 (optional)*, if available).**

USAID Mali has just completed its 1996-2002 strategic plan, in which it identifies governance as one of only four key strategic components. The relevant strategic goal is that "Community organizations play a leading role in local development". Another element of the USAID plan is to improve M&E, through the creation at USAID Mali of a "results center", where M&E data will be collected and analyzed.

One of the GRM's major priorities is decentralization, through which new, democratically accountable local administration structures are to be established be December 1996. These are to work closely with community based organizations (e.g. locally managed schools and health centers).

Thus the proposed partnership ties well into both USAID's and the GRM's preoccupation's.

D27. **HOST GOVERNMENT POLICY DIALOGUE: Discuss any efforts being made by your organization to influence, at the local and national levels, government policies that impact your program. In addition, discuss host government actions or approvals that are needed and plans for securing them.**

CARE has excellent relations with GRM at all levels, and no special GRM approval would be required for these activities, which would fall within the basic country agreement and local project agreements already in force.

CARE has already successfully played an advocacy role to help obtain official recognition of the rights of a traditional natural resource management institution in eastern Mali. This required a liberal and unusual interpretation of existing laws by the local authorities. This is the kind of advocacy that CARE would continue to play vis-a-vis the BOOs.

D28. MISSION CONTACT: Status and nature of prior or ongoing discussions with USAID Mission staff. Indicate dates and names of staff contacts.

CARE gave a presentation of this proposal to four senior staff of the USAID mission (including the Deputy Director) on 2 November, and received a very favorable response.

D29. GENDER: How have/will gender differences been/be addressed in the design, implementation, management and evaluation of the program?

All CARE Mali projects address gender issues. Recruitment for the project will aim to provide at least 50% women staff. This is particularly important regarding staff who will work directly with BOOs, as women staff will tend to counter the cultural bias that excludes women from many activities in Mali. One or more of the BOOs selected may also have a gender issue at its core: perhaps a district-wide federation of village women's credit groups, for example. Women respondents will be explicitly included in all livelihood security data collection and analysis; M&E data will be disaggregated by gender.

D30. INSTITUTIONAL DEVELOPMENT: Describe local institution building activities in your proposed program, including a description of local counterpart organization(s) that will participate in program and how your program will strengthen them.

The overall purpose of this proposal is institutional development of CARE Mali. Previous sections of this document show how this will come about, thus it is not addressed here. Another important aspect of the project however is the strengthening of other institutions.

Institutional strengthening associated with the livelihood security program will involve dissemination of lessons learned, through publications and workshops involving other organizations with whom CARE collaborates, such as GRM technical services and national NGO's. Meanwhile, the partnership component will lead to the strengthening of the BOOs selected to work with CARE. They will receive assistance in developing the essential elements of any group that aspires to be an institution, such as internal regulations and by-laws, legal status, strategic plans, and systems and procedures permitting governance and competent, transparent management. This will be achieved through a combination of formal training and informal day-to day coaching and follow-up by CARE staff.

D31. INSTITUTIONAL SUSTAINABILITY: Describe the processes you will undertake to facilitate institutional sustainability of the program. What is your plan for ensuring that the intended program beneficiaries, counterpart organizations, and local/regional/national authorities participate in the planning and implementation of the program? How will other external resources, such as locally contracted and trained personnel be progressively incorporated into the program? The institutional sustainability of the livelihood security element will essentially be within CARE: our staff will begin to "think evaluatively". Monitoring and evaluation concepts and techniques will become part of the corporate culture of CARE Mali, leading to higher quality project design, thus higher impact projects.

The institutional sustainability of the partnership component is key. The very aim of the activity is to leave behind institutions capable of continuing the Process of development. In other words, whose impact will continue after CARE's input is complete. To this end, CARE will form partnerships, in which critical decisions are shared, and them are increasingly taken by the BOO alone.

D32. PLANNED DURATION OF OUTSIDE SUPPORT of country activities.

CARE expects to continue to be operational in Mali for many more years. Thus, after the period of this five-year program, the institutional improvements achieved will continue to have impact in Mali.

D33. **FINANCIAL SUSTAINABILITY: How do you plan to achieve financial sustainability of your program after outside support ends? If there will be recurrent costs, what processes will be implemented for recovery of these expenses?** Organizations (BOOs) partnered by CARE will differ in their goals and objectives. Some will have considerable and regular recurrent costs, while others may have lower recurrent costs, but significant capital expenditures. For example, community based health structures would need to ensure full cost recovery through consultation fees and drug and other sales (perhaps including contraceptives). Whereas a rural self-help group seeking assistance with wells construction, dike improvement, etc, would probably have lower recurrent costs, but would be seeking capital contributions from outside sources. In this case, CARE's role would likely be to help develop the knowledge and skills required to submit and follow up requests to donors and lenders of small capital sums such as local European Union funds, banks, etc. An important part of CARE's assistance in such cases would be to introduce the concept of amortization, to ensure sustainability not only of the BOO itself, but also of its technical interventions.

D34. **ENVIRONMENTAL IMPACT: Describe the process by which environmental impact has been assessed, and possible positive and negative effects which may be created by the proposed program.**
Environmental impact is assessed in all CARE interventions, prior to start-up. In this case, the very definition of livelihood security implies sustainability, and means that all interventions will be assessed for their neutral or benign effect on the environment. This would be done on a case by case basis at the project design stage of all new projects designed within the improved system, through a series of questions that are incorporated into the project document.

An integral part of the partnership component would be to develop an understanding amongst BOO members of the likely environmental impact of any interventions they propose undertaking, so that their decisions will continue to take this into account. This would be through training and informal contacts.

D35. **YOUR OTHER IN-COUNTRY A.I.D.-FUNDED ACTIVITIES (e.g., Title II Food Aid -- including monetized Title II resources, OPG's, contracts, Child Survival grants). Specify the activities being funded. What is the relationship of the proposed program to these other activities?**
USAID-Mali currently funds three CARE activities: a maternal/child health project, an multi-sectoral development project, and a natural resources management project. All these would benefit from improved Household analysis and M&E.

The partnership initiative proposed in this document is in the form of action research, through which CARE Mali will improve its understanding of the components of strong partnerships. As partnership issues become identified and resolved, the lessons learned will be applied to the other USAID-funded projects as appropriate. Also, both project components provide for staff training, which will benefit all CARE Mali projects.

The natural resources management project provides support and training to Malian NGOs. Based on the results of the partnerships proposed here, it is likely that its scope would be widened to include smaller, grass roots organizations such as BOOs.

D. COUNTRY-SPECIFIC ACTIVITIES

[NOTE: The following 7 pages (questions 19-35) should be copied and filled out with information specific to each country in which activities are proposed.]

Country: ***Niger***

D19. Overview of Country Program (Summary of country-level objectives and activities and their relationship to the overall matching grant.)

In its Long Range Strategic Plan (LRSP) 1995-1999, CARE Niger established the following Final Goal: *To improve the quality of life of target populations by developing innovative and effective approaches for programs and advocating for their application on a large scale.* CARE Niger plans to achieve this final goal through the following Intermediate Objectives:

1. To improve the economic security of residents in rural and peri-urban areas.
2. To improve the food security of the households of the targeted population.
3. To improve the health status of communities in rural and peri-urban areas and reduce the national rate of population growth.

In order to achieve these goals and objectives and to maximize program impact at the household level, CARE Niger is changing its previous service delivery strategies. CARE Niger will now focus on beneficiaries' and communities' expressed needs, and on better partnerships with community associations, national NGOs, the private sector and GoN technical services. CARE Niger proposes to use grant resources to undertake a four year institutional development program. The purpose of this program is to enhance the capacity of all CARE projects and local partners to use house-hold livelihood security (HLS) methodologies, including participatory rural appraisal (PRA). The result will be that CARE projects and partners are able to develop participant-based community development activities as well as to conduct detailed and complete baseline and post-project household livelihood assessments. Specifically, CARE projects and partners will be able to:

- Assess/prioritize needs and problems at the household and community level.
- Identify solutions available to households and communities.
- Identify and select potential service providers among the GON, NGOs or the private sector.

D20. BASELINE DATA ON BENEFICIARIES at the start of the grant support. Identify and quantify beneficiaries (direct and indirect) of program activities. Please disaggregate beneficiary populations by gender. Also provide baseline data on the level of beneficiary development (e.g., production, income, savings, number of groups formed, available resources). Identify the source of the data (e.g., UNDP, PVO's baseline survey, World Bank).

Per Capita GNP: < 300 $ USD
Percent Rural: 90%
National Adult Literacy rate: men: 44% women: 18%
Infant/Child Mortality Rate: 330/1000 (world's highest)
UNDP HDI Index Ranking: 174 (world's lowest)
Total Number of CARE Project Direct Beneficiaries (1995): 780,875 - 38% women
Total Number of CARE Project Indirect Beneficiaries(1995): 1,474,694 -48% women

CARE projects serve rural populations in the following sectors: Women's savings and credit, large scale rural credit, agriculture system improvement, natural resource management, maternal/child health, population, and AIDS education. They operate across three of the countries seven departments. All project's have existing baseline and mid-term evaluation data and will have final evaluations that can incorporate elements of matching grant activity into their review. CARE intends that the proposed activity under this grant eventually improve and have an impact across the entire portfolio of its Niger programs.

D21. INPUTS: Description of logframe inputs, including in-country staffing, technical assistance, and other inputs for each year of the grant.

Substantive inputs to the proposed activity will include staff, project and participant training, training materials, vehicles (a CARE match), external technical assistance in the form of consultants and materials and an operational budget for travel. The Matching Grant staff will consist of one Coordinator and three technical training staff. This staff will work directly with staff responsible for community development activities in CARE projects, partner NGOs and GoN technical services. They will receive training and technical assistance from, and will coordinate activities with, the Reseau MARP Niger, institutions like GRAAP, Bobo Dioulassou (Burkina Faso), CESAO Ouagadougou (Burkina Faso) and other projects in Niger in participatory development techniques. Technical tools will consist of existing CARE guidelines with regards to participatory household assessment, like the REP manual. Institutions like those above and the International Institute for the Environment and Development (London) will be consulted in order to ensure a vast range of tools and formats will be adapted in collaboration with the CARE projects and partners.

D22. TRAINING: If training is to be a component of the proposed program, describe how the activities will serve to accomplish program objectives. Also indicate training methodology to be used, anticipated target groups, and plans for follow-up.

Training will target two groups of participants. Because of CARE Niger's relative inexperience in this domain, the proposed **project's staff** will receive TOT and in-depth training in PRA, organizational mapping, project monitoring and evaluation and general participant methodologies with regional and local institutions having great expertise. The second group will consist of **existing staff of ongoing CARE projects, and counterparts in the local NGOs and GoN** who will be learning to incorporate these techniques into their existing service delivery systems. Training will be a combination of experience-based (using existing CARE projects as sites), cross-visits with experienced institutions and short term formal training sessions in Niger or the region. Post-training evaluations will be conducted with these recipients to measure the degree of success in transmitting household PRA approaches to program managers and counterparts.

D23. OUTPUTS/TARGETS: Description of logframe outputs/targets that will be used in the ongoing monitoring and evaluation of the country program.

The proposed activity will seek to achieve the following quantifiable outputs:

- 4 project staff trained as TOT in household and community-level PRA methodologies,
- 30 CARE staff, 60 local NGO staff and 60 GoN counterparts trained in PRA,
- 10 CARE projects and 30 local NGO projects incorporating household and community PRA into baseline surveys, evaluations and activity design,
- CARE policy on household and community PRA incorporated into its partnership strategy and revision of its long-range strategic plan,
- Household and community PRA tools adapted for community based projects in each of CARE's principal program sectors,
- Strengthening of the PRA Network (Reseau MARP) by increasing its membership and capacity to conduct household and community PRA training in Niger.

D24. CRITICAL INDICATORS to be used in the monitoring and evaluation of the country program (critical indicators must monitor success toward program objectives). (Note: These are to be used in preparing the aggregate logframe.)

In addition to the quantifiable direct outputs, CARE Niger proposes to evaluate this activity's contribution to improving CARE's and other NGOs' ability to measure impact in each of their programs. Critical indicators for this will include the revision of project LOGFRAMES, the execution of baseline and final evaluations based on those frameworks and how they were/are linked to the PRA

and household livelihood security approach. The existence of workable and useful policies and PRA tools in all CARE projects and participating institutions will likewise be an indicator for measuring achievement of the Matching Grant's objectives. GoN participation will be measured through the ability of their services to participate in and facilitate PRA activities for the projects with which they collaborate or provide TA.

D25. MONITORING PLAN: How and when will each of the country-specific critical indicators listed in D24 be investigated?

Project staff will monitor progress towards program objectives through CARE's Quarterly Project Implementation Reports, which will include an updated Annual Operating Plan which includes progress status of objectives, an Annual Implementation Plan 1.2., which will include progress in outputs, and a summary of major successes and problems. The annual report on all CARE activities and the specific one for this activity will present year-to-year achievement of the outputs. The project will host an annual household livelihood security PRA round table for all parties and report on the progress with the institutionalization of this approach in Niger. The program will organize an external mid-term process evaluation. A final evaluation will take place at the end of the program. Annual and individual consultant reports will be made available to the local USAID mission and to CARE's HQ for presentation in the various Matching Grant reports.

D26. RELATIONSHIP TO USAID MISSION AND HOST GOVERNMENT'S DEVELOPMENT PRIORITIES: Describe how your program relates to the development priorities of the USAID mission and the host government in the proposed country. If applicable, give a summary of any planned collaboration in your field-level activities with Host Government ministries, Peace Corps, other U.S. PVOs, or other international organizations. (Include letters of support as *Attachment 9 (optional)*, if available).

USAID Niger's three strategic objectives which form the base for their Niger Strategic Plan 1995 - 2002, and how CARE Niger's projects fit these objectives is presented below.

1. Increase the use of family planning and other important maternal and child services, and improve nutrition and food security of children in times of disaster, in order to lower mortality and fertility. CARE's maternal/child health and family planning health projects in Zinder, financed by USAID, directly address this objective. Its two Mata Masu Dubara (MMD) Projects do so indirectly by increasing women's income through savings and loans groups and diverse income generating activities.
2. Increase market access for rural people, mainly by their use of local financial services. CARE's Maradi Rural Credit Project (USAID-sponsored) is the biggest rural credit facility in the country, with an annual turnover of 15,000 loans. The two MMD projects also provide exclusive access to loans for women.
3. Increase adoption of practices for conservation and productive use of natural resources. CARE has two natural resource management projects, working with rural households in the Department of Maradi.

CARE works very closely with all USAID-financed development activities active in the highlighted sectors. In addition, CARE maintains close ties with other international and local NGOs and has incorporated local NGO participation directly into many of its on-going projects. CARE is a member of several NGO consultative groups in Niger. USAID is actively promoting and fostering increased local NGO participation in development programs and this activity is intended to complement this work. CARE's long-range strategic plan coincides very well with the GoN development priorities and CARE works closely with them in helping ensure effective NGO contributions to its policies. CARE Niger has collaborative relationships with Peace Corps in two of its projects and close affiliation with international agriculture research institutions in two others.

Country *Niger*

D27. HOST GOVERNMENT POLICY DIALOGUE: Discuss any efforts being made by your organization to influence, at the local and national levels, government policies that impact your program. In addition, discuss host government actions or approvals that are needed and plans for securing them.

CARE has a very effective relationship with GON based on over twenty years of programming in Niger. All CARE projects have signed agreements with GON authorities at the departmental level. No additional agreements are required for this activity. CARE has been successful in the past in helping to reorient GoN policies, especially in the natural resources management and family health sectors. The proposed project will train GON civil servants who work in natural resource management, health, and agriculture, in order to increase their skills in the household and community PRA approach and support a climate which will value participatory, household involvement in development decisions.

D28. MISSION CONTACT: Status and nature of prior or ongoing discussions with USAID Mission staff. Indicate dates and names of staff contacts.

CARE Niger has contacted Mr. Curt Nissly, Chief of the Office of Natural Resource Management and Agriculture, USAID Niger. He has received and commented on a copy of the proposed activity.

D29. GENDER: How have/will gender differences been/be addressed in the design, implementation, management and evaluation of the program?

All on-going CARE programs have specific objective to incorporate women in the design, execution and evaluation of activities. This varies from one project to the next and female participation in Niger is extremely limited due to the social context. However, CARE Niger feels that both its staff and projects have the experience and the reputation (from dedicated women's programs) to make gender-analysis a principal component of the PRA training for CARE, local NGOs and the GoN. All training and evaluation activities undertaken through this grant will emphasize the gender issues of development and how to insure the participation of women in PRA activities.

D30. INSTITUTIONAL DEVELOPMENT: Describe local institution building activities in your proposed program, including a description of local counterpart organization(s) that will participate in program and how your program will strengthen them.

The project will work with three sets of partners - ongoing CARE projects, local NGOs and GoN technical service representatives. CARE seeks to develop a permanent cadre of staff trained in PRA/HLS methodologies for its Niger programs and will take all necessary steps to make this a reality through this program. The project will work with a variety of local NGOs active in rural development (Ridd Fatila, Karkara, APOR, ACA as examples of ones already involved in CARE projects) to help them institutionalize household and community PRA inside their own organizations. The project proposes to train GoN civil servants, especially in the Ministries of Agriculture, Environment and Health, in household and community PRA methodologies to further their understanding and use of PRA in other activities or in other development projects and help identify key GoN agents that can serve as future trainers in PRA. Participation of all these partners will be via training and direct roles in executing PRA activities within on-going CARE projects.

D31. INSTITUTIONAL SUSTAINABILITY: Describe the processes you will undertake to facilitate institutional sustainability of the program. What is your plan for ensuring that the intended program beneficiaries, counterpart organizations, and local/regional/national authorities participate in the planning and implementation of the program? How will other external resources, such as locally contracted and trained personnel be progressively incorporated into the program?

CARE intends to make this a permanent approach through the direct involvement of local NGOs and the government services. In addition it plans to build on the local PRA Network (MARP) initiative to help develop its capacity to support PRA activities in Niger. Finally, CARE will use local and regional institutions for technical assistance and training conducted under this grant

to secure the best adapted tools and approaches from within the region. All project funds are devoted to training and operations in support of training in PRA.

D32. PLANNED DURATION OF OUTSIDE SUPPORT of country activities.
CARE Niger will use Matching Grant funds available under this grant for four years to support the training in PRA for itself and other institutions. CARE's on-going, non USAID-financed projects will contribute one half of the estimated budget and all future CARE Niger projects will incorporate PRA activities and the concomitant funding required for future implementation in its projects or in future support to local institutions. CARE's diverse international donor support and their interest in the PRA/HLS approach make continued support for this a strong possibility.

D33. FINANCIAL SUSTAINABILITY: How do you plan to achieve financial sustainability of your program after outside support ends? If there will be recurrent costs, what processes will be implemented for recovery of these expenses?
All CARE projects have individual strategies which aim to sustain project activities or impact after the projects end. Community-directed projects strive to reduce or eliminate recurrent costs to participants after project completion. CARE's larger programs seek to create self-financing programs (Maradi-credit) or activities that can be perpetuated in the communities at no cost (MMD). The proposed program will achieve sustainability through its focus on training and institutionalization of the PRA/HLS approach in local NGOs and GoN services.

D34. ENVIRONMENTAL IMPACT: Describe the process by which environmental impact has been assessed, and possible positive and negative effects which may be created by the proposed program.
The Agriculture and Natural Resources (ANR) Unit at CARE has designed rigorous evaluation tools which encourage environmental impact assessments for all sectoral projects. The standard we continuously hold ourselves to is to make available to farmers technologies which are cleaner, less capital-intensive, less harmful to humans and other species, more efficient in natural resource use and result in direct and immediate gains in food and income security. Since 1990, CARE-USA has adopted a stringent policy on pesticide use in CARE programs. CARE will permit the use of non-prohibited chemical pesticides only where non-chemical alternatives prove to be unavailable or ineffective. Other potential negative environmental impacts are mitigated by avoiding monocultures, showing preference for IPM and agroforestry, and promoting forest harvesting only in conjunction with regeneration of native species. Project staff are encouraged to examine such indicators as soil organic matter, erosion, participant understanding and management of natural resources and domestic/wild plant and animal diversity.

D35. YOUR OTHER IN-COUNTRY A.I.D.-FUNDED ACTIVITIES (e.g., Title II Food Aid -- including monetized Title II resources, OPG's, contracts, Child Survival grants). Specify the activities being funded. What is the relationship of the proposed program to these other activities?
CARE's current USAID-funded programs were presented briefly in section **D26** above. They include the centrally funded integrated Child Survival and Family Planning project in Zinder and the Maradi Micro-Enterprise project in Maradi. All USAID funded activities will be included in the new activities proposed under this grant as part of the objective to increase CARE's capacity to incorporate effective PRA/HLS strategies into its programs. However, none will contribute financially to the match required under this grant which will be assured by CARE's non-USAID origin financing.

D. COUNTRY-SPECIFIC ACTIVITIES

[NOTE: The following 7 pages (questions 19-35) should be copied and filled out with information specific to each country in which activities are proposed.]

Country: Ethiopia

D19. Overview of Country Program (Summary of country-level objectives and activities and their relationship to the overall matching grant.)

CARE has been operating in Ethiopia since 1985. The first activities carried out were relief operations aimed at mitigating the effects of the large scale drought affecting the country at that time. Once the drought ended, CARE moved into rehabilitation and development programming, while maintaining its capacity to respond to emergency situations. Over the years CARE's programming goals and strategies have changed and evolved. Originally CARE was concerned with meeting the food needs of the people; later the organization focused on trying to improve agricultural production through the introduction of improved soil and water conservation measures, as well as improved agricultural practices. CARE has since broadened its programs to address the root causes of food insecurity and is presently expanding into new programming sectors such as Population, AIDS and Small Economic Activity Development (SEAD).

The overall goal of CARE Ethiopia is to improve food security for the people living in the areas in which it operates. The Country Office has a wide range of projects and activities which span the spectrum from relief to development and contribute to the overall goal of improved food security. Presently CARE has three Food for Work (FFW) supported, agricultural focused projects, two non-food agricultural based projects, one development project working with pastoralists, one buffer zone project, one urban FFW supported infrastructure development project and one water delivery project for refugees. There are plans to begin three new projects in the near future: a Population/AIDS Awareness Project, an Urban Savings and Credit Project and a Rural Savings and Credit Project. CARE takes responsibility for helping meet the food needs of the people living in all the areas in which it works.
This is mainly done through FFW, but in times of great need, emergency distributions are also used. CARE is constantly reviewing how it can best use food aid and is always looking for new approaches; it is presently experimenting with local monetization of food in one of its operating areas. Four years ago CARE initiated its own early warning/food information system know as CARE Ethiopia Food Information System (CEFIS). Through its CEFIS network, CARE carefully monitors the food situation in all the geograpic areas in which it operates.This allows CARE to better target food aid. CEFIS staff regularly gather relevant information (food and livestock prices, rainfall data, crop performance, etc.) which is fed into a central office and analyzed. The resulting information allows CARE to plan and implement appropriate interventions on a timely basis.

CARE Ethiopia is presently in a period of transition. The Country Office has recently begun two major planning exercises which will have a significant impact on its future direction over the coming five years. First , CARE Ethiopia is preparing a Long Range Strategic Plan (LRSP) which will chart the overall direction of CARE Ethiopia's programs for the period of July, 1996 through June, 2001. Second, CARE Ethiopia is preparing a five year Development Project Proposal (DPP) for USAID Title II Food Aid. This document will focus on how the mission will utilize food aid to improve food security in its operating areas. While both these documents are still in their early stages, it is expected that there will be some major shifts in the way CARE Ethiopia carries out its programs. It is anticipated that there will be an increased emphasis on working with partners, as well as an increased effort to ensure

that all programs (whether relief or development) contribute to long term, sustainable Household Livelihood Security.

Therefore CARE Ethiopia seeks to use Matching Grant resources to give it the means to proceed rapidly and systematically in the important areas of HLS programming and partnerships. As the two planning exercises (LRSP and DPP) have yet to be completed, it is difficult to present a detailed agenda as to exactly how the funds from the Matching Grant be utilized. Therefore much of what is presented in this proposal is illustrative and may be modified in consultation with AID once the LRSP and DPP are finalized. We explicitly acknowledge that further approval will be sought from USAID Ethiopia once the LRSP and DPP are completed. However, it is clear that Matching Grant funds will be used to assist the mission in researching, developing and implementing comprehensive strategies in these two key areas, partnerships and improved programming through the HLS framework. The ultimate beneficiaries of these initiatives will be the people of Ethiopia with CARE is working, through improved, sustainable, high impact programs.

In addition, CARE Headquarters envisions using CARE Ethiopia as a "sentinel" Country Office in Africa, sharing CEFIS and other tools through cross-visits throughout the continent. CARE Ethiopia, in turn, will learn from what is going on in other CARE countries. This exchange will also be facilitated by the Food Security Regional Technical Advisors based in Addis.

D20. **BASELINE DATA ON BENEFICIARIES at the start of the grant support. Identify and quantify beneficiaries (direct and indirect) of program activities. Please disaggregate beneficiary populations by gender. Also provide baseline data on the level of beneficiary development (e.g., production, income, savings, number of groups formed, available resources). Identify the source of the data (e.g., UNDP, PVO's baseline survey, World Bank).**

Identify and quantify beneficiaries (direct and indirect) of program activities. Please dissagregate beneficiary populations by gender. Also provide baseline data on the level of beneficiary development (e.g. production, income, savings, number of groups formed, available resources). Identify the source of data (e.g., UNDP, PVO's baseline survey, World Bank).

Ethiopia has a population of 54 million and is one of the poorest, least developed countries in the world with a GNP per capita of only $100, an infant mortality rate of 204 per 1000 and 48% of children under 5 being underweight (all figures from UNICEF).

CARE Ethiopia presently works directly with approximately 110,200 people (excluding the refugees receiving water through CARE), with the indirect beneficiaries of CARE's programs being approximately 550,000 people. These figures increase substantially during drought years when food needs increase. Approximately 20% of CARE's direct beneficiaries are female, while 50% of the indirect beneficiaries are female.

D21. **INPUTS: Description of logframe inputs, including in-country staffing, technical assistance, and other inputs for each year of the grant.**

YEAR 1:

- Workshop for senior level CARE staff on the concepts and practicalities of HLS.
- Workshop on the concepts and practicalities of HLS for Government Counterparts at national level.
- Workshop at two CARE sub-offices on the concepts and practicalities of HLS.
- Needs assessment for government counterparts at regional, zonal and woreda levels.
- Consultancy to establish HLS indicators for Urban areas in Ethiopia.
- Consultancy to establish HLS indicators for pastoral economies in Ethiopia.
- Workshop on Partnering for International NGOs to exchange experiences and

determine best practices (Possible linkages with Action Aid, Farm Aid and other PVOs engaged in institutional capacity building will be examined).
- Evaluation of CEFIS to determine its strengths and weaknesses and identify ways it could better be used to monitor HLS.

YEAR 2:

- 5 Zonal Level workshops for Government counterparts and NGOs to discuss the concepts and methodologies of HLS.
- Workshop at three CARE sub-offices on the concepts and practicalities of HLS.

Rapid HLS Assessment in one of CARE's urban working areas.
- 3 workshops held for government counterparts at various levels(topics will be identified through Year 1 needs assessment).
- Capacity/Gap Assessment for potential local NGO partners.

YEAR 3:
- Rapid HLS Assessment in one of CARE's pastoral working areas.
- Workshop for local NGO's which are presently, or have potential to be, partners of CARE (topics will be identified through Year 2 Capacity/Gap Assessment).
- Conduct vulnerability mapping exercise within CARE project areas in Ethiopia to better connect targeting mechanisms and programming elements in CARE's working area.
- 3 workshops held for government counterparts at various levels (topics will be identified through Year 1 needs assessment).
- Consultancy to review CARE Ethiopia's Monitoring & Evaluation structure and recommend improvements, particularly in light of HLS framework.

YEAR 4:
-Workshop for NGOs on phasing out strategies for development projects.
- 3 workshops held for government counterparts at various levels(topics will be identified through Year 1 needs assessment).
- Workshop for local NGO's which are presently, or have potential to be, partners of CARE (topics will be identified through Year 2 Capacity/Gap Assessment).
- Rapid HLS Assessment of the same area which was covered by CARE's 1993 Rapid Food Assessment.
-Rapid HLS Assessment for Eastern Hararghe.

YEAR 5:
- Evaluation of CARE's partnering efforts to date.
- Household level impact study in one of CARE's project areas.

ONGOING:

- One staff member (Program Officer) assigned to coordinate (plan, organize, monitor, report on) all activities related to PHLS program.
- Comprehensive socio-economic and baseline surveys for all CARE's present and future operating areas.
- Project Development Fund to be used by CARE and partners to fund project research and design activities.
- Publication fund available to CARE and partners in order to fund publication of reports, studies, proceedings, etc. relevant to HLS and partnering.

D22. TRAINING: If training is to be a component of the proposed program, describe how the activities will serve to accomplish program objectives. Also indicate training methodology to be used, anticipated target groups, and plans for follow-up.

Training will be a core component of CARE Ethiopia PHLS Initiative. Training will be offered to CARE staff (and partners) in the a variety of areas related to HLS, including the basic concepts of HLS, project design using the principles of HLS, and Monitoring and Evaluation techniques to measure program impact. Training will be a central part of CARE's partnering initiative as well, with training being offered to partners in a wide range of subjects such as project management, project design, M & E, etc. These training sessions would be aimed at building capacity and ensuring the long term sustainability of CARE's partners to design and implement projects using the HLS framework.

A variety of training methods will be used, depending on the subject matter and target group. These include participatory workshops, cross visits, simulation exercises, etc. Follow-up on the training will be ensured through sequential training workshops, thus allowing for skills upgrading over the length of the project. The effectiveness of the training will be measured through post training evaluations.

D23. **OUTPUTS/TARGETS: Description of logframe outputs/targets that will be used in the ongoing monitoring and evaluation of the country program.**

- All senior level CARE program and project staff fully understand the concepts of HLS and household livelihood analysis-based project design tools are in use by Country Office and Partners.
- Mechanisms developed to collect comprehensive socio-economic and baseline data available in all CARE's working areas.
- Impact indicators for HLS established for the three major environments in which CARE works - agricultural, pastoral and urban.
- A clearly defined, mission level M & E strategy.
- CARE's government counterparts understand the concepts of HLS and use them in the design, implementation and monitoring of their development projects.
- A clearly defined policy on partnerships (including selection criteria).
- Upgraded skills for CARE's partners in project design, M & E (and other areas identified by themselves) required for successful project implementation.
- A substantial body of literature relating to HLS and Partnering in the Ethiopian context..

D24. **CRITICAL INDICATORS to be used in the monitoring and evaluation of the country program (critical indicators must monitor success toward program objectives). (Note: These are to be used in preparing the aggregate logframe.)**

- All CARE projects will be designed/redesigned using the HLS framework.
- All CARE projects (both direct implementation and projects being implemented with partners) have comprehensive socio-economic and baseline data.
- At least 25% of CARE's projects will be implemented through partners.
- All CARE projects (including projects with partners) will have a clearly defined M & E strategy which will allow for the monitoring of project activities in order to measure impact related to HLS.
- CARE would be viewed as a leader in Ethiopia in programming using the HLS framework and other NGOs (both international and local) would consult CARE on issues related to HLS.
- Vulnerability maps exist for CARE project areas and are being used to better target project interventions.

D25. **MONITORING PLAN: How and when will each of the country-specific critical indicators listed in D24 be investigated?**

The person hired to oversee the implementation of the PHLS program would be required to draw up an Annual Operating Plan (AOP)in line with the Outputs and Indicators set down in this document. This would be reviewed three times a year (beginning, middle and end of the year) by the CARE Ethiopia Program Director to ensure that work was progressing as planned. Adjustments would be made to

the work plan as necessary. At each of these sessions, the indicators would reviewed.

D26. RELATIONSHIP TO USAID MISSION AND HOST GOVERNMENT'S DEVELOPMENT PRIORITIES: Describe how your program relates to the development priorities of the USAID mission and the host government in the proposed country. If applicable, give a summary of any planned collaboration in your field-level activities with Host Government ministries, Peace Corps, other U.S. PVOs, or other international organizations. (Include letters of support as *Attachment 9 (optional)*, if available).

USAID/Ethiopia has an overall Program Goal of "Peace, Prosperity and Physical Well Being for the Majority of Ethiopians", with three Program Sub-Goals: "Enhanced Food Security", "Smaller, Healthier and Better Educated Families" and "An Increasingly Stable and Democratic Ethiopia". CARE Ethiopia's overall program is closely related to the objectives of USAID Ethiopia. Improved Food Security is the overriding goal of CARE Ethiopia and directly relates to one of USAID's Sub-Goals. In addition, CARE's new Population initiative is directly related to another of USAID's Sub-Goals (Smaller, Healthier, Better Educated Families).

CARE Ethiopia is planning to use the Matching Grant to be improve the impact and sustainability of its ongoing programs through increased partnerships and the use of the Household Livelihood Security framework. This is directly in line with the goals of the USAID Mission.

Among the development priorities of the Ethiopian Government (as laid out in their Five Year Development Program) is the Rural and Agricultural Development Strategy. While stressing the importance and validity of the newly adopted decentralized form of government, the Development Program recognizes the pronounced lack of qualified personnel at the regional, zonal and woreda levels and stresses the need to upgrade the skills of the government staff at all of these levels through targeted training.

The proposed PHLS program would help to reduce this skill gap through training activities for government staff at all levels (region, zone and woreda) on the promotion and monitoring of HLS. CARE would assist in skill training for government officials in disciplines (as identified in a needs assessment) necessary for them to carry out their duties. This would result in government agencies actively and effectively participating in The Rural and Agriculture Centered Development Strategy, which would be in line with CARE's overall goal of improving the Household Livelihood Security of the Ethiopia's population.

D27. HOST GOVERNMENT POLICY DIALOGUE: Discuss any efforts being made by your organization to influence, at the local and national levels, government policies that impact your program. In addition, discuss host government actions or approvals that are needed and plans for securing them.

To date, Ethiopia's efforts in this area have been limited to working their main counterparts, the National Commission for Disaster Preparedness and Prevention and the Region IV Relief and Rehabilitation Bureau, to improve relations between the Ethiopian Government and NGOs in general, and CARE in particular. One CARE staff member is presently on the executive committee of CRDA, the NGO umbrella group which represents NGO interests with the government and lobbies for NGOs.

To operate in Ethiopia an NGO must have a signed agreement with the government, as well a project agreement for each project. CARE has signed all the necessary agreements with the appropriate government agencies.

D28. MISSION CONTACT: Status and nature of prior or ongoing discussions with USAID Mission staff. Indicate dates and names of staff contacts.

CARE Ethiopia has been in contact with Carla Barbiero of USAID/Ethiopia in November, 1995 to discuss this proposal and the PHLS initiative.

D29. GENDER: How have/will gender differences been/be addressed in the design, implementation, management and evaluation of the program?

CARE Ethiopia is well aware of the necessity of considering gender issues in all aspects of its work, from internal staff policies to project design, implementation and evaluation. In order to more systematically address the important issue of gender, CARE Ethiopia is in the process of developing a Gender strategy which will guarantee that all aspects of CARE's operations are gender sensitive.

In view of the large number of trainings/workshops planned for this program, these events will be the main forum for addressing gender issues. First, CARE will consciously and actively promote the participation of women in training sessions and workshops. Second, CARE will ensure that the various workshops and training sessions examine subject matter from a gender perspective. For example, project design workshops will stress the need for gender analysis in order to ensure the issues and concerns of both men and women are properly understood and addressed.

D30. INSTITUTIONAL DEVELOPMENT: Describe local institution building activities in your proposed program, including a description of local counterpart organization(s) that will participate in program and how your program will strengthen them.

Institutional development will be a major thrust of the PHLS program in Ethiopia. CARE plans to actively promote capacity building for government agencies and ministries at the national, regional, zonal and woreda levels, as well as for indigenous (Ethiopian) NGOs.

Government counterparts expected to benefit include the following:

- Commission for Disaster Preparedness and Prevention (at national, regional, zonal and woreda levels);
- Zonal and woreda Administration offices;
- Ministry of Agriculture (national, regional, zonal and woreda levels);
- Ministry of Health (national, regional, zonal and woreda levels);
- Ministry of Water, Minerals and Energy (national, regional, zonal and woreda levels);

Numerous, yet to be identified, indigenous NGOs will benefit from the PHLS program, as well.

All these organizations will benefit from the PHLS program as CARE will assist in identifying, planning and implementing training programs which will be specifically aimed at improving their ability to carry our sustainable development activities.

D31. INSTITUTIONAL SUSTAINABILITY: Describe the processes you will undertake to facilitate institutional sustainability of the program. What is your plan for ensuring that the intended program beneficiaries, counterpart organizations, and local/regional/national authorities participate in the planning and implementation of the program? How will other external resources, such as locally contracted and trained personnel be progressively incorporated into the program? In order to improve the chances for the sustainability of the skills/knowledge imparted through the training activities, CARE will ensure that the agencies benefiting from the training are actively involved in the entire training process, from subject identification through the actual implementation of the training sessions, to the evaluation of training activities. It is also anticipated that if the training sessions are

successful, the organizations which have benefited from them will continue to use the services of the people conducting the training sessions after the PHLS training is completed.

D32. PLANNED DURATION OF OUTSIDE SUPPORT of country activities.
Formal support under the PHLS program will continue for the five year life of the grant. However, considering the size and scope of the problems facing Ethiopia, CARE expects to continue working in Ethiopia for the foreseeable future. CARE's Country Office and Headquarters Structures will continue to support the initiatives begun under the PHLS program as long as CARE remains operational in Ethiopia. CARE's well developed and diverse donor base is likely to continue to support activities in Ethiopia.

D33. FINANCIAL SUSTAINABILITY: How do you plan to achieve financial sustainability of your program after outside support ends? If there will be recurrent costs, what processes will be implemented for recovery of these expenses? CARE Ethiopia believes that one of the main reasons for participating in the PHLS is to increase sustainability on all levels, including financial sustainability. A large portion of the resources obtained through this grant will be used to strengthen local partners (both government and non-government) in a variety of areas so that they will be able to continue to implement sustainable development activities once international NGOs such as CARE move from the area/region/country. By helping local organization better conceptualize and implement programs using the HLS framework, CARE will be helping insure long term, effective development continues into the future, long after the PHLS ends. CARE also plans to assist its partners with basic skills training in areas such as management and accounting, which will result in better use of the available resources and also help ensure long term financial sustainability.

D34. ENVIRONMENTAL IMPACT: Describe the process by which environmental impact has been assessed, and possible positive and negative effects which may be created by the proposed program.
Most of CARE Ethiopia's projects are in the Agriculture - Natural Resource Sector and involve the implementation of activities directly aimed at conservation and environmental rehabilitation. Activities commonly undertaken in CARE Ethiopia projects include terracing (soil bunds, stone faced bunds, bench terraces) gully treatment, tree planting, area closures, vegetative soil conservation measures (grass strips, agroforestry), organic matter management, etc. Two CARE Ethiopia projects are directly focused on conservation activities - The Conservation of Borana Eco-systems Project and the Awash Conservation and Development Project.

D35. YOUR OTHER IN-COUNTRY A.I.D.-FUNDED ACTIVITIES (e.g., Title II Food Aid -- including monetized Title II resources, OPG's, contracts, Child Survival grants). Specify the activities being funded. What is the relationship of the proposed program to these other activities?
Current USAID funding for Ethiopia includes the following projects:

- Eastern Hararghe Relief and Rehabilitation Project
- Western Hararghe Relief and Rehabilitation Project
- East Shoa Rehabilitation and Development Project
- Urban Food for Work/Community Infrastructure Improvement Project
- CARE Ethiopia Food Information System
- Oil Monetization Project

All of the projects are funded through the USAID Title II Regular Food Program. The present cycle of funding for these projects ends in FY96 and CARE Ethiopia is presently preparing a new DPP for these projects for the period of FY97 through FY01.

All of the USAID funded projects (except the Oil Monetization Project) would benefit from this proposed matching grant as the technical assistance and other services available through the grant will be made available to, and will be utilized by, the projects.

E. PROGRAM MANAGEMENT/HEADQUARTERS ACTIVITIES

E36. ORGANIZATIONAL EXPERTISE: Previous program experience and staff capabilities which demonstrate your capacity to carry out the proposed activities. (An organizational chart should be provided as *Attachment 4*, as well as CV's or statements on the qualifications of key personnel, indicating task/position for this program.) CARE is the world's largest non-governmental, non-profit, relief and development agency. By the beginning of the Matching Grant, CARE will have completed 50 years of operation. As such, it is an agency with enormous "hands-on" management experience in developing countries. It has special expertise in delivering development programs in hard to reach rural areas and a long history of working with governments, NGOs and PVOs down to the village level. Because of the longevity of its presence in some countries, it has profound knowledge of local conditions, high credibility, and well developed national staffs. It also has special technical expertise in the areas of Agriculture/ Natural Resources, Small Enterprise Development, Primary Health Care, Food Security, Population and Girls' Education. CARE also has a Food Security Unit that has done a great deal of work on developing Food and Livelihood Assessment tools and conducting assessments in 16 Country Offices.

E37. PROGRAM STAFFING PLANS: Individuals/departments responsible for managing this program at your organization's headquarters and in the field. What will be the arrangements for technical backstopping? Include also the division of responsibilities and whether any staff changes are foreseen.

Three major groups in CARE's Program Division will share responsibility for implementation of Matching Grant activities. The Technical Assistance Group (TAG) will be responsible for providing sectoral TA and tools for household livelihood security assessments, baseline and monitoring systems, Country Office long-range strategic plans and project designs/redesigns.They will be responsible for conducting regular sectoral portfolio analyses and moving programs towards best practice. TAG is headed by Dr. Larry Frankel who was active in CARE's work under previous Matching Grants and is knowledgeable about the lessons learned from those grants, as well as the relationship with PVC. One TAG Unit (the Food Security Unit), which has done much of CARE's work in food and livelihood security, will have an additional livelihood security expert added with grant resources and become the Food and Livelihood Security Unit. This unit will be responsible for designing frameworks and tools for household and community analysis in conjunction with the Design, Monitoring and Evaluation Coordinator.

The Regional Management Group (RMG), headed by Marge Tsitouris, will be responsible for generating the regional strategies from which the country level changes will take place. As part of this effort, country profiles and cross-cutting themes will be identified for each region, identifying the key livelihood security issues. The RMG will also provide support to Country Offices in the production of long-range strategic plans which help COs make difficult programmatic choices in terms of target group and interventions. The key Country Offices will ultimately be responsible to the RMG for the accomplishment of their long-range strategic plans and the achievement of impact at the beneficiary level.

The Management and Organizational Development Services (MODS) Group, headed by Jon Mitchell, will take responsibility for producing management development capacity tools (including strategic planning) and adapting these CARE tools for use by the indigenous institutions with which we work.

All three groups (MODS, TAG and RMG) report to the Vice President of Programs, Dr Marc Lindenberg, who is responsible for the overall programmatic vision at CARE. In addition, a Partnership Coordinator will be in place by January. To show the importance the new Partnership initiative has in CARE's overall strategy, this position will initially report to the Vice President as well. CARE is currently going through some restructuring which will not be fully decided upon until after the submission of this proposal (March '96). One

possible alternative being considered is to house the Design, Monitoring and Evaluation Coordinator, the Partnership Coordinator and the Food Security Unit into a broader Household Food and Livelihood Security Group which would take a significant leadership role in the implementation of the matching grant.

Grant funding will be used to support the following positions: Design, Monitoring and Evaluation Coordinator, Partnership Coordinator, Household Livelihood Security Coordinator, part of the TAG Director and small portions of the Regional Technical Advisors in Africa and Latin America based on specific technical assistance provided to the key Country Offices.

E38. PREVIOUS AND CURRENT A.I.D.-FUNDED PROJECTS undertaken by your organization. List these projects as *Attachment 5*. Include the A.I.D. source of funds, the amount, and briefly describe each activity.

E39. PROGRAM CONTINUITY: If this program is helping your organization to strengthen your planning, technical, and management capacity in a new program area, how will this capacity be sustained after the grant ends.

Several considerations have been taken into account to ensure the sustainability of capacity established under this grant:

1) Only one new HQ position has been created with grant resources. All other positions currently exist.

2) The strategic directions supported by the grant were decided upon after an extremely rigorous analysis of global trends. There is a strong consensus that partnership and household livelihood security are core capacities that CARE **must** maintain. CARE has an established track record in investing its own resources in capacities initially generated with AID resources. Last year, for example CARE budgeted more than $1.3 million to maintain its technical assistance capacity initially established under an AID Matching Grant.

3) The bulk of the resources are targeted on building CARE Country Office capacity which will be institutionalized within the life of the grant.

4) A major focus of the grant is to build institutional capacity in indigenous institutions. This will lead to local partners who have capacity to develop, implement and fund good quality programs. This will ensure sustainable local capacity without continued grant resources.

E40. **PROGRAM FINANCIAL ACCOUNTING: Management information procedure for ensuring accountability in the use of U.S. Government funds and your private match. Describe headquarters/field program budgeting and reporting procedures.**

CARE's Country Offices (COs) prepare annual budgets that are reviewed and approved by the appropriate Regional Management Unit (RMU), the line management for COs. Budget revisions may be made on a monthly basis and must be approved by the RMU. CO Monthly financial reports are processed through the Manila-based CARE USA Overseas Finance Operations. The reports produced by Manila are shared and reviewed by both CO staff and Headquarters staff, including RMUs. For this grant program, Headquarters financial transactions will also be monitored by the Manila staff and consolidated with the Country Office information. This Matching Grant Program will have a specific administrative and financial accountant based in Manila who will produce internal monitoring reports on the use of the AID funds and the private match funds. These reports will be shared and reviewed widely within CARE, including the RMUs, the Technical Assistance Group (TAG) and the Management and Organizational Development Group (MODS) within the Program Division. The Manila staff will also produce all external financial reporting on this Matching Grant Program.

E41. PROGRAM BUDGET NARRATIVE: Narrative discussion of program budget line items, method of estimating costs, and related assumptions. Refer and correlate this narrative to the prepared budget tables that are to be submitted as Attachment 1 to your application. Blank budget sheets are attached to this application form as Attachment A and can be used as models for providing the requested data. If key program cash contributions are coming from sources other than A.I.D. and the PVO, describe the proposed arrangements and the status of the negotiations.

I. PROGRAM ELEMENTS:

CARE proposes a budget of $12,378,600 for the PHLS five year program with USAID's portion at $6,173,600 and CARE's at $6,205,000. Attachment 1 shows the planned Country Office (related to the specific Country Office programs), Regional (related to field based activities), and Headquarters (related to program management and administration) budgets. The planned Country Office and Regional activities combined comprise a total of over 64% of the total requested USAID budget.

A & B) The Salaries and benefits line item reflects Country Office and Headquarters level of effort being supported by the grant given the overall grant program activities. The compensation is consistent with CARE's organizational policy for salaries and benefits. The Country Office and HQ budgets reflect incremental five percent increases due to inflation and merit increases.

C) Travel, Transportation, and Per Diem reflects approximately 40% international travel and 60% domestic travel. Travel will be conducted in order to review field and country office project activities, and to attend international project related meetings. The travel and transportation costs are based on estimated airfare and ground transportation in support of the anticipated project activities. Additionally, CARE's per diem rate reflects our organizations per diem policy which is revised every six months in relation to the U.S. Federal Governments per diem standards.

D) CARE does not anticipate the use of USAID funds for subcontracting activities at this time.

E) Other Direct Costs consist of Conference , Workshop, and Training activities. The costs were budgeted based on similar activities' expenses for related programs. In addition, this line item includes vehicle maintenance and fuel, and general miscellaneous costs.

II. PROCUREMENT:

A) Consultants will be procured to facilitate workshops, to assist in project research and design, and to assist in project evaluations. The consultant rates used are consistent with the U.S. Government regulations on maximum costs allowance given daily rates.

B) Supplies reflects office equipment, and general office supplies for the start up and support of program activities.

III. INDIRECT COSTS:

The indirect cost recovery rate of 7.79% was used. This is CARE's negotiated provisional rate as per the most recent Negotiated Indirect Cost Rate Agreement between USAID and CARE as of May 8, 1995.

Overall, CARE has presented a budget that reflects the organizations policies and in consideration of U.S. Federal Government regulations. The methods of estimating costs were based on the anticipated activities and associated costs given similar activities in the past.

E42. FINANCIAL HISTORY/PROJECTIONS: Discuss your organization's financial history and projections. Refer and correlate this narrative to the budget table: *PVO Financial History and Grant Period Projections*.

In Fiscal Year 1995, CARE produced the highest total revenue of its fifty year existence at $460 million. While the initial plan for total revenues in FY 1996 is significantly lower than FY 1995 (particularly in the amount of revenues generated from the U.S. Government resources), FY 1996 and years through FY 2001 will see CARE's overall revenues fall back to a range of about $340-$370 million per year. In FY 1996, CARE's fiftieth year, the amount of private donor funds may reach an all time high of $56 million. While private donations may decline from the fiftieth anniversary record, they will project an upward trend through FY 2001. With an uncertainty as to the overall effect of possible cutbacks in U.S. Government assistance over the coming years, CARE is projecting falling revenues from PL 480 resources (and associated costs) and

a decline in cash awards from USAID (to around $50-$60 million per year). These decreases may be partially made up from increases in revenues from host governments and other bilateral/multilateral donors. Overall, CARE will remain a financially healthy organization.

E43. EXTERNAL EVALUATIONS (program or project) of your organization which have been completed in the past three years. Provide this information as, giving the dates, and countries, and identifying the evaluators. Provide, as *Attachment 7*, the Executive Summary and program recommendations of the most recent evaluation of your organization by BHR/PVC, if one has been undertaken, or other recent external evaluation.

E44. CAPABILITY FOR MONITORING AND EVALUATION of the program by your organization.

CARE has recently recruited a Monitoring and Evaluation Coordinator. This person has already begun to plan and conduct generic evaluation training on a regional basis throughout the organization. In addition, he will be responsible for assisting the Partnership Coordinator in the development of monitoring and evaluation indicators for working with partners/ institutional capacity building, working with the Food and Livelihood Security Unit in coming up with a livelihood security index to measure changes in well-being at the household level, and providing direct TA to key Country Offices to strengthen their monitoring and evaluation capacity.

As a result of previous partnership with AID, CARE already has five high-quality sectoral evaluation strategies and a number of quality technicians in the Technical Assistance Group to ensure their application in the field. The challenge under the Matching Grant program is to consolidate these strategies into cross-sectoral set of tools focused on livelihood security. With broad buy-in to household-centered analysis, quality sectoral evaluation strategies and an Evaluation Coordinator, we believe this will be accomplished.

In addition, we have a Budget and Grants Administration (BGA) Unit which can ensure compliance with all U.S. Government regulations. The BGA will coordinate with CARE's Finance Dept. to assure timely and accurate financial reporting to AID.

Attachment 1

PVO Financial History and Grant Period Projections

CARE

Matching Grant
FY 96 Application

PVO FINANCIAL HISTORY AND GRANT PERIOD PROJECTIONS

($'s in Thousands)

	Financial History					Projections for the Period of the Grant			
SOURCE OF FUNDS	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2001**
AID Matching Grant	$ 1,456	$ 1,379	$ 1,703	$ 1,076	$ 1,181	$ 1,313	$ 1,337	$ 1,170	$ 1,173
Private-------Cash	$ 49,202	$ 44,193	$ 47,240	$ 55,472	$ 48,000	$ 49,000	$ 50,000	$ 51,000	$ 52,000
Private--------In-Kind	$ -	$ 601	$ 2,448	$ 600	$ 600	$ 600	$ 600	$ 600	$ 600
Host/Other Gvmt - Cash	$ 89,494	$ 92,222	$ 95,138	$ 82,296	$ 85,000	$ 87,000	$ 90,000	$ 95,000	$ 95,000
Host/Other Gvmt--In-Kind	$ 78,583	$ 14,469	$ 22,563	$ 13,918	$ 15,000	$ 15,000	$ 15,000	$ 15,000	$ 20,000
Other USAID Grants	$ 67,534	$ 67,621	$ 88,147	$ 76,051	$ 65,000	$ 55,000	$ 50,000	$ 50,000	$ 50,000
Other U.S. Gvmt (PL480, Ocean Freight)	$ 156,531	$ 172,737	$ 197,134	$ 140,000	$ 140,000	$ 135,000	$ 130,000	$ 125,000	$ 120,000
Other									
Investment & Other Revenue	$ 6,932	$ 4,363	$ 5,270	$ 2,400	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Endowment and Miscellaneous	$ 1,322	$ 768	$ 548	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200
TOTALS	$ 451,054	$ 398,353	$ 460,191	$ 372,013	$ 357,981	$ 346,113	$ 340,137	$ 340,970	$ 341,973

Matching Grant
FY 96 Application
Program Summary Budget
(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	$ 385.1	$ 543.1	$ 407.3	$ 593.7	$ 422.8	$ 581.6	$ 402.6	$ 605.7	$ 394.6	$ 535.3	$2,012.4	$2,859.4	$ 4,871.8
b) Fringe Benefits	$ 150.1	$ 182.6	$ 150.9	$ 202.1	$ 163.3	$ 196.4	$ 133.7	$ 203.3	$ 134.3	$ 187.3	$ 732.3	$ 971.6	$ 1,703.9
c) Travel, Transportation, & Per Diem	$ 163.1	$ 142.9	$ 201.9	$ 150.0	$ 159.9	$ 140.4	$ 166.6	$ 146.5	$ 135.1	$ 144.6	$ 826.6	$ 724.4	$ 1,551.0
d) Subcontracts	$ -	$ 40.5	$ -	$ 35.0	$ -	$ 75.6	$ -	$ 93.4	$ -	$ 40.3	$ -	$ 284.8	$ 284.8
e) Other Direct Costs	145.5	126.2	157.4	112.3	241.2	123.0	116.7	121.5	231.2	118.0	$ 892.0	$ 601.0	$ 1,493.0
SUBTOTAL - Program Elements	$ 843.8	$1,035.3	$ 917.5	$1,093.1	$ 987.2	$1,117.0	$ 819.6	$1,170.4	$ 895.2	$1,025.5	$4,463.3	$5,441.2	$ 9,904.5
II. Procurement													
a) Consultancies	$ 206.6	$ 48.5	$ 261.6	$ 29.9	$ 216.7	$ 33.1	$ 225.6	$ 25.3	$ 186.1	$ 12.1	$1,096.6	$ 148.9	$ 1,245.5
b) Supplies	$ 45.6	$ 124.4	$ 38.8	$ 13.1	$ 36.4	$ 10.4	$ 40.1	$ 9.7	$ 6.7	$ 8.9	$ 167.6	$ 166.5	$ 334.1
SUBTOTAL - Procurement:	$ 252.2	$ 172.9	$ 300.4	$ 43.0	$ 253.1	$ 43.5	$ 265.7	$ 35.0	$ 192.8	$ 21.0	$1,264.2	$ 315.4	$ 1,579.6
III. Indirect Costs	$ 85.4	$ 94.1	$ 95.0	$ 88.4	$ 96.7	$ 90.4	$ 84.4	$ 93.9	$ 84.6	$ 81.6	$ 446.1	$ 448.4	$ 894.5
SUBTOTAL - Indirect Costs:	$ 85.4	$ 94.1	$ 95.0	$ 88.4	$ 96.7	$ 90.4	$ 84.4	$ 93.9	$ 84.6	$ 81.6	$ 446.1	$ 448.4	$ 894.5
TOTAL PROGRAM COSTS (I+II+III):	$1,181.4	$1,302.3	$1,312.9	$1,224.5	$1,337.0	$1,250.9	$1,169.7	$1,299.3	$1,172.6	$1,128.1	$6,173.6	$6,205.0	$12,378.6

Matching Grant
FY 96 Application
Program Summary Budget
(Supported by Budget Narrative - CASH $ in thousands)
CONSOLIDATED COUNTRY OFFICE BUDGETS

PVO: CARE

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	135.4	228.6	144.5	263.5	146.3	234.9	111.6	241.6	88.4	153.0	626.2	1,121.6	1,747.8
b) Fringe Benefits	74.1	88.2	70.9	103.0	79.1	92.4	45.0	94.1	40.8	72.6	309.9	450.3	760.2
c) Travel, Transportation, & Per Diem	96.2	66.7	132.7	70.0	109.0	56.4	113.1	58.3	78.9	52.0	529.9	303.4	833.3
d) Subcontracts		40.5		35.0		75.6		93.4		40.3		284.8	284.8
e) Other Direct Costs	85.5	36.2	97.4	17.8	101.2	23.8	91.7	17.3	91.2	8.6	467.0	103.7	570.7
SUBTOTAL - Program Elements	391.2	460.2	445.5	489.3	435.6	483.1	361.4	504.7	299.3	326.5	1,933.0	2,263.8	4,196.8
II. Procurement													
a) Consultancies	106.6	48.5	161.6	29.9	116.7	33.1	125.6	25.3	86.1	12.1	596.6	148.9	745.5
b) Supplies	45.6	124.4	38.8	13.1	36.4	10.4	40.1	9.7	6.7	8.9	167.6	166.5	334.1
SUBTOTAL - Procurement:	152.2	172.9	200.4	43.0	153.1	43.5	165.7	35.0	92.8	21.0	764.2	315.4	1,079.6
III. Indirect Costs	42.3	49.3	50.4	41.4	45.9	41.0	41.0	42.0	30.4	27.1	210.0	200.8	410.8
SUBTOTAL - Indirect Costs:	42.3	49.3	50.4	41.4	45.9	41.0	41.0	42.0	30.4	27.1	210.0	200.8	410.8
TOTAL PROGRAM COSTS (I+II+III):	585.7	682.4	696.3	573.7	634.6	567.6	568.1	581.7	422.5	374.6	2,907.2	2,780.0	5,687.2

Matching Grant
FY 96 Application
Country Budget for Bolivia
(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE Bolivia

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	$ 24.0	$ 61.5	$ 25.0	$ 86.3	$ 26.0	$ 64.4	$ 14.0	$ 63.8	$ 14.6	$ 51.3	$103.6	$ 327.3	$ 430.9
b) Fringe Benefits	$ 9.6	$ 24.6	$ 9.9	$ 34.5	$ 10.4	$ 25.8	$ 5.5	$ 25.5	$ 5.8	$ 20.5	$ 41.2	$ 130.9	$ 172.1
c) Travel, Transportation, & Per Diem	$ 21.9	$ 7.2	$ 33.6	$ 10.2	$ 23.0	$ 7.6	$ 30.8	$ 7.7	$ 19.7	$ 6.3	$129.0	$ 39.0	$ 168.0
d) Subcontracts	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e) Other Direct Costs	$ 2.0	$ -	$ 2.1	$ -	$ 1.1	$ -	$ 2.3	$ -	$ 0.6	$ -	$ 8.1	$ -	$ 8.1
SUBTOTAL - Program Elements	57.5	93.3	70.6	131.0	60.5	97.8	52.6	97.0	40.7	$ 78.1	$281.9	$ 497.2	$ 779.1
II. Procurement													
a) Consultancies	$ 27.0	$ -	$ 48.9	$ -	$ 29.7	$ -	$ 32.1	$ -	$ 31.0	$ -	$168.7	$ -	$ 168.7
b) Supplies	$ 2.0	$ -	$ 2.1	$ -	$ 0.5	$ -	$ 5.2	$ -	$ 0.6	$ -	$ 10.5	$ -	$ 10.5
SUBTOTAL - Procurement:	$ 29.0	$ -	$ 51.0	$ -	$ 30.2	$ -	$ 37.3	$ -	$ 31.6	$ -	$179.2	$ -	$ 179.2
III. Indirect Costs	$ 6.7	$ 7.3	$ 9.5	$ 10.2	$ 7.1	$ 7.6	$ 7.0	$ 7.6	$ 5.6	$ 6.1	$ 35.9	$ 38.7	$ 74.7
SUBTOTAL - Indirect Costs:	$ 6.7	$ 7.3	$ 9.5	$ 10.2	$ 7.1	$ 7.6	$ 7.0	$ 7.6	$ 5.6	$ 6.1	$ 35.9	$ 38.7	$ 74.7
TOTAL PROGRAM COSTS (I+II+III):	$ 93.2	$ 100.6	$ 131.1	$ 141.2	$ 97.8	$ 105.4	$ 96.9	$ 104.6	$ 77.9	$ 84.2	$497.0	$ 535.9	$1,033.0

Matching Grant
FY 96 Application
Country Budget for Ethiopia
(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE Ethiopia

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	$ 15.9	$ 25.0	$ 18.7	$ 25.0	$ 17.3	$ 26.0	$ 18.2	$ 25.0	$ 17.1	$ 25.0	$ 87.2	$ 126.0	$ 213.2
b) Fringe Benefits	$ 4.1	$ 9.0	$ 4.0	$ 9.0	$ 4.6	$ 9.0	$ 4.8	$ 9.0	$ 5.1	$ 9.0	$ 22.6	$ 45.0	$ 67.6
c) Travel, Transportation, & Per Diem	$ 23.2	$ 18.0	$ 42.0	$ 19.0	$ 21.7	$ 18.0	$ 24.8	$ 20.0	$ 8.2	$ 20.0	$ 119.9	$ 95.0	$ 214.9
d) Subcontracts	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e) Other Direct Costs	$ 25.0	$ -	$ 25.0	$ -	$ 25.0	$ -	$ 25.0	$ -	$ 25.0	$ -	$ 125.0	$ -	$ 125.0
SUBTOTAL - Program Elements	$ 68.2	$ 52.0	$ 89.7	$ 53.0	$ 68.6	$ 53.0	$ 72.8	$ 54.0	$ 55.4	$ 54.0	$ 354.7	$ 266.0	$ 620.7
II. Procurement													
a) Consultancies	$ 14.0	$ -	$ 24.0	$ -	$ 16.0	$ -	$ 14.0	$ -	$ 4.0	$ -	$ 72.0	$ -	$ 72.0
b) Supplies	$ 2.0	$ 8.0	$ 4.0	$ 4.0	$ 1.0	$ 4.0	$ 2.0	$ 3.0	$ -	$ 2.0	$ 9.0	$ 21.0	$ 30.0
SUBTOTAL - Procurement:	$ 16.0	$ 8.0	$ 28.0	$ 4.0	$ 17.0	$ 4.0	$ 16.0	$ 3.0	$ 4.0	$ 2.0	$ 81.0	$ 21.0	$ 102.0
III. Indirect Costs	$ 6.6	$ 4.7	$ 9.2	$ 4.4	$ 6.7	$ 4.4	$ 6.9	$ 4.4	$ 4.6	$ 4.4	$ 34.0	$ 22.3	$ 56.3
SUBTOTAL - Indirect Costs:	$ 6.6	$ 4.7	$ 9.2	$ 4.4	$ 6.7	$ 4.4	$ 6.9	$ 4.4	$ 4.6	$ 4.4	$ 34.0	$ 22.3	$ 56.3
TOTAL PROGRAM COSTS (I+II+III):	$ 90.8	$ 64.7	$ 126.9	$ 61.4	$ 92.3	$ 61.4	$ 95.7	$ 61.4	$ 64.0	$ 60.4	$ 469.7	$ 309.3	$ 779.0

Matching Grant
FY 96 Application
Country Budget for Mali
(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE MALI

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	$ 36.1	$ 32.4	$ 37.6	$ 34.0	$ 39.2	$ 35.8	$ 11.6	$ 37.5	$ 12.2	$ 39.5	$ 136.7	$ 179.2	$ 315.9
b) Fringe Benefits	$ 33.3	$ 15.9	$ 28.2	$ 16.6	$ 35.2	$ 17.5	$ 3.9	$ 18.4	$ 4.1	$ 19.3	$ 104.7	$ 87.7	$ 192.4
c) Travel, Transportation, & Per Diem	$ 2.5	$ 1.6	$ 2.5	$ 1.6	$ 2.6	$ 1.5	$ 2.6	$ -	$ 2.8	$ -	$ 13.0	$ 4.7	$ 17.7
d) Subcontracts	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e) Other Direct Costs	$ 25.4	$ 7.4	$ 36.1	$ 8.9	$ 40.2	$ 9.8	$ 29.8	$ 1.5	$ 37.7	$ 1.5	$ 169.2	$ 29.1	$ 198.3
SUBTOTAL - Program Elements	$ 97.3	$ 57.3	$ 104.4	$ 61.1	$ 117.2	$ 64.6	$ 47.9	$ 57.4	$ 56.8	$ 60.3	$ 423.6	$ 300.7	$ 724.3
II. Procurement													
a) Consultancies	$ 8.0	$ 18.9	$ 10.8	$ 18.3	$ 2.8	$ 7.8	$ -	$ 0.3	$ -	$ 8.3	$ 21.6	$ 53.6	$ 75.2
b) Supplies	$ 5.5	$ 83.1	$ 1.5	$ 4.6	$ 1.5	$ 4.8	$ 1.2	$ 4.8	$ 1.2	$ 5.2	$ 10.9	$ 102.5	$ 113.4
SUBTOTAL - Procurement:	$ 13.5	$ 102.0	$ 12.3	$ 22.9	$ 4.3	$ 12.6	$ 1.2	$ 5.1	$ 1.2	$ 13.5	$ 32.5	$ 156.1	$ 188.6
III. Indirect Costs	$ 8.6	$ 12.4	$ 9.1	$ 6.5	$ 9.5	$ 6.0	$ 3.8	$ 4.9	$ 4.5	$ 5.7	$ 35.5	$ 35.5	$ 71.0
SUBTOTAL - Indirect Costs:	$ 8.6	$ 12.4	$ 9.1	$ 6.5	$ 9.5	$ 6.0	$ 3.8	$ 4.9	$ 4.5	$ 5.7	$ 35.5	$ 35.5	$ 71.0
TOTAL PROGRAM COSTS (I+II+III):	$ 119.4	$ 171.7	$ 125.8	$ 90.5	$ 131.0	$ 83.2	$ 52.9	$ 67.4	$ 62.5	$ 79.5	$ 491.6	$ 492.3	$ 983.9

Matching Grant
FY 96 Application
Country Budget for Niger
(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE Niger

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	$ 22.0	$ 67.0	$ 23.3	$ 68.6	$ 24.8	$ 70.3	$ 26.2	$ 72.2	$ -	$ -	$ 96.3	$ 278.1	$ 374.4
									$ -	$ -			
b) Fringe Benefits	$ 5.5	$ 10.8	$ 5.8	$ 11.4	$ 6.2	$ 12.1	$ 6.6	$ 12.9	$ -	$ -	$ 24.1	$ 47.2	$ 71.3
									$ -	$ -			
c) Travel, Transportation, & Per Diem	$ 9.0	$ 9.0	$ 9.0	$ 9.0	$ 9.0	$ 9.0	$ 9.0	$ 9.0	$ -	$ -	$ 36.0	$ 36.0	$ 72.0
d) Subcontracts	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e) Other Direct Costs	$ 8.0	$ -	$ 8.0	$ -	$ 8.0	$ -	$ 8.0	$ -	$ -	$ -	$ 32.0	$ -	$ 32.0
SUBTOTAL - Program Elements	$ 44.5	$ 86.8	$ 46.1	$ 89.0	$ 48.0	$ 91.4	$ 49.8	$ 94.1	$ -	$ -	$ 188.4	$ 361.3	$ 549.7
II. Procurement													
a) Consultancies	$ 15.0	$ -	$ 30.0	$ -	$ 15.0	$ -	$ 30.0	$ -	$ -	$ -	$ 90.0	$ -	$ 90.0
b) Supplies	$ 27.0	$ 25.0	$ 27.0	$ -	$ 27.0	$ -	$ 27.0	$ -	$ -	$ -	$ 108.0	$ 25.0	$ 133.0
SUBTOTAL - Procurement:	$ 42.0	$ 25.0	$ 57.0	$ -	$ 42.0	$ -	$ 57.0	$ -	$ -	$ -	$ 198.0	$ 25.0	$ 223.0
III. Indirect Costs	$ 6.7	$ 8.7	$ 8.0	$ 6.9	$ 7.0	$ 7.1	$ 8.3	$ 7.3	$ -	$ -	$ 30.0	$ 30.0	$ 60.0
SUBTOTAL - Indirect Costs:	$ 6.7	$ 8.7	$ 8.0	$ 6.9	$ 7.0	$ 7.1	$ 8.3	$ 7.3	$ -	$ -	$ 30.0	$ 30.0	$ 60.0
TOTAL PROGRAM COSTS (I+II+III):	$ 93.2	$ 120.5	$ 111.1	$ 95.9	$ 97.0	$ 98.5	$ 115.1	$ 101.4	$ -	$ -	$ 416.4	$ 416.3	$ 832.7

Matching Grant
FY 96 Application
Country Budget for Peru
(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE Peru

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	$ 13.5	$ 29.6	$ 14.7	$ 34.9	$ 16.1	$ 33.1	$ 17.5	$ 37.5	$ 19.2	$ 31.4	$ 81.0	$ 166.5	$ 247.5
b) Fringe Benefits	$ 7.0	$ 23.6	$ 7.7	$ 26.8	$ 8.4	$ 25.4	$ 9.2	$ 25.6	$ 10.1	$ 21.9	$ 42.4	$ 123.3	$ 165.7
c) Travel, Transportation, & Per Diem	$ 23.0	$ 22.9	$ 24.2	$ 22.2	$ 25.4	$ 18.9	$ 26.7	$ 20.4	$ 28.0	$ 24.4	$ 127.3	$ 108.8	$ 236.1
d) Subcontracts	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e) Other Direct Costs	$ 15.0	$ 5.8	$ 15.7	$ 5.1	$ 16.5	$ 6.5	$ 17.3	$ 8.2	$ 18.2	$ 4.6	$ 82.7	$ 30.2	$ 112.9
SUBTOTAL - Program Elements	$ 58.5	$ 81.9	$ 62.3	$ 89.0	$ 66.4	$ 83.9	$ 70.7	$ 91.7	$ 75.5	$ 82.3	$ 333.4	$ 428.8	$ 762.2
II. Procurement													
a) Consultancies	$ 19.8	$ -	$ 21.0	$ -	$ 22.2	$ -	$ 23.5	$ -	$ 24.9	$ -	$ 111.4	$ -	$ 111.4
b) Supplies	$ 2.4	$ 1.8	$ 2.5	$ 0.5	$ 2.6	$ 0.4	$ 2.8	$ 0.7	$ 2.9	$ 0.5	$ 13.2	$ 3.9	$ 17.1
SUBTOTAL - Procurement:	$ 22.2	$ 1.8	$ 23.5	$ 0.5	$ 24.8	$ 0.4	$ 26.3	$ 0.7	$ 27.8	$ 0.5	$ 124.6	$ 3.9	$ 128.5
III. Indirect Costs	$ 6.3	$ 6.5	$ 6.7	$ 7.0	$ 7.1	$ 6.6	$ 7.6	$ 7.2	$ 8.0	$ 6.5	$ 35.7	$ 33.8	$ 69.5
SUBTOTAL - Indirect Costs:	$ 6.3	$ 6.5	$ 6.7	$ 7.0	$ 7.1	$ 6.6	$ 7.6	$ 7.2	$ 8.0	$ 6.5	$ 35.7	$ 33.8	$ 69.5
TOTAL PROGRAM COSTS (I+II+III):	$ 87.0	$ 90.2	$ 92.5	$ 96.5	$ 98.3	$ 90.9	$ 104.6	$ 99.6	$ 111.3	$ 89.3	$ 493.7	$ 466.5	$ 960.2

Matching Grant
FY 96 Application
Country Budget for Tanzania
(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE Tanzania

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	$ 23.9	$ 13.1	$ 25.2	$ 14.7	$ 22.9	$ 5.3	$ 24.1	$ 5.6	$ 25.3	$ 5.8	$ 121.4	$ 44.5	$ 165.9
b) Fringe Benefits	$ 14.6	$ 4.3	$ 15.3	$ 4.7	$ 14.3	$ 2.6	$ 15.0	$ 2.7	$ 15.7	$ 1.9	$ 74.9	$ 16.2	$ 91.1
c) Travel, Transportation, & Per Diem	$ 16.6	$ 8.0	$ 21.4	$ 8.0	$ 27.3	$ 1.4	$ 19.2	$ 1.2	$ 20.2	$ 1.3	$ 104.7	$ 19.9	$ 124.6
d) Subcontracts	$ -	$ 40.5	$ -	$ 35.0	$ -	$ 75.6	$ -	$ 93.4	$ -	$ 40.3	$ -	$ 284.8	$ 284.8
e) Other Direct Costs	$ 10.1	$ 23.0	$ 10.5	$ 3.8	$ 10.4	$ 7.5	$ 9.3	$ 7.6	$ 9.7	$ 2.5	$ 50.0	$ 44.4	$ 94.4
SUBTOTAL - Program Elements	$ 65.2	$ 88.9	$ 72.4	$ 66.2	$ 74.9	$ 92.4	$ 67.6	$ 110.5	$ 70.9	$ 51.8	$ 351.0	$ 409.8	$ 760.8
II. Procurement													
a) Consultancies	$ 22.8	$ 29.6	$ 26.9	$ 11.6	$ 31.0	$ 25.3	$ 26.0	$ 25.0	$ 26.2	$ 3.8	$ 132.9	$ 95.3	$ 228.2
b) Supplies	$ 6.7	$ 6.5	$ 1.7	$ 4.0	$ 3.8	$ 1.2	$ 1.9	$ 1.2	$ 2.0	$ 1.2	$ 16.1	$ 14.1	$ 30.2
SUBTOTAL - Procurement:	$ 29.5	$ 36.1	$ 28.6	$ 15.6	$ 34.8	$ 26.5	$ 27.9	$ 26.2	$ 28.2	$ 5.0	$ 149.0	$ 109.4	$ 258.4
III. Indirect Costs	$ 7.4	$ 9.7	$ 7.9	$ 6.4	$ 8.5	$ 9.3	$ 7.4	$ 10.6	$ 7.7	$ 4.4	$ 38.9	$ 40.4	$ 79.3
SUBTOTAL - Indirect Costs:	$ 7.4	$ 9.7	$ 7.9	$ 6.4	$ 8.5	$ 9.3	$ 7.4	$ 10.6	$ 7.7	$ 4.4	$ 38.9	$ 40.4	$ 79.3
TOTAL PROGRAM COSTS (I+II+III):	$ 102.1	$ 134.7	$ 108.9	$ 88.2	$ 118.2	$ 128.2	$ 102.9	$ 147.3	$ 106.8	$ 61.2	$ 538.9	$ 559.6	$1,098.5

Matching Grant
FY 96 Application

Headquarters Budget

(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE Headquarters

	YEAR 1		YEAR 2		YEAR 3		YEAR 4		YEAR 5		ALL YEARS		
	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	AID	PVO	TOTAL
I. Program Elements													
a) Salaries (titles/rates/#days)	$ 249.70	$ 314.50	$ 262.80	$ 330.20	$ 276.50	$ 346.70	$ 291.00	$ 364.10	$ 306.20	$ 382.30	$1,386.20	$1,737.80	$3,124.00
b) Fringe Benefits	$ 76.00	$ 94.35	$ 80.00	$ 99.07	$ 84.20	$ 104.02	$ 88.70	$ 109.22	$ 93.50	$ 114.68	$ 422.40	$ 521.34	$ 943.74
c) Travel, Transportation, & Per Diem	$ 46.20	$ 76.20	$ 48.50	$ 80.00	$ 50.90	$ 84.00	$ 53.50	$ 88.20	$ 56.20	$ 92.60	$ 255.30	$ 421.00	$ 676.30
d) Subcontracts	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e) Other Direct Costs	$ -	$ 90.00		$ 94.50		$ 99.20		$ 104.20		$ 109.40	$ -	$ 497.30	$ 497.30
SUBTOTAL - Program Elements	$ 371.90	$ 575.05	$ 391.30	$ 603.77	$ 411.60	$ 633.92	$ 433.20	$ 665.72	$ 455.90	$ 698.98	$2,063.90	$3,177.44	$5,241.34
II. Procurement													
a) Consultancies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b) Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SUBTOTAL - Procurement:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
III. Indirect Costs	$ 29.00	$ 44.80	$ 30.50	$ 47.00	$ 32.10	$ 49.40	$ 33.70	$ 51.90	$ 35.50	$ 54.50	$ 160.80	$ 247.60	$ 408.40
SUBTOTAL - Indirect Costs:	$ 29.00	$ 44.80	$ 30.50	$ 47.00	$ 32.10	$ 49.40	$ 33.70	$ 51.90	$ 35.50	$ 54.50	$ 160.80	$ 247.60	$ 408.40
TOTAL PROGRAM COSTS (I+II+III):	400.9	619.9	421.8	650.8	443.7	683.3	466.9	717.6	491.4	753.5	2,224.7	3,425.0	5,649.7

Matching Grant
FY 96 Application

Regional Budget

(Supported by Budget Narrative - CASH $ in thousands)

PVO: CARE Headquarters

		YEAR 1 AID	YEAR 1 PVO	YEAR 2 AID	YEAR 2 PVO	YEAR 3 AID	YEAR 3 PVO	YEAR 4 AID	YEAR 4 PVO	YEAR 5 AID	YEAR 5 PVO	ALL YEARS AID	ALL YEARS PVO	ALL YEARS TOTAL
I.	Program Elements													
a)	Salaries (titles/rates/#days)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b)	Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c)	Travel, Transportation, & Per Diem	$ 20.7	$ -	$ 20.7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 41.4	$ -	$ 41.4
d)	Subcontracts	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e)	Other Direct Costs	$ 60.0	$ -	$ 60.0	$ -	$ 140.0	$ -	$ 25.0	$ -	$ 140.0	$ -	$ 425.0	$ -	$ 425.0
	SUBTOTAL - Program Elements	$ 80.7	$ -	$ 80.7	$ -	$ 140.0	$ -	$ 25.0	$ -	$ 140.0	$ -	$ 466.4	$ -	$ 466.4
II.	Procurement													
a)	Consultancies	$ 100.0	$ -	$ 100.0	$ -	$ 100.0	$ -	$ 100.0	$ -	$ 100.0	$ -	$ 500.0	$ -	$ 500.0
b)	Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	SUBTOTAL - Procurement:	$ 100.0	$ -	$ 100.0	$ -	$ 100.0	$ -	$ 100.0	$ -	$ 100.0	$ -	$ 500.0	$ -	$ 500.0
III.	Indirect Costs	$ 14.1	$ -	$ 14.1	$ -	$ 18.7	$ -	$ 9.7	$ -	$ 18.7	$ -	$ 75.3	$ -	$ 75.3
	SUBTOTAL - Indirect Costs:	$ 14.1	$ -	$ 14.1	$ -	$ 18.7	$ -	$ 9.7	$ -	$ 18.7	$ -	$ 75.3	$ -	$ 75.3
TOTAL PROGRAM COSTS (I+II+III):		$ 194.8	$ -	$ 194.8	$ -	$ 258.7	$ -	$ 134.7	$ -	$ 258.7	$ -	$1,041.7	$ -	$1,041.7

Attachment 2 -- Logical Framework

Attachment 2 -- Logical Framework

Narrative Summary	Indicator	Means of Verification	Assumptions
Goal The goal of the PHLS Program is to improve the household livelihood security of more than 18 million poor families on various points of the relief to development continuum	A specific objective of the project is to help CARE Country Offices establish multi-sectoral baseline/monitoring/evaluation systems which will provide a minimum data set of relevant, understandable, location-specific indicators that can show the impact of our livelihood security interventions at the level of "well-being" or fundamental change in human conditions. Possible indicators include: • Changes in household income (cash, in-kind and access to productive assets); • Changes in nutritional status (anthropometric measures e.g. height and weight for age); • Numbers of children in school (especially girls in primary school); • Changes in consumption (24 hr. recall, food security index); • Changes in health status (morbidity rates)	Each key Country Office will identify sites which represent each common livelihood system. The specific monitoring schedule will be set once the baseline has been conducted. It is clear that the system will require regular visits of CARE staff to project sites to gather data from a core group of participant households via: • Observation • Survey • Focus groups • Evaluation of specific projects. At a program level, there will be: • A series of major impact studies This information will be aggregated from Country Office Program Implementation Reports submitted twice a year and reported in the Matching Grant Annual Report.	• A semblance of civil order sufficient to allow CARE to operate is maintained in key countries • Donor interest in key countries does not radically decrease • Capacity building in using livelihood security analysis tools will lead to better geographic and beneficiary targeting, and choice of program interventions. This will lead to better designed projects which result in changes in knowledge, attitudes and practices. KAP changes will, in turn, lead to impact • CARE's sectoral units have tools to measure change at the KAP and systems level which will be applied at the site and project level. The assumption is cross-sectoral indicators of impact which can be applied across sites and projects can be identified • CARE's increased emphasis on partnership will not diminish impact

Narrative Summary	Indicator	Means of Verification	Assumptions
<u>Purposes</u> • Operationalize the concepts of Household Livelihood Security CARE-wide and disseminate lessons learned to country offices, colleague PVO/NGOs and AID	• A complete set of household assessment tools exists including: Regional Strategies, CO Long-Range Strategic Plans, Rapid Livelihood Security Assessments, baselines, and M & E systems	• Documents on file at PVC	• The sectoral excellence developed by CARE can be focused on a synergistic multi-sectoral response to household livelihood insecurity
	• Household assessment tools in use in <u>at least</u> 24 Country Offices (currently 14 Country Offices have completed Rapid Livelihood Security Assessments)	• CO visits/trip reports • Management Assessment of Country Offices (MACO) • Semi-Annual Project Implementation Reports (PIRs)	• A range of donors acknowledge the importance of, and support household analysis
	• Institutional partners in at least six countries routinely using Household Livelihood Security Tools	• PIRs • Documentary records • Local Networks of institutions practicing household analysis exist	• Other government, PVO and NGO practitioners show continued enthusiasm for household approaches
	• CARE seen as a leader in the household livelihood security approach/other PVOs/NGOs regularly consult with CARE on issues	• Number of consultations/trainings held	• Rapid Livelihood Security Assessments conducted with our partners/training conducted will establish our bono fides as leader in this area
• Assist six Country Offices to improve their targeting of beneficiaries, choice of sectoral interventions, design/re-design of projects, and monitoring and evaluation of impact on households by increasing their capacity to analyze Household Livelihood Security and moving projects to sectoral best practice with special technical support	• Long-range strategic plans in place in COs consistent with regional strategies and an analysis of livelihood constraints which guide CO programmatic choices	• Review of CO LRSPs	• LRSPs can guide strategic choices and keep COs from becoming over-responsive to donor whims
	• Rapid Livelihood Security Assessments conducted which indicate in-depth knowledge of specific livelihoods and their constraints	• Review of RLSAs	• Inputs of tools, training, TA and funding will lead to CO internal capacity to conduct assessments
	• Programs are geographically targeted based on poverty profiles, assessments of improvement potential and accessibility, potential partners and determination of opportunity for synergistic project coordination	• MACO Reports	• CARE geographic focus consistent with donor and host government priorities
	• Baseline and impact systems in place with data regularly collected and used, and lessons learned fed back into	• MACO Reports • Review of PIRs and evaluations • <u>All</u> projects have a plan in place to	• Cross-sectoral tools can be developed to measure impact across projects

Narrative Summary	Indicator	Means of Verification	Assumptions
Purposes (continued)	strategic planning	measure household level impact • All projects have comprehensive socio-economic and baseline data	
	• Projects designed/re-designed using Livelihood Framework and functioning at best practice	• Project evaluations • Portfolio analysis	
• Build both Country Office ability to partner with indigenous institutions and the capacity of partners to deliver relevant services efficiently, effectively and sustainably	• Key country offices have conducted partnership baselines/institutional mapping exercise	• Document review	
	• Partnership choice criteria and partnership strategies in place	• Document review	
	• Monitoring and evaluation indicators in place to measure partner institutional capacity for service delivery and related impact at the household level	• Institutional assessments of partners	• Quality management development tools created for CARE managers can be adapted for use by partners • Tools exist/can be developed to measure the technical, planning and financial management capacity of partners as well as the scope of/demand for their services
	• Local NGOs meet standards of international donors	• NGO financial records showing increased and more diverse funding base • Quality of proposals/service delivery • Quality/frequency of dialogue with donors	

Narrative Summary	Indicator	Means of Verification	Assumptions
<u>Outputs</u> • Comprehensive multi-sectoral baseline/monitoring systems which allow comparative assessment of CARE and partner intervention strategies on Household Livelihood Security	• A minimum of six CARE COs have such systems in place	• MACO reports • Trip reports	• Cross-sectoral tools can be developed to measure impact across projects
	• A minimum of 40 evaluations completed measuring HH impacts	• PIRs • CARE evaluation database	
	• 1 computerized food security monitoring system	• Copy of system	• Food security is an important sub-set of livelihood security
	• Specialized household livelihood M & E systems for a variety of agroecological zones	• Document review	• Livelihood strategies, and thus impact indicators, vary by agro-ecological zone
• Projects designed/redesigned to be consistent with household livelihood analysis	• A minimum of 25 new projects designed/existing projects with significantly revised logframes	• Proposal reviews	
	• A minimum of 10 new partnership projects	• Proposal reviews	
	• 80% of projects in six targeted COs at best practice	• Portfolio analysis	
• CARE/CBO/NGO/Gov. staff trained in partnership and household livelihood security	• A minimum of 75 CARE staff and 150 CBO/NGO staff trained	• Workshop reports/evaluations	
• Local institutions strengthened	• A minimum of 100 CBOs/NGOs/Gov. counterparts strengthened • 1 household PRA network strengthened	• Examination of institutional assessments/monitoring and evaluation reports	
• Partnership strategies developed	• 10 country-level and one CARE-wide strategy	• Document Review	
• Publications in English, French and Spanish on Household Livelihood Security and Partnering	• 25 publications completed	• Document review	

Narrative Summary	Indicator	Means of Verification	Assumptions
<u>Inputs</u> • Training for country office staff and partners	• 20 workshops on concepts and tools of Household Livelihood Security Assessment • 18 workshops on partnering • 3 workshops on HH baseline/M&E systems • 1 workshop on gender analysis	• Workshop facilitator guides • Workshop reports • Workshop evaluation	• AID allocations and CARE funds are not severely cut in future years
• Funding for Institutional Needs Assessments of potential partners	• 10 Needs Assessments completed	• Document review	
• CARE staff	• Senior program staff in six COs focus significant effort on Matching Grant agenda • Staff positions funded with Matching Grant resources include: 1 Household Livelihood Security coordinator, 1 Partnership coordinator, 3 technical training staff and one research assistant	• MACO reports • CO visits/trip reports	• Six COs represented in Matching Grant already have Household Livelihood Security and partnership as keystones of their program strategies
• Funds and TA for HH analysis activities	• 10 Rapid Livelihood Security assessment • 4 baselines • 1 Household monitoring D-Base	• Document review	
	• 1 gender analysis by sector	• Document review	• Inequity of allocation of resources is a key element of HH analysis
• Funds for establishment of CO partnership strategies/Evaluation of partnership efforts	• Monitoring and evaluation indicators of institutional change and related impact at the beneficiary level developed by year two (2) of Matching Grant • Six key country offices have clearly documented partnership strategies • A minimum of six evaluations of progress in partnering/institutional capacity building		• CARE is committed to making a shift from direct delivery and eclectic work with partners to systematic building of partnerships and local institutional capacity

Narrative Summary	Indicator	Means of Verification	Assumptions
<u>Inputs continued</u>			
• TA to key country offices	• A minimum of 750 days of TA provided in the following areas: HH Livelihood Security assessments, HH Livelihood Security indicators for urban areas, rural farm areas and for pastoral economies, review of M & E systems, project design, impact studies, partnership strategy development, gender and development	• Consultant Contracts/SOWs • Consultant reports • Systems, strategies, project designs produced by consultants	• Capacity building will require significant input of TA
• Funds for publication of lessons learned	• 5 publications per year • Conducted annually	• Review of publication	• Publications are vital to move learnings beyond the six targeted COs
• Regular portfolio analysis to identify sectoral best practice	• New tools designed on an annual basis	• Document review	
• Quality Management Development Tools for CARE staff		• Review of tools produced	

Attachment 3 -- Timeline

Attachment 3 -- Timeline

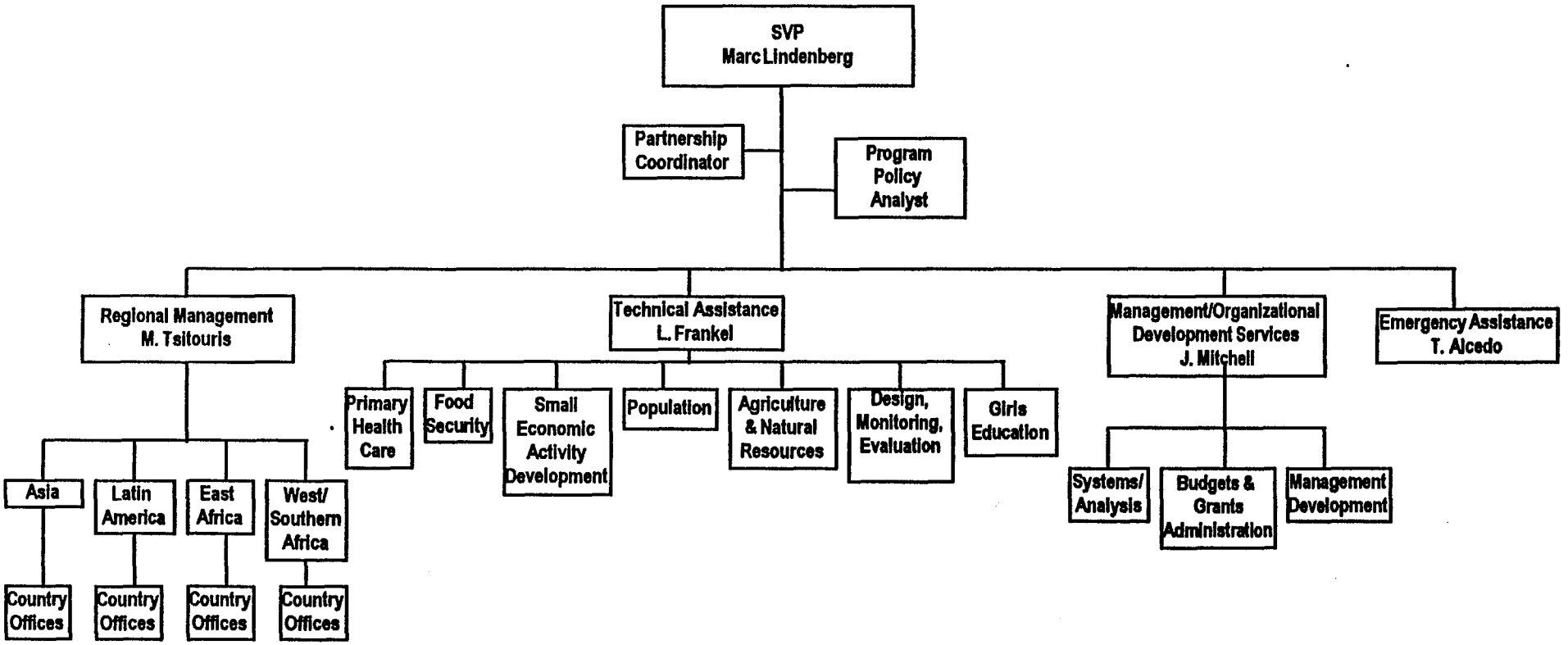
Activities	97	98	99	2000	2001	Where
Partnership Strategies Designed/Revised	X	X	X	X	X	F/HQ
Training of CARE Staff in Institutional Capacity Building	X	X	X	X	X	F/HQ
Needs Assessments of Potential Partners	X	X				F
Partners Selected/Institutional Capacity Building Activities	X	X	X	X	X	F
CARE Staff/Partners Trained in Household Livelihood Security Concepts and M&E Tools	X	X	X	X	X	F/HQ
Rapid Livelihood Security Assessments Conducted	X	X	X	X	X	F
Project Design/Re-design with New Sector-Specific Projects Linked Synergistically Within Country Offices in a Framework Focused on Livelihood Security	X	X	X	X	X	F/HQ
Portfolio Analysis Conducted to Up-date/Deliver Sectoral Strategies and Move Projects to Best Practice	X	X	X	X	X	HQ
Development of Cross-Sectoral Evaluation Tools at Household Level	X	X				F/HQ
Evaluation of Individual Projects	X	X	X	X	X	F
Country Office Impact Evaluation				X	X	F
Matching Grant Mid-Term Evaluation			X			F/HQ
Matching Grant Final Evaluation					X	F/HQ
Publications of Lessons Learned for Internal and External Use		X	X	X	X	F/HQ

*Note: F = Field
HQ = Headquarters

Attachment 4 -- Key CVs and Organigram*

* **The resumes in this section represent those positions which will have a significant role in moving the Matching Grant agenda. Positions to be funded in whole or in part by the grant are: Partnership Coordinator, Design Monitoring & Evaluation Coordinator, Household Livelihood Security Coordinator, Technical Assistance Group Director, Regional Management Group Director, Management/Organizational Development Services Director. Match positions include: Management Development Director and Deputy.**

Program Division Organizational Chart



Regional Technical Support

November 1, 1995

PROGRAM DIVISION
VICE PRESIDENT

MARC M. LINDENBERG

151 Ellis Street
Atlanta, Ga. 30303
(404) 681-2552

58 Montclair Dr. N.E.
Atlanta, Ga. 30309
(404) 351-0541

EDUCATION

1973	University of Southern California Ph.D. in Comparative Administration	Los Angeles, CA
1969	University of Southern California Master in Public Administration	Los Angeles, CA
1967	Oberlin College B.A. in Political Science	Oberlin, Ohio

RECENT PROFESSIONAL EXPERIENCE

1992- Present	Senior Vice-President CARE - Program Division	Atlanta, GA
1987-92	Lecturer in Public Policy (on leave) Harvard University John F. Kennedy School of Government	Cambridge, MA
1981-87	Rector and Professor INCAE Central American Management Institute	Costa Rica Nicaragua
1981	Academic Director and Professor INCAE	Managua, Nicaragua
1980-81	Visiting Professor U.S. Agency for International Development Development Studies Program	Washington, D.C.
1976-81	Assistant Professor Graduate School of Public Affairs University of Washington	Seattle, Washington

1975-76	Director Public Management Program INCAE	Managua, Nicaragua
1974-75	Assistant Professor School of Community Service and Public Affairs University of Oregon	Eugene, Oregon
1972-74	Instructor and Assistant Professor School of Public Administration University of Southern California	Los Angeles, CA
1970-72	Assistant Director Quaker Conference and Seminar Programs Singapore Office	Southeast Asia

ACADEMIC HONORS

June 1989	Manuel Carballo Award for Excellence in Teaching John F. Kennedy School for Government Harvard University
1987	Honorary Doctorate in Management Sciences INCAE Costa Rica
1974-75	C.S.P.A. Nominee (finalist at the University Level) Excellence in Teaching Award University of Oregon
1973	Henry Reining Award for the Outstanding Dissertation of the Academic Year: **The Political, Economic and Social Impacts of Foreign Investment in Malaysia 1965-70.** University of Southern California

SELECTED PUBLICATIONS

BOOKS

Currently

1993	**The Human Development Race: Improving the Quality of Life in Developing Countries** San Francisco: I.C.S. Press
1993	With Jorge Dominguez **Democratic Transitions? Central America in the 1980s** Westview Press

1989 With Noel Ramirez
Managing Adjustment in Developing Countries: Economic and Political Perspectives
San Francisco: I.C.S. Press and I.C.R.G.

1984 With Jorge Dominguez
Central America: Current Crisis and Future Prospects
New York: Foreign Policy Association

1983 With Fremont J. Lyden
Public Budgeting in Theory and Practice
New York: Longman

1981 With Benjamin Crosby
Managing Development: The Political Dimension
New Brunswick, N.J.: Transaction Books

SELECTED ARTICLES

1992 "Prescribing Strong Economic Medicine: Revisiting the Myths about Structural Adjustment, Democracy and Economic Performance in Developing Countries"
Comparative Politics 25, no. 2 (Jan. 1993) with Shantayanan Devarajan

1990 "World Economic Cycles and Central American Political Instability"
World Politics, Vol 42, No. 3, (1990)

1989 "Making Economic Adjustment Work: The Politics of Policy Implementation"
Policy Sciences, Vol. 23 No. 1-2 (1989)

1988 "Central America: Crisis and Economic Strategy 1930-1985, Lessons From History" **The Journal of Developing Areas**, Vol. 22, No. 2 (Jan. 1988)

"Central America's Elusive Economic Recovery"
World Development, Vol. 16, No. 2 (Feb. 1988)

1987 "The Challenge of Social Development Management" in John Ickis, Edilberto de Jesus and Rushikesh Maru, eds., **Beyond Bureaucracy** (Hartford, Kumarian Press, 1987), pp 116-131.

PROFESSIONAL AND SPECIAL COMMITTEE ACTIVITIES

1987-present	Board Member INCAE	Costa Rica Nicaragua
1980-present	Board Member Foundation for Management and Education in Central America	Washington, D.C.
1988-89	Advisor The Sanford Commission International Commission on Central American Recovery and Development	North Carolina
1987-89	Selection Committee Member Interamerican Foundation Scholarship	Washington, D.C.
1989	Economic Issues Panel Coordinator GAO Study Impacts for U.S. Assistance for Central America	Washington, D.C.

SELECTED CONSULTING ACTIVITIES

1993-88 Consultant to JICA and FASID (the Institute of Advanced Studies of International Development, Tokyo, Japan

1989-92 United Nations Development Program, Management Development Program, Team Leader Design of Cuba Management and Economic Project, Participant Mongolia Institutional Strengthening Project.

1989-92 Active participant in Harvard's Strengthening Democratic Institution's Project for Russia

1992-89 Consultant to the World Bank's Economic Development Institute, Washington, D.C.

1987-89 Evaluator of World Bank, Uganda Reconstruction Program

1982-85 Advisor to Costa Rican President Luis Alberto Monge Alvarez, for Intersectoral Dialogue Programs

1984 Advisor to Panamanian President Elect Nicolas Ardito Barletta for Intersectoral Dialogue Programs.

LANGUAGES

Spanish - Excellent

TECHNICAL ASSISTANT GROUP

TECHNICAL ASSISTANT GROUP DIRECTOR

Larry Eli Frankel
1485 Holly Lake Circle
Snellville, GA 30278

Experience

May 1992 - current

Director - Technical Assistance Group CARE

- As a member of the Program Division Senior Management Team, assist in the formulation of long-range program goals, strategies and policy guidelines, and assist the Senior Vice President in providing overall direction.
- Improve the integration of sectoral activities within TAG and ensure coordination with the Regional Management Group to enhance strategic coherence and support line management.
- Provide overall supervision in the acquisition and management of CARE's sectoral central grants.
- Represent CARE with bi- and multi-lateral donors, host government officials, universities, PVOs and other organizations concerning sectoral policies, program collaboration, etc.

June 1986 - May 1992

Director of Small Enterprise Development CARE

- Oversee CARE's worldwide small enterprise development portfolio.
- Supervise a team of Regional Technical Advisors providing small enterprise development assistance to CARE mission.
- Instrumental in defining CARE's institutional small enterprise development methodology.
- Case Study Trainer at an USAID Sponsored Credit Management Workshop attended by private sector bankers, PVO practitioners and donor agency members from around the world.
- Steering Committee Member of the Small Enterprise Evaluation and Promotion Network, responsible for the network's overall training efforts.
- Member of the Micro Credit Legislation Advisory Committee formulating guidelines for the expenditure of $125 million appropriated by Congress for micro-credit in the Third World.

October 1983- February 1986

Education and Training Advisor
World Council of Credit Unions, P.O. Box 391, Madison, Wisconsin 53701

As an advisor to the Cameroon Cooperative Credit Union League:

- Edited existing manuals on Production Credit, Internal Auditing and Accounting;

- Conducted training needs assessments for League staff and credit union officials;

- Designed an overall plan/schedule to meet the identified needs, including courses on Production Credit,Loan Policies and Procedures, Central Finance, Accounting, Budgeting and Auditing;

- Designed member education materials such as pamphlets, slide-tape presentations, posters, procedural guides, etc;

- Trained 30 League staff members in performance-based adult education techniques;

- Supervised seminars for over 1,000 Credit Union Bookkeepers, Presidents, Committee Chairmen and members;

- Designed a personnel system, documented it in manual form and helped supervise its implementation.

October 1982 - January 1983 **Project Director**
CHP International, Inc.
Oak Park, Illinois 60301

- Supervised a team that designed a training program for small-scale, appropriate technology apiculture. After field testing and revision in Costa Rica, Peace Corps published the materials as a manual to be used in future training beekeeping extensionists;

- Wrote the core curriculum component of the training including: cross-cultural, communication and extension skills;

- Facilitated the incorporation of adult education techniques into the design of the technical component and the integration of the core and technical materials;

- Designed and conducted staff training.

January 1982- **Consultant**

March 1982 — World Education Incorporated
New York, New York

- Conducted research for a concept paper on "participation in development" to examine rhetoric versus reality in PVO's attempts to get local people involved in development projects;

- Wrote a technical proposal for training secondary education volunteers to be assigned to Liberia. Proposal was rated by Peace Crops as the best of those received.

June 1981-
September 1981 — **Project Training Director**
Peace Corps
Nairobi, Kenya

- Responsible for all administrative matters pertaining to a training program for 25 Peace Corps Volunteers in public health, water sanitation and rural women's extension;

- Responsible for coordination and quality of all technical and pedagogical activities;

- Compiled and wrote all program reports;

- Designed and conducted staff training.

February 1981-
April 1981 — **Training Consultant**
National Cooperative Business Association
Washington, D.C.

Working with the Gambian Ministry of Cooperatives:

- Designed numeracy materials to teach farmers to value their produce and keep simple business records;

- Planned and implemented a workshop in non-formal education for 30 Cooperative Education Officers assigned to work with rural farmers;

- Developed posters, charts, texts and other visual materials to support the Cooperative Member Education Program;

- Provided follow-up on site supervision to the Cooperative Education Officers in their use of non-formal education techniques;

- Conducted a separate training of trainers

83

December 1980-
January 1981

Secondary Education Coordinator
Roy Littlejohn Associates
Washington, D.C.

- Designed and implemented all training activities for 10 Peace Corps trainees slated to be secondary school teachers in Liberia, West Africa;

- Negotiated an agreement with the Chairman of the Beaufort Co., S.C. school system to have the trainees practice teach in his schools;

- Supervised several subject-matter consultants in preparation of materials in math and science.

May 1979-
June 1980

Training Advisor
People's Educational Association
Non-Formal Education Project
Kofordua, Ghana

As a Staff Associate of the Center for International Education at the University of Massachusetts:

- Served as a liaison between the university and the P.E.A./N.F.E. Project;

- Organized the National Association of Small-Scale Soap Manufacturers and trained its members;

- Ran a series of workshops for rural Ghanain facilitators on learner-centered literacy techniques, community development and agro industries;

- Provided on-going training for the project staff and board of directors;

- Introduced non-formal education techniques designed experimentally at the university of Ghanain facilitators in the field;

- Planned a series of study tours for Ghanain staff members to Liberia; Kenya, Swaziland and the United States.

September 1979- **Consultant**
Peace Crops/Ghana
Accra, Ghana

During leave time from my position with the People's Education Association:

- Conducted research into the pre-service and in-service training needs of Secondary Education Volunteers;

- Presented a report to the Director containing a plan to fulfill these training needs including staffing, scheduling and content;

- Ran two workshops for volunteers interested in organizing literacy classes.

May 1973- August 1978 **Chief Shift Supervisor**
Pre-Trial Services Agency
New York, New York

- Had overall responsibility for a staff of over 50 interviewers, counselors and social workers including scheduling, quality control and liaison with the Police Department and the Court;

- Trained and evaluated all Agency personnel;

- Helped prepare funding proposal that netted the Agency $1.6 million in federal aid;

- Conducted research on delays in the court system;

- Planned and implemented an information booth which provided information for several hundred court visitors a day.

September 1974- June 1975 **Head of the Center for Education in Africa**
Acting Chairman, Department of International Educational Development
Columbia University
New York, New York

- Taught graduate level courses on educational strategies for developing nations;

- Provided academic and personal advisement for students from Asia, Africa and Latin America;

- Supervised student research on education in developing countries;

- Administered the African Fellowship Program.

September 1970-
February 1972

Head of Tutorial Services
College Discovery Program
Kingsborough Community College
Brooklyn, New York

- Designed a tutoring program to meet the special education needs of disadvantaged minority students;

- Hired, trained and scheduled over thirty tutors in both vocational and academic subjects.

November 1967-
January 1970

Peace Corps Volunteer
Washington, D.C.

- Taught elementary school in a small, rural, traditional town in Liberia, West Africa;

- Introduced swamp-rice cultivation, previously unknown, to local farmers. In 1977 local farmers were voted the most effective swamp-rice producers in the nation;

- Ran evening adult literacy classes;

- Supervised the construction of a local "well baby" health clinic using only indigenous materials and staffed by a trained Liberian;

- Served as a member of the Students Upward Program designed to help students of tribal background adjust to the westernized educational program at the University of Liberia;

- Chosen by fellow volunteers to head the Volunteer Action Council formed to facilitate improved communication between Peace Corps staff and volunteers in their posts.

Education

1967	B.A. Sociology Brooklyn College
1975	M.Ed. International Educational Development and Family and Community Relations Columbia University Teachers College
1979	Ed.D. International Educational Development and Family and Community Relations Columbia University Teachers College

SMALL ECONOMIC ACTIVITY DEVELOPMENT

Charles Wayne Waterfield
1932 Lake Lucerne Drive
Lilburn, Georgia
Tel: 404-978-2809

EMPLOYMENT

CARE

Small Economic Activities Development Co-Director 1993-present
Responsible for strategic direction and technical quality of CARE's worldwide microenterprise programming — 50 programs operating in 25 countries. Supervision of a staff of 6 technical advisors.

Mennonite Economic Development Associates (MEDA)

Director, Microenterprise Resource Unit. 1992-1993
Responsible for providing technical assistance in financial management, credit delivery methodologies, client training, computer systems, and organizational and staff development to all MEDA microenterprise-related programming.

Small Business Development Program Director, Santa Cruz, BOLIVIA. 1988-1991
Responsible for design and implementation of all aspects of a microenterprise program offering credit and management training, with a portfolio of $600,000 and assisting 1500 businesses.

Small Business Development Program Director, Port-au-Prince, HAITI. 1986-1988
Responsible for initial design and implementation of MEDA's first major microenterprise program offering credit and management training, with a portfolio of $300,000 and assisting 800 businesses.

United States Agency for International Development

Economist, Office of Economic Analysis, Port-au-Prince, HAITI 1985-1986
Prepared economic analyses, cost-benefit analyses, and cost-effectiveness studies for various USAID projects in agriculture, health care, and private enterprise development.

Agricultural Extension Service of Minnesota

Minnesota Agricultural Enterprise for New Americans. 1984
Assisted in project to establish 50 South-East Asian refugee families as commercial vegetable producers. Worked on cooperative farmsite supervising activities.

University of Minnesota, Minneapolis, Minnesota

Workshop Coordinator, Humphrey North/South Program. 1984-1985
Developed and coordinated two eight-day workshops sponsored by the United States Information Agency, each attended by 150 mid-career professionals from 75 Third World countries.

Teaching Assistant, Humphrey Institute of Public Affairs. 1984-1985
Assisted in *Probability and Statistics* and *Planning and Analysis of Development Projects*.

3M Company, St. Paul, Minnesota

Advanced Design Engineer, Micrographics Design Lab. 1979-1982
Responsible for the electrical design work on a microprocessor-controlled microfilm reader/printer.

EDUCATION

Hubert H. Humphrey Institute of Public Affairs, University of Minnesota, Minneapolis, Minnesota

Master of Arts in Public Affairs, October 1985. Concentrations in *Third World Economic Development* and *Policy Analysis*. Recipient of 2-year Humphrey Fellowship.

College of St. Thomas, Minneapolis, Minnesota

Courses in Masters of Business Administration curriculum, 1980-81.

University of Iowa, Iowa City, Iowa.

B.S. in Electrical Engineering, May 1979. Concentrations in *digital logic design* and *microcomputer applications*.

PUBLISHED AND PRESENTED PAPERS

"Designing for Financial Viability of Microenterprise Programs", GEMINI, January 1993.

"Designing Information Systems for Microenterprise Programs", GEMINI, April 1994, coauthor with Mark King

"Designing Financial Products for the MSE Sector", presented at Inter-American Development Bank Donor Seminar, June 1994

Introductory-Level Business Training Manual, MEDA/Bolivia.

Intermediate-Level Business Training Manual, MEDA/Bolivia.

Basic Book-keeping Manual, MEDA/Bolivia.

"Disaggregating Food Consumption Parameters: Designing Targeted Nutritional Interventions," Food Policy, November 1985.

CONSULTANCIES AND SHORT-TERM ASSIGNMENTS

Overseas Educational Services, Port-au-Prince, HAITI, 1986. Assistance in computerization of survey data for factory working conditions and survey of housing conditions.

Christian Reformed World Relief Committee, Santo Domingo, DOMINICAN REPUBLIC. Six-week assistance to women's job creation program.

Christian Reformed World Relief Committee, San Jose, COSTA RICA. Two-week assistance to Opportunity International microenterprise credit programs in COSTA RICA, EL SALVADOR, and HONDURAS.

Canadian International Development Agency. Facilitator and Presenter to Latin American Informal Sector Credit Workshop, Santa Cruz, BOLIVIA, August 1991.

Catholic Relief Services, La Paz, BOLIVIA, October 1991. One-week consultancy with PRODEM, FIE, and IDEPRO local organizations to analyze program financial viability.

United States Agency for International Development, Kingston, JAMAICA, February 1992. Two-week consultancy to assist in major revision of credit methodology and interest rate policy for Enterprise Development Trust.

Inter-American Development Bank, HONDURAS, April 1993. Four-week consultancy to perform an institutional evaluation of three rural credit programs.

SEEP/GEMINI, Presenter at Asia Tools and Techniques Workshop in BANGLADESH, March 1994.

Inter-American Development Bank. Presenter/Facilitator at Donor Seminar on Micro and Small Enterprise Promotion, June 1994.

SEEP, member of Steering Committee, 1993-present.

LANGUAGES		Excellent	Good	Fair	Poor
English	Speaking	✓			
	Reading	✓			
	Writing	✓			
Spanish	Speaking	✓			
	Reading	✓			
	Writing	✓			
Creole	Speaking		✓		
	Reading		✓		
	Writing		✓		
French	Speaking				✓
	Reading			✓	
	Writing				✓

Susan Behmer Waterfield
1932 Lake Lucerne Drive, Lilburn Georgia Phone: 404/978-2809

Objective

To provide technical assistance in design, management, monitoring and evaluation to a variety of small enterprise activity programs with emphasis on synthesis and dissemination of learnings, focusing efforts for greater impact, and a creative and relationship-oriented approach.

Economic development experience

As co-director of CARE's Small Economic Activities Development Unit, provided strategic direction and technical assistance to CARE microenterprise programs worldwide. Supervise a staff of six.

As co-director of small business development program in Haiti, designed, implemented, and evaluated MEDA's first microenterprise program, which currently serves 800 participants with a portfolio of $300,000. Developed effective credit delivery procedures and guidelines for a highly unstable environment. Documented program model for application by other MEDA fields and other organizations.

As co-director of small business development program in Bolivia, adapted and expanded MEDA's urban microenterprise strategy. Focused on institutional development; resulting program is administratively and financially self-sufficient and works with 1500 participants. Trained 25 staff in delivering credit and training to participants; trained other staff as trainers.

As director of domestic economic development, researched and designed program for urban microenterprise in North America. Raised funds, recruited and trained 50 volunteers. Supervisor praised "strong ability to synthesize learnings and adapt to new environments".

Evaluated women's income generation program for Christian Reformed World Relief Committee (CRWRC), Dominican Republic. Consulted to CRWRC, Costa Rica, to assist Opportunity International microenterprise credit programs in Costa Rica, El Salvador, and Honduras.

Assisted MEDA program directors in Jamaica and Nicaragua in microenterprise program design. Organizer and presenter to Informal Sector Credit Workshop sponsored by Canadian International Development Agency in Santa Cruz, Bolivia (August 1991).

Organized and conducted two workshops for Small Business Development Program directors, staff and others on personal and corporate vision, credit and training services, institutional development, and monitoring and evaluation, resulting in exchange of learnings, more focused strategy, and stronger programs.

Work history

Co-Director, Small Economic Activity Development Unit, Technical Assistance Group, CARE, 1993 to present... Director, Small Business Development Programs, Port-au-Prince, Haiti and Santa Cruz, Bolivia, Mennonite Economic Development Associates, 1986-1991...Director, Domestic Economic Development, Mennonite Economic Development Associates, 1992-1993...Legal Assistant, Templeton and Associates, Minneapolis, Minnesota, 1983-1985.

Education

Master's degree from Azusa Pacific University in Human Resource Development, currently completing. Bachelor of Arts degree from University of Illinois, 1979. Major in Spanish; French and History minor. Studied at the University of Barcelona. Certified Legal Assistant, University of Minnesota, 1984. Currently completing Master's degree in Social Sciences with emphasis in Leadership Studied, Azusa Pacific University. Competent in Spanish; knowledge of French and Creole.

Other facts

Developed training materials, including Basic and Intermediate Level Administrative Training Manuals and teaching plans for program participants; Small Business Development Operations Manual, policy manual to guide development of microenterprise programs for MEDA; and Consultant Training Manual and teaching plans. Board of Directors and chair of Strategic Planning Committee, Susquehanna Valley Community Development Loan Fund. Active in church and city activities. Commended as "consistently supportive, constructive and positive...communicates well with all groups". Highly committed to sustainable economic development which benefits the economically disadvantaged in all places. Synergy and complementarity of skills produced highly successful job share arrangement with husband for the past 8 years.

Mary McVay

CURRICULUM VITAE

Skills

Micro Enterprise Development:

Planning, management and evaluation of micro enterprise development interventions, including micro enterprise lending, sub-sector development, policy reform, technical training, and technology development.

Monitoring and Evaluation:

Formulation of monitoring and evaluation systems to provide management information and impact data using both qualitative and quantitative methodology.

Women's Development:

Gender analysis of development programs, and planning for projects targeting women, particularly in technological and productive sectors.

Computer Skills: Windows, WordPerfect, Lotus 123, D-Base, SPSS.
Languages: Kiswahili, French, Creole.

Education

Massachusetts Institute of Technology (1/92)

Masters in City & Regional Planning for Developing Countries
Specialization: Community Economic Development
Thesis: Improved Technology for Women in Africa

Wesleyan University (6/87)

Bachelor of Arts, Honors; Dual Major: Economic Development and African Studies
Thesis: The IMF in Zambia 1980-1985
Term Abroad: School of Oriental & African Studies, University of London.

Experience

CARE (9/95 - Present) — Deputy Director, SEAD Unit

- Provide technical advise and training to CARE's Small Enterprise Activity Development staff worldwide.

USAID / Kenya (5/93 - 8/95) — Private Enterprise Officer

- Coordinated the design of a 5 year, $15 million micro enterprise development project. Supervised background research and analysis, facilitated participation from potential partners, developed strategy and prepared project planning documents. Components of the project include micro enterprise lending, sub-sector development, and policy reform.
- Managed the Kenya Trust for Enterprise Development, a venture capital project. Established a strategy and institutional framework for sustainable continuation of the Trust.
- Established monitoring and evaluation systems for the Private Enterprise Office, whose activities included a broad Private Enterprise Development project and the Kenya Export Development project. Formulated monitoring mechanisms in collaboration with implementing partners. Trained partners and USAID officers to incorporate monitoring procedures into normal project management routines.
- Supervised 5 evaluations and 9 analytical studies carried out by consultants.

Catholic Relief Services / Kenya (7/92 - 5/93) **Project Manager**

- Managed the design and implementation of a new computer based food tracking system. Wrote a manual, and trained appropriate staff in use and maintenance of the program. Provided management support to the Sudan Program.

ApproTEC / Kenya (4/92 - 5/92)
Consultant

- Organized and facilitated a workshop on Improved Technology for Women.

Catholic Relief Services / Kenya (3/92) **Consultant**

- Prepared a funding proposal and operational plan for emergency relief aid to Somalia by conducting needs assessments and examining CRS's institutional capacity and comparative advantage for emergency aid in Somalia.

World Bank: Population & Human Resources (6/91 - 9/91) **Consultant**

- Conducted background research for a World Bank funded Women's Technology Program in the Ministry of Community Services, Government of Malawi. Examined 11 projects in which women adopted and benefitted from improved technology in Zimbabwe, Kenya, Nigeria and Ghana.
- The Technologies included: mechanized cassava processing, improved fish smoking, improved palm oil processing, low-cost building for housing & rain-catchment water tanks, manufacture & use of fuel-efficient stoves, mechanized maize milling, and manual sunflower oil processing.

Undugu Society of Kenya (1988 - 1990) **Program Coordinator**

- Initiated and obtained funds for a Product Development and New Industries Program within the Business Development Unit of this community development agency, which operates in informal sector settlements in Nairobi.
- Established and managed a new program to assist small scale entrepreneurs to make better quality, more innovative products and help women's groups to start new businesses.
- Designed training materials and follow-up program, trained trainers, and implemented monitoring and evaluation procedures.

DANIDA (4/90) **Consultant**

- Assessed the Anglican Church's Christian Industrial Training Centers, which are Kenyan non-governmental organizations. Examined their capacity to provide training for girls and their suitability for DANIDA support.

Passe Partout Theater Company (5/89 - 7/89) **Consultant**

- Provided information on a variety of appropriate technologies in Kenya for an educational, interactive theater production about technology choice.

UN-HABITAT UNCHS (1/89 - 5/89) **Consultant**

- Documented the development and dissemination of two low-cost building materials in Kenya: Fibre-Concrete Roofing Tiles and Stabilized Soil Blocks.

ActionAid-Uganda (9/88) **Consultant**

- Evaluated technical projects in rural Mityana region of Uganda. Advised ActionAid on re-orienting their technical training program from assisting traditional polytechnics to establishing a market focused training program that introduces new technologies and technical skills into their target area.

IBM Thomas J. Watson Fellowship (1987-1988) Sierra Leone, Kenya

- Awarded $13,000 fellowship for research project on African Identity in Sierra Leone and Kenya, entitled "Teaching of African History in Secondary Schools."

Professional Training: Public Management (KSG), Professional Identity and Effectiveness (MIT), Management Skills (USAID), Innovative Approaches to Project Management (USAID), Micro Enterprise Development (SEEP Network), Implementing Policy Change for Micro Enterprise Development (USAID/World Bank).

Additional Background: Volunteered with Operation Crossroads Africa in Sierra Leone (6/86 - 8/86), Studied French at University of Dijon, France (1/83 - 6/83), Founded and directed the Young Players of Capitol Hill, theater group (1982 - 1983).

References:

Tom Hobgood
Chief, Private Enterprise Office
USAID/Kenya
P.O. Box 30261
Nairobi, Kenya

Tel: 254-3-751613
Fax: 254-2-749590

Professor Judith Tendler
Department of Urban Studies & Planning
Massachusetts Institute of Technology
Massachusetts Ave
Cambridge, MA 02139 - U.S.A.

Tel: 617-253-1000
Fax: 617-253-7402

Francisco F. Rubio

[redacted]

PROFESSIONAL EXPERIENCE

CARE, May 1995 - Present

Position: Deputy Director, Small Economic Activity Development Unit

Responsible for assisting unit in mobilizing and managing funding resources in support of mission programs; provide advisory support to country offices in design and implementation of SEAD programs; review country office project proposals, evaluations, and sector strategies; design, field test, and disseminate SEAD sector technical materials; provide training to country offices and staff of partner organizations in SEAD program design and implementation; represent CARE before external audiences and to CARE professional counterparts in meetings, committees, and conferences.

Interamerican Development Bank, Nicaragua Representation, 4/93-4/95

Hired as Project Coordinator for US$3,000,000 Technical Cooperation Program with the Central Bank of Nicaragua. Approximately 20% of work time spent in writing terms of reference, hiring of consultants, contract management, monitoring progress and providing technical follow-up of Central Bank Program. Other 80% of time include management of 3 financial sector loans (valued at +- US$10,000,000 each), 5 technical cooperations with public institutions (valued at +_$2,000,000 each) and 6 microenterprise small projects (valued at +- US$5,000,000 each). Currently coordinating with IDB Nicaragua Country Team in design and development of new technical assistance loan with the Central Bank of Nicaragua.

Catholic relief Services, 7/90-3/93

Position: NICARAGUA-Small Enterprise Development Project Manager/Assistant Sub-Regional Director, 8/92-3/93

Responsible for design and monitoring of CRS Nicaragua microenterprise projects. Developed long-term strategy for CRS Nicaragua in Microenterprise. Designed and wrote three new microenterprise projects valued at US$250,000.00 with local church NGO's. Projects emphasized solidarity group lending for commercial activities and individual loans for production sector. Elected Chairperson to CRS Microenterprise Technical Commission. As Chairperson, was responsible for review of all regional microenterprise projects and rendering of final approval decision on project funding.

Position: PERU - Small enterprise Development Program Manager, 7/90-7/92

Responsible for design, monitoring and technical follow-up of US$1,000,000 AID-CRS Small Enterprise Development Matching Grant Program. Provide technical assistance and training to four NGO's. Designed and implemented strategy for Urban Income Generation Program for CRS-Peru.

Development Alternatives Inc., Washington, DC, 1/90-7/90

Position: DOMINICAN REPUBLIC - Consultant, 3/90-6/90

Hired by Growth and Equity through Microenterprise Investments and Institutions (GEMINI) to direct study on growth dynamics of small enterprises in the Dominican Republic. Developed database of borrowers from ADEMI Program records. Performed statistical analysis to determine socio-economic impact on clients and differences in repayment habits between women and men. Study was considered one of the first to provide statistical support for hypothesis that women are "better" loan administrators than men. Final publication: GEMINI Working Paper No. 21 "Micro Enterprise Growth Dynamics in the Dominican Republic": The ADEMI Case.

Position: Washington, DC - Division Assistant Policy, Research and Private Enterprise Division, 1/90-4/90

Participated in strategic planning and development of division proposals. Activities included recruitment of consultants, writing corporate capability statements, editing and productions.

Farm Credit Services of South Florida, Homestead, FL, 8/88-12/90

Position: Loan Officer.

Responsibilities included analysis of loan requests to determine client credit worthiness. Analysis included development of financial statements based on IRS tax information, credit reviews and determination of repayment capacity. Once approved, loan officers were required to make recommendations on loan terms and conditions. Also responsible for appraising value of land and chattel of borrowers to use as loan guarantee.

United States Peace Corps, 1/86-7/88

Position: Paraguay - Volunteer

Volunteer in Small enterprise Development-Cooperative Program. Was based in IAS Carlos Pfannl, and agricultural technical institution. Wrote and presented proposal to construct local consumer market to sell institutions fruits and vegetables. Taught Economics, Math, and Statistics. Developed new Economics curriculum.

EDUCATION

Masters in Arts: Economics - University of Miami, Coral Gables, FL 1992

LANGUAGES

Fluency in English and Spanish. Some knowledge of French.

Completely literate in all popular computer software programs including Wordperfect, Lotus, Quattro Pro, Harvard, Windows.

References provided on request.

POPULATION

MAURICE I. MIDDLEBERG

[redacted]

EDUCATION

PhD (all but dissertation status) Political Science, The American University, Washington, DC. Fields: Public Policy Analysis, Public Economics, International Development.

1975 MS Higher Education Administration, Florida State University, Tallahassee, FL.

1974 BA History, Temple University, Philadelphia, PA.

EXPERIENCE

1993-Present Director, Population Unit, CARE.

As Director I have responsibility for providing technical guidance and leadership in the development of CARE's population program. This is accomplished through the development of technical standards for the program, technical assistance to the country offices, fund-raising and management support. I oversee a staff of eight.

1991-93 Senior Population Advisor, Population Unit, CARE.

As Senior Population Advisor I had responsibility for strategic planning for CARE's population program, coordinating the development of technical standards and providing technical assistance to the country offices in designing and implementing population projects.

1988 - 91 Director, Options for Population Policy, The Futures Group, Washington, DC.

Options was a long-term multimillion dollar project of the USAID Office of Population. The project provided assistance to developing nations in formulating and implementing policies that increased access to voluntary family plannning services. The project encompassed formulating national policy statements, national strategic plans and family planning programs, optimizing population sector investment in family planning, legal reform and stimulating private sector financing of family planning. As Director I managed a full and part-time staff of approximately 25 professionals from The Futures Group and four subcontractors.

1986 - 88 Population Program Coordinator, USAID/Niger, Niamey, Niger.

I managed all aspects of the USAID program of Population assistance under the supervision of the Health Development Officer. Major accomplishments of my tenure were: (1) expanding family planning service delivery from one to 70 clinics in four provinces; (2) design and approval of the first USAID population policy for Niger (an $11 million, 5-year project); (3) reform of the legal code governing family planning; (4) incorporation, for the first time, of a population action plan in the Five Year Development Plan; and, (5) implementation of a national census through the enumeration phase.

1982 - 1986 Research Associate and Senior Research Associate, The Futures Group, Washington, DC.

Most of my work was devoted to population policy development under the RAPID Project, financed by the AID Office of Population. Overseas assignments included Burkina Faso, Cameroon, Cote d'Ivoire, India, Mali, Morocco, Niger and Pakistan.

1977 - 1982 Assistant Director, Office of Program Development and Administration, The American University, Washington, DC.

Responsible for assisting faculty and various University offices in obtaining contracts and grants for research and training programs.

1975 - 1977 Assistant Director, Program in Liberal Studies, University of Arizona, Tucson, Arizona.

Participated in research on private higher education under a research grant program supported by the Lilly Endowment.

LANGUAGE

Fluent in French (reading and speaking)

SELECTED REPORTS AND PUBLICATIONS

"Using Service Statistics and Quality of Care Data: A Case Study for Training Family Planning Managers" (with Therese McGinn), APHA, October 1993.

"Population Politics: Initiatives for Africa" (with T. Goliber), Harvard International Review, Vol. VII No. 4, March 1986.

Numerous additional presentations and reports, including population policy analyses under the Options Project and analyses of population and development relations in Burkina Faso, Cameroon, Mali, Morocco, Niger and Pakistan under the RAPID Project.

CARLOS E. CARDENAS, MD, MPH

PROFESSIONAL EXPERTISE

International Family Planning: Strategic planning and management of family planning programs in developing countries. Major areas of technical assistance :

a) **Family planning management,** strategic planning, workplan design and implementation, with emphasis on integrated services (primary health care and maternal child programs). Evaluation of programs.
b) **Medical issues** : design and review of medical protocols for family planning, removing medical barriers to contraception, clinical training design.
c) **MIS:** Data collection, reporting forms, family planning performance indicators, data analysis reports, use of data for evaluation and monitoring.
d) **Service Delivery Projects:** Design and implementation of clinical service delivery projects, with special emphasis in clinical and community based services, post-partum and post-abortion family planning programs.
e) **Training Projects:** Design and implementation of training indicators. Design of medical training for family planning.

PROFESSIONAL EXPERIENCE

August 1994 to date — ***Senior Population Advisor, CARE***
Atlanta, Georgia

To provide leadership and strategic planning in support of CARE's Population Unit goals and to provide oversight of the technical validity of CARE's population projects. To contribute in the process of defining new strategic approaches for the integration of Population Unit with other CARE sectors.
Supervise CARE's population projects in Latin America (5 countries) and East Africa, (3 countries) including the reproductive health for refugees projects. Provide technical assistance for improving efficiency, productivity and impact of population projects in 8 countries.

Autonomy in terms of :

1. Technical review and **approval** of projects
2. Population Unit's MIS design and development
3. Technical Assistance provided to Latin America and East Africa countries. Currently 8 countries, with allocated budgets totaling over 32 million dollars.
4. Approval of administrative issues related to the projects.

Oversee and approve 2 RTA's (senior technicians graded 'F') allocation of time, assignment, etc.

September 1991
July 1994

Regional Medical Director/Senior Program Officer
Pathfinder International Regional Office for Latin America, Mexico.

Supervise medical norms and standards, update regional medical standards of quality of care, design and implement training on contraceptive issues. Supervise and monitor regional projects. Strategic planning ; regional MIS; monitoring and reporting. Provide technical assistance in medical and programmatic issues

August 1989
September 1991

Associate for Management Information Systems
Pathfinder International,
Boston, USA.

Design and define a set of institutional indicators of performance . Design and implement reporting forms, data flow, and data storage for the Institutional MIS. Design and develop MIS Software code. Prepare performance reports. Provide technical assistance in data management and feedback on achievements to field offices, headquarters managers and grantees.

January 1987
September 1989

Senior Program Officer and Medical Adviser
SPF Project, Pathfinder International,
Lima, Peru.

Coordination, project design and project implementation within the Private Family Planning sector of Peru. Design and implementation of monitoring and evaluation systems. Provided technical assistance. Managed the logistics system for the entire Peruvian private sector. Designed and implemented the zonification strategy between the PVOs in the major cities of Peru. Medical support, protocols, assessment of training needs, review of medical publications, manuals and training material.

1985-1986

Medical Director INPPARES (IPPF Affiliated)
Lima, Peru

Responsible for the approval, supervision, implementation, and monitoring of medical services provided by the Peruvian IPPF

affiliate. Special emphasis in surgical and clinical procedures. Member of the Management Committee of INPPARES.

1985 ***Medical Director Assistant, INPPARES (IPPF Affiliated)***
Lima, Peru
Same duties described above as Medical Director

1985-1989 ***OB\GYN Physician, Hospital Rosalia Lavalle de Morales Macedo,***
Lima, Peru.
Delivered clinical and surgical OB\GYN services. Designed and implemented the Family Planning Program and Management Manual design.

1981-1984 ***OB/GYN Physician, Hospital Daniel A. Carrion. MOH.***
Callao, Peru
Clinical and surgical OB/GYN service provider for a 1,200 bed general hospital.

1981-1984 ***General Practitioner, Emergency Unit, Clinica San Felipe***
Lima, Peru
Delivered clinical and surgical services at the emergency unit of a 100 bed private hospital.

EDUCATION

- ***Masters Degree in Public Health :*** School of Public Health, University of North Carolina at Chapel Hill.
- ***OB/GYN Diploma:*** Universidad Nacional Mayor de San Marcos, Hospital Daniel A Carrion Callao, Lima, Peru, OB\GYN Resident Program, Chief of Residents, 1982 - 1985.
- ***MD Diploma***: Universidad Nacional Mayor de San Marcos, Lima, Peru, 1971 - 1980.
- ***Certificates:*** Universidad Nacional Mayor de San Marcos, Daniel A. Carrion Hospital Callao, Lima, Peru 14 OB\GYN training courses, 1980-1986.

FAMILY PLANNING WORKSHOPS/TRAINING

105

- Manual Vacuum Aspiration : Treatment of Incomplete Abortion, IPAS Monterrey, Mexico, 1993

- Norplant :Clinical and Programmatic Training. Profamilia Dominican Republic. 1991

- Project Administration in Family Planning, Pathfinder International Mexico DF, October 1991.

- Project Evaluation in Family Planning, Pathfinder International, Oaxaca, Mexico, January 1989.

- Project Design in Family Planning, Pathfinder International. Santo Domingo, 1988.

- Family Planning Programs Management: International Course, Profamilia, Bogota Colombia, 1986.

TECHNICAL ASSISTANCE PROVIDED

Bolivia : TA in support of the implementation of a national MIS software for the Family Planning program for the MOH, February 1994

Colombia : Strategic Planning and Project Design for ESAR and Orientame ,Bogota, November 1993

Brazil : MIS Technical Assistance for the Secretariat of Saude de Estado Da Bahia, 1992.

Peru: TA provided to most family planning NGOs in Peru in project design, evaluation, monitoring, medical standards, program administration, evaluation and commodities, 1987-1989.

Mexico: FEMAP; Evaluation and Data collecting systems, 1989.

Dominican Republic: AID & Development Assoc. Office; Assessment for the feasibility of a social marketing project through the MOH, 1989.

Burundi: MOH and AID; Needs assessment for the improvement of data collecting systems, 1990.

Kingdom of Tonga: SPAFH; Improvement of MIS systems., 1990 and 1991

Kenya : Mandeleo Project / Physicians Association of Kenya; Nairobi 1990

PUBLICATIONS / PRESENTATIONS

- 'Post-partum Contraception Programs ' at the USAID Cooperative Agencies Meeting, Washington, February 1994

- Boston University; School of Public Health, lecturer for the International Health Program. Summer sessions of 1990, 1992, 1993, 1994.
Topics : Contraception / Management of Family Planning Programs, Family Planning Strategic Planning.

- "Medical Barriers for Oral Contraceptives"; Latin America Workshop on Medical Barriers, FHI & USAID, Panama City, Panama November 1993

-"Medical Barriers for Oral Contraception"; Annual OB/GYN Meeting-Peru, Pathfinder and USAID, Lima, October 1993

-"Trends in Family Planning for Latin America"; Annual OB/GYN Meeting, Pathfinder & USAID, Lima, Peru October 1993

-"Oral Contraception in the Post Partum"; Post-Partum Contraception Meeting, PAHO, FHI & USAID, Quito, Ecuador, July 1993

-"Management Information Systems in Family Planning " ;MORE Workshop/Post NCIH Meeting, Washington, July 1991

-"Family Planning Project Supervision ", The Center for Development and Population Activities (CEDPA). June 1990, Washington.

-"The Coordination of the Private Sector Agencies in Peru: The SPF Project", APHA 1989 Meeting, Chicago, October 1989.

-"A proposal for a unified Logistic System for the private sector in Peru" ,
I Latin American Family Planning Symposium, Rio de Janeiro, Brazil, August 1989.

- "Minimal Common Indicators for an MIS in Family Planning," II Latin America Family Planning Symposium , Rio de Janeiro, Brazil, August 1989.

-"An example of coordination : the zonification of Lima for service delivery" II Latin America Family Planning Symposium, Rio de Janeiro, Brazil, August 1989.

-"AIDS and Family Planning", Seminar for Journalists, National Committee for AIDS- Peru, Ministry of Health , Lima, Peru, August 1989.

-"Risk-benefit of Family Planning programs" II Peruvian Family Planning Symposium , Lima, May 1989.

-"The pill of the 80's" , II Peruvian Family Planning Symposium, May 1989.

-"New contraceptive methods", II Peruvian Family Planning Symposium, Lima, May 1989.

-"The provider's perspective in family planning ", II Peruvian Family Planning Symposium, Lima, May 1989.

-"Family Planning and Demographic Analysis of Peru ' Published as Documents from the Seminar on Child Survival, UNICEF, Cocoyoc, Mexico, October 1988.

-"A New model for CBD with clinical backup service ', Latin America ONB/GYN Congress FLASOG, Guatemala, October 1987.

-"Sexuality and use of Cocaine' , I Peruvian Congress of Human Sexuality Dr. Daniel Aspilcueta y Dr. Jorge Ruiz, July 1986.

-"Cost-Benefit of Family Planning in the Private Sector: ELECTROLIMA' TIPPS Project, John Short, April-December 1986.

-"Levonorgestrel, contraception and breast-feeding ", Col John Nagahata, November 1983.

-"Minilap using the Filshie Clip", Hospital San Juan de Dios Callao, February-September 1982.

COMPUTER SKILLS :

Dbase IV / Visual FoxPro 2.0 and Clipper 5.0 (application design and development)
Lotus 123 / Quattro / Excel (application development)
Word Perfect / Microsoft Publisher / Word 6.0
Presentation Software : Power Point / Harvard Graphics / Freelance
Demographic Software : Target / Rapid
Statistical Software: SPSS
Harvard Graphics.

CITIZENSHIP

Peruvian Citizen,
Permanent U.S. alien resident ('green card' holder)

LANGUAGES

Native Spanish speaker, spoken and written English.

JOAN W. SCHUBERT

[redacted]

PROFESSIONAL EXPERIENCE

Deputy Director, Population Unit, CARE, Atlanta, Georgia, (October 93 - present).

- Principal responsibilities include providing timely, responsive technical and managerial guidance to CARE country offices involved in, or planning to be involved in, population work. Contribute toward establishing population as a strong and credible sector within CARE and furthering its participation in the greater professional population community.

Senior Program Officer and Resident Advisor, Academy for Educational Development (AED), Maternal and Child Health Care Project, Cameroon, (1991 - 1993).

- National coordinator for information, education and communication (IEC) activities to promote the restructuring of primary health care (PHC) in Cameroon. Features of the project included improving management capabilities, cost recovery systems, community participation and quality health care delivery. Planned and coordinated the development of comprehensive national and provincial IEC strategies to promote the adoption of the national PHC program.

- Monitored strategies and provided technical assistance in community mobilization, qualitative research, and innovative ways to disseminate messages using local resources and talent. Developed and promoted the logo for the country's primary health care program. Produced videos, educational audio-cassettes and radio programs with the national Cameroon Radio and Television Network (CRTV). Prepared training manuals, health center guides and brochures.

- Contributed to the writing of the Cameroonian National Policy on Breastfeeding. Served as a member of an international WHO team to evaluate the national program on diarrheal disease with UNICEF and PRITECH. Took part as a core trainer to prepare the national training manual on IEC for Family Planning coordinated by JHU/PCS.

- Identified courses and prepared participants for short term study programs abroad. Supervised technical work and coordinated logistics for local and international consultants. Prepared budgets, action plans, creative briefs, financial reports and field notes for AED/Washington, USAID and the Ministry of Health, as appropriate.

Resident Advisor, Academy for Educational Development, HEALTHCOM, Zaire, (1988 - 1991).

- Directed a health communications research and development project in Lubumbashi, Zaire applying principles of social marketing, ethnomedicine, and behavior analysis to promote positive child health care practices. Designed, implemented, and monitored, in collaboration with local counterparts, a comprehensive health communications project featuring interpersonal, print, mass, and traditional media channels.

- Organized qualitative and quantitative research activities in collaboration with national and international consultants and counterparts.

- Planned, coordinated, and served as a core trainer for workshops, colloquia and seminars in health education, project planning, materials development, radio, research techniques, and interpersonal communication skills development.

- Created and promoted with national counterparts the "Mama Tengeneza" (Women for Improvement) team in Lubumbashi.

- Provided technical assistance in health communications to the Ministry of Health, UNICEF, The School of Public Health in Kinshasa, and other private voluntary organizations, upon request, at the national, regional, and local levels.

- Established and managed the project's in-country office including basic administrative and financial mechanisms, hiring local staff and consultants, and renovating building space at the Regional Medical Inspector's office. Supervised and prepared local and international consultants for short-term technical assignments.

- Prepared project proposals, program budgets, and monthly progress and financial reports for AED, USAID, and the Government of Zaire, as appropriate.

Program Officer, Population Communication Services (PCS), The Johns Hopkins University, School of Hygiene and Public Health, Baltimore, Maryland, (1984 - 1988).

- Designed, implemented, and managed health communications projects for francophone Africa and Haiti integrating mass media, traditional, and interpersonal communication channels.

- Provided technical assistance in strategy design, pretesting, focus group research, and print and media materials development.

- Conducted national family planning and communications needs assessments.

- Coordinated and served as core trainer for health communications and project development workshops.

- Prepared project proposals, program budgets, and trip reports. Supervised and prepared consultants for short-term assignments abroad. Facilitated and coordinated activities with other national and international organizations.

Additional Experience

Communications Researcher, Operations Research Project, Tulane University School of Public Health and Tropical Medicine, Zaire, (Summer, 1984).

Designed and implemented a rural diarrheal disease and health education research project in conjunction with ongoing Tulane University field activities. Trained research assistants and monitored home visitor activities and data collection.

Research Assistant, Department of Epidemiology and Biostatistics, Tulane University School of Public Health and Tropical Medicine, New Orleans, Louisiana, (1983 - 1984).

Conducted research, compiled documents and prepared summaries on public heath topics for department chairman. Designed and provided logistical support for special Dean's course on public health and community development.

Health Educator, Peace Corps, Cameroon Practical Training in Health Education Project (PTHE), (1979 - 1982).

Promoted the implementation of an experimental primary school health education program at the national level. Edited and completed a teacher's health education manual with the Ministries of Public Health and National Education. Supervised ten pilot school test centers. Analyzed and presented project data at the First National School Health Education Seminar (Yaounde, 1982).

Collaborated with hospital personnel at the district level to design and implement a training program for university medical students in community health and promotion. Organized and directed week-long community health education seminars with village development committees. Taught at the district hospital prenatal clinic and five primary schools. Designed and prepared educational materials. Provided technical assistance in latrine, water source, and animal pen construction.

EDUCATION

Marketing Management, School of Continuing Education, The Johns Hopkins University, Baltimore, Maryland, Summer 1987.

M.P.H., Master of Public Health, Tulane University School of Public Health and Tropical Medicine, New Orleans, Louisiana, 1984.

Peace Corps Intensive Program for Rural Health Workers, Nashville, Tennessee and Mbalmayo, Winter/Spring 1979.

B.A., Anthropology, specialized study in Medical Anthropology, University of Massachusetts at Amherst, 1978. Field Work: Gsteig, Switzerland, 1975.

Language Arts Program, University of Dijon, Dijon, France, Summer 1977.

MEMBERSHIPS

American Public Health Association
Society for Applied Anthropology, Fellow

ADDITIONAL SKILLS

Speak and read French fluently.

AWARDS

Award for Breakthrough in Creativity, AED, 1990.

PUBLICATIONS

"Family Planning Uses Traditional Theater in Mali", *Development Communication Report*, 1988.

"Participatory Project Design: The First Step in Sustainability", (Zaire), *AED Field Note Series*, 1991.

AGRICULTURE AND NATURAL RESOURCES

MARSHALL DONELLY BURKE, Ph.D.

RESUME

EDUCATION:

- Ph.D., (Wildlife/Watershed Management) Dissertation title: A Prototype Population Dynamics Model for Wildlife Management.
  University of Arizona, 1986.
  McIntyre-Stennis Grant.

- Teaching certificate
  University of Arizona, 1977.

- MD/PH.D. Program (Virology)
  Cornell University School of Medicine, 1975.

- Certifcat d'Etudes (Ecology)
  University of Dijon, France, 1974.
  Paul Harris Fellowship.

- Bachelor of Science (Ecology)
  University of Arizona, 1973.
  With Honors.

HONORS & SOCIETIES:

- Paul Harris Graduate Fellowship.
- Rotary International Graduate Fellowship.
- Beta Beta Beta, Pre-med Honor Society.
- McIntyre-Stennis Grant.
- International Society of Mammalogists.
- International Society of Wildlife Management.
- International Society of Tropical Foresters.

LANGUAGES:

- French: Speak, read & write fluently, FSI 5.
- Spanish: Speak, read & write well, FSI 4.
- German: Speak & read FSI 3.
- Haussa: Speak and read, FSI 2.
- Arabic: Speak, FSI 1.
- Fortran: Computer programmer.

PLACE OF BIRTH: Vienna, Austria

PROFESSIONAL EXPERIENCE:

1992-Present
Director, Agriculture & Natural Resources (ANR), CARE - Atlanta.

1991-1992 - Regional Technical Advisor - Agriculture and Natural Resources - Latin America/Caribbean, CARE - Based in Costa Rica.

1990 - Assistant Country Director, CARE Niger.

1989-1990 - Agriculture and Natural Resources Program Coordinator, CARE Niger.

- AIDS awareness/prevention Programs Coordinator - CARE Niger.

1988 - Consultant; Pima County Board of Supervisors / Wingate and Associates - Arizona.

1985-1988 - Consultant; Pronatura; Mexico.

1983 - Lecturer; Member Man and the Biosphere - Honduras.

1982 - Ecology Video producer/lecturer: Public Broadcasting System - Washington, DC.

1981-1985 - Research Assistant/Lecturer: Univ. of Arizona.

1980-1984 - Author/Researcher: George Banzhaf and Co., Arizona.

1980 - Field Research/Author: Kannally Ranch, Arizona.

1976-1979 - Biology, Ecology, Mathematics Instructor: Arizona.

1976-1989 - Manager/Bartender: The Shanty - Arizona.

1975 - Field Researcher; UNESCO; Guatemala and El Salvador.

1974 - Field Researcher/Archivist: University of Dijon; France.

1974 - Field Researcher: Smithsonian Museum; Tunisia.

1973 - Field Researcher: Univ. of Ariz.; Mexico.

- Field Researcher: Arizona Sonora Desert Museum; Mexico.

PUBLICATIONS:

- Listings available upon request.

RESIDENCIES FOR STUDY, WORK OR RESEARCH:

- Niamey, Niger
- Kherrridine, Tunisia
- San Salvador, El Salvador
- Avellana, Guatemala
- San Pedro Sula, Honduras
- San Blas, Mexico
- San Jose, Costa Rica
- Paris, France
- Civray, France
- Dijon, France
- Lyon, France
- Tucson, Arizona
- New York, New York
- Lome, Togo

COMMUNITY SERVICE:

Present - AID Atlanta, Taoist & Tai Chi instructor for People with AIDS.

1992-Present
- AIDS Advisory Board of Directors, GMHC. New York.

1985-1989 - Chairman, Board of Directors, Tucson AIDS Project.

1987-1988 - Tucson AIDS Project, Chairman Fund-raising Committee.

1978-1988 - Chairman, Board of Directors, Tucson Jazz Society

1982-1987 - Founder, Board of Directors & Peer counselor, AIDS/Shanti Foundation.

1985 - Business Committee on the Arts Task Force, Arizona.

1984 - Chairman, "Women and World Hunger".

1983 - Founding Member; Friends of Pronatura.

1976-1978 - Docent; Arizona Sonora Desert Museum.

INTERESTS:

- Tai Chi Chuan, jazz, backpacking, ornithology, writing.

CURRICULUM VITAE

CARLOS A. PEREZ

[redacted]

Carlos A. Perez has over 15 years of experience in international agricultural and rural development. He has conducted research on sociocultural, agroecological, economic, community health, administrative and human resource issues. He has designed and supervised agricultural, small business and health projects, and has monitored the socioeconomic performance of agricultural, forestry, livestock and natural resource management programs. He has organized indigenous agriculturalists and other users for them to articulate their development needs. He has strengthened the institutional capacity of private voluntary and state organizations to design and implement effective development strategies. He is a United States resident, has native control of Spanish and English, and speaks and reads French.

Education and Degrees

B.A. with Distinction in Sociology, 1978
State University College at Oneonta, N.W.

M.A. in Sociology, 1980
State University of New York at Binghamton
Thesis: "The Impact of Agrarian Reform in Bolivia"

Ph.D. in Anthropology, 1986
State University of New York at Binghamton
Dissertation: "Agricultural Cooperatives: Perspectives from the Aymara and the Bolivian State"

Professional Specialties and Interests

Agricultural and rural development, development communication, sociocultural anthropology, quantitative and qualitative methods.

Professional Experience

1992 - Present Deputy Director of Agriculture & Natural Resources. Promotes improved ANR Program quality and impact by developing and providing policies, strategies, technical analysis, and guidance. Including: Support & Line Management; Analysis and dissemination of Lessons Learned from field experiences; Provide technical assistance to ANR & cross-sectoral programs for the field & HQ Regional Managers; Screening qualified applicants for ANR positions; Strengthen/Expand networks with donors, NGOs and other relevant organizations; Support fundraising efforts with Marketing Division, CARE International, Bi & Multilateral donors.

1992 - Research Associate. Conducts research and writes on issues including human impact on ecosystems, land resource management and restoration, land degradation and deforestation, adaptability of indigenous societies to environmental and social stress, and rural development programs in Bolivia. Contributes to a university lecture series on international development and resource management. Co-directs workshop on social science research methodology. Program for International Development and Social Change. Clark University.

1989 - 1991 Field Research Associate and Social Science Advisor to the Program for Alternative Regional Development (PDAR) of the Bolivian Ministry of Peasant Affairs and Agriculture. Conducted long-term studies on out-migration of Quechua highland peasants, and environmental and economic despoliation/sustainability in the sending and target communities. Carried out farming system studies in arid and humid tropical lands. Developed strategies for and supervised the socioeconomic monitoring of agricultural, forestry, livestock and natural resource management projects. Developed, guided and monitored income generation and health improvement projects. Incorporated the perspective of peasant and nongovernmental organizations in the design of projects, and assisted them in negotiation of project funding. Strengthened the capacity of private voluntary organizations to conduct applied socioeconomic research and carry out development activities. Institute for Development Anthropology (IDA) and Program for Alternative Regional Development (PDAR), Cochabamba, Bolivia.

1989 - 1991 Anthropology Professor. Taught undergraduate courses on Amazonian and arid lands human ecology, and social science research methods. Supervised a study on the impact of tropical land settlement on the native Yuracare ethnic group. Department of Economics and Sociology, Universidad Mayor de San Simón, Cochabamba, Bolivia.

1988 - 1989 Senior Research Fellow. Acting Head of the Economics Section. Developed and supervised the socioeconomic monitoring and supporting of cassava production, processing and marketing projects among low-income peasants in Colombia. Conducted studies on farming systems, and urban consumption and marketing patterns of cassava for new product development. Prepared and carried out a worldwide survey on the resources and opportunities for cassava research and development. Conducted a survey on the status of national tropical agriculture research organizations in Latin America. Main team member in corporate culture assessment. Editor and primary author of two monographs on Latin American rural development projects based on cassava. Founder and coordinator with national counterparts of the Latin American Cassava Network. Editor of the Network's bulletin. Cassava Program, International Center for Tropical Agriculture, CIAT, Cali, Colombia.

1986 - 1988 Post-doctoral Fellow. Conducted institutional analysis of the national cassava program of Mexico, and proposed alternative forms of organization, policies and operational plans to improve it. Trained agricultural scientists on farming systems methodology, and led farming systems studies. Organized and conducted workshops for management skill development among individual peasants and peasant organizations. Organized international meeting of researchers, extension agents and peasants working on cassava. Instituto Nacional de Investigaciones Forestales y Agropecuarias, INIFAP, Huimanguillo, Tabasco, Mexico. Conducted short-term institutional organization consultancies and farming systems studies in Panama and Nicaragua. Cassava Program, International Center for Tropical Agriculture, CIAT, Cali, Colombia.

1983 - 1984 Researcher. Conducted research on agropastoral systems, political organization and agricultural cooperatives among Aymara peasants of high altitude mountain environments. Examined the resilience of indigenous health delivery systems. Facilitated the peasants' agronomic experimentation with vegetables, and introduced prototypes of low-cost greenhouses roofed with plastic sheets. Museo Nacional de Antropología, La Paz, Bolivia.

1984 Team member. Evaluated the social and economic performance of the San Julián land settlement project in Santa Cruz, Bolivia. Cooperative Agreement on Human Settlement and Natural Resource Systems Analysis, Institute for Development Anthropology, Binghamton, N.Y., USA.

1984 Organized a national demographic documentation center. Bolivian Ministry of Planning, United Nations Fund for Population Activities, La Paz, Bolivia.

1983 Evaluated a rural health program in the highlands of La Paz. Inter-American Foundation, La Paz, Bolivia.

1980 Organized state-wide documentation center on migrant farmworkers, Rural New York Farmworker Opportunities, Inc., Rochester, N.Y., USA.

1979 Authored document for state legislators on working and living conditions of migrant farmworkers in New York State, Rural New York Farmworker Opportunities, Inc., Rochester, N.Y., USA.

1979 Advised on the relocation of Haitian migrant farmworkers, Rural New York Farmworker Opportunities, Inc., Rochester, N.Y., USA.

Professional Activities

Invited member. Corporate culture management committee, January-August 1989, International Center for Tropical Agriculture, CIAT.

Invited member. Task force to ascertain the status and particular needs of the National Agricultural Research and Development System in Latin America, International Center for Tropical Agriculture, CIAT, March-December 1988.

Principal Organizer. Workshop organizing the network of national cassava programs in Latin America, April 7-8, 1988, International Center for Tropical Agriculture, CIAT.

Principal Organizer. First Latin American seminar on the management of integrated cassava projects, Villahermosa, Tabasco., Mexico, October 26-28, 1987, INIFAP-CIAT-UNDP.

Invited Lecturer. Seminar on cassava as an alternative feed in México, Subsecretaría de Desarrollo y Fomento Agropecuario y Forestal, SARH, México, September 1987.

Invited Lecturer. Seminar on the development of associations of seed producers, Federación Latinoamericana de Asociaciones de Semillistas (FELAS) - CIAT, Cali, Colombia, November 1986.

Invited Lecturer. Workshop on comparative Amazonian development, sponsored by Amazon Research and Training Project, University of Florida, Pontificia Universidad Católica del Perú, and Instituto Andino de Estudios sobre la Población, Lima, Perú, 1985.

Invited Fellow. Commission for the creation of the Department of Anthropology. Sociology Department, Universidad Mayor de San Andrés, La Paz, Bolivia, 1984.

Representative of the Graduate Student Organization. Faculty Recruitment Committee, Department of Anthropology, State University of New York at Binghamton, 1980-1981.

Papers

1991 The Social Ecology of Land Degradation in Central Bolivia. Paper presented at the 90th Annual Meeting of the American Anthropological Association, Chicago, IL, November 20-24, 1991.

1991 Migratory Trends in the Areas of Operation of the Regional Alternative Development Program. Paper presented to the Chapare Regional Development Program Planning Meeting, Santa Cruz, USAID/Bolivia.

1990 Tendencias Socioeconómicas en las Provincias de Mizque y Campero de Cochabamba, PDAR.

1990 Análisis ex-ante del Impacto Socioeconómico de un Mercado Campesino en Valle Hermoso, Cochabamba, PDAR.

1988 Observaciones sobre Capacitación en CIAT, CIAT.

1988 Proyectos Agroindustriales de Yuca en Latinoamérica. Paper presented to the V Brazilian Congress on Cassava, Fortaleza, Ce, Brazil.

1987 Organización de los Productores en un Programa Integral de Yuca. Paper presented to the Seminar on Cassava as an alternative feed in México, Tab., México, SARH.

1986 Dinámica de Desarrollo de las Asociaciones - Aspectos Humanos. Seminario sobre Desarrollo de Asociaciones Semillistas, CIAT, Cali, Colombia.

1985 San Julián: Balance y Desafíos. Paper presented at the Workshop on Comparative Amazonian Development, Lima, Peru. Sponsored by Amazon Research and Training Project, University of Florida and Instituto Andino de Estudios sobre la Población.

1985 Metalinguistics of Class Conflict. Paper presented to the Annual Meeting of the American Ethnological Society, Toronto, Canada.

1984 Autosuficiencia Comunitaria en Materia de Salud: un Caso entre los Aymaras de La Paz. Paper presented to the Annual Meeting on Bolivian Culture, Fundación Patiño, Cochabamba, Bolivia.

Publications

1992 The Political Ecology of Land Degradation in Central Bolivia. Submitted to Human Organization.

1992 Adaptive Strategies to Environmental and Social Stress among Bolivian Quechua Peasants . Submitted to Comparative Studies in Society and History.

1991 Why do People Migrate?: Internal Migration and the Pattern of Capital Accumulation in Bolivia, Cooperative Agreement on Human Settlement and Resource Systems Analysis, Institute for Development Anthropology, Binghamton, N.Y.

1990 Integrated Cassava Projects, Carlos A. Perez-Crespo, ed., Cali, Colombia: CIAT.

1990 Proyectos Integrados de Yuca, Carlos A. Perez-Crespo, ed., Cali, Colombia: CIAT.

1989 Metodologías Aplicadas a Proyectos Integrados de Yuca. Memorias del Congreso Latinoamericano celebrado en Villahermosa, Mexico, Octubre 25-28, 1987, CIAT.

1988 Report on Mexico's Cassava Program, 1977-1987, Cassava Program, CIAT.

1987 Organización de los productores en un programa integral de yuca. In la Yuca como cultivo de alternativa para la alimentación animal en México, Subsecretaría de Desarrollo y Fomento Agropecuario y Forestal, SARH, México, D.F., pp.213-219.

1987 San Julián: Balance y Desafíos. In Desarrollo Amazónico: Una Perpectiva Latinoamericana, pp.187-207, Lima, Peru, CIPA/ INANDEP, Carlos Aramburu and Marianne Schmink, eds.

1987 Dinámica de Desarrollo de las Asociaciones - Aspectos Humanos. In Memorias del Seminario sobre Desarrollo de Asociaciones Semillistas, Luz M. Duque and José Fernández, eds., Cali, Colombia: CIAT, pp. 73-79.

1984 Resource competition and human settlement in the San Julián Project, Bolivia. In Development Anthropology Network.

1984 The San Julian Colonization Project: Tropical Lands Settlement as Rural Development Strategy in Bolivia, Cooperative Agreement on Human Settlement and Resource Systems Analysis, Institute for Development Anthropology, Binghamton, N.Y. Co-authored with Michael Painter, Susan Hamilton, Marta Llanos and William Partridge.

1979 Migrant Farmworkers in New York State, Communications Project, Rural New York Farmworker Opportunities.

Manuscripts in Preparation

Taking Stock of Bolivia's Alternative Development Program.

Remittances and the Redefinition of Social Classes in Bolivia.

Professional Associations

American Anthropological Association
Latin American Studies Association
Society for Applied Anthropology

KATHLEEN TILFORD, M.P.H., M.A.

DIRECTOR, PRIMARY HEALTH CARE UNIT

CARE USA

EDUCATION:

1976-1987	Master's Degree in Public Health, UCLA Areas of Emphasis: Population, International Health
1970-1972	Master's Degree in French, University of California Areas of Emphasis: African Literature and Culture
1964-1968	B.A. in French; B.A. in History. University of Oregon

WORK EXPERIENCE (last 15 years only)

9/93 - now Director, Primary Health Care Unit, CARE USA

3/1989-8/1993 Country Director, CARE International in Mali

Responsibilities included management of all long-term development and short-term emergency relief programs. Average annual program budget $3.0 million, with 9 expatriate and 260 Malian staff. Responsible for project design, implementation of six ongoing development and relief projects in Health, Water Supply and Agriculture/Natural Resources and securing multi-year funding for projects. Provided on-going technical assistance to Health and Water Supply projects.

6/1986-2/1989 Regional Technical Advisor for Primary Health Care, West Africa Region, CARE

Provided ongoing technical support to CARE's health and water projects in West Africa. Responsibilities included program design, training, evaluation, development of technical materials, establishment of networks among PHC projects, liaison with other NGOs, bi-lateral and multi-lateral health agencies.

4/1985-5/1986 Independent Consultant

Carried out a number of short-term assignments in West Africa, primarily in the area of project design.

11/1982-2/1985 Peace Corps Director, Burundi

Established the Peace Corps program in Burundi. Primary responsibility for all aspects of the program: administration, financial management, budget preparation, programming, training, liaison with the government and development community.

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11/1979-10/1982 Associate Peace Corps Director/ Health and Community Development, Cameroon

Responsible for all aspects of the Health, Community Development and Education programs throughout Cameroon. Developed programs, organized trainings, supervised and counseled 75 Volunteers, and shared overall management and financial responsibility with three other staff.

1/1979-11/1979 Health Training Specialist, Office of Program and Training Coordination, Peace Corps Washington

Prior to 1979 worked as an independent consultant, language teacher, Peace Corps Volunteer.

Relevant Honors and Awards

Goerke Award for Outstanding Achievement in Graduate Studies in Public Health (1978)

U.S. Public Health Service Traineeship (1976-1978)

French Teaching Fellowship (1970-1972)

Phi Beta Kappa

Mortar Board (University of Oregon Senior Women's Honor Society)

Outstanding Junior Woman, University of Oregon

PRIMARY HEALTH CARE

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Kathleen Tilford, M.P.H., M.A.
Director, Primary Health Care Unit
CARE USA

Education

1976-1987	**Master's Degree in Public Health, UCLA** *Areas of Emphasis: Population, International Health*
1970-1972	**Master's Degree in French, University of California** *Areas of Emphasis: African Literature and Culture*
1964-1968	**B.A. in French, University of Oregon** **B.A. in History, University of Oregon**

Work Experience (last 15 years only)

09/93 - Present **Director, Primary Health Care Unit, CARE USA**

Primary responsibilities: Determine strategic directions for CARE's health program worldwide and develop policies and programming guidelines to support them. Provide high-qulaity technical guidance to the field on an ongoing basis. Secure funding for headquarters health unit and field projects; administer central grants. Serve as principal liaison with other individuals and organizations working in international health.

03/89 - 08/93 **Country Director, CARE International in Mali**

Responsibilities included management of all long-term development and short-term emergency relief programs. Average annual program budget $3.0 million, with 9 expatriate and 260 Malian staff. Responsible for project design, implementation of six ongoing development and relief projects in Health, Water Supply and Agriculture/Natural Resources and securing multi-year funding for projects. Provided on-going technical assistance to Health and Water Supply projects.

06/86 - 02/89 **Regional Technical Advisor for Primary Health Care, West Africa Region, CARE**

Provided ongoing technical support to CARE's health and water projects in West Africa. Responsibilities included program design, training, evaluation, development of technical materials, establishment of networks among PHC projects, liaison with other NGOs, bi-lateral and multi-lateral health agencies.

04/85 - 05/86 **Independent Consultant**

Carried out a number of short term assignments in West Africa, primarily in the area of project design.

11/82 - 02/85 **Peace Corps Director, Burundi**

Established the Peace Corps program in Burundi. Primary responsibility for all aspects of the program: administration, financial management, budget preparation, programming, training, liaison with the government and development community.

11/79 - 10/82 **Associate Peace Corps Director/ Health and Community Development, Cameroon**

Responsible for all aspects of the Health, Community Development and Education programs throughout Cameroon. Developed programs, organized training, supervised and counseled 75 Volunteers, and shared overall management and financial responsibility with three other staff.

01/79 - 11/79 **Health Training Specialist, Office of Program and Training Coordination, Peace Corps Washington DC**

Prior to 1979 Worked as an independent consultant, language teacher, and Peace Corps Volunteer.

Relevant Honors and Awards

Goerke Award for Outstanding Achievement in Graduate Studies in Public Health (1978)

US Public Health Service Traineeship (1976-1978)

French Teaching Fellowship (1970-1972)

Phi Beta Kappa

Mortar Board (University of Oregon Senior Women's Honor Society)

Outstanding Junior Woman, University of Oregon

DAVID NEWBERRY
Senior Public Health Advisor
CARE
PRIMARY HEALTH CARE UNIT

SUMMARY OF EXPERIENCE:

International Health - CARE

- Provide leadership and strategic planning guidance to reinforce CARE's position as a leader in primary health care
- Refine maternal and child health subsector strategy and coordinate its implementation with CARE's country offices, other Program Division units, Marketing and members of CARE International
- Chief liason with CDC, develop better working relationship
- Strengthen collaborative relationships with USAID, PVOs and other international health organizations
- Develop a manageable information system for tracking CARE's health projects for effectiveness of outcomes

Domestic Public Health - CENTERS FOR DISEASE CONTROL

- Trained public health professionals in applied, basic and special problem communicable disease epidemiology
- Hospital infection control training
- Training of Trainers in numerous health field applications
- Tuberculosis program management and general health program management
- Served in sexually transmitted disease epidemiology , control and containment assignments for the Centers for Disease Control
- Wrote grant applications, reviewed, managed and operated federal health grants for venereal disease, tuberculosis and immunization activities - served on CDC scientific review committees

INTERNATIONAL HEALTH - CDC & PRIVATE CONTRACTOR

- Child Survival, Immunization and Diarrheal disease program Planning, Implementation, Training, Evaluation & Surveys
- Training Trainers in various aspects of communicable disease prevention, control, containment and epidemiology
- All aspects of guinea worm disease eradication - project planning, program management, implementation, and evaluation
- Consultation for international Private Volunteer Organizations (PVO's) on all Headquarters and Affiliate office activities and programs, including fund-raising, advocacy, management, education, volunteers, and program development
- PVO Organizational performance outcomes regarding Board of Directors, communications, achievements and service components

* **Computer Literate: WP, Harvard Graphics, COSAS, Flowchart, EPI INFO, other math and graphic software.**

October 3, 1994 to Present
Cooperative for American Relief Everywhere (CARE), Senior Public Health Advisor of the Primary Health Care Unit of the Program Division.

October 1, 1992 to October 3, 1994

Johns Hopkins University, Faculty Appointment and continuing part time appointment as Research Associate in the Department of International Health Private Voluntary Organization Child Survival Support Program (CSSP).

EAGLE Unit Manager with responsibility for Child Survival Project Monitoring and Evaluation support services to nearly 100 projects conducted by 27 PVOs. Responsible for training of PVO staff in Rapid Knowledge Practice and Coverage Survey methodology.

1986 TO 1992

Consultant to Private Voluntary Organizations, Johns Hopkins University, religious organizations and private contractors on all aspects of health, voluntary organizations, program evaluations and management. Provided written documents, conducted confidential debriefings and reviewed technical proposals for USAID funding. Served as technical advisor to various African Governments on primary health and education projects. Served as temporary UNICEF staff consultant in Nigeria from October 1990 through March 1991. Continuing consultant to Save the Children, Africare, Johns Hopkins University, Project Concern International and Rotary International.

CAREER ACTIVITIES - CENTERS FOR DISEASE CONTROL

1985-1986

USPHS/CDC - Chief, Course and Conference Management Services Branch, Division of Continuing Education and Training. Served as principal advisor to Division Director in formulating broad operating policies, methods and procedures for carrying out comprehensive continuing education programs for health professionals at the State and National level. Supervised Branch activities for 12 employees .

Major Responsibilities:

* Managed nationwide network of preceptors who conducted classroom courses, seminars and workshops.
* Supervised planning and implementation of conferences, symposia and seminars
* Planned and directed studies to evaluate classroom courses, seminars, workshops, symposia and conferences

1984-1985

Senior Public Health Advisor in administering the Health Analysis and Planning Branch. Assisted in : 1) Provision of technical assistance to State, local, federal, national and international health agencies in analyzing preventable health problems; and 2) Surveillance of performance problems that hinder achievement of State and local program objectives.

1980-1984

Technical advisor to the Director , Instructional Services Division, Center for Professional Development and Training. Worked with a range of clients at higher levels of State, federal and international public health organizations to ensure the development and implementation of training solutions in disease control and prevention.

1980-1977

Program Management Officer, Bureau of Smallpox Eradication. Responsible for supervising all administrative staff services. Assisted in the development direction, coordination and evaluation of all operational and administrative and management aspects of the smallpox eradication program. Also conducted negotiations with the global community of multilateral organizations (both public and private), representatives of foreign national governments and officials of US Governmental agencies. Participated with the Bureau Director, in the overall Bureau planning, operation and related aspects necessary to achieve the Bureau's organizational mission. Served as acting Bureau Director in Director's absence.

1977-1978

Senior Public Health Advisor assigned to the office of the Director, Bureau of State Services. Assigned to the National Influenza Immunization Program (NIIP), Assistant Secretary for Health's Office, Department of Health Education and Welfare , Washington D.C., as the CDC liaison person. Served as major contact staff between CDC and DHEW concerning the implementation of the National Influenza Immunization Program.

1977-1976

Supervisory Public Health Advisor assigned to the office of the Center Director, CDC. Served as senior officer in the CDC Kidney Donor Activity to develop and implement a new CDC activity designated to increase the number of cadaveric kidneys obtained from medically suitable donors and transplanted into matched patients.

1975 - 1971

Senior Public Health Advisor assigned to the California State Health Department, Bureau of Communicable Disease Section. Responsible for all aspects of tuberculosis control in the State of California. Served as Tuberculosis Staff Consultant to the California Lung Association, a Private voluntary organization.

1971-1968

Senior Operations Officer and Chief of Party , Smallpox Eradication Program assigned to Ghana, West Africa. Provided advisory services to the Ministry of Health and other international health officials in measles control and smallpox eradication.

1968-1967

Public Health Advisor to the CDC Tuberculosis Control Program. Assigned to the Memphis, Shelby County Tuberculosis Division as Acting Director and Administrative assistant. Supervised 35 county employees. Performed all facets of administrative and management activities related to TB program activities concerned with prevention and control of tuberculosis in Memphis, Tennessee.

1967-1964

Public Health Advisor assigned to the New York City Department of Health as venereal disease epidemiologist. Worked in all program aspects of STD transmission, investigation and control. Covered community awareness, professional and community education.

1952 - 1963

Medical Research Assistant - Laboratory Technician - United States Army

OTHER CDC FOREIGN ASSIGNMENTS

Consultant for World Health Organization to the Peoples Republic of China for training a group of health professionals in all aspects of Diarrhoeal Disease Control (CDD) project activities including the training of Trainers .

Served as Senior Public Health Advisor for The Centers for Disease Control (CDC) to the Haitian Refugee program .

CDC consultant to Intercontinental Commission on European Migration (ICEM) in southeast Asia on refugees in Thailand, Singapore, Hong Kong and other areas of southeast Asia.

Senior Public Health Advisor assigned by USAID/CDC to the Republic of Nigeria as technical advisor to the MOH for a project designed to determine disease and demographic surveillance in rural areas.

Senior Operations Officer assigned to the Republic of Ghana as Chief of Party to the USAID/CDC Smallpox Eradication Program .

EDUCATION

Name & Location of Institution - Major Subjects-Credits-Degree-Date

Cathedral High School, Wichita , Kansas	Academic			
Friends University Wichita, Kansas	Pre-med/Ed	hrs	BA	6/63
Wichita State U.	Grad Courses	Math		1964-5

Employment History

Position Title	Employer's Name & Address	Dates From	to
Sr PubH Adv	CARE 151 Ellis Street Atlanta, GA 30303	Oct 1994 -	present
Branch Chief	Centers for Disease Control 1600 Clifton Rd N.E. Atlanta , Ga 30333	1964 -	1986

Private CONTRACTOR BIOGRAPHICAL DATA SHEET

Services Performed	Employer's Name & Address	From	to
Tech Material Devel Section	**The Johns Hopkins** University IIP PVO CSSP 103 East Mt. Royal Ave Baltimore, MD 21202	1/10/92	10/3/94
Team Leader WVRD Uganda/USAID Final Evaluation Sustainability/Cost New Interventions	**WVRD** 919 West Huntington Dr Monrovia, CA 91016	9/18/92	10/2/92
External Team India National EPI Review WHO/GOI/REACH/JSI	**REACH/JSI** 1616 No. Fort Meyer Dr. Arlington, Va 22209	8/92	9/92
Task Force Member	**The Johns Hopkins University CSSP** 103 Mount Royal Ave Baltimore, Md 21202	6/92	7/92
Technical Reviewer CSVII DIP	**ARS** 4480 King Street Suite 500 Alexandria, Va. 22302	6/92	6/92
Research Chief Onchocerciasis Treatment by Weight and Height data analysis of Survey	**Africare** 440 R Street Washington, D.C. 20001	May 1992	
Mid-term Child Survival Evaluation Team Member	**Save The Children** 54 Wilton Road Westport, CT 06881	4/92	5/92

Services Performed	Employer's Name & Address	From	to
Research Chief Pharmaceutical Information Survey, analysis and report	**Africare/IFPMA/PMA** 440 R Street Washington, D.C. 20001	2/92	4/92
Technical Reviewer CSVII Grant Proposals	**ARS** 4480 King Street Suite 500 Alexandria, Va. 22302	1/92	1/92
Final Evaluation CS Projects: India and Nigeria PolioPlus Program	**Rotary International** One Rotary Center 1560 Sherman Avenue Evanston, IL 60201	10/91	11/91
Team Leader Child Survival Final Evaluation Egypt Project	**Save The Children** 54 Wilton Road Westport, CT 06881	9/91	10/91
Team Leader Child Survival Final Evaluation	**Africare** 440 R Street Washington, D.C. 20001	6/91	7/91
Senior Field Epidemiologist for Nigeria EPI Survey	**UNICEF**	10/90	4/91
Team Member Child Survival Project Final Evaluation	**Aga Khan Foundation/JHU** 103 Mount Royal Avenue Baltimore, Md 21202	1990 August/September	
Team Leader CSIII Project Final Evaluation	**ADRA/Pakistan**	August 1990	
Team Leader CSIII Mid-term Evaluation Bangladesh	**Save The Children** 54 Wilton Road Westport, CT 06881	6/90	7/90
Team Leader CSIII Final Evaluation Sudan	**Save The Children** 54 Wilton Road Westport, CT 06881	3/90	3/90
PVO Headquarters and Field CS Project Evaluation	**PCI**	12/89	12/89

Services Performed	Employer's Name & Address	From	to
Consultant for Indonesia USAID 5 Year HIS Plan Team Leader	**URC** Suite 700 1655 North Fort Meyer Dr Arlington, VA. 22209	6/89	8/89
Consultant CS Program Plan Team Leader	**PRITECH** 7200 Wisconsin Ave Bethesda, Md. 20814	5/89	6/89
Established Ghana Guinea Worm Erad Project (GWEP) Served as GWEP Program Director	**Carter Center** One Copenhill Atlanta, Ga 30307	12/87	12/88

18. Language Proficiency-Speaking-Reading-Writing -Understanding

Housa	* Fair	* Fair	* -	* Fair
(Lack of use requires a bit of immersion to achieve higher levels)				
Twi	* Fair	No	No	no
German	Fair	(need practice)		

19. * Epidemiology Intelligence Service Course - 1968
* Special Service Award Sec. HEW , 1978
* Secretary HHS award 1979

Paurvi H. Bhatt

[redacted]

Experience:

Oct 1993 - **Senior Program Officer**
Primary Health Care Unit, CARE, Atlanta, GA

Determine strategic direction for CARE's health sector, particularly in HIV/AIDS, Women's Health, and Child Survival.

* Provide technical assistance, resources, and program design and evaluation guidance to over 70 projects in child survival, HIV/AIDS, & Women's Health.
* Developed CARE's multisectoral HIV/AIDS Strategy
* Develop program guidelines for HIV/AIDS programs and interaction of HIV/AIDS in other CARE primary health care development programs.

1992 - Oct 1993 **AIDS Project Manager**
National Council for International Health (NCIH), Washington DC

Managed a three-year, $500,000 USAID-supported AIDS Project and supervised two staff members.

* Established and represented a coalition of over 160 US Private Voluntary Organizations (PVOs) involved with global AIDS assistance
* Expanded collaboration between the PVO community, WHO, UNICEF, UNDP and other multinational organizations, bilateral donors, congressional groups, and others concerned about the global HIV/AIDS pandemic
* Advocated the importance of community-based organizations, and international donors. Resulted in policy analyses of HIV/AIDS policies for donors and the Clinton Transition Team
* Chaired and advised working groups addressing policy and funding issues in the international HIV/AIDS assistance arena
* Supervised the publication of AIDSLINK, a bimonthly publication with international circulation to non-governmental and governmental organizations
* Organized biannual international HIV/AIDS workshops with over 100 international participants discussing the needs of community-based organizations and development agencies responding to the HIV/AIDS pandemic.
* Trained NCIH staff on US legislative appropriations, USAID programming, and budgeting processes

1990 - 1992 **International Health Program Evaluator**
US General Accounting Office, Washington, DC
Foreign Economic Assistance Subdivision

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Designed, performed, and wrote program evaluations of US-supported health assistance programs in HIV/AIDS prevention, population, child survival, and health promotion.

* Analyzed USAID policies, strategies, programming and budgeting processes for health assistance programs resulting in redesign of USAID policies, strategies, program monitoring, and oversight
* Presented to congressional staff, PVOs, US ambassadors, and senior government officials on results of program evaluations
* Prepared and presented proposals for GAO expansion into international health evaluations resulting in inclusion of international health issues in GAO annual and five year plans

1989 - 1990 **International Program Consultant**
International Diabetes Center, Minneapolis, MN

Identified organizational strategies for US-based non-governmental organization to expand into the international health market.

* Evaluated diabetes education and training programs for international contracts in Taiwan, Austria, the former Soviet Union, Indonesia, and Costa Rica.
* Analyzed international health program developments in US-based non-governmental organizations.

Summer 1987 **Research Intern**
University of Minnesota, Minneapolis, MN
Division of Neonatology Nutrition
International Adoption Clinic

Standardized, validated, and implemented indices used for newborn progress evaluations. Provided counseling for adoptive parents of Asian Indian children.

Summer 1985 **Summer Intern**
Shishu Bhavan Orphanage, Calcutta, India
Missionaries of Charity

Organized health care for disabled orphans.

Education:

Yale University
Master of Public Health, 1990

Northwestern University
Bachelor of Arts, 1988
Neurobiology and Physiology, Psychology

Publications:

Resurreccion, Peter, Carey, P., Bhatt, P., CARE Philippines, Manila, and CARE HQ, Atlanta, *Assessing NGO Management Gaps to Effect AIDS Education* (Poster). Tenth International AIDS Conference, Yokohama, Japan: August 1994.

US General Accounting Office, *Foreign Assistance: Combatting HIV/AIDS in Developing Countries.* June 1992.

US General Accounting Office, *Foreign Assistance: AID's Population Evaluations Have Improved, But Problems Remain.* February 1992.

US General Accounting Office, *Defence Health Care: Health Promotion in DOD and the Challenges Ahead.* June 1991

Geogrieff, Mills, Bhatt. *"Validation of Two Scoring Systems Which Assess the Degree of Physiologic Instability in Critically Ill Newborn Infants."* Critical Care Medicine. January 1989.

Workshops:

April 1992 HIV/AIDS in Central and Eastern Europe, and the former Soviet Union. Washington, DC.

June 1993 Defining Future US PVO Agendas: Building Capacity in Partnership with Indigenious Groups Responding to the AIDS Pandemic. Arlington, VA.

October 1993 A Strategy for the AIDS Pandemic: Building Bridges Between International and Domestic Groups. San Francisco, CA.

July 1994 "HIV/AIDS in Latin America: A Time to Act." A joint workshop sponsored by CARE, JHU CSSP, and USAID. Antigua, Guatemala.

Field Work:

India, Mexico, Dominican Republic, Guatemala, Ecuador, Brazil, Uganda and Kenya

Special Skills:

*Comprehensive knowledge of USAID programming and budgeting processes
*Knowledge of Asian Indian languages
*Proficiency in WordPerfect 5.1, SAS, and Lotus 123

Professional Affiliations:

*AIDSCAP Policy Unit, Technical Working Group
*AMFAR International Ad Hoc Committee
*APHA
*NCIH

CURRICULUM VITAE **PETER LOCHERY**

Date of Birth	[redacted]
Nationality	British
Status	Married, three children
Profession	Chartered Civil Engineer, specialising in water supply and sanitation
Education & Professional Affiliation	Bachelor of Science (Hons), Civil Engineering, Kings College, University of London, 1971
	Master of Science, Public Health Engineering, Imperial College, University of London, 1984
	Member of the Institution of Civil Engineers
	Member of the Institution of Water and Environmental Management

Summary

Peter Lochery is a water and sanitation specialist with over 20 years' experience in the sector. After leaving the University of London in 1971, he spent the next twelve years with a firm of consulting engineers specialising in sewerage and sewage treatment, including periods in Dubai (three years), Saudi Arabia (three years) and Hong Kong (six months). He returned to the University of London in 1983 to gain his Master's degree and the following year was spent at the Water Research Centre, developing cost and performance databases for sewage and water treatment plants in the UK.

In 1985, he joined the UNDP-World Bank Water and Sanitation Program and worked for six years on secondment as an adviser to the Federal Ministry of Health, Nigeria; initially based in Lagos, promoting low-cost sanitation technologies and developing institutional mechanisms for service delivery, and subsequently in Jos, where he coordinated a community-based rural water supply and sanitation project. He moved to the UNDP-World Bank Program's Regional Water and Sanitation Group for South Asia based in Delhi, first as a sanitary engineer and then, from 1992 to 1995, as Manager. During this period, he travelled extensively in South Asia and had overall responsibility for the group's work in sector and project planning, design and supervision of water and sanitation projects focusing on the delivery of services to the urban and rural poor using community-based approaches and appropriate technology.

Effective October 1995, he joined CARE-USA as water, sanitation and environmental health specialist in the Primary Health Care Unit based in Atlanta.

PROFESSIONAL HISTORY

CARE-USA

1995 - Date Water, Sanitation and Environmental Health Specialist in the Primary Health Care Unit based in Atlanta. Responsible for developing and coordinating a comprehensive strategy for CARE's programming in water, sanitation and environmental health (WSEH), providing technical assistance to CARE WSEH programs and projects worldwide, fostering development of sectoral staff, and promoting strong linkages with partners and donors in the sector.

UNDP-World Bank Water and Sanitation Program

1991 - 1995 Sanitary Engineer, and from 1992 to date, Manager, Regional Water and Sanitation Group for South Asia, based in Delhi. Responsible for managing about 50 higher level and support staff based in the regional office in Delhi and country offices in Dhaka, Islamabad and Kathmandu, and involved with activities in Bangladesh, India, Nepal, Pakistan and Sri Lanka. Current activities include: sector work on rural water supply and urban sanitation (situation analyses and issues papers); planning, design and implementation of pilot (rural water supply and solid waste management) projects testing different options for service delivery including use of intermediaries such as NGOs; preparation and supervision of investment projects with emphasis on demand-based, adaptive project design and systematic learning both within and across projects; documentation and dissemination of case studies on successful examples of service delivery in rural and peri-urban areas; and capacity buiding through workshops and seminars. Responsibilities also include recruitment of staff and development of proposals for multilateral or bilateral funding of proposed new activities and positions.

1988 - 1991 Project Coordinator, based in Jos, Nigeria responsible for US$5m community-based, rural water supply and sanitation demonstration project comprising five sub-projects each located in a different state in north-eastern Nigeria. In addition to institution building at local and state government levels to support a community-based, participatory approach, the project developed and relied upon indigenous private sector capacity for construction of hand dug wells and machine-drilled boreholes.

1985 - 1988 Water and Sanitation Adviser to Federal Ministry of Health, Nigeria, based in Lagos, responsible for promotion of appropriate technologies, development of training materials, training of federal and state government personnel to facilitate delivery of on-site sanitation services in rural and peri-urban areas. Preparation of rural water and sanitation project (see above) including supervision of consultants, drafting of UNDP project document, budget, proposal for bilateral cost-sharing, negotiating memoranda of understanding with state governments, recruitment of project staff, and preparation of equipment orders.

Water Research Centre, UK

1984-85 Established database for national Comparability Study on costs and performance of all sewage treatment plants in UK with contributory populations greater than 10,000. Initial work also completed on similar database for water treatment plants. Drafting of manual for upgrading small rural water supplies to meet European Community Drinking Water Directive.

Watson Hawksley (now Montgomery Watson), Consulting Engineers

1982-83 Based in UK. Design of tertiary wastewater treatment plant for Jubail, Saudi Arabia. Development of process and instrumentation diagrams, sizing and layout of treatment units, detailed design of flocculation, sedimentation and recarbonation tanks.

1982 Based in Hong Kong. Study including marine survey, for Hong Kong Government on overcoming polluting effects of sewage and stormwater drainage on a seawater lagoon and recreational beach. Managed hydrographic survey forming part of the environmental impact study for the proposed Lantau Airport.

1981-82 Based in UK. Preliminary engineering report on sewerage for Johor Bahru, Malaysia. Design report and contract documents for improvements to preliminary and sludge treatment at Southend Sewage Treatment Works, UK. Contract documents for borehole investigations and pipe supply for Khartoum and Omdurman Sewerage and Sewage Treatment Plant.

1978-81 Based in Saudi Arabia. Site supervision of two sewage treatment plants, each serving 45,000 people in south western Saudi Arabia. Particular difficulties included working with experienced contractor and keeping to programme despite isolated location.

1974-78 Based in UK. Design of oxygen injection plant for sewage pumping stations, chemical and biological deodorising plants for treating foul air stripped from septic sewage, effluent chlorination plant and extensions to sewage treatment plant in Dubai, UAE. Contract administration for construction of sewage sludge dewatering and incineration plant in UK.

1971-74 Based in Dubai, UAE. Site supervision of construction of major pumping station, and associated trunk sewers, minor sewers and house connections in Dubai, UAE. A close relationship was established with the inexperienced contractor to solve day to day construction problems and ensure timely completion of good quality work. All structures were founded below the water table and extensive experience of wellpoint dewatering was gained.

November 1995

GIRLS EDUCATION

Jane T. Benbow

[redacted]

Education

Ed.D. Center for International Education, University of Massachusetts, Amherst. February 1994 [International Education]

M.A. Goddard College, Plainville, Vermont. June 1972 [Community Development]

B.A. Guilford College, Greensboro, North Carolina. August 1967. [Political Science and Psychology]

Experience

CARE, Atlanta, Georgia *December 1994-Present*
Girls Education Coordinator - Implement and organize girls education programs in West Africa, East Africa, Latin America and Asia.

International Experience - Women in Development, Adult and Nonformal Education, Research and Evaluation, Teacher Education

Mali, Institut Pour l'Education Populaire, Bamako *April-May 1993*
Designed and carried out a qualitative evaluation of the Manaaji Women's Literacy Program

India, Ford Foundation, New Delhi *November 1992*
Designed and carried out a two week training program on incorporating gender analysis into adult and nonformal education programs for women.

The Carribean, WAND (Women and Development Unit) *November 1991/February 1992*
University of the West Indies, Barbados
Designed and carried out a qualitative impact evaluation of a 10 year, community based, women and development project in Rose Hall, St. Vincent.

Swaziland, United States Agency for International Development *May-June 1990*
Designed and carried out a qualitative impact evaluation of an USAID primary teacher education initiative.

Botswana, United States Agency for International Development *November 1988*
Carried out a mid-term evaluation of an USAID funded primary education initiative.

Somalia, United States Information Service *June 1989*
Project leader of a training and consultant team for the faculty of Lafoole Teacher Education College on development of graduate programs in education and educational research design.

Morocco, U.S. Peace Corp. *June-September 1988*
Directed a pre-service training program for 87 Peace Corps trainees and approximately seventy-five staff members.

DESIGN, MONITORING AND EVALUATION

Synopsis of Résumé of: **JIM RUGH**

CARE Program Design, Monitoring and Evaluation (DME) Coordinator

PRIMARY INTEREST: Program evaluation; evaluation systems and methodologies; professional development of staff in monitoring & evaluation; participatory evaluation by leaders of rural community development projects.

PROFESSIONAL EXPERIENCE: Over three decades of involvement in rural community development in Africa, Asia and Appalachia. This has included residence in India, Senegal, Togo, and the United States of America, plus numerous visits to many other countries.

FORMAL EDUCATION: Master of Professional Studies in International Agricultural and Rural Development (Rural Sociology & Adult Education), Cornell University; BS and MS degrees in Agricultural Engineering, University of Tennessee.

PROFESSIONAL AFFILIATION: Charter member, American Evaluation Association; Co-Chair of International and Cross-Cultural Evaluation Topical Interest Group (TIG); member of Non-Profits and Foundations TIG, and Independent Evaluation TIG. Co-Convener with HPI and InterAction of series of roundtables for NGO evaluators.

SUMMARY OF LONG-TERM EMPLOYMENT:

1995-present	CARE, Atlanta, Georgia. Design, Monitoring and Evaluation Coordinator
1993-1995	Community-Based Evaluations, Sevierville, Tennessee. Independent evaluation consultant (see list of short-term consultancies, below) (includes 1984-1993 period as well).
1987-1993:	Commission on Religion in Appalachia (CORA), Knoxville, Tennessee. Stewardship Coordinator.
1973-1984:	World Neighbors, Oklahoma City, Oklahoma. Director for Africa, Area Representative for West Africa.
1966-1969:	Peace Corps. Associate Director, North India.
1964-1966:	Peace Corps. Volunteer, Senegal.

SUMMARY OF SHORT-TERM CONSULTANCIES:

SANREM-CRSP/HPI: Burkina Faso, Cape Verde
U.S. Peace Corps: Benin
Jubilee Project: Hancock Co., Tennessee
OFPEP/Center for PVO/University Collaboration in Development: Senegal, The Gambia, Uganda, Kenya
Sevier County Food Ministries: Tennessee
Winrock International: Malawi
World Neighbors: Oklahoma, Burkina Faso, Togo, Mali
PLAN International: Mali
ADRA International: Lesotho
Lutheran World Relief: Kenya, Niger, Burkina Faso, India
Campaign for Human Development: Ripley, Tennessee
Africa Development Foundation: Niger, Senegal
Rodale International: Senegal
World Vision: Malawi
World Neighbors: Ethiopia

SUMMARY: Committed to helping the poor and marginalized work on self-empowerment and development, and to encouraging appropriate assistance offered to them. Particular skills include applying experiences in community development by evaluating and facilitating self-evaluation by participants in such programs. Have worked with and/or evaluated many different NGOs. Bring perspective on the "big picture," including familiarity with a wide variety of community groups and assistance agencies in many countries, plus an eye to detail and a respect for inclusiveness and the participatory process.

FORMAL EDUCATION:

1979-1981: Sabbatical study leave at Cornell University. Three semesters of courses plus a Special Project (a manual entitled Self-Evaluation: Ideas for Participatory Evaluation of Rural Community Development Projects published by World Neighbors) led to a Master of Professional Studies degree in International Agricultural and Rural Development. Major courses in rural sociology and adult education.

1969-1973: Majored in Agricultural Engineering at the University of Tennessee. BS received in 1970; MS in 1973. Research dealt with effects of irrigation levels on cotton fiber quality (soil-water-plant relationships).

SHORT-TERM CONSULTANCIES:

Mar.&May '95 M&E training for SANREM CRSP participants in Burkina Faso and Cape Verde.

Mar.-Apr. '95 Evaluation of Peace Corps Guinea worm eradication program in Benin.

Dec. '94 Consultant to assist with strategic planning process of the Jubilee Project, Hancock County, TN.

Nov. '94 Consultant to assist with the planning of the midterm evaluation of SANREM CRSP program coordinated by the University of Georgia.

Aug.-Oct.'94: Consultant to strengthen M&E system, then conduct midterm evaluation of USAID Matching Grant to the On-Farm Productivity Enhancement Program (OFPEP) of the Center for PVO/University Collaboration in Development with several partner agencies (including Winrock International, Save the Children, ACDI) in Senegal, The Gambia, Uganda and Kenya.

May'93-Jul.'94 Conducted an assessment of clients served by Sevier County Food Ministries, Tennessee; produced report: Hunger in Sevier County.

Apr.-May '94: Team Leader, midterm evaluation of USAID Matching Grant to World Learning and Winrock International program with Christian Service Committee, Malawi.

Nov.-Dec.'93: Team Leader, participatory evaluation of World Neighbors programs in West Africa: Burkina Faso, Togo and Mali. (A case study of this evaluation was presented to the American Evaluation Association: Can Participatory Evaluation Meet the Needs of All Stakeholders? Available on request.)

Jul.-Aug.'93: Team co-leader, final evaluation of USAID Matching Grant to Lutheran World Relief: Kenya, India.

Mar.-June '93: Interim International Director, World Neighbors headquarters, Oklahoma City.

[w.e.f. Jan.'93 Established sole proprietorship: Community-Based Evaluations, making myself available full-time for consultancies. Previously, while working with CORA, only accepted one international assignment each year.]

June '92: Team Leader, impact evaluation of PLAN International's 15-year old program in Banamba, Mali.

Apr.-May '91: Team Leader, midterm evaluation of USAID Matching Grant to ADRA International: Lesotho.

Aug.-Nov.'90: Team Leader, midterm evaluation of USAID Matching Grant to Lutheran World Relief: Niger, Burkina Faso, India.

May '89: Evaluated Lauderdale Farmers Cooperative, Ripley, Tennessee, on behalf of the Campaign for Human Development.

Sep.-Oct.'87: Member of team hired by the U.S. Congress' Office of Technology Assessment to evaluate the Africa Development Foundation's programs in Niger and Senegal.

July-Aug.'87: Consultant to Rodale International to initiate a program of applied on-farm research and information exchange on regenerative agriculture in Senegal.

May-June '87: Team Leader of impact evaluation of World Vision's Development Assisting Centers program in Malawi.

Mar.-Apr.'86 and
May-July '85: Consultancies in Ethiopia, first to explore needs, then to set up rural communications training service by World Neighbors for field workers of a variety of agencies.

LONG-TERM EMPLOYMENT:

6/95 - present **CARE**: Coordinator of Program Design, Monitoring and Evaluation. Established new Unit, responsible for helping CARE staff around the world improve the quality of program evaluations. Includes training of staff, strengthening DME systems, coordination, innovation.

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1987 - 1993: (5½ years) **Commission on Religion in Appalachia (CORA)**: Served as Stewardship Coordinator. Included raising funds from 17 national church denominations and other sources, and overseeing the use of those funds for a variety of ecumenical programs and over 70 community groups throughout the 13-state Appalachian region.

[Left CORA to establish own consultancy service (Community-Based Evaluations), to be more directly involved in working with and evaluating community development programs.]

1973 - 1984: (11½ years) **World Neighbors**:
1) Area Representative for West Africa, based in Lomé, Togo, for 6 years. Developed family health and food production programs with a variety of local community groups in Togo, Ghana, Burkina Faso, Benin, Niger, Nigeria and Zaire.
2) World Neighbors Regional Director for Africa, based at the Oklahoma City headquarters, with continuing direct responsibility for programs in West Africa, plus supervision of the Area Representative in East Africa, some support of programs in Haiti, and active involvement in the over-all headquarters operation as associate to the Vice President for Overseas Program.

[Left World Neighbors in order to spend more time with family, including teenage children and recently widowed father; to build our own house and put down roots in a home community.]

1966 - 1969: (2½ years) Associate **Peace Corps** Director in India, responsible for approximately 45 Volunteers in Uttar Pradesh working in small-scale irrigation tubewells, poultry, rural construction, and village-level food production.

1964 - 1966: (2 years) Peace Corps Volunteer in Senegal, doing rural construction including drinking water wells, latrines and a village school.

BC (Before the Peace Corps): Majored in math and physics for two years at Maryville College, Tennessee, then transferred to the University of Tennessee to major in electrical engineering another two years. Prior to that lived for 12 years in India as a child, where parents served as United Methodist Missionaries in education, relief and development.

LANGUAGE ABILITIES:	Speaking	Reading	Writing
English	Excellent	Excellent	Excellent
French	Good	Excellent	Fair
Hindi	Fair	None	None
Wolof	Poor	None	None

PERSONAL: Age: 54. Health: excellent. Married, two grown children; one grandchild.

Updated 10/95

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FOOD SECURITY

CURTIS R. SCHAEFFER

[redacted]

HIGHLIGHTS OF EXPERIENCE

15 years management experience of emergency relief and community development activities in Latin America with emphasis in primary health care, education and food-nutrition programs.

- -management support for 43 assistance programs in 21 countries
- -responsible for country office operations in 11 Latin American countries
- -managed technical assistance for national health education program in support of 1800 mothers clubs in rural Bolivia
- -managed drought relief program in 2 departments of Bolivia

AREAS OF EXPERTISE

* International Management * Cross-Cultural Communications * Human Resource Development
* Fundraising * Read & Write in Spanish * Strategic Planning

EDUCATION

-Master of International Administration-School for International Training, Brattleboro, VT.
-B.A. Education-Lewis & Clark College, Portland, OR.
-B.A. Sociology-Pitzer College, Claremont, CA.

PROFESSIONAL EXPERIENCE

Director of Food & Nutrition Programs-CARE Atlanta **1993-Present**
-Management support to food assisted activities in 21 countries in Latin America, Africa & Asia with a resource value of $250 million
-Develop & implement annual and multi-year plans

Regional Manager for Latin America-CARE New York **1988-1992**
-Line management responsibility for 11 country office operations
-Responsible for approval of all contracts
-Negotiated with government ministries
-Extensive travel in region to evaluate and supervise operations

Country Representative in Bolivia-Technologies for Primary Health Care **1985-1988**
-Managed technical assistance for health education program in support of 1800 mothers clubs
-Developed social marketing tools to promote health education
-Considerable field level training, supervision and evaluation

Regional Technical Adviser-USAID Food for Peace Program-Bolivia **1982-1985**
-Coordinated drought relief program in 2 departments
-Provided management support to sub-contracting organizations

OTHER WORK EXPERIENCE

-3 years managing diversion programs for young offenders-Metropolitan Public Defender
-3 years teaching middle & high school social studies
-VISTA Volunteer, Pomona, CA.

CONSULTANCIES

1993-Bolivia-Member of AID/PVC Expert Review Panel to assess Andean Rural Health Care Program in Bolivia
1988-Panama-Investigation of nutritional impact on urban populations due to chronic economic crisis-AID/Wash.
1986-Dominican Republic-Assessment of public & private organizations that support oral rehydration therapy activities-PRITECH/Wash.
1984-Peru-Designed management training program for USAID Peru for joint USG-GOP food assistance program-Planning Assistance, New York.

PUBLICATIONS

Report of an Expert Review Panel to the United States Agency for International Development Regarding Andean Rural Health Care's Census Based, Impact-Oriented Approach to Child Survival (with Samuel Ofosu-Amaah), New York, 1993.

Guia de Comunicacion Educativa Aplicada a Temas de Supervivencia Infantil-La Producion de Materiales Educativos (con Dr. Aguilar & Barrera), La Paz: PROCOSI, 1991.

ORS Importation, Domestic Production and Distribution in Bolivia 1979-1988: Pharmacists Practices in the Management of Acute Infant Diarrhea (with Dr. Aguilar), La Paz: PRITECH, 1988.

"Mothers Clubs as Media" (with Spain & Aguilar) Journal of Rural Health, 1988.

Investigacion del Conocimento, Actitudes y Practicas de las Madres Hacia la Diarrea en el Area Rural de Bolivia (con Aguilar) La Paz: Proyecto Mejoramiento Infantil, PRITECH 1986.

CURRICULUM VITAE

Timothy Robert Frankenberger [redacted]
Senior Food Security Advisor
CARE, 151 Ellis St.
Atlanta, Ga. 30303
Phone Office (404) 681-2552
[redacted] [redacted]
Fax (404) 577-1205

EDUCATION

1994	University of Kentucky, Lexington, Kentucky, Ph.D. (expected in December), major: Anthropology, minor: Agricultural Economics
1992	University of Kentucky, Lexington, Kentucky, M.A. major: Anthropology, minor: Agricultural Economics
1976	University of Wisconsin, Madison, Wisconsin major: Anthropology, minor: African Studies
1975	Iowa State University, Ames, Iowa B.S., major: Anthropology, minors: Biology, American Indian Studies, African Studies

LANGUAGE CAPABILITY

Arabic:	Sudanese dialect - conversational only.
Yoruba:	Reading and writing fair; conversational skills suffer from lack of use.
German:	Reading and writing fair; conversational skills suffer from lack of use.
French:	Fair understanding.
Spanish:	Reading only.

INTERNATIONAL EXPERIENCE

I have directed and/or participated in rapid assessments or food security project designs in Ethiopia (rapid food security assessment 1993), Zambia (rapid food security assessment and two project designs 1993), Nepal (baseline food assessment 1992), Malawi (food security

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assessment 1991), Zimbabwe (Food Security Project Design 1992), Kenya (Food Security/Nutrition Strategy 1991), Cape Verde (Project Design 1990), Senegal (Project Design 1989), Botswana (Agricultural Assessment 1989), Mauritania (Farming Systems and Consumption Surveys 1986-1988), Lesotho (Food Consumption/nutrition surveys 1988), Liberia (Farming Systems Survey 1984), Sudan (Farming Systems Field Study 1981-1982) and Nigeria (anthropological study 1974).

As the CARE Food Security Advisor, I have overseen Rapid Food Security Assessments in Angola, Tajikistan, Honduras, Afghanistan, Georgia, and Guatemala. Other countries to which I have provided some technical assistance include the Philippines, Haiti, Peru, Bangladesh, Cambodia, Armenia, and India.

PROFESSIONAL ACTIVITIES

1994-cont. Senior Food Security Advisor, CARE USA.

1992-1993 Seconded to the International Fund for Agricultural Development as Special Advisor on Household Food Security Issues and Drought Mitigation (October 1992 - May 1993).

1986-1994 Farming Systems Research Specialist, Office of Arid Lands Studies, University of Arizona.

1985-1986 Research Consultant, Office of International Programs, College of Agriculture, University of Arizona.

1984-1986 Research Consultant, Nutrition Economics Group, Technical Assistance Division, Office of International Cooperation and Development, United States Department of Agriculture.

1984-1985 Farming Systems Specialist, International Programs for Agriculture, College of Agriculture, University of Kentucky.

1982-1984 Research Assistant, Department of Sociology, University of Kentucky (International Sorghum and Millet Research Project).

1981-1982 Research Associate, USAID/University of Kentucky International Sorghum and Millet Research Project (15 months in Sudan).

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PUBLICATIONS

1994 Frankenberger, T.R. and C. Schaeffer. CARE Rapid Food Security Assessments\Impact Evaluations. CARE. September.

1994 Frankenberger, T.R., Claude Bart, M. Katherine McCaston. A Livelihood Systems Approach to Title II Food Aid: A Means to Incorporate Food Security Objectives into Future Programming. United States Agency for International Development, Bureau for Humanitarian Response, Office of Program, Planning and Evaluation, Washington, D.C. February.

1993 Frankenberger, T.R. A Strategic Framework for Promoting Household Food and Nutritional Security in Drought Situations, Food Forum (November).

1993 Frankenberger, T.R. Promoting Sustainable Livelihoods in Areas Prone to Recurrent Droughts. Arid Lands Newsletter (Fall).

1993 Frankenberger, T.R., et al. Rapid Assessment of the Food and Nutrition Security Impact of the CARE Food Programming Activities in Eastern Shewa and Western Hararghe. CARE USA, CARE Ethiopia, and the U.S. Agency for International Development. Addis Ababa (October).

1993 Frankenberger, T.R., et al. A Rapid Food Security Assessment in Mwense District, Luapula Province, Zambia. FAO, Lusaka (August).

1993 Frankenberger, T.R. and E. Coyle. Integrating Household Food Security into Farming Systems Research-Extension. Journal of Farming Systems Research-Extension, Vol. 4, No. 1, p 35-66.

1993 Frankenberger, T.R. Promoting Livelihood Security in Areas Prone to Recurrent Drought and Desertification: Proactive Response Planning for Enhancing Household Drought Resilience. The International Fund for Agricultural Development, Rome (May).

1993 Frankenberger, T.R. Household Food Security in Zimbabwe. An Issues Paper. The International Fund for Agricultural Development: African Division, Project Management Department, Rome (April).

1993 Frankenberger, T.R. Household Food Security. Working Paper No. 1. The International Fund for Agricultural Development. African Division, Project Management Department, Rome (March).

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1992 Frankenberger, T.R. Indicators and Data Collection Methods for Assessing Household Food Security. In Household Food Security: Concepts, Indicators, and Measurements. A Technical Review. UNICEF and IFAD, New York.

1992 Frankenberger, T.R., S. Tilakarantna, S. Neupane, W. Barth-Eide, and B. Rae. Diet, Culture and the Environment: Traditional Food Patterns in Economic Transition: Challenges to Investment Projects and Social Action. Workshop proceedings, Volume I, Main Report. Jointly funded by the International Fund for Agricultural Development and UNICEF/Regional Office for South Asia. Kathmandu, Nepal (February).

1992 Frankenberger, T.R. Issues of Farmer/Consumer Participation in Research and Development, in Proceedings of a Workshop on Social Science Research and the CRSPs. U.S. Agency for International Development. Lexington, Kentucky (June).

1992 Frankenberger, T.R. and D. Goldstein. "The Long and the Short of It: Relationships Between Coping Strategies, Food Security, and Environmental Degradation in Africa" in Growing Our Future. K. Smith ed, New York, Kumarian Press.

1992 Hutchinson, B. and T.R. Frankenberger. A Selected Annotated Bibliography on Indicators with Application to Household Food Security, in Household Food Security: Concepts, Indicators, and Measurements, a Technical Review, UNICEF and IFAD, New York.

1992 Frankenberger, T.R., A. Peña-Montenegro, S. Tilakaratna, N. Velarde, and W. Barth-Eide. Rural Poverty Alleviation and Nutrition: IFAD's Evolving Experiences. A Technical Paper. Technical Advisory Division, Project Management Department. IFAD, Rome.

1992 Frankenberger, T.R. Rapid Food Security Assessment, The Famine Mitigation Activity. U.S. Agency for International Development. Office of U.S. Foreign Disaster Assistance, Washington, DC.

1992 P.E. Coyle, M.D. Mack, D.M. Goldstein, T.R. Frankenberger, and R.S. Breckenridge. Famine Mitigation Country Profile: Republic of the Sudan. Presentation, Mitigation and Preparedness Division, OFDA/USDA. Famine Mitigation Activity, OICD/USDA.

1992 A.R. Giuliano, T.R. Frankenberger, R. Breckenridge, Maria Bustamante, P. Coyle, and M. Mack. Home Gardening Baseline Survey. Bajara and

Mahottari Districts, Nepal. Office of Nutrition, Research and Development Bureau, USAID.

1991 Frankenberger, T.R. The Importance of Household Coping Strategies to Famine Mitigation, in Proceedings of the Famine Mitigation Workshop, U.S. Agency for International Development, Office of Foreign Disaster Assistance and the Office of International Cooperation and Development, United States Department of Agriculture. Tucson, Arizona (May 20-23).

1991 Frankenberger, T.R. and D.M. Goldstein. Linking Household Food Security with Environmental Sustainability Through an Analysis of Coping Strategies, in Proceedings of Workshop, Health and Environment in Developing Countries. University of Oslo, Center for Development and the Environment. Lovlia - Oslo, Norway (December 9-11).

1991 Teller, C.H., T.R. Frankenberger, and Olivia Yambi. Developing a Regional Nutrition Strategy for East and Southern Africa: Strategic Elements and Practical Opportunities for AID. AID/S&T/Office of Nutrition and AID/AFR/TR/HPN.

1991 Frankenberger, T.R. Rapid Food Security Assessment, in Proceedings of the Famine Mitigation Workshop. U.S. Agency for International Development, Office of Foreign Disaster Assistance and the Office of International Cooperation and Development, United States Department of Agriculture. Tucson, Arizona (May 20-23).

1991 Goldstein, D.M. and T.R. Frankenberger. Cash-for-Work/Food-for-Work Programs for Improving Household Food Security During Food Deficits, in Proceedings of the Famine Mitigation Workshop. U.S. Agency for International Development, Office of Foreign Disaster Assistance and the Office of International Cooperation and Development, United States Department of Agriculture. Tucson, Arizona (May 20-23).

1991 Frankenberger, T.R. and C.F. Hutchinson. Sustainable Resource Management Based on a Decentralized Food Security Monitoring System in Proceedings of the Famine Mitigation Workshop. U.S. Agency for International Development, Office of Foreign Disaster Assistance and the Office of International Cooperation and Development, United States Department of Agriculture. Tucson, Arizona (May 20-23).

1990 Frankenberger, T.R. and M.B. Lynham. Household Food Security and Coping Strategies Along the Senegal River Valley. In T.K. Park, ed. Risk

and Tenure in Arid Lands: The Political Ecology of Development in the Senegal River Basin, UA Press, Tucson, Arizona (in press).

1990 Frankenberger, T.R. and D.M. Goldstein. Coping Strategies of Small Farm Households. Association for Farming Systems Research-Extension Newsletter 1:1-5.

1990 Frankenberger, T.R., K.M. DeWalt, J. Balderston, E. Kennedy, P. Peters. Proceedings of the Agriculture-Nutrition Linkage Workshop Volume I. A report prepared under the project entitled Nutrition in Agriculture Cooperative Agreement. DAN-5110-A-00-9095-00. USAID/Office of Nutrition (February 12-13).

1989 O'Brien-Place, P. and T.R. Frankenberger. 1989. Food Availability and Consumption Indicators. U.S. Agency for International Development, Center for Development Information and Evaluation.

1989 Frankenberger, T.R. et al. 1989. Identification of Results of farming Systems Research and Extension Activities: A Synthesis. In Proceedings of the 1988 farming systems research/extension symposium, October 1988, University of Arkansas, Fayetteville, Arkansas.

1989 Frankenberger, T.R., M.P. Stone and S. Saenz de Tejada. 1989. Household Vegetable Gardens in Africa: Case Studies from Mauritania and Lesotho. Arid Lands Newsletter 29 (Fall/Winter):21-24.

1989 Frankenberger, T.R., et al. 1989. Identification of Results of Farming Systems Research and Extension Activities: A Synthesis. Culture and Agriculture, Spring/Summer, 38:8-11.

1989 Frankenberger, T.R. and G. Mitawa. 1989. Farming Systems Research and Extension Activities Around the World - A Results Inventory: Botswana. Culture and Agriculture, Spring/Summer 38:16-19.

1989 Edwards, E.O., H. Amani, T.R. Frankenberger and D. Jansen. Agriculture Sector Assessment. A Strategy for the Future Development of Agriculture in Botswana. Prepared for the Ministry of Agriculture under the auspices of USAID/Botswana.

1987 Frankenberger, T.R., S. Franzel, J. Odell, J. Odell and L. Walecka (eds). Diagnosis in Farming Systems Research and Extension, Volume I. Farming Systems Support Project Training Units Series.

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1987 Frankenberger, T.R., E. Arnould, A. Cunard, O. Aw, M. Norem, M. P. Stone and B. Horwith. Farming Systems Research Along the Senegal River Valley: A Rainy Season Reconnaissance Survey in the Middle Valley Between Podor and Matam, Senegal. Senegal Agricultural Research Project II. USAID Dakar. January. Report No. 1.

1987 Stone, M.P., B. Gaye and T.R. Frankenberger. Farming Systems Research Along the Senegal River Valley. A Rainy Season Food Consumption Survey in the Middle Valley Between Podor and Matam, Senegal. Senegal Agricultural Research Project II. USAID Dakar. January. Report No. 2.

1987 Frankenberger, T.R., E. Arnould and M.P. Stone. Farming Systems Research Along the Senegal River Valley: Agricultural Research Alternatives. Senegal Agricultural Research Project II. April. Report No. 3.

1987 Lynham, M.B., T.R. Frankenberger, W. Phelan, H. N'Gaide, P. Stone, J .A. Tabor and H. N'Dongo. Farming Systems Research Along the Senegal River Valley: A Rainy Season Reconnaissance Survey in Guidimaka, Gorgol and Brakna Regions. Mauritania Agricultural Research Project II. USAID Nouakchott. August. Report No. 5.

1987 Stone, M.P., T.R. Frankenberger and M. Jaghana. Farming Systems Research Along the Senegal River Valley: A Rainy Season Food Consumption Survey in Guidimaka, Gorgol and Brakna Regions. Mauritania Agricultural Research Project II. USAID Nouakchott. January. Report No. 6.

1986 Frankenberger, T.R., M.B. Lynham, H. NGaide, S. Fall, M.P. NDaiye and B. Perquin. Farming Systems Research Along the Senegal River Valley: A Dry Season Reconnaissance Survey in Guidimaka, Gorgol, Brakna and Trarza Regions. Mauritania Agricultural Research Project II. USAID Nouakchott. April. Report No. 1.

1986 NGaide, H. M.B. Lynham and T.R. Frankenberger. Farming Systems Research Along the Senegal River Valley: Agricultural Research Alternatives. Mauritania Agricultural Research Project II. USAID Nouakchott. July. Report No. 2.

1986 Frankenberger, T.R., B. Perquin and F.M. H'Malla. Farming Systems Research Along the Senegal River Valley: Food Consumption Survey in Guidimaka, Gorgol, Brakna and Trarza Regions. Mauritania Agricultural Research Project II. USAID Nouakchott. July. Report No. 3.

1986 Frankenberger, T.R. Integrating Livestock into the Farming Systems Perspective: An Example from North Kordofan, Sudan in Human Organization. Vol. 45, No. 3, Fall.

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1985 Frankenberger, T.R. and J.L. Lichte. A Methodology for Conducting Reconnaissance Surveys in Africa. Network Paper No. 10. Farming Systems Support Project, University of Florida.

1985 C. M. Coughenour, T.R. Frankenberger and E. Skartvedt. Women Farmers in Rural Settlements in North Kordofan Sudan, The Ahfad Journal, Vol. 2, No. 2, December. pp. 9-23.

1985 Frankenberger, T.R. Adding a Food Consumption Perspective to Farming Systems Research. Nutrition Economic Group, Technical Assistance Division, Office of International Cooperation and Development, United States Department of Agriculture. A version of this paper is also published in the 1984 Proceedings of the Farming Systems Research Symposium, Kansas State University; the 1985 Proceedings of the Conference on International Development held at Virginia Polytechnic Institute; and the 1985 Proceedings of the Farming Systems Socio-Economic Research Monitoring Tour/Workshop sponsored by the International Rice Research Institute. A summary of this paper is published in the Farming Systems Support Project Newsletter, Volume 3, No. 3, Third Quarter.

1985 Frankenberger, T.R., J.L. Lichte, A.S. Gedeo, J.K. Jallah and M.J. Sherman. Farming Systems Research in Three Counties in Liberia: A Reconnaissance Survey in Grand Gedeh, Nimba and Bong Counties. U.S. Agency for International Development, Farming Systems Support Project, University of Florida, with cooperation from the University of Kentucky, Lexington, Kentucky, the USAID Mission, Monrovia, and the Central Agricultural Research Institute, Suakoko, Liberia.

1985 Reeves, E.B. and T.R. Frankenberger. Sorghum and Millet Farming Systems in North Kordofan Sudan. In J. F. Winn (Ed.) INTSORMIL: Fighting Hunger With Research. A five year technical report of the Grain Sorghum/Pearl Millet Collaborative Research Support Program. Lincoln, Nebraska.

1984 Frankenberger, T.R., E.B. Reeves and C.M. Coughenour. Animals in a Farming System in North Kordofan, Sudan: Integrating Short-term and Long-term Perspectives in FSR Approaches. Proceedings of the Farming Systems Research Symposium, Kansas State University. October, 1983. Cornelia Flora, Editor.

1984 Frankenberger, T.R. and E.B. Reeves. Farming Systems Research in North Kordofan, Sudan. MERA Forum 8(1):5-7.

1983 Frankenberger, T.R. Understanding Desertification through Farming Systems

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Research. Practicing Anthropology, Vol. 5, No. 3, Spring.

1982 Reeves, E.B. and T.R. Frankenberger. Understanding the Process of Desertification through Farming Systems Research: A Case Study from the Sudan. Tillage Systems and Social Science (Lexington, University of Kentucky) 2(1):1-4.

1982 Reeves, E.B. and T.R. Frankenberger. Farming Systems Research in North Kordofan, Sudan. Report No. 2. Department of Sociology, Department of Anthropology, Agricultural Experiment Station, University of Kentucky.

1981 Reeves, E.B. and T.R. Frankenberger. Socioeconomic Constraints to the Production, Distribution and Consumption of Millet, Sorghum, and Cash Crops in North Kordofan, Sudan. Report No. 1, Department of Sociology and the Agricultural Experiment Station, University of Kentucky.

OTHER PROFESSIONAL ACTIVITIES

Editor for the Journal for Farming Systems Research-Extension.

Editor for the Farming Systems Research-Extension Newsletter.

Review papers for Human Organization.

Review papers for National Science Foundation.

Review papers for Production Agriculture.

RESUME

Robert A. Bell, [redacted]

PROFESSIONAL EXPERIENCE

Development and Relief

Managing the acquisition of food assistance and related cash resources at headquarters for large international private voluntary organization. Resources are programmed in more than twenty countries and are valued at more than $250,000,000. Develop organization wide systems and procedures to manage food and other resource assets, and participate with other managers and staff at headquarters and overseas country office level in the development of overall food aid policies and strategies. Collaborate with donors and colleague private voluntary organizations to coordinate food aid program strategies.

EMPLOYMENT HISTORY

Deputy Director, Food Security Unit, CARE, Atlanta, Georgia. December - 1991 -.

PUBLICATIONS

CARE. Food Resources Manual. September 1995.

[redacted]

OBJECTIVE

Manager in an international organization or public institution whose goals are to support community based programs in developing countries.

PROFESSIONAL EXPERIENCE

Overseas Development and Relief

- Managed programs in Tanzania and Madagascar for nearly six years with total value of 4.5 to 5 million dollars. Designed, implemented and evaluated projects in "animation and sensibilisation," agriculture, grain storage, rural credit, conservation/development, water supply, and health and nutrition. Elaborated strategic plans and budgets.

- Collaborated with local and international NGOs, churches, local governments, AID, UN agencies and other bi- and multi-lateral donors.

- Coordinated the transfer of a health and nutrition program with 130.000 beneficiaries in 200 centers to a local Malagasy NGO. Designed strategy to move from center based to village-based activities.

- Revised logistic and financial systems for distributing approximately 7,500MT of US P.L. 480 Title II food from ports to local centers. Losses were significantly cut.

- Developed emergency plans to import and/or purchase local foods for distribution in drought areas. Negotiated monetization plan with AID and Tanzanian Government to import vegetable oil.

- Supervised local offices with staffs of 12 and 25 persons. Trained staff in administrative and financial procedures. Interviewed, hired, evaluated and terminated employees. Prepared annual program operating budgets. Arranged for purchasing and control of vehicles, office equipment and supplies.

- In Kenya, administered and taught at rural secondary school. Worked with local board, teachers and parents. Developed school curriculum. School has grown from 17 students when I left to over 200 students today.

Legal

- Negotiated and drafted contracts and project agreements, and prepared written rules as required in Tanzania and Madagascar programs. Coordinated with local attorneys on legal matters affecting the program.

- Represented clients in civil and criminal matters including cases of discrimination against persons with physical disabilities. Mediated in local district court program.

- Represented Mayor, Board of Aldermen and officers in City of 85,000 persons. Supervised office with two attorneys. Prosecuted or defended actions on behalf of or against City. Drafted legislation, ordinances, and opinions. Represented City in grievance/arbitration matters under police, fire and city worker contracts. Represented Mayor in action to dismiss Chief of Police (unsuccessful), and in complaint by terminated employees alleging that they were let go for their refusal to campaign for Mayor. Working environment was hostile and ugly.

- Represented Commissioner of Correction, officers and employees. Supervised office with two attorneys and 2 law student interns. Conducted hearings and drafted first-ever departmental rules on prisoners' rights and responsibilities including disciplinary proceedings, mail censorship and inmate furloughs. Prepared legislation and wrote opinions including authority of Commissioner to open a co-ed facility (upheld). Appeared in Federal and State courts and before state agencies such as Civil Service, the State Labor Relations Board and the Massachusets Commission Against Discrimination in a sex discrimination case. Reviewed findings of internal investigation on brutality charges by officers against an inmate and recommended disciplinary action against officers. There were prison riots and a very intense politicized atmosphere including extended front page and television media reporting

- Developed prison legal service programs for indigent prisoners in state and county prisons. Supervised up to 7 law students handling cases. As appointed counsel by federal court for indigent prisoner tried and won important prisoners' right case in Massachusetts (mail censorship). Co-authored book of model rules on inmate rights and responsibilities that has been cited in US Supreme Court decisions.

EMPLOYMENT HISTORY

Assistant Country Representative, Catholic Relief Services - Tanzania and Madagascar. September 1985 - June 1991.

Attorney, private practice, Somerville, MA. June 1982 - July 1983.

Assistant Headmaster, Shiveye Secondary School, Western Province, Kenya. February - October 1981.

Attorney, private practice, Somerville, MA. Part-time mediator in the Middlesex County Adult Restitution Project, Cambridge, MA. January 1978 - April 1980.

City Solicitor, City of Somerville, MA. 1976 - 1978.

Chief Legal Counsel, Department of Correction, Commonwealth of Massachusetts. 1972 - 1975.

Staff Attorney, Center for Criminal Justice, Boston University School of Law, Boston, MA. 1969 - 1972.

Staff Attorney, Massachusetts Law Reform Institute, Boston, MA. 1968 - 1969.

PROFESSIONAL TRAINING

Community Dispute Services, American Arbitration Association, Mediation Program, Boston, Ma. 1978 - 1979 (3 months).

Association of American Trial Lawyers, National College of Advocacy, Cambridge, MA. 1975 (one month).

National Center for Dispute Settlement/American Arbitration Association - Labor relations/conflict resolution. Gettysburg, PA. 1974 (one week).

National Center for Dispute Settlement/American Arbitration Association - Conflict resolution and dispute settlement in the community. Boston, MA. 1973 (3 months).

EDUCATION

Tufts University School of Nutrition, MS; Medford, MA., 1985
Suffolk University School of Law, JD; Boston, MA., 1968
University of Vermont, BA; Burlington, VT., 1964

TRAVEL

Mexico, 1978. Turkey, Egypt. Israel, Kenya, Rwanda, Burundi, Zaire, Tanzania, Pakistan, India, Nepal, Thailand and China. Had an opportunity to visit rural development projects and health dispensaries, and to stay one week in a leprosy colony in SE India 1980 - 1982.

PUBLICATIONS

Krantz, Bell, Magruder and Brandt, Model Rules and Regulations on Prisoners' Rights and Responsibilities, West Publishing, 1973.

MEMBERSHIPS

Bar of Massachusetts, 1968.
U.S. Federal District Court, District of Massachusetts, 1969.
U.S. Court of Appeals, First Circuit, 1972.

LANGUAGES

English, French.

PERSONAL

Married, two children.

References Available Upon Request

REGIONAL MANAGEMENT GROUP

REGIONAL MANAGEMENT GROUP DIRECTOR

MARGARET G. TSITOURIS
Director, Regional Management Unit, CARE USA

EDUCATION

Master's in Public Health, University of Michigan, USA, 1977
Master's in Middle Eastern and Asian History, Georgetown University, USA, 1972
Bachelor's in History, George Washington University, USA, 1968
Licensed as a Medical Technologist, ASCP, 1961

PROFESSIONAL EXPERIENCE

Director, Regional Management Group, CARE, Atlanta, Georgia, USA
-Responsible for direct line management oversight of 34 CARE country offices around the world through the regional management units and the allocation of $16 million programming dollars.
-Liaison between country office and other divisions within CARE USA , members of CARE International and multi-lateral donor agencies.

Country Director, CARE Honduras, 1990-1993
Country Director, CARE Somalia, 1986-1990
-Responsible for the financial and administrative management of the country office, all programming within the office and representative to donors and public of CARE International
-In Somalia, managed the Emergency Logistics Unit For UNHCR-WFP, providing food commodities to 800,000+ Ethiopian refugees

Assistant Country Director, CARE Bangladesh, 1984-1986
Assistant Country Director, CARE Sierra Leone, 1981-1984
Field Representative, CARE Honduras, 1977-1981
-Manager of a variety of programming in public health, nutrition, food assistance, water provision and sanitation, immunization, women's development. In Sierra Leone, responsible for the oversight of the country office finances.
-In Bangladesh, developed and found funding for a major immunization project which targeted a population of 3 million mothers and children

Medical Technologist, Gandhaki Zonal Hospital, Nepal for Tom Dooley Foundation, 1972-74
Medical Technologist, Kuantan General Hospital, Malaysia for U.S. Peace Corps, 1962-1966
-Volunteer assignments as a medical technologist in government hospitals

PROFESSIONAL AFFILIATIONS

American Public Health Association

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LATIN AMERICA

DAVID L. ROGERS

Education

Harvard University
John F. Kennedy School of Government
Master in Public Administration in June, 1993
Concentration in Executive Management and Political Economy of Development.

Pennsylvania State University
Bachelor of Arts Degree in Political Science, 1971
Specialization in International Affairs.
Exchange student at the University of Costa Rica, 1970

Professional Experience

CARE
Latin America Regional Manager 1993 - 1994

- Provide strategic guidance, managerial supervision and administrative support to ten CARE country offices in Latin America. Review and approve long range strategic plans, annual plans and budgets. Ensure the effective and efficient use of resources. Participate in personnel selection and assignment. Special projects include testifying before the Senate Foreign Relations Committee on behalf of Haiti, and participating in a feasibility study to Cuba.

Save the Children Federation, Inc.
Director, Bolivia 1989 - 1992

- Managed community development and primary health care programs; supervised 80 employees and administered an annual budget of $1.4 million. Served as president and treasurer of PROCOSI, a consortium of non-governmental organizations in Bolivia. With Bolivian Central Bank developed a 'debt swap' that retired a portion of Bolivia's commercial debt to establish an endowment to support education and health programs.

Director, El Salvador 1978 - 1989

- Negotiated basic agreement with Salvadoran government to establish Save the Children in El Salvador. Implemented an integrated rural development program during the Salvadoran civil war encompassing primary health care, elementary education, agriculture and village banking projects Raised and managed $1.8 million annual portfolio of USAID, UNICEF and Canadian funds. Designed and coordinated a post-earthquake reconstruction program with Salvadoran Red Cross in San Salvador.

Acting Director and Board Member, Honduras 1987 - 1989

- Assumed leadership of the Honduras program to carry out a significant legal and administrative reorganization. Recruited host-country director and later served on five-member Board of Directors.

U. S. Agency for International Development

Reconstruction Program Manager 1976 - 1978

- Administered the USAID/Guatemala and National Reconstruction Committee's disaster relief program after the February 1976 earthquake. Managed a $7.5 million housing materials distribution program in 27 municipalities. .

Agricultural Cooperative Development International

Consultant 1975

- Cooperative advisor, Spanish-English interpreter and logistics coordinator for a training program on cooperativism with the Indiana Farm Bureau Association.

U. S. Peace Corps

Volunteer in Guatemala 1971 - 1974

- Trainer and services liaison to community groups for the Flor Chimalteca regional agricultural cooperative; promoted and managed agricultural credit.

Honors and Special Activities

- While in Bolivia, served on the Boards of Directors of the following institutions:
  - *Fundación Cultural Santa Barbara* -- Children's Museum;
  - Bolivian Chapter of *Defence for Children International*;
  - *Proyecto Qharuru* -- a street children's project; and,
  - USAID-sponsored food commodity *PL-480 Monetization Committee.*

- Awarded special recognition from the Salvadoran Red Cross for collaboration in earthquake reconstruction efforts, March 1989.

- Founding member of CIPHES (Council of Private Institutions for Human Promotion in El Salvador) 1985; elected Treasurer in 1986, and Vice President in 1988.

- Distinguished service award presented by the President of Save the Children, David L. Guyer, in recognition of successful work in underprivileged and disaster areas, June 1987.

- Rotary Club of Santa Tecla, El Salvador, 1986 - 1987.

Publications

Rogers, David L. "Issues Faced in Programming Guatemala Disaster Rehabilitation Assistance: Views and Impressions of an Agency Programmer." Amsterdam: Elsevier's *Mass Emergencies*, March 1978.

Sanchez, E., Rogers, D., and Howard-Grabman, L. "Researching women's health problems using epidemiological and participatory methods to plan the Inquisivi MotherCare project." Paper presented at the National Council for International Health Conference, Washington DC, July 1991.

Additional Information

- Experienced grants manager
- PC literate
- Completely fluent in Spanish
- Capable non-formal adult educator

SUSAN ROSS

[redacted]

EDUCATION

MPPM Yale School of Organization and Management, New Haven, Connecticut, 1988. Master's degree in Public and Private Management.

BSFS Georgetown University School of Foreign Service, Washington, D.C., 1982. Economics of Developing Countries, Cum Laude. Alpha Sigma Nu, Bandegger Certificate in International Business Diplomacy.

EXPERIENCE

CARE 1994-present
Atlanta, Georgia
Deputy Regional Manager - Latin America. Guide, monitor, supervise, and support CARE's field offices in Latin America. Serve as liaison between field offices and headquarters. Review and approve project proposals. Recommend funding allocations to the field offices.

Management Sciences for Health 1993
Mexico, D.F., Mexico
Logistics Consultant. Collaborated with counterparts in the General Directorate of Public Health Services for the Federal District of Mexico in a study, financed by the Solidarity Program of the World Bank, of alternative warehousing and distribution systems, including greater use of the private sector, with the goal of minimizing costs and improving service level.

Management Sciences for Health 1993
Managua, Nicaragua
Logistics Consultant. In response to a request by the Minister of Health, collaborated with counterparts in PROFAMILIA, a private family planning agency, in the design of a feasible private distribution system for the MOH's family planning supplies.

Collaborated with Ministry of Health (MOH) counterparts during short-term consultancies financed by the World Bank in 1) an evaluation of various aspects of the pharmaceutical and medical supply system including contraceptives and the cold chain, and 2) the subsequent design of a corresponding component of a World Bank health sector project. Resulting project component focuses heavily on the use of performance indicators for improving the efficiency and effectiveness of the system.

Management Sciences for Health 1989-1993
Tegucigalpa, Honduras
Logistics and Administration Advisor. Collaborated with Ministry of Health (MOH) counterparts in the implementation and improvement of the logistics system including the organization and the implementation of a computerized information system in the new central and regional warehouses and in forecasting, procurement and rational use of pharmaceuticals and other medical supplies. Collaborates with MOH counterparts in the elaboration and implementation of the regulations and manual for the local management of user's fees as well as in the design and implementation of the corresponding reporting system. Collaborates with the MOH in its search for additional alternative funding sources. collaborates in other MOH efforts to develop efficient and sustainable administrative and logistics support systems with emphasis on the decentralization of decision-making and management, including efforts to train central and regional administrators.

Management Sciences for Health, PRITECH October 1992
Managua, Nicaragua
XXIV National Medical Congress Speaker. Prepared presentation on the experience of the Ministry of Health in Honduras with decentralization and use of user's fees.

Management Sciences for Health March, 1992
Managua, Nicaragua
"Health Care Financing Options in the 90's" Seminar Presenter. Gave a presentation on the experience of the Ministry of Health in Honduras in the design and implementation of a decentralized system of user's fees at a seminar sponsored by the Latin American and Caribbean Health and Nutrition Sustainability Project.

Management Sciences for Health 1988
Teguciagalpa, Honduras
Logistics Advisor. Collaborated with Ministry of Health counterparts in the implementation and improvement of the logistics system and organization of the new central warehouse.

Management Sciences for Health Summer 1987
Tegucigalpa, Honduras
Summer Fellow. Designed and conducted an in-depth quantitative study of the process for procurement of pharmaceuticals used by the Honduran Ministry of Health. Developed strategies for improvements in the system based on the results of the study as well as baseline data for future studies.

Fair Haven Community Health Clinic 1986
New Haven, Connecticut
Research Assistant. Performed statistical research on family planning. Provided translation and other assistance for Spanish-speaking patients.

Center for Immigration Policy and Refugee Assistance 1984-1985
Washington, D.C.
Project Coordinator, D.C. Schools Project. Designed and coordinated five programs in conduction with the Bilingual Education Department of the D.C. public school system to meet the learning needs of over 500 foreign students with limited English proficiency. Trained and supervised seven student staff members and over 200 volunteers participating in these programs. Conducted fund-raising efforts and promoted the project within the community.

Central American Historical Institute 1982-1984
Washington, D.C.
Research/Administrative Assistant. Responded to information requests on the current and historical situation in Central America, concentrating on U.S. policy to the region. Assisted on related research projects and updated newspaper and other information files.

El Instituto Juan XXIII, La Universidad Centroamericana 1982-1983
Managua, Nicaragua
Cooperative Project Consultant. Organized and supported community cooperative projects sponsored by an independent development organization. Provided financial, accounting, and management training to disadvantaged women in Managua that resulted in the establishment of a local convenience store. Taught production and marketing skills to members of a sewing cooperative in a rural village. Lived with a Nicaraguan family; participated in neighborhood health campaigns, youth groups and other community activities.

LANGUAGE
English (native language), Spanish (fluent) and French (working knowledge)

JEANNIE ZIELINSKI

EXPERIENCE

CARE
Atlanta, Georgia 7/1993-present
Deputy Regional Manager - Latin America
Guide, monitor, supervise, and support CARE's field offices in Latin America. Serve as liaison between field offices and headquarters. Review and approve project proposals. Recommend funding allocations to the field offices.

International Center for Economic Growth 3/1991 - 6/1993
San Francisco, California
Director of Operations Manage the administrative office of international organization. Responsible for program monitoring of the grants program. Develop and oversee regional and program budgets. Serve as liaison between General Director and Regional Directors in five locations. Troubleshoot for regional offices on grants, publications, and conference programs. Coordinate conferences in overseas locations.

Mid-Peninsula Support Network 11/1990- 3/1991
Mountain View, California
Administrative Director In charge of financial management of battered women's shelter and counseling office. Provided budgetary and accounting oversight. Directed move of the office to new facilities. Short-term position held while attending graduate school.

CHP International 5/1990 - 9/1990
Santa Lucia, Honduras
Small Enterprise Development Trainer/Consultant Responsible for preparing new Peace Corps volunteers for work as small enterprise development volunteers. Designed training materials and taught classes for three month training course on topics that included: accounting, credit management, business development, and marketing. Short-term position held during graduate program.

Child Care Law Center 8/1989 - 5/1990
San Francisco, California
Administrator Overall management of financial and administrative operations. Supervised support staff. Developed and executed staff evaluation program. Designed and implemented fund accounting system. Responsible for maintenance of computer systems. Short-term position held while attending graduate school.

Legal Assistance to the Elderly 9/1988 - 7/1989
San Francisco, California
Administrator In charge of fiscal management of non-profit legal services office; from financial reporting to budget preparation and analysis. Responsible for hiring and supervision of clerical staff. Liaison between board of directors and staff. Short-term position held while attending graduate school.

Stanford University 6/1987 - 9/1988
Stanford, California
Office Administrator Responsible for the preparation and monitoring of four federal grants, budget forecasting and expenditures. Managed the day-to-day administration of the office.

FUNADEH, National Development Foundation of Honduras
San Pedro Sula, Honduras 1/1986 - 5/1987
Project Director Created and headed a technical training department in a non-profit financial institution for micro-enterprise development. Wrote a start-up grant to fund the department. Responsibilities included: orchestrating the organizational and financial structure for the department; hiring, supervising and training the administrative and technical staff; managing the department and its budget.

Peace Corps 7/1983 - 10/1985
Puerto Rosario, Paraguay
Volunteer Responsible for designing and implementing a viable administrative program for a failing rural savings and loan cotton cooperative. Organized and promoted a savings campaign to build capital for the cooperative. Created women's groups to teach nutrition and start income-generating projects.

Colombian Planning and Development Department
Bogotá, Colombia 7/1981 - 6/1982
Intern 1) Set up 1982 budget for the nutrition education sector with Colombian counterpart. Evaluated planning and policy measures utilized in the program.
2) Provided direct health care and counseling to street children.

University of Wisconsin, Madison 6/1978 - 6/1981
Madison, Wisconsin
Head Supervisor Managed 40 employees and two assistant supervisors in a university restaurant. Responsible for payroll, hiring and training of personnel, work schedules, and disciplinary actions.

EDUCATION

M.B.A. - University of California - Berkeley 1991

B.A. - University of Wisconsin - Madison 1983
Double Major: Economics and Latin American Studies

State University of New York - Stony Brook 1981-82
Junior Year Abroad at Universidad de Los Andes, Bogotá, Colombia

LANGUAGE

SPANISH, fluent in both verbal and written language

VOLUNTEER WORK

International Development Exchange (IDEX) 1991 - 1993
Serve on project committee to review grant proposals from communities/organizations overseas. IDEX funds small scale development projects in Latin America, Africa and Asia. Write grant proposals and assist in other fundraising.

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Returned Peace Corps Volunteers of Northern California & Georgia 1992-1993
Involved in organizing the 1993(Berkeley) & 1994(Atlanta) Returned Peace Corps conferences.

OEF International 1986
San Pedro Sula, Honduras
Worked with women's groups to develop income-generating projects. Assisted in teaching feasibility study and bookkeeping courses.

EAST AFRICA

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Jeanne F. Downen
Curriculum Vitae

Professional Experience

Regional Manager, East Africa **Aug. 1993-Present**
CARE USA, Atlanta, Georgia, USA

Guidance, support and oversight of programmatic, financial and administrative operations of eight country offices in East Africa. Work with country offices on long-range strategic planning, emergency response measures, staffing and transfers, regional coordination issues. Liaise with institutional donors on policy and operational matters.

Deputy Regional Manager, East Africa **Sept. - July 1993**
CARE USA, New York, USA

Monitoring and support for project activities in seven East African countries. Evaluation of project designs, review of project implementation, administrative support for technical assistance to projects. In charge of regional management unit in absence of Regional Manager.

Country Director,
CARE International in Swaziland **June 1991-Sept 1992**

Overall responsibility for program, financial, personnel management and administration of country program. Oversight of project implementation activities in small enterprise development and health education. Liaison with government officials and donors.

Deputy Director, Personnel, Administration,
Finance and Systems, CARE India **1990 - June 1991**

Managed work of mission headquarters support functions for country program with 10 state offices and 420 staff, with priority given to improving human resource management in mission. Direct supervision of headquarters administrative functions and indirect supervision of state-level management.

Assistant Country Director, CARE Sri Lanka **1989**
*** Administration, Finance, Human Resources Head**

Responsible for mission management policies in administration and human resources; recruited staff; approved contracts, leases, reviewed labor law compliance; coordinated annual budget preparation process.

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*** Program Department Head** **1987 - 1988**

Designed and reviewed new project initiatives; responsible for liaison with government officials and donors; set up progress reporting systems; planned and supervised RTA visits.

Field Representative, CARE Sri Lanka **1986**

Identified potential areas for CARE intervention and designed new projects to reorient mission activities from food-based projects to more diverse development programming.

Project Manager, CARE Somalia **1984 - 1985**
Project Officer, Emergency Logistics Unit, Somalia **Oct. 1982 - 1983**

Managed community forestry project in northwest Somalia. Assisted with establishment of new mission office in Mogadishu; co-designed and wrote mission strategic plan for 1986-1989. Monitored distribution of food to 25,000 refugees in two camps.

Education

Master of International Affairs, 1982
School of International and Public Affairs, Columbia University, New York, NY.

B.A., Political Science, 1978
State University of New York, College at Brockport, Brockport, NY.

CURRICULUM VITAE

Bio-data :

Name : Isam Ghanim
Date of Birth : [redacted]
Marital Status : Married, with two children
Nationality : Sudanese

Academic Qualifications:

- B.Sc (Agriculture), University Of Khartoum, 1983
- M.Sc. (Agric. Economics), University of Khartoum, 1985
- E.M.S. Diploma (Business Administration), University of Khartoum, 1982

Professional Training :

Regional Planning
Human Resources Development
Project Design, Monitoring and Evaluation
Community Management
Market Analysis (Informal sector)

Work Experience :

July 1995 - Present
Deputy Regional Manager
East Africa Regional Management Unit
CARE USA, Atlanta

Responsible for providing programmatic, administrative and financial services for 11 country offices in East Africa as well as strategic guidance, advocacy and financial resource and administrative management. The position also responsible for managing regional program activities, analysis and review of country office strategic planning and management documents, review and approval of concept papers and project proposals, monitoring and evaluation of program implementation and the contractual arrangements with donors, monitoring allocation of financial resources, facilitate recruitment and staffing for the region and liaison with donors. The position is also responsible for ensuring the highest level of emergency support to country offices, assuring staff and project safety to the fullest extent possible. Coordination and collaboration with CARE Headquarters Units and providing programming, administrative and management support to other units in order to improve policy , systems and organizational structures CARE-wide. The position requires 25% of time minimum travel per year.

February 1994 - July 1995
State Administrator
West Bengal State, India
CARE India, Calcutta

Responsible for the overall management of large food and non-food assisted programs in the State of West Bengal. The State Administrator (SA) job responsibilities included human resource management of 42 CARE staff and coordination with over 180 Government Officers at managerial levels. The SA was

responsible to coordinate and manage the delivery and programming of over 5 million dollars food commodities covering about 23,000 feeding centers on annual basis. This required close negotiations with the GOI and the State Governmnet of West Bengal, coordination with marine and in-land transport companies, and overseeing a comprehensive commodity accounting and food management systems. The SA was also responsible for contributing to CARE strategic vision and plans in India, leading the design of new program initiatives and development and supervision of all the administrative, financial and human resources aspects of the operations. The SA was also responsible to develop partnership with other NGOs in the State in a manner that maximizes the impact and effectiveness of the program and to expand the non-food assisted development activities targeting women and children. The program included integrated nutrition and health projects, port operations and a large counterpart training activity.

February 1992 - February 1994
Team Leader/Program Coordinator
CARE Somalia
Djibouti

Responsible for development of a rehabilitation program addressing the post-war needs in North Somalia, providing leadership and vision of the program, effectively manage the human and financial resources, and establishing strong relations with local NGOs and community leaders. The job responsibilities included overseeing complex security arrangement for 85 national and 4 international staff and coordinating air transport for more than 15 international NGOs, liaison with donors and Somali "clan" leaders, and coordination of all the programming, financial and administrative aspects of CARE operations in Djibouti, Somaliland and the North East Region of Somalia. The program included vocational training for the war veterans (militia), veterinary services privatization and training, health and sanitation and food monetization.

November 1989 - January 1992 :
State Manager
Kordofan State
CARE Sudan, El Obied

Responsible for the overall coordination of a large relief and rehabilitation program and sustaining a comprehensive development portfolio in Kordofan State in west Sudan. The job also included direct management of all programming, administrative and financial services to about 11 projects covering three provinces in the state. Supervised more than 85 national staff and 3 international staff and ensured the functioning of a large fleet of 46 Landcruisers. The position also required participation as the coordinator of an interagency committee which coordinated the delivery and distribution of over 136,000 metric tones of food commodities to more than 1.5 million needy persons affected by drought. Development of competent local NGOs was also a major job responsibility. The projects included food distribution, food-for-work, displaced persons camp management, NGOs training and development, maternal and child health, supplementary nutrition. reforestation, village seeds and tools and food security information system..

July 88 - October 89
Deputy Program Coordinator
CARE Sudan
Khartoum, Sudan

Responsibilities included project design, monitoring and evaluation; sectoral coordination of 11 rural development projects covering water supply and management, seeds distribution, women development,

agricultural credit to small farmers, fuel efficient stoves marketing, and human resources development. The position required close coordination with the GOS and negotiation of project implementation agreements and contracts. One of the major areas of responsibility was multi-year and strategic planning.

July 86 - July 88
Program Officer
CARE Sudan
Khartoum

Responsible for researching and developing project concept papers, program position statements and sectoral strategies in collaboration with sector specialists within CARE and in other research institutions. The responsibilities included developing strategies for staff training and institutional support to the GOS.

March 85 - June 86
Researcher/Consultant

Participated in various research projects within the University of Khartoum (agricultural marketing) and worked as Rehabilitation Research officer for SUDANAID (NGO) and as Research Assistant in a UNDP consultancy which studied spontaneous settlement of pastoralists affected by recurrent drought.

Countries Visited :

Lived and/or worked in the USA, India, Djibouti/ Somalia and Ethiopia. Visited Egypt, Saudi Arabia, Singapore, Thailand, Kenya, Ethiopia, Eritrea, Togo, Nigeria, Denmark, Canada and the USA.

Languages :

Arabic and English

Professional Challenge :

Improving quality and impact of emergency and development programs.

References :

Will be provided upon request

SOUTH/WEST AFRICA

CHRIS CONRAD

SUMMARY of QUALIFICATIONS

A multitalented Program Administrator - Country Director, with extensive experience developing, implementing, evaluating and/or auditing multimillion dollar relief and assistance programs. Special skill in tropical agriculture and agroforestry, together with hands-on experience in general emergency relief, rehabilitation, refugee resettlement and the development of nutrition and primary health care programs. An accomplished administrator and trainer of managers and a developer of personnel from different backgrounds into a highly efficient team.

ACHIEVEMENTS

A master Administrator, able to go from a recognized need; to the development of the strategy and a program to alleviate the need; budget, implement and administer the program; and evaluate/audit the program in terms of overall effectiveness.

A flair for public relations that maintains the positive image of host country, donor country and support agencies through television, radio and newspaper coverage; production of native language educational documentary television shorts; and the production of award winning documentary films.

Recognized for the development of staff potential, motivating and upholding moral, setting exemplary personal and professional standards and developing highly efficient teams, consistent with a host country's laws and practices. Served overseas in various countries and positions since 1972.

LANGUAGE PROFICIENCY

Fluent: French and Haitian Creole
Knowledge of Bambara and Lingala

EDUCATION

History
Kent State
Kent, OH

Working knowledge of word processing and spreadsheets.

Extensive participation in training programs, workshops and seminars on Project Design, Project Management, Project Evaluation, Fund Raising, Accounting, Budgeting and Finance.

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PROFESSIONAL STRENGTHS

PLANNING - FUNDING

* Adept at strategic planning, in conjunction with foreign leaders, funding agency officials and officials from other concerned agencies, resulting in the development of a program to meet specific goals and the subsequent administration of that program.
* Experience in the planning, organizing, coordinating and administering annual and multi-year multimillion dollar budgets that are in keeping with pre-determined strategy and goals.
* Accustomed to allocating a project's budgeted appropriation in such a manner that the project's strategy is carried out and goals realized.
* Able to insure that each organization operating within a program is funded in keeping with the budget appropriation and the program's overall strategy and goals.
* Adept at identifying all locally available funds and pursuing them in consultation with the funding agencies' members and/or staff.

MANAGEMENT - ADMINISTRATION

* Accustomed to preparing annual operating plans, including determining the financial needs for the next fiscal year, in keeping with pre-determined strategy and goals.
* Experience in managing a project headquarters with multiple sub-offices and a staff of professionals, foreign nationals and expatriates.
* Accustomed to administering programs that include, but are not limited to, agricultural/agroforestry and training; population and family planning; nutritional education; primary health care; school reconstruction; refugee resettlement; famine relief, including ordering, transporting, storing and commodity distribution; developing primary health care curriculum for primary schools, etc.
* Accomplished program administrator in civil war torn areas and/or areas devistated by natural disasters, i.e., earthquake, drought, flood, etc.

LIAISON - REPRESENTATIVE

* Accomplished liaison between Presidents and Ministers of host nations, donor countries and bilateral and multilateral agencies in the negotiation of basic agreements for program development.
* Experience representing sponsoring agencies before U.S. government offices, including Representatives, Senators and Administrative Officials.
* Accustomed to working closely with U.S. Ambassadors and Directors of the U.S. Agency for International Development (AID).

PROFESSIONAL EXPERIENCE

See page three

REPRESENTATIVE PROFESSIONAL EXPERIENCE

There is only one Country Director (CD) in each Host Country. The CD is the representative of CARE International and is empowered to act on behalf of the organization. The CD is responsible for the development of mission's resources, carrying out the program strategy, administration of the program, headquarters and sub-offices; supervision of project managers and expatriate staff, liaison between CARE International, donor governments, other agencies and the Host Government, etc.

Regional Manager -South/West Africa, CARE-Atlanta, September 1995, to Present

Provide line management to country offices; Guidance, support and oversight of programmatic, financial and administrative operations of eight country offices in South and West Africa. Work with country offices on long-range strategic planning, emergency response measures, staffing and transfers, regional coordination issues. Liaise with institutional donors on policy and operational matters.

Special Assistant to President, CARE-Atlanta, August 1994, to August 1995

Worked closely with the CARE's President on particular issues arising in East Africa, West Africa, Asia and Latin America.

Country Director, CARE-Haiti, July 1990, to July 1994

Overall responsibility for program, financial, personnel management and administration of country program. Oversight of project implementation activities in food and nutrition. Liaison with government officials and donors.

Country Director, CARE-International, Togo, July 1987, to July 1990

Responsible for negotiating CARE's basic agreement with the Togolese government, opened offices, hired staff and initiated program. Program consists of an agriculture development/training project ($7 million), an agroforestry project ($2.5 million) and a Population/Family Planning Project ($2 million). Staff of 80 and three sub-offices.

Country Director, CARE-International, Congo, August 1983, to June 1987

Responsible for the administration of two major agricultural development projects ($14 million), nutrition education project ($2 million) and a Primary Health CARE Project ($1 million). Staff of 100, including 15 expatriates and three sub-offices. Produced local language film shorts on nutrition education for local television and produced a half hour documentary on the nutrition education project objectives.

Country Director, CARE-International, Uganda, July 1982, to July 1983

Responsible for administering emergency relief operations in areas of civil war, school reconstruction and agroforestry projects. Staff of 50 and an annual budget of $4.5 million.

Country Director, CARE-International, Chad, October 1981 to June 1982

Overall responsibility for all mission operations, liaison with Host Government and outside agencies, including the United Nations High Commission for Refugees and the Canadian Government. Responsible for the repatriation/resettlement of 300,00 refugees from neighboring countries. Managed staff of 500 and a total budget of more than $30 million.

State Administer, CARE-International, Tamil Nadu, India, September 1980, to September 1981

Responsible for administering CARE's largest state operation in India, including port operations for ordering, shipping, transporting, storing and the distribution of 45,000 tons of food commodities. Administered all aspects of school feeding programs for four million school children and primary health care facilities for one million preschool children. Produced documentary films on breast feeding and nutrition education. Film on breast feeding, ``The Nectar of Life'', won the national award for the best documentary in 1982.

KATHLEEN M. RORISON

CARE
151 Ellis Street
Atlanta, Georgia 30303

office: (404) 681-2552
home: [redacted]
fax: (404) 577-1205

EDUCATION

Master of Forestry, May, 1987. **Yale University**, New Haven, CT.
Specialization: Forest Management, International Forestry.

Bachelor of Arts, June, 1978. **Williams College**, Williamstown, MA.
Political Economy major; concentration in Environmental Studies.

EXPERIENCE

Deputy Regional Manager, Southern and West Africa Region, August 1995 - present. **CARE**, Atlanta, Georgia.

Assist in the oversight and line management of CARE country offices in Southern and West Africa Region, specifically Sierra Leone, Mali, Niger, Togo, Ghana, Chad and Cameroon.

Assistant Country Director, Administration and Finance, September 1994 - August 1995. **CARE International**, Guatemala City, Guatemala.

Member of senior management team for country office. Oversight of country office in absence of Country Director.

Administrative Coordinator, February 1993 - September 1994. **CARE International**, Guatemala City, Guatemala.

Directly supervised the Finance, Procurement, General Services, Personnel, and Information Systems departments. Total country office budget of approximately $10.2 million yearly.

Project Manager, Agroforestry and Resource Conservation Project and Watershed Management Project, January 1992 - February 1993. **CARE International,** Guatemala City, Guatemala.

Manage two natural resource projects, with combined annual budget of approximately $775,000.

Assistant Project Coordinator, Farmers' Resources Management Project, January 1990 - November 1991. **CARE International**, Port au Prince, Haiti.

Shared project management of a US$9 million, five-year agroforestry project with the Project Coordinator.

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Training Officer, Agroforestry Outreach Project, September 1987 - December 1989. **CARE International**, Gonaives, Haiti.

Coordinated training and extension activities in the four regions of the project, in collaboration with regional training teams

Community Forestry Assistant, Community Forestry Unit, June -September 1987. **Food and Agricultural Organization of the United Nations**, Rome, Italy.

Assisted the Community Forestry Officer with programming and administration of the Community Forestry Unit

Assistant Forest Manager, September 1986 - June 1987. **Yale University**, New Haven, CT.

* Identified wood product markets and negotiated timber sales.
* Arranged special lease agreements.

Field Forester, May - August 1986. **Yale University**, New Haven, CT.

* Inventoried and marked over 850 mbf of sawlog timber for sale.
* Reestablished property boundaries.
* Initiated timber stand improvement.
* Conducted a regeneration/deer browse survey.
* Researched growth in white pine and hemlock stands.

Agroforestry Intern, May 1985 - May 1986. **CARE International**, Bouza, Niger.

* Collected field data on windbreak/crop interactions.
* Measured influences on crop production, microclimate and soil moisture. Initiated root study.
* Supervised harvesting crews. Managed study finances.
* Collaborated with farmers, local forestry officers, and local government officials.
* Hosted visiting dignitaries from the federal government, other African governments, and the U.S.
* Analyzed data and drafted final report.
* Presented information on windbreaks and erosion control in government-sponsored workshops.

Teacher of English as a Second Language, June 1982 - July 1984. **International Language Institute**, Washington, D.C.

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Consultant, July - August 1981. **U.S. Agency for International Development**, Ouagadougou, Burkina Faso.

* Inventoried materials and equipment in an agricultural project in the eastern region of the country.
* Analyzed use of project materials and equipment as part of project audit.
* Managed study resources.

Peace Corps Volunteer, September 1978 - June 1981. Niger.

* Taught English as a Second Language to secondary school students.

SKILLS

Languages: French, Spanish, Haitian Creole, Hausa.

Computer: Word, Excel, Lotus 123, Quattro Pro, D Base III+, Word Perfect, WordStar, SAS, and Dec Mate systems.

PUBLICATIONS

Rorison, Kathleen M. (ed.). 1988. Case Studies of Farm Forestry and Wasteland Development in Gujarat, India. Bangkok: FAO Regional Office for Asia and the Pacific.

Rorison, Kathleen M. 1990. "Women in Agroforestry: Haiti's Agroforestry Outreach". In: CARE for the Earth: Insights from a Conference on Agroforestry. Brian Hanington (ed.). Ottawa: CARE Canada.

Rorison, Kathleen M., Y.A. Gossin, and H.R. Joubert. 1990. "Evaluation Report: Agroforestry Outreach Project, 1987-89." Port au Prince: CARE International.

Starr, Paul D., S. d'Aquin, and K.M. Rorison. 1991. "Agroforestry Knowledge, Attitudes and Practices in Northwest Haiti." Port au Prince: SECID/Auburn University.

BRIAN J. CAVANAGH

PROFESSIONAL EXPERIENCE

Twenty-three years of experience in management, design and evaluation of relief and development programs in West, Central and Southern Africa, Latin America and the Caribbean.

8/92 - Present	**Regional Manager/Southern Africa, CARE USA** Management oversight for programs in 8 countries delivering $23 million of relief and development assistance annually. Programs employ 700 nationals and 60 international staff.
9/87 - 8/92	**Grant Coordinator, CARE USA** Responsible for overall administration of two USAID Matching Grants totally $17 million, including program reporting and budget oversight.
8/84 -9/87	**Country Director, CARE-Cameroon** Responsible for management of $1.5 million annual country program consisting of primary health care, water supply and agroforestry extension interventions. Supervised staff of 100.
8/82 - 6/84	**Country Director, CARE-Ecuador** Responsible for management of $500,000 annual country program consisting of water supply, nutrition, and natural resource management projects. Initiated CARE's entry into the Agriculture and Natural Resource Sector in Ecuador.
9/79 - 8/82	**Assistant Country Director, CARE-Haiti** Responsible for administration and finance section of country program with staff of 120 people, $8 million in food aid, and $1.1 million annual budget. Developed new projects in water and agroforestry.
10/77 - 9/79	**Assistant Country Director, CARE-Chad** Responsible for administration of country program with staff of 75, $1.2 million annual budget, and $3 million food aid. Acted as Country Director from 4/79 to 9/79.
1/74 - 8/75	**Field Representative, CARE-Tunisia** Responsible for design and implementation of heatth education and wells/gravity-flow water systems construction projects in three governorates (Bizerte, El Kef, Siliana). Supervised 80 national staff and seven Peace Corps Volunteers.
1/74 - 8/75	**Field Representative, CARE-Nigeria** Responsible for implementation of water wells project in North Central State. Supervised staff of 120 workers.

2/73 - 1/74	**Labor Standards Investigator, New York State Department of Labor** Responsible for ensuring compliance with minimum wage and child labor legislation through inspection of retail, restaurant and amusement establishments.
10/72 - 11/72	**Training Coordinator, Peace Corps-Chad** Coordinated in-country technical wells training program for new Peace Corps Volunteers.
9/69 - 9/72	**Wells Volunteer, Peace Corps-Chad** Supervised the installation of small-bore wells in villages in Chad, Central Africa.
1974 - Present	Various short-term assignments for project design, evaluation, and management in several African and Latin American countries, including Niger, Sierra Leone, Mauritania, Togo, Burkina Faso, Dominican Republic and Guatemala.

EDUCATION

1965 - 1969	**University of Notre Dame, Indiana** Bachelor of Arts in Government and International Relations Sophomore year in Angers, France

Non-Degree Courses and Other Professional Training

1989	Tax Preparation, H & R Block, Fairfield, CT
9/88 - 12/88	Finance and Accounting for Managers, Fairfield University, Fairfield, CT
6/83	Water Harvesting, Center for Aquaculture, Auburn University, Auburn, Alabama

OTHER SKILLS

- Computer: Word processing (Word Perfect, Microsoft Word, Officewriter), Spreadsheets, Windows
- Languages: French (FSI 4), Spanish (FSI 3), Chadian Arabic (FSI 2)

MANAGEMENT & ORGANIZATIONAL DEVELOPMENT SERVICES DIRECTOR

JONATHAN W. MITCHELL

Professional Experience

Director, Management & Organizational Development Services Group, CARE-USA: Lead and manage the provision of management and organizational development services for CARE's worldwide programs, which total $400 million annually. Supervise a team of professional specialists who undertake reviews & studies, develop systems and structures and train managers worldwide in management and organization. Focussing on areas including strategic planning, structure, systems, finance, grants and skills development. Reports to the Senior Vice President for Programs and participates in CARE's Program Division senior management. **(1993-Present)**

Country Director, CARE-International in Sierra Leone: Lead and manage CARE's programs and operations in Sierra Leone. Responsible for a staff of 150 and an annual budget of $2 million. Develop, monitor and oversee programs that meet priority development and relief needs in the country and that are undertaken in partnership with local people and institutions. Undertake strategic planning and oversee financial, human resources and administrative management. Act as CARE's representative in Sierra Leone and negotiate with donors, host government and partners. **(1993)**

Assistant Country Director, CARE-International in Kenya: Assist in the management of CARE's programs and operations in Kenya, which total $20 million in annual budget, managed through 300 staff. Undertake a variety of assignments over a three year period including: Overseeing design and management of CARE's development programs in-country; Supervising and developing financial, administrative & human resources services for the country program; Developing and assisting to manage major emergency relief activities for refugees from Somalia; And, participating in country program management and representation throughout the period. **(1989-1992)**

Assistant Country Director, CARE-International in Nepal: Assist in management of CARE's programs and operations in Nepal, undertaking assignments in both programming and administration. **(1987-1989)**

Project Manager, CARE-International in Haiti: Community drinking water and sanitation project. **(1984-1986)**

Technical Consultant, Irian Jaya, Indonesia: Rural Drinking Water Project, World Relief Corporation. **(1983-1984)**

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Appropriate Technologist, Lombok, Indonesia: Voluntary Service Overseas (VSO), UK and Indonesian Government Rural Technology Project. **(1981-1983)**

Education

BSc in Mechanical Engineering, University of Surrey, Guildford, UK. **(1981)**

Languages

- o- Bahasa Indonesia (fluent)
- o- Haitien Creole (fluent)
- o- French (basic)
- o- Nepali (basic)

Awards, Skills & Training

o- Institute of Mechanical Engineers (UK): Award for outstanding final year project, 1981.

o- Computer Literacy: Quattro-Pro, Lotus 1-2-3, Office Writer, Wordstar, Word Perfect, Word, Power Base.

o- Training:

- CARE-Asia Small Economic Activity Development Workshop, April 1989.
- CARE-East Africa Project Design Workshop, April 1990.
- CARE Management Development Workshop, May 1991.
- CARE Financial Management Training, May 1993.

Publications, Reports & Committees

o- Documents Authored include:

- A study of CARE's worldwide technical & management development needs, a resource vulnerability study of all CARE's country offices and a system design for worldwide management assessment of country offices;
- Approximately 15 major development & relief project design proposals in the fields of water/sanitation, environment/natural resources management, small enterprise development, education, emergency relief and primary health care;
- Various country program strategy documents, human resources management policies manuals, a country office procurement & inventory control manual, a country office communications & filing manual, a country office vehicle

fleet management manual and a staff performance management paper; Various project concept papers and various project monitoring and final reports.

- Committees: East Africa Representative on CARE's Management Development Committee, 1990-1993; Elected as Board Member of CARE's Overseas Staff Association, 1990-1992; Member of CARE's Task Force for Analysis, 1994-present.

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MANAGEMENT DEVELOPMENT

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Kent Glenzer
[redacted]

WORK EXPERIENCE

Director, Management Development Unit, CARE-USA, January 1996 -

- **Directs and leads the formation and implementation of strategic management development initiatives to develop policies and systems for Country Offices and the Program Division.**

- **Directs strategic management development skills development programs for Country Office and Program staff, and as requested, for other departments.**

- **Directs and manages the Management Development Unit including its planning budgeting, personnel and implementation.**

- **Establishes and directs management development field outreach and technical assistance for Country Office Worldwide utilizing RTAs and consultant cadres as appropriate.**

- **Provides specialized technical assistance to Executive staff and other departments in organizational strategic planning, management development and training; Provides primary link for Program with the Human Resources Department on staff and management development.**

East Africa Regional Technical Advisor for Management Development, January 1993-December 1995.

- **Provide on-going design and facilitation assistance to Country Offices as a mission, and or regional level, in order to strengthen management development capacities and promote more effective focus on impact and future directions.**

- **Participate in the design and facilitation support of the Management Development Initiative to enhance managerial systems and capacities and ensure appropriate monitoring of results.**

- **Link Country Offices with effective and appropriate resources [people, materials, information] in order to assure timely access to quality technical inputs and assistance.**

- **Promote development of effective and appropriate management and organizational development within Country Offices through field interventions, trainings and workshops.**

- **Identify, organize and disseminate management development articles and information in order to support Country Office capacity.**

Training Coordinator, CARE-Mozambique, July 1990 - January 1993

- Managed a fluctuating portfolio of training projects in Mozambique including basic and advanced management, basic and advanced logistics, mechanics, and English language training, implemented with the Mozambican government's Department for the Prevention and Combat of Natural Disasters.
- Supervised five international staff trainers.
- Conducted training project development and evaluation.
- Organized CARE-Mozambique all-staff training workshops covering Strategic Management, Coaching Skills, Presentation Skills, Rural Rapid Appraisal, Performance Management, and Cross-Cultural Effectiveness.
- Provided in-house training consultancy service to rural agriculture, peri-urban water supply, and roads construction projects, including Project Planning, Time Management, and Performance Management.
- Planned, implemented, and organized staff and counterpart computer training.
- Participated on the six-member Mission Management Team, charged with establishing and administering CARE country-office mission policy, facilitating team role analysis, team effectiveness review, and strategic planning retreats.
- Liaised with and wrote project reports for donors (EEC, ODA, Ford Foundation).

Assistant Program Officer/Communications, PATH, February-July 1989.

- Provided technical assistance, including project development, monitoring, and backstopping to health communication projects in developing countries.
- Assisted in management of health communication and materials development projects.
- Assisted in the development of educational materials concerning Hepatitis B vaccine for Cameroon and Kenya and IUD usage for Vietnam.
- Wrote reports to donors and prepared project proposals, including a $2.9 million hepatitis B vaccination proposal subsequently approved for funding from the Macarthur Foundation.
- Provided logistical support to field staff overseas and in the U.S.
- Aided in the development of an AIDS information project targetting low-income minorities in Seattle.

Interim Project Manager, Koro Village Agroforestry Project, CARE-Mali, September-October 1988.

- Supervised staff of 29 extension agents and office workers.
- Assured CARE financial and administrative systems.
- Managed vehicle operations.
- Liaised with Government of Mali officials.

Consultant, CARE-Mali, July-August 1988.

- Compiled/wrote/edited annual project reports in the absence of the Country Director.
- Organized and verified budgets for emergency food distribution in absence of Vehicle Operations Supervisor.
- Assured transition between mission Project Coordinators.

Administrative Assistant, CARE-Mali, July 1987 - July 1988.

- Researched/wrote/edited major reporting documents and multi-year budget submissions to donors (USAID, NORAD, Austria, Germany, etc.).
- Translated documents from French to English.
- Trained and supervised national and international employees in computer use.
- Aided in interviews and selection of rural extension agents.
- Coordinated international communications and internal information systems with five CARE projects.
- Managed resource library and filing system.

Community Development Technician, Peace Corps, Mali, 1983-1985.

- Designed, implemented and evaluated a pilot health program with Radio Mali.
- Collaborated on the organization and implementation of a region-wide "Teaching of Trainers" in improved cookstove construction. Trained over 100 trainers in two years.
- Designed and implemented a $5,000 animal traction project with counterpart from Malian Ministry of Social Affairs.

EDUCATION

- **Master of Professional Studies in Communication**, 1990, Cornell University.

  - Concentration in development and risk communication.
  - Minor in rural development and natural resources.

  Special Project: "Social Variables in the Adoption of Preventive Behavior," a survey study and analysis of 1200 households in NY State.

- **Bachelor of Science in Journalism**, 1983, Medill School of Journalism, Northwestern University.

  - Minor concentration in Middle Eastern History and Islamic Studies.

SEMINARS AND COURSES

- Peace Corps training, 1983, Moribabougou, Mali.
- Village health workers training, 1984, Sikasso, Mali.
- Improved beekeeping technology, 1984, Sikasso, Mali.
- Presentation skills in-house training, PATH, 1989, Washington, D.C.
- Teaching presentation, organization, and the teacher/learner transaction, 1989, in-house training for Graduate Assistants, Cornell University, Ithaca, NY.
- Management Effectiveness Seminar, 1990, Nyanga, Zimbabwe.
- Strategic Management, 1990, Mbabane, Swaziland.
- Performance Management, 1991, Maputo, Mozambique.
- Consultancy Skills, 1992, Maputo, Mozambique

MISCELLANEOUS

- Fluent in French and Portuguese, good Bambara, familiarity with Peulh.
- Excellent knowledge of WordPerfect (5.1), Lotus (2.3), and OfficerWriter (6.2); good knowledge of SPSS/PC+, DOS, Freelance, Pagemaker, Microsoft Word, Q&A, Word-for-Word, PC Tools, and Norton Utilities.
- Published journalism, poetry, plays and short stories.
- Extensive travel in Europe, Egypt, West, East, and Southern Africa.

GRIFFEN JACK

[redacted]

CAREER OBJECTIVE

A position which builds on my 15 years of management, staff development, training and international development experience.

WORK HISTORY

Deputy Director **September 1993 - present**
Management Development Unit, CARE
Atlanta, GA

Primary responsibilities include working collaboratively with country offices, program division units and other headquarters divisions and facilitate the design and implementation of organizational and management development systems. Provide support to specific training activities and organization-wide events. Scopes of work include design and delivery of company-wide performance appraisal system, coordination of the management development initiative, design and implementation of the long-range strategic planning pilots in CARE missions.

Deputy Regional Manager **August 1991 - August 1993**
for West Africa, CARE
New York, NY

Primary responsibilities: Managing overseas staff and financial resources for nine West African missions, representing overseas' management needs to senior HQ staff, liaison with departments and divisions within CARE HQ as needed. Specific duties include managing program activities, providing feedback and guidance to overseas missions; overseeing international staffing and transfers and representing CARE to key constituencies.

Competencies:
- Management & Leadership
- Interpersonal skills
- Communication -- Verbal, written, inter-cultural
- Demonstrated understanding of program conceptualization, project design and analysis, planning and support
- Demonstrated administrative and budget analysis skills

Training Specialist **April 1987 - December 1990**
Peace Corps, Washington, DC

Directed 38 pre-departure training events for participants traveling to 45 countries. Staffs numbered from 4 to 20, trainees numbered from 11 to 120. Key sessions included: staff orientation, values clarification, diversity, cross-cultural simulations, personal safety and country orientations.

Member of design team that produced a 96 page training manual and trainee workbook used in all Peace Corps pre-departure training events.

Designed and implemented a presentation skills workshop for Peace Corps' Office of Medical Services. Workshop sessions included: dealing with angry participants, training of trainers and stand-up presentation skills.

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CONSULTANCIES

Project Director, Peace Corps **July 1986 - September 1986**
N'gaoundere, Cameroon, West Africa

Directed a pre-service technical training in francophone Cameroon for 39 Peace Corps Trainees preparing for service in Agriculture, Community Development, Cooperatives and Teaching English as a foreign language (TEFL).

Management duties included supervision of 19 technical staff and 23 support staff, overall administrative and financial responsibility of the project, providing counseling and feedback to trainees and staff. Additional duties included protocol with Cameroonian officials, media representatives. Training responsibilities included design and implementation of staff training, and on-going monitoring and evaluation of all aspects of training.

Project Director **September 1985 - October 1985**
Ebolowa, Cameroon, West Africa

Directed a pre-service technical training and French language training for 22 Peace Corps trainees. Responsible for all aspects of administrative and budget management. Supervised 12 technical staff and 18 support staff. Designed and implemented staff training, monitored training and staff performance. Performed protocol and public speaking.

Technical Advisor **June 1983 - August 1985**
Momo Women's Foodstuffs Cooperative
Mbengwi-Momo, Cameroon, West Africa

Worked closely with local authorities and traditional leaders to restructure and generate activity in 900 member women's foodstuffs cooperative. Wrote grants and received funding for farming equipment directly benefiting 495 cooperative members in 11 villages. Designed and implemented a cooperative education seminar with United Nations Development Team for the women's cooperative groups of Andek-Momo. Developed and implemented non-formal training programs in records keeping, food storage and improved farming techniques.

OTHER EMPLOYMENT

1986	Marketing Specialist, University of South Carolina, Columbia, SC
1976-83	Owner Operator, Truffles Catering, New York, NY
1982-83	Nursery Assistant, Washington Evergreen Nursery, South Salem, NY
1980-81	Office Manager, Executive Compensation Services, Greenwich, CT
1978-79	Assistant Manager, Restaurants, Museum of Modern Art, New York, NY

EDUCATION

Masters Candidate, Int'l Management/HR Development, National College of Education, Evanston, IL
BFA, Communication Design, Parsons School of Design, New York, NY

LANGUAGES

French, West African Pidgin, German

BUDGET & GRANTS ADMINISTRATION

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THOMAS MILTON EBERHART
[redacted]

PROFESSIONAL EXPERIENCE

11/92 to Present - **COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, Inc. (CARE),** New York and Atlanta

Director, Budget and Grants Administration Unit, Management and Organizational Development Services Group (MODS), Program Division

Report directly to the Director of MODS. Responsible for 1) management and provision of Program Division budgeting, financial management, and analysis; 2) the development of policies, systems, procedures, and training for world-wide grant/contract administration for CARE USA's $160 million grant/contract portfolio; 3) Program Division Administration; and 4) External representation and liaison for CARE on grant/contract administration with major external donors and fellow relief and development organizations.

- Manage the Program Division Fiscal Year Budget process and conduct reviews of the Budget.
- Produced and implemented a new Grant Review Policy.
- Supervised the production and implementation of a new Subagreement policy.
- Supervised the production of a Grants Management and Compliance Manual for CARE.
- Established a Central Filing System for Grants in CARE-HQ.
- Increased the knowledge and practice of good Grants Administration among Unit, Division, and Country Office staff through grant agreement reviews, trainings, and advise given on grant compliance issues.
- Personally influenced revisions in USAID policy for the administration of assistance instruments in the form of grants/cooperative agreements.
- Currently supervise three individuals: Deputy Director, Program Division Administrator, and Senior Administrative Assistant.

1/84 to 10/92 - **SAVE THE CHILDREN FEDERATION**, Westport, CT

Director, Grants & Contracts Administration 1/90-10/92

Reported directly to the Vice President/Corporate Secretary. Responsible for directing and coordinating administrative aspects of $42 million agency-wide grant and contract activities through the provision of guidance and support to operating and administrative management.

- Developed, implemented, and evaluated new grant management policies and procedures to ensure all agency grant activities correspond to terms and conditions of donors. Produced a grant compliance manual.
- Conducted training in Federal grant management and compliance procedures to 100 field and home office staff. Increased awareness of Federal grant requirements and reduced non-compliance and disallowances.
- Conceptualized and supervised the development of a computerized grant management database, streamlining the flow of information needed for donor compliance.
- Conducted extensive grant proposal and agreement reviews while providing administrative guidance to field and regional staff. Increased indirect cost recovery and raised awareness of donor requirements.
- Reviewed the implementation of federal grants in order to ensure compliance with federal regulations.
- Negotiated grant administrative issues with external donors and significantly increased indirect cost recovery.
- Effectively presented seminars on Federal grant management and compliance to outside associations and groups.
- Supervised the Grant and Contract Administrator.

Director, Program Operations 6/85 to 1/90
Manager, Program Operations 1/85 to 5/85

- Managed and coordinated preparation of field office and departmental unit annual budgets. Developed and implemented improved systems to monitor budgets and sponsorship income projections.
- Directed and coordinated the financial planning, administration, and Federal compliance for the $3.5 million Matching Grant II, the $7.5 million Partnership Grant, and the $10 million Child Survival Grants awarded from the Agency for International Development (AID).
- Served as primary liaison with other agency departments on grant and financial management.
- Supervised three one year interns, a Planning and Reporting Specialist, Program Operations Officer, and Administrative Assistant.

Program Data Analyst 1/84 to 12/84

- Developed databases for the Program Department.

11/80 to 12/83 **CATHOLIC RELIEF SERVICES,** New York

Program and Projects Analyst, Sub-Sahara Africa Region and the Program and Projects Office.

- Reviewed and analyzed privately funded development projects.
- Monitored progress reports and backstopped project activity in 28 countries n the Sub-Sahara Africa Region.

7/78 to 9/80 - **PEACE CORPS VOLUNTEER**

Agricultural Extensionist, Ecuador

- Held field trials on small farmers' land showing improved agricultural techniques and provided advice on various agricultural problems.

EDUCATION:

- M.A. International Development, School of International Service, The American University, Washington, D.C., 1977. Maintained a Grade Point Average of 3.76 out of 4.0.

- B.A. American Studies, University of Notre Dame, Notre Dame, Indiana, 1974.

SPECIAL SKILLS/LANGUAGE:

- Proficient in the use of MS WORD, MS EXCEL, MS MAIL, WordPerfect, Lotus 1-2-3.
- Knowledge of Spanish.

HONORS/AWARDS:
- Elected to the National Honor Society of PHI KAPPA PHI in 1977 at The American University, Washington D.C.
- Received Save the Children's Program Department HQ Distinguished Service Award (Employee of the Year) for 1988.

ANGELA THOMAS-ANDERSON
[redacted]

PROFESSIONAL EXPERIENCE:

CARE, Atlanta, GA

Deputy Director - Budget, Grants, and Administration Unit/Program Division — July 1995 - Present

- Ensure grant, contract and cooperative agreement administration meets the donors' policies and regulations.
- Assist in the development of CARE-USA's grant management policy development, management, and monitoring of $160 million in worldwide grants and contracts.
- Assist in the development of the Program Division's annual budget process.
- Function as Acting Director in the absence of the Unit Director.
- Develop and provide financial analysis reports to Senior Management based on existing worldwide donor resources and expenditures, and resource projections.
- Program Division Senior Management's liaison (with the Director) on grants and contracts with CARE-International, the U.S. Government, and to CARE's Finance, Internal Audit, Legal, and other CARE-USA areas.

Senior Grants Manager - Budget, Grants, and Administration Unit/Program Division — July 1993 - June 1995

- Managed two Grant Manager professionals in all aspects of CARE-USA Central Grants Administration.
- Prepared financial forecasts and analysis to determine resource allocations and expenditure positions for Country Office programs and Regional Technical Advisors.
- Facilitated the acquisition of new grant resources by coordinating the solicitation process and reviewing Country Office financial information.
- Participated on a management team designed to review and approve project proposals, and implement strategies and methodologies to increase the project's sustainability.
- Worked on special projects as assigned by the Senior Managers and Unit Director.

Grants Manager - Budget, Grants, and Administration Unit/Program Division — July 1992 - June 1993

- Responsible for the administration, financial management, and reporting related to several Central Grants.
- Facilitated the acquisition of new Central Grant resources in support of the Primary Health Care Unit.
- Monitored the allocation and utilization of over $7 million of Child Survival project funding and match resources.
- Recommended approval for annual Country Office Central Grant program budgets.
- Negotiated grant awards and project extensions with U.S. Agency for International Development (USAID).

J.P. Morgan & Co., Inc., New York, New York — January 1991 - July 1992

Financial Accountant - Financial Division

- Analyzed corporate finance and underwriting data on a transaction and revenue basis given activity generated by Asian, European, South American, and North American banking units.
- Worked with foreign and domestic senior managers to resolve financial reporting issues.
- Maintained a global financial database in order to produce monthly and quarterly executive management reports.
- Functioned as a financial reporting liaison to Milan, Paris, and Brussels Office given product revenues.
- Provided troubleshooting expertise in the automated processing, collection, and reporting of worldwide securities and municipal data.
- Managed two assistant analysts.

Financial Analyst - — January 1989 - January 1991

- Verified, analyzed, and reconciled worldwide treasury, trust and investment, deposit, and loan data generated by federal agencies, international/domestic corporate and private banking clients.
- Identified and resolved data reporting issues and/or inconsistencies
- Worked with financial managers in London, Tokyo, Paris, Brussels, and Frankfurt Offices on outstanding issues.
- Supervised an accounting clerk who was responsible for retro-allocations and post-adjustments.

ANGELA THOMAS-ANDERSON
[redacted]

PROFESSIONAL EXPERIENCE (cont'd):

Securities and Exchange Commission, Washington, D.C. — January 1988 - July 1988
Public Affairs Assistant

Manufacturers National Bank, Detroit, MI — April 1987 - August 1987
Financial Analyst Intern

EDUCATION:

Georgia State University, Atlanta, GA — September 1994 - Present
Pursuing an MBA in International Business

Howard University, Washington, D.C. — August 1984 - July 1988
Bachelor of Business Administration, Major in Finance
Dean's List Student

L'Alliance Francaise, New York, N.Y. — September 1990 - April 1993
Advanced French Conversation and Literature Review

SECOND LANGUAGE:
Proficient in French

PROFESSIONAL ASSOCIATIONS:

- **Appointed the Envoy to Senegal for the 1996 Centennial Olympic Games**
- **Elected the CARE Program Division representative to the Diversity Task Force**
- **Howard University Alumni**

COMPUTER SKILLS:
- Spreadsheets - Excel, Lotus 123, Quattro Pro
- Programming - Focus 6.5, DBASE III
- Word Processing - Word Perfect, Word for Windows

Attachment 5 -- AID Funded Projects

FY1995 USAID GRANTS
As of Oct 10, 1995

GRANT NO.	COUNTRY	FUND CODE	PROJECT TITLE	GRANT AMOUNT	OBLIGATED AMOUNT	FRLC AMOUNT (IF APPLICABLE)	START DATE	END DATE
UNDER FRLC								
1. SINGLE GRANTS								
FAO-0801-A-00-3032-01	ATLANTA	0077	Food Aid Management Institutional Suppo	1,500,000	600,000	600,000	08/24/93	08/31/95
PCE-5448-A-00-5004-01	ATLANTA	00BS	SEEP USAID Planning Grant	568,284	568,284	568,284	02/24/95	09/30/95
388-0081-G-00-4040-02	BANGLADESH	10EA	Integrated Food for Development (IFFD)	10,397,137	5,035,291	3,473,259	07/01/94	12/31/99
515-0235-G-IR-2001-01	COSTA RICA	1828	Semillas Zona Norte	1,000,000	1,000,000	1,000,000	10/03/91	9/30/94
HRN-1406-G-00-3045	COSTA RICA	1850	Family & Devt Initiative Support for Sustai	49,705	49,705	49,705	09/30/93	9/30/94
518-0069-A-00-1113-14	ECUADOR	20AR/20AU/00AS/0067	Sustainable BioRsrcs	8,113,345	8,113,345	6,706,265	08/30/91	9/15/98
518-0081-G-00-4124-01	ECUADOR	20DB	Water & Sanitation for Health in Ecuador	100,000	100,000	100,000	05/11/94	7/31/95
518-0071-G-00-5126-00	ECUADOR	20DI	APOLLO	3,400,000	1,000,000	1,000,000	03/31/95	03/31/96
520-0395-A-00-1303-06	GUATEMALA	22AF	Maya Biosphere Project (MAYAREMA)	1,720,000	1,720,000	1,720,000	09/27/91	9/30/95
520-0404-A-00-3264-05	GUATEMALA	22BF/22BG	Watershed Management MICUENCA	3,900,000	3,891,000	2,685,410	09/30/93	09/29/97
520-9999-G-00-4175	GUATEMALA	22CC	Guatemalan Refugee Rural Reintegration	80,071	80,071	80,071	09/02/94	03/30/95
521-0217-A-00-0003-09	HAITI	2347	Farmers Resources Management (FARM	6,715,603	6,421,778	6,421,778	01/01/90	12/31/95
521-0241-A-00-4020	HAITI	23AG	Food Security Info Systems (FSIS)	275,000	275,000	275,000	07/12/94	06/30/95
522-0292-G-00-3375	HONDURAS	2492	NGO Extension Program	2,649,108	1,700,000	900,000	09/09/93	2/8/97
497-0364-G-SS-3263-00	INDONESIA	2683	Flores Human Rsrcs Strengthening	320,000	320,000	320,000	08/26/93	09/30/96
656-0217-G-00-3029-05	MOZAMBIQUE	28CF	Water & Sanitation - Inhambane Prov.	1,885,117	1,885,117	1,885,117	07/01/93	9/30/96
656-0217-G-00-3046-05	MOZAMBIQUE	28CI	Manica Water	1,337,078	1,337,078	1,337,078	09/01/93	11/15/95
656-0227-G-00-4047	MOZAMBIQUE	28CY	Democratic Initiatives Project	117,000	117,000	117,000	09/19/94	11/10/94
656-0217-G-00-5001-01	MOZAMBIQUE	28DA	Oil Press Enterprises in Nampula	538,844	538,844	535,844	10/01/94	03/31/96
623-0236-G-00-4055	KENYA	29DZ	ECY	88,208	88,208	88,208	07/01/94	04/30/95
099-98-000-4870-02	KENYA	29EI	POST DROUGHT TRANSITION	874,800	874,800	874,800	9/1/93	12/30/96
688-0247-G-00-1173-02	MALI	3171	Timbuktu Rural Devt	1,402,745	1,402,745	1,402,745	04/17/91	12/31/94
688-0247-G-00-2159-00	MALI	3183	Natural Resources Mgmt	968,723	666,866	666,866	03/31/92	3/30/97
688-0247-G-00-2158-01	MALI	3184	Djenne Agriculture Systems Project	610,383	610,383	610,383	07/01/92	6/30/95
688-0247-G-00-4158	MALI	31AM	Macina Community Health	2,007,030	1,112,400	1,112,400	01/01/94	9/30/98
367-0155-G-SS-9001-09	NEPAL	3336	Small Farmers Rapti	1,138,514	1,138,514	1,138,514	07/01/88	6/30/95
367-0159-G-00-4172-01	NEPAL	3383	Remote Areas Basic Needs Project/Solu	1,195,343	995,000	1,790,000	07/01/94	12/31/96
367-0159-G-00-4198	NEPAL	3384	Family Health Project	466,036	466,036	466,036	07/15/94	07/15/97
624-0272-G-00-1071-05	NIGER	3576	Micro Enterprise	7,000,000	7,000,000	6,000,000	08/30/91	7/31/96
624-0258-G-00-2101-03	NIGER	3587	Family Health & Demography Prjt	738,136	663,136	663,136	08/11/92	1/31/95
527-0319-A-00-1346-05	PERU	37AR	Strengthening Health	7,842,000	7,842,000	5,942,000	09/28/91	9/30/96
527-0372-G-00-3299-00	PERU	37CQ	Integ. Pest Mgmt - Andean Communities	700,000	700,000	700,000	09/24/93	09/30/96
968-1032-G-000-2017-08	SOMALIA	4179/41AM	OFDA Market Sales Program	2,914,422	2,914,422	2,914,422	09/24/92	6/30/95
AOT-0139-A-00-3208-02	SOMALIA	41AV	Somalia Rehab & Recovery	10,800,000	10,800,000	10,800,000	09/30/93	9/29/97
623-0510-G-00-4024-02	SOMALIA	41BC	Food Security Info Bulletins	31,000	31,000	31,000	03/31/94	05/31/95
617-0129-G-00-1002-02	UGANDA	4547	West Nile Comm. Self Reliance	4,000,000	3,700,000	3,700,000	02/28/91	2/27/96
617-0124-G-00-9101-05	UGANDA	4556	Forest Conservation	3,818,689	3,728,689	3,728,689	04/01/91	3/31/96
602-0002-G-SS-9043-07	COMOROS	4604	Anjouan Sustainable Agriculture	3,500,000	3,500,000	3,500,000	09/01/89	10/31/94
696-0129-G-SS-2001-00	RWANDA	4735	Gituza Forestry	66,500	66,500	66,500	03/23/92	11/30/94
519-0320-A-00-3222-04	EL SALVADOR	5007/5008	Public Services Improvement Prjt	4,722,292	4,722,292	4,722,292	09/14/93	9/30/96
ANE-0102-G-00-1041-07	CAMBODIA/THAIL	6201/6205/4471/44AI	Bakan Integ. Rehab & Child Health Prjt	1,999,954	1,999,954	1,999,954	09/06/91	6/30/95
442-0112-G-00-5510	CAMBODIA	6206	ROADS MAINT PROJ	2,009,668	2,009,668	2,009,668	5/22/95	5/31/97
623-0234-G-00-4104	ZAMBIA	6742	Community Family Planning Project	2,420,000	2,420,000	2,420,000	09/14/94	9/30/98
AOT-1006-G-00-4101	SUDAN PREV FC	7906	Eco Recovery Program - Tambura	493,874	493,874	493,874	04/21/94	10/21/94
AOT-1006-G-00-5067-01	SUDAN	7912	TAMBURA ECONOMIC RECOVERY	602,161	602,161	602,161	4/13/95	12/25/95
521-0241-A-00-2019-08	HAITI	2366/2367	Enhancing Food Security (EFS)	10,265,367	8,660,684	8,665,684	08/28/92	8/31/95
PAPR099-98-000-4870-02	HAITI	2378/2379	ITSH - FY94 PL480 Title II	406,500	406,500	406,500	09/01/93	12/30/96
PAPR099-98-000-4870-02	HAITI	2391	ITSH - FY94 PL480 Title II	769,100	769,100	769,100	09/01/93	12/30/96
PAPR099-98-000-4870-02	HAITI	23AF	ITSH - FY94 PL480 Title II	493,200	493,200	493,200	09/01/93	12/30/96
099-98-000-5870	HAITI	23BG	FOOD AID	963,055	963,055	963,055	04/01/95	09/30/95
656-0217-G-00-4005-02	MOZAMBIQUE	28CL	Food Sec & Rural Rehab - Manica	1,104,843	1,025,219	1,025,219	11/01/93	4/30/95
PAPR099-98-000-4870-02	KENYA	29EI	ITSH - FY94 PL480 Title II	874,800	874,800	874,800	09/01/93	12/30/96
AOT-4031-G-00-4147	KENYA	29EK	Post Drought Transition in the Garissa...	718,532	718,532	718,532	07/01/94	03/31/95
492-0802-G-00-4004-02	PHIL	3870	SCHOOL NUTRITION PROGRAM	210,035	210,035	210,035	3/25/94	9/30/94
AOT-1002-G-00-5108	SIERRA LEONE	4078	INTGRTED EMERG RESP PROJ	253,682	253,682	253,682	4/1/95	1/1/96
AOT-1032-G-00-3212-02	SOMALIA	41AW	S.W.Bay Region Rural Health	865,110	865,110	865,110	09/30/93	12/31/94
623-4005-G-00-4065	RWANDA	4776	Rwanda Disaster Operations	892,722	892,722	892,722	07/14/94	10/31/94
623-4005-G-00-4097-03	RWANDA	4782	Emergency Seed and Hand Tool Distributi	1,918,585	1,918,585	1,918,585	08/29/94	5/31/95
623-4005-G-00-4082-04	RWANDA	4787	Southwest Rwanda Cross Border Project	833,762	833,762	833,762	09/01/94	5/31/95
623-4005-G-00-5013-02	RWANDA	4792	Gitarama Food Assistance	285,866	285,866	285,866	12/01/94	5/31/95
623-4005-G-00-5010	RWANDA	4793	Gitarama & Butare Agricultural Recovery	1,404,963	1,404,963	1,404,963	12/20/94	05/31/95
663-98-000-3846	ETHIOPIA	49DB	ITSH - Tii Emergency	2,804,675	2,804,675	2,804,675	04/01/93	12/31/95
PAPR099-98-000-4870-02	ETHIOPIA	49DR	ITSH - FY94 PL480 Title II	180,744	180,744	180,744	09/01/93	12/30/96
AOT-4012-G-00-4125	ETHIOPIA	49EB	Emergency Seed Distribution	117,101	117,101	117,101	06/16/94	12/16/94
099-98-000-5870	ETHIOPIA	49EM	EAST HARAGHE EMERG RELIEF	453,400	453,400	868,120	9/1/94	OPEN
AOT-5012-G-00-5044	AFGHANISTAN	5645	WINTER 95 EMERGENCY	775,073	775,073	775,073	12/20/94	4/6/95
AOT-1008-G-00-3196-03	ANGOLA	5757	Relief for Drought & Conflict Affected Pop	3,697,849	3,697,849	3,697,849	09/01/93	12/31/94
AOT-1008-G-00-4029-01	ANGOLA	5764	Relief Kuando Kubango III	397,098	397,098	397,098	12/29/93	10/31/94
099-98-000-4870-02	ANGOLA	5769	WAR RELIEF & ASSISTANCE PROJ	2,076,337	2,076,337	2,076,337	9/1/93	12/30/96
AOT-1008-G-00-5066	ANGOLA	5781	WAR RELIEF & ASSISTANCE PROJ	1,918,873	1,918,873	1,918,873	1/1/95	7/31/95
CCN-0001-A-00-4045	NIS (CIS)	6523/6524	NIS Vulnerable Group Food Program	8,600,000	8,600,000	8,600,000	05/23/94	02/28/95
2. PAPRS EXTENDED TO SEPT. 1995								
521-98-000-2812-02	HAITI	2375	ITSH	50,000	50,000	50,000	06/01/92	09/30/95
650-0098-000-1722-01	SUDAN	43EW	ITSH	1,429,120	1,429,120	1,429,120	03/31/91	09/30/95
663-98-000-0709-01	ETHIOPIA	49AD/49AP/49AQ/49AR	ITSH	1,778,700	1,778,700	1,778,700	07/30/90	09/30/95
663-98-000-1732-03	ETHIOPIA	49BL/49BT/49BU	ITSH of Emerg. Commodities	2,146,640	2,146,640	2,146,640	09/26/91	09/30/95
663-98-000-2806-03	ETHIOPIA	49CB/49CG/49CF	Emergency Relief Program	4,617,500	4,617,500	4,617,500	04/19/92	09/30/95
663-98-000-2732-01	ETHIOPIA	49CL	PL480 Title II ITSH	40,000	40,000	40,000	02/02/92	09/30/95
654-98-000-1727-01	ANGOLA	5721/5723/5727	Food for Peace	1,472,050	1,472,050	1,472,050	05/30/91	09/30/95

FY1995 USAID GRANTS
As of Oct 10, 1995

GRANT NO.	COUNTRY	FUND CODE	PROJECT TITLE	GRANT AMOUNT	OBLIGATED AMOUNT	FRLC AMOUNT (IF APPLICABLE)	START DATE	END DATE
654-98-000-3834-01	ANGOLA (PN2	5751	Relief for Drought & Conflict Affected	2,063,986	2,063,986	2,063,986	11/01/92	09/30/95
3. FARM BILL 202E								
522-0802-G-00-3009	HONDURAS	2482/24AA	Farm Bill 202E	235,186	235,186	235,186	01/01/93	9/30/94
527-0802-G-00-3011-01	PERU	37CO/37CV	Farm Bill 202E	738,384	738,384	738,384	01/01/93	9/30/94
521-0802-G-00-3008-03	HAITI	2374/2385/23AS	Farm Bill 202E	1,760,061	1,760,061	1,760,061	01/01/93	9/30/95
522-0802-G-00-5013	HONDURAS	24AS	FB-202E SCHOOL FEEDING	132,252	132,252	132,252	10/1/94	9/30/95
386-0802-G-00-5014	INDIA	2580	FB-202E PARTNERSHIP NUTRITION	404,688	404,688	404,688	10/1/94	9/30/95
527-0802-G-00-5015	PERU	37EE	FARM BILL 202E	260,000	260,000	260,000	10/1/94	9/30/95
492-0802-G-00-5016	PHIL	3879	FB-202E TARGETTED FOOD ASSISTA	253,491	253,491	253,491	10/1/94	9/30/95
663-0802-G-00-5010	ETHIOPIA	49EU	FB 202E EAST HARAGHE EMERG REL	366,726	366,726	366,726	11/1/94	9/30/95
520-0802-G-00-3007-01	GUATEMALA	22AV/22BJ	Farm Bill 202E	614,469	614,469	614,469	01/01/93	12/31/96
6517-0802-G-00-4003-00	DOMINICAN REP	1940	Farm Bill 202E	263,645	263,645	263,645	10/01/93	09/30/94
492-0802-G-00-4004-02	PHILIPPINES	3870	Farm Bill 202E	210,035	210,035	210,035	03/25/94	09/30/94
654-0802-G-00-4002-01	ANGOLA	5759	Farm Bill 202E	801,649	801,649	801,649	10/01/93	09/30/95
663-0802-G-00-3006-04	ETHIOPIA	49CW/49DM	Farm Bill 202E	988,315	988,315	988,315	01/01/93	12/31/94
4. CENTRAL GRANTS								
OTR-0500-A-00-0075-01	CS VI	CS VI	Child Survival 6	1,150,000	1,150,000	1,150,000	09/01/90	8/31/94
FAO-0500-A-00-2035-02	CS VIII	CS VIII	Child Survival 8	1,415,600	1,415,600	1,415,600	09/01/91	8/31/95
FAO-0500-A-00-3023	CS IX	CS IX	Child Survival 9	1,682,558	1,682,558	1,682,558	09/30/93	09/29/96
FAO-0500-A-00-4037-00	CS X	CS X	Child Survival 10	576,038	576,038	576,038	09/30/94	09/27/97
FAO-0801-G-00-3040-01	INSTL SUPPORT	ISG	Institutional Support Grant	5,000,000	2,050,000	2,050,000	08/31/93	09/30/95
596-0150-A-00-0586-09	PACA / RENARM	PACA	PACA/RENARM	8,500,000	6,398,069	6,398,069	08/07/90	9/30/95
OTR-0158-A-00-0083-12	SUSTAINABLE IM	SIP	Sustainable Impact Program	8,374,762	8,374,762	8,374,762	07/01/90	6/30/96
DPE-3058-A-00-1011-13	POPULATION GR	POP	Population Grants	23,328,636	23,132,435	21,907,435	05/01/91	4/30/96
TOTAL UNDER FRLC				221,012,533	202,304,485	194,416,504		
USAID GRANTS VIA REIMBURSEMENT								
518-0071-0-00-4253	ECUADOR	20DC	Database of NGOs in Health Sector	24,666	24,666		07/ /93	11/30/94
*	AFGHANISTAN	5654	Village Assistance	20,000	20,000		6/1/95	OPEN
EMERGENCY TRANSPORT	ETHIOPIA	49EJ	Emergency Primary Transport	1,502,800	1,502,800		10/01/94	09/30/95
EMERGENCY TRANSPORT	ETHIOPIA	49DP	FY94 PL480 Regular Program	1,108,500	1,108,500		10/01/93	09/30/94
EMERGENCY TRANSPORT	ETHIOPIA	49EN	East & West Haraghe Emerg. Rlf,Shoa R	856,900	856,900		10/1/94	9/1/95
FCC 114-4/089-00, FCC 111	CIS	6525	Transcaucasus Package Proj	873,741	873,741		6/1/94	5/1/95
FCC 112-41/096-02	CIS	6526	ADPRP	864,588	864,588		6/1/94	12/1/95
FCC-114-4/123 & 124	CIS	6527	Georgia Armenia Rlf Proj	438,202	438,202		7/23/94	9/30/95
*	CIS	6538/6537	SINDA/SEDPA/GVGAP	2,142,909	2,142,909		4/1/95	7/1/96
EMERGENCY TRANSPORT	ETHIOPIA	49FB	East Haraghe Emerg Rlf	875,600	875,600		9/20/94	OPEN
MISSION RECEIPTS								
CARE FFW/IFFD PROGRA	BANGLADESH - G	10DU (TAKA25,044,605	Integrated Food for Development	630,846	630,846		07/ /93	OPEN
511-0618-G-00-1144	BOLIVIA	1284/1285	Community Development	6,200,000	6,200,000		04/ /91	03/28/95
*	DOMINICANA	1948	Disaster Planning Proj.	9,000	9,000		3/1/95	12/1/95
263-0225-G-00-4036	EGYPT	2163/2164	Community Resource Mobilization (CRM)	2,664,900	932,300		03/21/94	03/08/99
263-0225-G-00-5038	EGYPT	2176/2177	Integrated Flood Rlf Proj	94,715	94,715		12/1/94	5/1/95
492-0396-C-00-3034	PHILIPPINES	3864	Brokerage/Transport for DOH	184,122	184,122		04/19/93	10/ /94
383-0101-G-SS-2062	SRI LANKA	4269/4270/4271	Seed Paddy Production and Privatization	2,701,058	2,701,058		07/01/92	06/30/98
QUEEN ELIZABETH PARK	UGANDA	4558 (USH174,320,000	Queen Elizabeth Partk Renovation	166,019	166,019		03/ /92	09/ /94
383-0101-G-00-3470	SRI LANKA	4275	Rehab. Emerg. Agricultural Program (RE	315,213	315,213		09/17/93	03/16/95
SUBGRANTS TO CARE WHERE AID IS THE ORIGINAL GRANTOR								
PACT - ENCASED	BANGLADESH	10DM	Enhanced Capability for Small Enterprise	99,829	99,829		09/01/93	08/31/94
FHI - PVO GRANTS	CAMEROON	1382/1383	STD & AIDS Prevention	400,000	400,000		05/01/93	05/01/96
FHI - DPE-5972-A-00-1031	LESOTHO	3051	Football/Aids Project	60,939	60,939			09/30/95
IRC-KHARTOUM DPS	SUDAN	43JI	Khartoum Displace	232,006	232,006		1/1/95	9/1/95
FHI - AIDS EDUCATION	RWANDA	4764	AIDS Education	528,930	528,930			07/31/96
PACT - MASOALA PROJEC	MADAGASCAR	6605	Masoala Integ. Conservation	2,669,120	2,669,120		11/10/93	11/30/96
WWF/PACT - AMBER MTN	MADAGASCAR	6627	Amber Mountain Conservation	727,134	727,134		02/28/94	03/31/96
FHI - DPE-5972-A-00-1031	TANZANIA	8007	AIDS Project	303,721	303,721		08/ /94	07/03/95
IRC - KHARTOUM DISPLAC	SUDAN	43IA	Potable Water Delivery - Khartoum	281,105	281,105		10/01/93	12/31/94
IRC - EN NAHUD DISPLACE	SUDAN	43JH	En Nahud Displaced Peoples Project	272,177	272,177			09/30/95
SAVE - CCN-0001-A-00-313	CIS	6513	Georgia Emergency Relief	1,216,391	1,216,391		11/01/93	07/31/94
SAVE - CCN-0001-A-00-313	CIS	6522	Azerbaijan Emergency Relief	907,876	907,876		02/15/94	07/31/94
SAVE - CCN-0001-A-00-313	CIS	6528	Georgia Armenia Relief Project	147,796	147,796		12/01/94	04/30/95
SAVE - CCN-0001-A-00-313	CIS	6519	Transcaucasus Package Prjt	850,101	850,101		01/ /94	03/ /95
SAVE - CCN-0001-A-00-313	CIS	6521	Armenia Isolated Pensioners	645,454	645,454		02/03/94	08/31/94
SAVE - CCN-0001-A-00-313	CIS	6532	Refugees & Vulnerable Groups in Armeni	73,185	73,185		10/01/94	05/31/95
TOTAL OTHER AID - NON FRLC				31,089,543	29,356,943			
GRAND TOTAL				252,102,076	231,661,428	194,416,504		

FY1995 USAID GRANTS
As of Oct 10, 1995

GRANT NO.	COUNTRY	FUND CODE	PROJECT TITLE	GRANT AMOUNT	OBLIGATED AMOUNT	FRLC AMOUNT (IF APPLICABLE)	START DATE	END DATE

BEST AVAILABLE COPY

SF1550 SCHEDULE D LINE 6 (a)
AID GRANTS AND COOPERATIVE AGREEMENTS
FY1994

	REPORT TO AID (IN 000's)
AID Initiated Grants and Cooperative Agreements (Schedule A)	13,186,000
PVO Initiated Grants and Cooperative Agreements (Schedule B)	50,587,000
Other Exempt Activities - AID (Schedule C)	4,760,000
TOTAL REPORTED TO AID	68,533,000

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SCHEDULE A

CARE
AID Initiated Grants and Cooperative Agreements
For the year ended June 30, 1994

FUND CODE	GRANT NUMBER	BRIEF TITLE	ORIGINATING USAID OFFICE	CATEGORY	AMOUNT OF EXPENSES
0062	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	571,000
10BJ	388-0000-G-SS-1028	Cyclone Disaster Relief Assistance	USAID - BANGLADESH	3	-9,000
10CU	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	559,000
10DG	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	4,000
10DM	Subgrant No. 91	ENCASED	PACT/PRIP - USAID/B	8	99,000
1936	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	153,000
22AN	520-0383-G-00-2079-02	Peace Corps Small Project Assistance	USAID - GUATEMALA		37,000
22BL	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	34,000
28CR	968-4037-G-00-4024	Tempo Shelter - Cyclone Nadia Victims	USAID - MOZAMBIQUE	3	22,000
29AG	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	-18,000
29BA	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	25,000
29BU	AOT-2050-G-00-2128-00	Drought Assistance Program	USAID - WASHINGTON	3	-77,000
29DI	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	6,000
3152	688-0247-G-00-9127-01	Marina Child Health	USAID - WASHINGTON	1	41,000
31AM	688-0247-G-00-4158	Macina Community Health - CS Mali	USAID - MALI	1	51,000
3584	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	254,000
37BH	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	693,000
37BR	968-2058-G-00-2327-00-02	Drought Assistance Program	USAID - PERU	3	171,000
3859	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	377,000
3861	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	160,000
3868	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	40,000
4174	AOT-1032-G-00-2172-01	Food Distribution	USAID - WASHINGTON	3	234,000
4177	968-1032-G-000-2010-04	Emergency Relief	USAID - SOMALIA	3	100,000
4178	968-1032-G-000-2009-03	Seeds and Tools	USAID - SOMALIA	3	235,000
4179	968-1032-G-000-2017-05	OFDA Market Sales Program	USAID - SOMALIA	3	8,000
41AA	968-1032-G-00-3021-03	Emergency Program	USAID - SOMALIA	3	-93,000
41AI	968-1032-G-00-3500-01	Inter-Agency Logistics Support	USAID - SOMALIA	3	328,000
41AM	968-1032-G-000-2017-05	Emergency Relief Program	USAID - SOMALIA	3	890,000
41AO	968-1032-G-00-3503-02	Veterinary Services	USAID - WASHINGTON	3	290,000
41AV	AOT-0139-A-00-3208	Somalia Rehab & Recovery	USAID - WASHINGTON	3	987,000
41AW	AOT-1032-G-00-3212	S.W. Bay Region Rural Health	OFDA - USAID/W	3	429,000
43FV	AOT-1006-G-00-2120-02	Emergency Food Relief Program	USAID - WASHINGTON	3	264,000
43HY	AOT-1006-G-00-3156	North Kordofan Emergency	OFDA - USAID/W	3	260,000
43IC	AOT-1006-G-00-3176	Refugees in Western Equatoria	OFDA - USAID/W	3	507,000
43IP	AOT-1006-G-00-4101	Eco Recovery Program - Tambura	USAID - WASHINGTON	3	79,000
4471	ANE-0102-G-00-1041-05	BIRCH	USAID - WASHINGTON	1	14,000
44AI	ANE-0102-G-00-1041-05	BIRCH	USAID - WASHINGTON	1	10,000
4557	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	325,000
4732	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	239,000
4743	968-2057-G-SS-2010	Emergency Relief	USAID - RWANDA	3	-1,000
5108	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	104,000
5111	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	307,000
5117	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	170,000
5118	DPE-3058-A-00-1011-06	Population Grant	USAID - WASHINGTON	4	67,000
5720	AFR-1008-G-00-1059-02	Food Security for Southern Angola Phase	USAID - WASHINGTON	3	-14,000
5722	AFR-1008-G-00-1059-02	Food Security for Southern Angola Phase	USAID - WASHINGTON	3	-4,000
5726	AFR-1008-G-00-1068-07	OFDA Relief Kuando Kubango	USAID - WASHINGTON	3	1,000
5735	AFR-1008-G-00-1068-07	OFDA Relief Kuando Kubango	USAID - WASHINGTON	3	1,081,000
5757	AOT-1008-G-00-3196-02	Relief for Drought & Conflict Affected Po	USAID - WASHINGTON	3	1,071,000
5764	AOT-1008-G-00-4029-00	Relief Kuando Kubango III	USAID - WASHINGTON	3	46,000
6201	ANE-0102-G-00-1041-05	BIRCH	USAID - WASHINGTON	1	322,000
6205	ANE-0102-G-00-1041-05	BIRCH	USAID - WASHINGTON	1	255,000
6501	CCS-0000-G-00-2011-05	Urais Humanitarian Assistance	USAID - WASHINGTON	3	612,000
6503	CCS-0001-G-00-2077-02	Vulnerable Groups Assistance	USAID - WASHINGTON	1	4,000
6512	968-4001	Emergency Logistical Assistance Georgia	AID/FHA/OFDA	3	27,000
6523	CCN-0001-A-4045-00	NIS Vulnerable Group Food Program	USAID - WASHINGTON	1	34,000
6602	PADG PI-02	Masoala Project	PACT/USAID	8	86,000

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6604	PADG PI-03	Amber Mountain Conservation	PACT/USAID	8	11,000	
6608	687-04024-G-00-4058	Madagascar Disaster Relief	USAID - MADAGASCAR	3	20,000	
6622	687-04024-G-00-4076	Madagascar Disaster Relief	USAID - MADAGASCAR	3	108,000	
6627	AM15 (WWF-I #MG0061)	Amber Mountain Conservation	WWF/PACT - USAID	8	6,000	
6605	PADG-II-2	Masoala Integrated Conservation	PACT/USAID	8	623,000	
Total					13,235,000	
Less: Pro-rated share in CARE CHQ adjustment to cover for Indirect Cost Recovery Rate adjustment for FY1994					-49,000	
AID initiated activities					13,186,000	
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			$CHEDULE B			
CARE						
PVO Initiated Grants and Cooperative Agreements						
For the year ended June 30, 1994						
FUND			ORIGINATING		AMOUNT OF	
CODE	GRANT NUMBER	BRIEF TITLE	USAID OFFICE	CATEGORY	EXPENSES	
0027	OTR-0000-A-00-8116	Child Assistance	USAID - WASHINGTON	1	-4,000	
0034	OTR-0704-G-SS-9173-05	Food Assistance Mgt Program	USAID - WASHINGTON	3	25,000	
0039	OTR-0704-A-00-9181	Strengthening Grant	USAID - WASHINGTON	8	344,000	
0043	OTR-0500-A-00-9174-01	Child Survival V	USAID - WASHINGTON	1	5,000	
0046	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	891,000	
0049	OTR-0500-A-00-0075-00	Child Survival VI	USAID - WASHINGTON	1	74,000	
0051	596-0150-A-00-0586-05	PACA/RENARM	USAID - WASHINGTON	4	550,000	
0067	518-0069-A-00-1113-09	Sustainable Uses BioRsrcs	USAID - ECUADOR	2	211,000	
0068	099E10-8023	Farmbill 8023	USAID - WASHINGTON	10	-190,000	
0069	099E10-8023	Farmbill 8023 (Internal Audit)	USAID - WASHINGTON	10	-74,000	
0073	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	111,000	
0074	FAO-0500-A-00-2035-00	Child Survival VIII	USAID - WASHINGTON	1	98,000	
0077	FAO-0801-A-00-3032	Food Aid Management	USAID - WASHINGTON	6	221,000	
0083	FAO-0500-A-00-3023-00	Child Survival IX	USAID - WASHINGTON	1	45,000	
0084	FAO-0801-G-00-3040-00	Institutional Strengthening Grant	USAID - WASHINGTON	10	457,000	
0092	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	5,000	
00AD	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	11,000	
1023	388-0061-G-SS-5029-15	Food for Work Program	USAID - BANGLADESH	10	2,822,000	
10CZ	FAO-0500-A-00-2035-00	Child Survival VIII	USAID - WASHINGTON	1	199,000	
1284	511-0618-G-00-1144	Community Development	USAID - BOLIVIA	2	-9,000	
1285	511-0618-G-00-1144	Community Development	USAID - BOLIVIA	2	1,149,000	
1353	631-0072-6-00-0025-00	Community Health Care	SAVE THE CHILDREN/AI	12	133,000	
1354	631-0072-6-00-0025-00	Community Health Care	SAVE THE CHILDREN/AI	12	10,000	
1380	631-0510-G-00-3540	PVO-NGO/Natural Rsrc Mngmt	USAID - YAOUNDE	4	119,000	
1381	631-0510-G-00-3540	PVO-NGO/Natural Rsrc Mngmt	USAID - YAOUNDE	4	1,000	
1382	DPE-5972-A-00-1031-00	PVO Grants Cameroon	FHI/USAID	12	37,000	
1383	DPE-5972-A-00-1031-00	PVO Grants Cameroon	FHI/USAID	12	18,000	
1451	677-0051-A-00-0001-02	Kanem Pumps & Agri Mktg	USAID - CHAD	2	-3,000	
1452	677-0051-A-00-0004-04	Kim Area Agri Mktg	USAID - CHAD	2	2,000	
1457	PL480	Emergency distribution	USAID - CHAD	10	-13,000	
1464	DPE-3004-A-00-6057	Chad Family Well-Being Promotion	JHU/USAID	12	14,000	
1813	OTR-0000-A-00-8116-00	CSAP Grant	USAID - WASHINGTON	1	-1,000	
1814	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	118,000	
1817	596-0150-A-00-0586-05	Environment Education	USAID - WASHINGTON	4	263,000	
1827	Revolving Fund	Revolving Fund	USAID - COSTA RICA	12	147,000	
1828	515-0235-G-IR-2001-01	Northern Zone Consolidation Prj	USAID - COSTA RICA	2	347,000	
1830	596-0150-A-00-0586-05	PACA - (Buy In)	USAID - WASHINGTON	4	8,000	
1840	515-0235-G-IR-2001-01	Reflows - Semillas Zona Norte	USAID - COSTA RICA	12	163,000	
1848	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	-8,000	
1850	HRN-1406-G-00-3045-00	Refocus on Rural Household	USAID - WASHINGTON	4	33,000	
1853	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	-14,000	
1854	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	9,000	
1930	Monetization	Monetization	USAID - WASHINGTON	10	50,000	
1935	Monetization	PL480 Monetization	USAID - WASHINGTON	10	399,000	
1940	517-0802-G-00-4003-00	Farmbill 202-E	USAID - WASHINGTON	10	188,000	
1943	FY 1994 PL480 TITLE II	FY 1994 PL480 Title II	FFP (USAID/W)	10	564,000	
1944	FY 1994 PL480 TITLE II	FY 1994 PL480 Title II	FFP (USAID/W)	10	595,000	
20AQ	518-0108-G-00-1109-04	Cholera Response	USAID -ECUADOR	2	-3,000	
20AR	518-0069-A-00-1113-09	Sustainable Uses BioRsrcs	USAID - ECUADOR	2	736,000	
20AU	518-0069-A-00-1113-09	Sustainable Uses BioRsrcs	USAID - ECUADOR	2	677,000	
20BS	518-0108-G-00-1109-04	Cholera Response	USAID - ECUADOR	2	340,000	
2116	216-0102-G-00-8083	South Sinai Fisheries	USAID - EGYPT	2	-4,000	
2127	263-0102-G-00-8083	South Sinai Fisheries	USAID - EGYPT	2	-3,000	
2142	263-0102-G-00-1012	Community Initiated Devt	USAID - EGYPT	2	459,000	
2143	263-0102-G-00-1012	Community Initiated Devt	USAID - EGYPT	2	120,000	
2151	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	17,000	
2161	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	2,000	
2163	263-0225-G-00-4036	Community Resource Mobilization	USAID - EGYPT	2	381,000	

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2164	263-0225-G-00-4036	Community Resource Mobilization	USAID - EGYPT	2	242,000	
2276	OTR-0500-A-00-9174-01	Child Survival V	USAID - WASHINGTON	1	63,000	
2281	520-0274-A-00-0221-00	Watershed Mgt Project	USAID - GUATEMALA	2	109,000	
2285	596-0150-A-00-0586-05	PACA/RENARM	USAID - WASHINGTON	4	74,000	
2287	Monetization	Monetization	USAID - WASHINGTON	10	195,000	
22AE	520-0408-G-00-1307-06	Potable Water	USAID - GUATEMALA	4	48,000	
22AF	520-0395-A-00-1303-05	MAYAREMA	USAID - GUATEMALA	4	486,000	
22AJ	Monetization	Dollar Monetization of FC 2287	USAID - GUATEMALA	10	16,000	
22AR	OTR-0704-A-00-9181	Strengthening Grant	USAID - WASHINGTON	8	113,000	
22AV	520-802-G-00-3007-01	Farmbill 202-E	USAID - WASHINGTON	10	126,000	
22AZ	OTR-0704-A-00-9181-10	Strengthening Grant	USAID - WASHINGTON	8	85,000	
22BC	Monetization	Monetization	USAID - GUATEMALA	10	397,000	
22BD	Monetization	Monetization	USAID - GUATEMALA	10	23,000	
22BE	FAO-0500-A-00-3023-00	Child Survival IX	USAID - WASHINGTON	1	169,000	
22BF	520-0404-A-00-3264	Watershed Management MICUENCA	USAID - GUATEMALA	2	502,000	
22BG	520-0404-A-00-3264	Watershed Management MICUENCA	USAID - GUATEMALA	2	194,000	
22BH	FAO-0801-G-00-3040-00	Institutional Strengthening Grant	USAID - WASHINGTON	10	74,000	
22BJ	520-802-G-00-3007-01	Farmbill 202-E	USAID - WASHINGTON	10	349,000	
2338	521-0206-G-00-8032-06	RICHES	USAID - HAITI	2	54,000	
2347	521-0217-A-00-0003-09	FARM	USAID - HAITI	2	1,123,000	
2356	FAO-0206-A-00-2008-01	Food Assistance	USAID - WASHINGTON	10	-1,000	
2361	099E10-8004-04	Farm Bill 8004	USAID - WASHINGTON	10	2,000	
2366	521-0241-A-00-2019-06	Food Aid	USAID - HAITI	10	1,963,000	
2367	521-0241-A-00-2019-06	Food Aid	USAID - HAITI	10	1,070,000	
2374	521-0802-G-00-3008-02	Farmbill 202-E	USAID - WASHINGTON	10	35,000	
2382	FAO-0500-A-00-3023-00	Child Survival IX	USAID - WASHINGTON	1	238,000	
2385	521-0802-G-00-3008-02	Farmbill 202-E	USAID - WASHINGTON	10	271,000	
2451	OTR-0500-A-00-0075-00	Child Survival VI	USAID - WASHINGTON	1	129,000	
2454	Monetization	Monetization PL 480	USAID - WASHINGTON	10	14,000	
2458	596-0150-A-00-0586-05	PACA/RENARM	USAID - WASHINGTON	4	82,000	
2469	Monetization	Monetization	USAID - WASHINGTON	10	84,000	
2473	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	11,000	
2474	Revolving Fund/Int. on Monet.	Revolving Fund - Honduras	USAID - HONDURAS	12	25,000	
2482	522-0802-G-00-3009-01	Farmbill 202-E	USAID - WASHINGTON	10	50,000	
2483	Monetization	Monetization	USAID - WASHINGTON	10	419,000	
2492	522-0292-G-00-3375	NGO Extension Program	USAID - WASHINGTON	2	307,000	
24AA	522-0802-G-00-3009-01	Farmbill 202-E	USAID - WASHINGTON	10	70,000	
24AB	School Feeding Program	School Feeding Program (int. from Monet	USAID - WASHINGTON	11	19,000	
2512	Revolving Fund	Revolving Fund - India	USAID - INDIA	12	80,000	
2528	Monetization	Monetization	USAID - WASHINGTON	10	1,415,000	
2537	OTR-0704-A-00-9181	Strengthening Grant	USAID - WASHINGTON	8	5,000	
2546	099E10-8004-04	Farm Bill 8004	USAID - WASHINGTON	10	162,000	
2555	386-0802-G-00-3010-01	Farmbill 202-E	USAID - WASHINGTON	10	238,000	
2559	386-0802-G-00-3010-01	Farmbill 202-E	USAID - WASHINGTON	10	224,000	
2626	PDC-0503-A-0-5117-03	Child Survival IV	USAID - WASHINGTON	1	1,000	
2642	Monetization	Monetization	USAID - WASHINGTON	10	440,000	
2662	FAO-0500-A-00-2035-00	Child Survival VIII	USAID - WASHINGTON	1	140,000	
2682	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	19,000	
2683	497-0364-G-SS-3263-00	Flores Human Rsrcs Strengthening	USAID - JAKARTA	2	8,000	
28AA	656-0217-A-00-2037-05	Logistic Support Program	USAID - MOZAMBIQUE	4	1,746,000	
28CF	656-0217-G-00-3029	Water & Sanitation - Inhambane Province	USAID - MOZAMBIQUE	2	403,000	
28CH	656-0217-G-00-3047-01	Food Security - Machaze District	USAID - MOZAMBIQUE	2	485,000	
28CI	656-0217-G-00-3046-04	Manica Water	USAID - MOZAMBIQUE	4	296,000	
28CL	656-0217-G-00-4005	Food Sec & Rural Rehab - Manica	USAID - MOZAMBIQUE	2	245,000	
2974	AFR-0474-G-SS-9061-02	HIV/Aids Prev. in Africa (HAPA)	USAID - WASHINGTON	2	3,000	
2980	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	18,000	
3140	Revolving Fund	Revolving Fund - Mali	USAID - MALI	12	59,000	
3142	688-0937-G-SS-8038-02	Djenas Nat'l Resources	USAID - MALI	2	-1,000	
3161	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	41,000	
3164	OTR-0500-A-00-0075-00	Child Survival VI	USAID - WASHINGTON	1	37,000	
3171	688-0247-G-00-1173-02	Timbuktu Rural Development	USAID - MALI	2	206,000	
3183	688-0247-G-00-2159-00	Natural Resources Mgt	USAID - MALI	2	167,000	
3184	688-0247-G-2158-01	Djenne Agriculture Systems Project	USAID - MALI	2	345,000	
3336	367-0155-G-SS-9001-09	Small Farmers Rapti	USAID - NEPAL	2	202,000	
3337	367-0159-G-SS-8280-08	Remote Area Basic Needs	USAID - NEPAL	4	157,000	
34AL	Monetization	Monetization	USAID - WASHINGTON	10	14,000	
3554	Revolving Fund	Revolving Fund - Niger	USAID - NIGER	12	1,000	
3576	624-0272-G-00-1071-04	Micro Entrerprise	USAID - WASHINGTON	2	1,027,000	
3581	Revolving Fund	Revolving Fund - Niger	USAID - NIGER	12	33,000	
3587	624-0258-G-00-2101-02	Family Health and Demography Project	USAID - REDSO ABIDJA	1	211,000	
3589	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	1,000	
3744	527-0330-G-00-8378	Food Assisted Dev't.	USAID PERU	2	5,000	
3756	Monetization	Monetization	USAID - WASHINGTON	10	4,003,000	
3757	OTR-0704-A-00-9181-09	Strengthening Grant	USAID - WASHINGTON	8	372,000	
3777	Monetization	Monetization	USAID - WASHINGTON	10	610,000	
3778	Monetization	Monetization	USAID - WASHINGTON	10	29,000	
37AE	Monetization	Monetization	USAID - WASHINGTON	10	32,000	
37AN	099E10-8004-04	Farm Bill 8004	USAID - WASHINGTON	10	64,000	
37AR	527-0319-A-00-1346-05	Strengthening Health	USAID - PERU	2	1,251,000	

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37CH	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	16,000	
37CI	Monetization	Monetization	USAID - PERU	10	50,000	
37CJ	Monetization	Monetization	USAID - PERU	10	48,000	
37CK	Monetization	Monetization	USAID - PERU	10	48,000	
37CL	Monetization	Monetization	USAID - PERU	10	51,000	
37CM	Monetization	Monetization	USAID - PERU	10	96,000	
37CO	527-0802-G-00-3011-01	Farmbill 202-E	USAID - WASHINGTON	10	489,000	
37CQ	527-0372-G-00-3299-00	Integ. Pest Mgmt - Andean Communities	USAID - PERU	2	138,000	
37CV	527-0802-G-00-3011-01	Farmbill 202-E	USAID - WASHINGTON	10	91,000	
3813	Revolving Fund	Revolving Fund - Negros Devt Repay	USAID - PHILIPPINES	12	91,000	
3817	Revolving Fund	Revolving Fund - Loan Repymt Mindoro	USAID - PHILIPPINES	12	3,000	
3818	Revolving Fund	Revolving Fund - Philippines	USAID - PHILIPPINES	12	152,000	
3832	Monetization	Monetization	USAID - PHILIPPINES	10	154,000	
3833	Revolving Fund	Monetization Reflows	USAID - WASHINGTON	12	21,000	
3836	Revolving Fund	Revolving Fund - Revolving Loans	USAID - PHILIPPINES	12	38,000	
3870	492-0802-G-00-4004	Farmbill 202-E	USAID - WASHINGTON	10	116,000	
41BC	623-0510-G-00-4024-00	Food Security Info Bulletins	REDSO - USAID/SOMALI	12	4,000	
4247	383-0101 Grant No. 23	CATER II	USAID - SRI LANKA	4	8,000	
4248	383-0101 Grant No. 23	CATER II	USAID - SRI LANKA	4	12,000	
4257	383-0107-A-00-1006-05	Agricultural Assistance	USAID - SRI LANKA	2	25,000	
4258	383-0107-A-00-1006-05	Agricultural Assistance	USAID - SRI LANKA	2	12,000	
4270	383-0101-G-SS-2062	Seed Paddy Production & Privatization	USAID - SRI LANKA	4	218,000	
4271	383-0101-G-SS-2062	Seed Paddy Production & Privatization	USAID - SRI LANKA	4	58,000	
4275	383-0101-G-00-3470-00	REAP	USAID - SRI LANKA	4	146,000	
43AY	OTR-0500-A-00-9174-01	Child Survival V	USAID - WASHINGTON	1	32,000	
43FL	Revolving Fund	Revolving Fund - Sale of Bags	USAID - SUDAN	12	7,000	
43IA	IRC/AID Potable Water	Potable Water Ass. to Khartoum Displace	IRC/USAID	2	87,000.00	
4452	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	63,000	
4463	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	27,000	
44AJ	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	6,000	
44AM	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	13,000	
4547	617-0129-G-00-1002-00	West Nile Comm. Self-Reliance	USAID - UGANDA	2	799,000	
4556	617-0124-G-9101-02	Forest Conservation	USAID - WASHINGTON	2	693,000	
4558	999-9020	Queen Elizabeth Park Renovation	USAID - UGANDA	12	13,000	
4561	Revolving Fund	Revolving Fund - Uganda	USAID - UGANDA	12	2,000	
4604	602-0002-G-SS-9043-06	Anjouan Sustainable Agriculture	REDSO/ESA - USAID/W	2	637,000	
4735	696-0129-G-SS-2001-00	Gituza Forestry	USAID - RWANDA	2	26,000	
4754	696-0148-G-SS-3005	Assistance to Displaced Persons - Byum	USAID - RWANDA	2	865,000	
4755	696-0148-G-SS-3004	Assistance to Displaced Persons	USAID - RWANDA	2	494,000	
4764	AIDS Education	AIDS Education	FHI/USAID	12	7,000	
4931	Container Fund	Container Fund - Ethiopia	USAID - ETHIOPIA	12	632,000	
4974	Veg. Oil Monetization	Veg. Oil Monetization	USAID - WASHINGTON	12	7,000	
4990	FY90 Oil Monetization	Monetization	USAID - WASHINGTON	12	13,000	
49BP	099E10-8004-04	Farm Bill 8004	USAID - WASHINGTON	10	-1,000	
49BQ	Monetization	Monetization	USAID - WASHINGTON	10	-44,000	
49CK	099E10-8004-04	Farm Bill 8004	USAID - WASHINGTON	10	27,000	
49CO	OTR-0704-A-00-9181	Strengthening Grant	USAID - WASHINGTON	8	28,000	
49CS	HRN-2519-G-00-2071-00	BORENA VET SCOUTS	USAID - WASHINGTON	2	101,000	
49CT	Monetization	Emergency Relief	USAID - WASHINGTON	10	759,000	
49CU	Monetization	Monetization	USAID - WASHINGTON	10	607,000	
49CW	663-0802-G-00-3006-03	Farmbill 202-E	USAID - WASHINGTON	10	388,000	
49DI	Monetization	Monetization	USAID - WASHINGTON	10	949,000	
49DJ	Monetization Activity	Monetization Activity	USAID - WASHINGTON	10	141,000	
49DK	FAO-0801-G-00-3040-00	Institutional Strengthening Grant	USAID - WASHINGTON	10	121,000	
49DM	663-0802-G-00-3006-03	Farmbill 202-E	USAID - WASHINGTON	10	222,000	
5007	519-0320-A-00-3222	Public Services Improvement Project	USAID - EL SALVADOR	2	311,000	
5008	519-0320-A-00-3222	Public Services Improvement Project	USAID - EL SALVADOR	2	170,000	
5104	693-0227-A-00-9004-06	Rural Institution	USAID - TOGO	2	124,000	
5105	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	19,000	
5114	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	-3,000	
5115	OTR-0158-A-00-0083-09	Sustainable Impact Program	USAID - WASHINGTON	5	7,000	
5607	360-0211-A-00-0962	PVO Project Support	USAID - AFGHANISTAN	2	767,000	
5609	Sale of Wheat Container	Village Assistance	USAID - AFGHANISTAN	12	36,000	
5737	AOT-0003-G-00-2096-00	Reintegration Huila	USAID - WASHINGTON	2	2,000	
5739	AOT-0003-G-00-2096-00	Reintegration Huambo	USAID - WASHINGTON	2	1,000	
5741	AOT-0003-G-00-2096-00	Roadwork Huila	USAID - WASHINGTON	2	1,000	
5743	AOT-0003-G-00-2096-00	Roadwork Huambo	USAID - WASHINGTON	2	9,000	
5748	AOT-0003-G-00-2096-00	Rapid Emergency Response	USAID - WASHINGTON	2	79,000	
5749	AOT-0003-G-00-2096-00	Rapid Emergency Response	USAID - WASHINGTON	2	62,000	
5759	654-0802-G-00-4002	Farmbill 202-E	USAID - WASHINGTON	10	68,000	
6513	CCN-0001-A-00-3132-00	Georgian Emergency Relief Proj (GERP)	SAVE THE CHILDREN/AI	12	1,113,000	
6517	CCN-0001-A-00-3132-00	Azerbaijan Emerg Logistics Assistance P	SAVE THE CHILDREN/AI	12	30,000	
6519	CCN-0001-A-00-3132-00	Transcaucasus Package Program	SAVE THE CHILDREN/AI	12	39,000	
6520	CCN-0001-A-00-3132-00	Transcaucasus Winterization Program	SAVE THE CHILDREN/AI	12	146,000	
6521	CCN-0001-A-00-3132-00	Support for Isolated Pensioners Armenia	SAVE THE CHILDREN/AI	12	472,000	
6522	CCN-0001-A-00-3132-00	Azerbaijan Emergency Relief	SAVE THE CHILDREN/AI	12	643,000	
Total					50,768,000	
Less: Pro-rated share in CARE CHQ adjustment to cover for Indirect Cost Recovery Rate adjustment for FY1994					-181,000	

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PVO Initiated Grants and Cooperative Agreements					50,587,000
**********					
			SCHEDULE C		
CARE					
Other Exempt Activities (Section 416B)					
For the year ended June 30, 1994					
FUND			ORIGINATING		AMOUNT OF
CODE	GRANT NUMBER	BRIEF TITLE	USAID OFFICE		EXPENSES
SECTION 416B:					
37BP	LADERA	Monetization	USAID - WASHINGTON		1,669,000
37BT	LADERA	Monetization	USAID - WASHINGTON		55,000
37BX	LADERA	LADERA	USAID - WASHINGTON		3,055,000
Total					4,779,000
Less: Pro-rated share in CARE CHQ adjustment to cover for Indirect Cost Recovery Rate adjustment for FY1994					-19,000.00
Other Exempt Activities - AID					4,760,000
Other Exempt Activities - Non-AID:					
43GC	G-650-2/132	Food Security	CCC/USDA		72,000
Total Other Exempt Activities					4,832,000
**********					
OTHER SCHEDULES:					
			Attachment to Schedule A Line 10		
CARE					
Other US Government Grants and Cooperative Agreements					
For the year ended June 30, 1994					
FUND			ORIGINATING		AMOUNT OF
CODE	GRANT NUMBER	BRIEF TITLE	USAID OFFICE		EXPENSES
29DB	RP 31067	Refugee Assistance	DEPT. OF STATE, BRP		499,000
29DF	RP 31067	Refugee Assistance	DEPT. OF STATE, BRP		-370,000
4570	Third Afromontane Conference	Third Afromontane Conference	USDA FOREST SERVICE		1,000
6504	S-OPRAQ-93-H-0060	Operation Provide Hope III	US DEPARTMENT OF STATE		80,000
6505	FCC-118-3/043-00	Food for Progress	USDA		1,659,000
6506	S-OPRAQ-93-H-0099	Armenia Emergency Relief Project	US DEPARTMENT OF ST	1	463,000
6508	S-OPRAQ-93-H-0099	Armenia Emergency Relief Project	US DEPARTMENT OF ST	1	81,000
Total					2,413,000.00
Less: Pro-rated share in CARE CHQ adjustment to cover for Indirect Cost Recovery Rate adjustment for FY1994					-8,000.00
Other US Government Grants and Cooperative Agreements					2,405,000.00
			Attachment to Schedule A Line 17a and Schedule D Line 7		
CARE					
US Federal Government Contracts					
For the year ended June 30, 1994					
FUND			ORIGINATING		AMOUNT OF
CODE	GRANT NUMBER	BRIEF TITLE	USAID OFFICE		EXPENSES
22AU	520-9999-0-00-2281	MCH Community	USAID - GUATEMALA		10,000
2378	099-98-000-4870	ITSH - FY94 PL480 TITLE II	USAID - WASHINGTON		402,000
2379	099-98-000-4870	ITSH - FY94 PL480 TITLE II	USAID - WASHINGTON		3,000
2391	099-98-000-4870	ITSH - FY94 PL480 TITLE II	USAID - WASHINGTON		126,000
2475	C192.53A	Inc of Family Planning - Honduras	POP. COUNCIL/AID		48,000
3864	492-0396-C-00-3034	Family Planning Program	USAID - PHILIPPINES		147,000
43EX	416-98-650-1993-01	ITSH (also Section 416B)	USAID - SUDAN		2,000
49BL	663-98-000-1732	ITSH of Emergency Comm.	USAID - WASHINGTON		3,000
49CB	663-98-000-2806-02	Emergency Relief Program	USAID - WASHINGTON		1,000
49CF	663-98-000-2806-02	Emergency Relief Program	USAID - WASHINGTON		63,000
49DB	663-98-000-3846	ITSH - Title II Emergency	USAID - WASHINGTON		2,142,000
49DR	099-98-000-4870	ITSH - FY94 PL480 TITLE II	USAID - WASHINGTON		300,000
5721	654-98-000-1727	Food for Peace - ITSH	USAID - WASHINGTON		-3,000
5723	654-98-000-1727	Food for Peace - ITSH	USAID - WASHINGTON		8,000
5734	654-98-000-2814	FFP Relief Kuando Kubango	USAID - WASHINGTON		421,000
5751	654-98-000-3834	Relief for Drought & Conflict Affected Po	USAID - WASHINGTON		566,000
Total					4,239,000

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Less: Pro-rated share in CARE adjustment to cover for Indirect Cost Recovery rate adjustment for FY94					-13,000
US Federal Government Contracts					4,226,000
	COMPUTATION OF PRO-RATED SHARE IN INDIRECT COST RECOVERY ADJUSTMENT FOR FY1994:				
					Share in ICR Adjustment
			Total	Percent	($270,000)**
	PVO Initiated Grants and Cooperative Agreements (AID)		50,768,000	67%	181,000
	PVO Initiated Grants and Cooperative Agreements (Other USG Office)		2,413,000	3%	8,000
	AID Initiated Grants and Cooperative Agreement		13,234,000	18%	49,000
	Other Legislatively Exempt Activities		4,779,000	7%	19,000
	AID Contracts		4,239,000	5%	13,000
	TOTALS		75,433,000	100%	270,000
	**Adjusted to accrue fluctuation in the Indirect Cost Recovery Rate after audit of Financial Statements.				

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Attachment 6 -- External Evaluations

Attachment 6 -- External Evaluations

	Date
Angola	
Kunene Water Development Project -- Phase I: Report of Regional Socio-Economic Assessment	2/92
Bangladesh	
Child Health Initiatives for Lasting Development Project, Child Survival VIII	4/94
The Water Sanitation and Hygiene (WASH) Project Shahnaz Ahmed	12/92
TICA Project Review -- H.D. Thompson	2/92
Belize	
Mid Term Evaluation: Post-Harvest Loss Reduction Project	3/92
External Evaluation of Tarija Community Development Project	4/92
Cameroon	
Northern Water & Health Evaluation (with Summary)	3/92
Costa Rica	
Proyectos PACCO-P y PACCO B/HN -- Evaluacion Final (Spanish)	3/93
Dominican Republic	
Mid Term Evaluation -- Cholera Eradication in Rural Communities (Spanish)	3/92
Impacto del Programa de Alimentacion Escolar en el Porcentaje de Rendimiento y Asistencia de las Regionales de Barahona, San Juan y Mao -- Argelia Tejada Yanguela, Ph.D. (Spanish)	12/92
Cost Study of School Feeding Project -- Nick Marudas	11/92
Ecuador	
Quimiag Project -- Dr. Jorge Uquillas (Spanish)	3/93
Proyecto Piloto de Atencion Primaria de Salud Provincia de los Rios Canton Urdaneta Informe Final de Evaluacion -- Dr. Ivan Palacios	2/93
Final Evaluation -- Rural Community Water System & Sanitation Project (Spanish)	2/92
External Evaluation of Garden/Nutrition Program (Spanish)	4-5/92
Final Evaluation Report: Vaccination & Health Network (Spanish)	5/92
Formative Evaluation of Applied Beekeeping (Spanish)	6/92
Ethiopia	
Habro Community Based Development Project -- Mid-term Evaluation Report -- Kedir Adem	12/94
Food	
Institutional Strengthening Grant -- Final Evaluation Joyce King	12/92
Guatemala	
Proyecto de Apoyo a los Servicios de Salud (PASS) Child Survival IX -- Isabel Nieves	9/95

	Date
Haiti	
CARE RICHES Project -- Maria D. Alvarez, Ph.D.	7-8/93
India	
Bio-Intensive Gardening -- Mid Term Evaluation	11/92
Indonesia	
Village Material and Child Health Project (VMCH) -- Final Evaluation -- Meiwita B. Iskandar	10/95
Water Supply and Sanitation Projects -- Jonathan Hodgkin	12/93
Mali	
Mid Term Evaluation -- Macina Wells (2 Volumes in French)	4/92
Niger	
AIDSs and Migration Pilot Project (PPSMN) -- Mid-term Evaluation -- Dr. Sani Saliyou	2-3/95
Zinder Intergrated Health Project -- Mahaman Sani Felicien	5-6/94
Final Evaluation Du Project D'Amenagement des Terre Semi-arides et des forets Naturelles (UNSO/NER/87/x04 "SALAMA") (French)	11/93
Evaluation Finale Du Projet D'Amenagement Des Terres Semi-Arides Et Des Forets Naturelles (UNSO/NER/87/X04 "SALAMA")	11/93
Zinder Project Evaluation (French)	6/92
Final Evaluation -- Maradi SEAD Project (French)	5/92
Peru	
Integrated Pest Management for Andean Communities (MIPANDES) Project	8/95
Multi-Sectoral Population Project -- Reed Thorndahl	10/94
Youth Training and Employment Project -- Sandy Laumark	5/94
Population	
CARE Population and Family Planning Expansion (PFPE) -- Final Evaluation -- Laurel A. Cappa	6/95
Rwanda	
Byumba Improved Maternal Health and Family Planning Services Project -- Midterm Evaluation	7/94
Thailand	
Final Evaluation Report for Highland Resources Integration Project	12/92
Togo	
Family Planning Project (PPFT) -- Midterm Evaluation Linda Morales	10/94

Attachment 7

Final Evaluation of SIP Matching Grant

REPORT OF THE FINAL EVALUATION OF CARE'S SUSTAINABLE IMPACT PROGRAM

September, 1994

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LIST OF ACRONYMS

ALMIS	"All Mission" letter to CARE Country Offices
ANR	Agriculture and Natural Resources
BGA	Budget and Grants Administration
CI	CARE International
INGO	Indigenous Non-governmental Organizations
LRSP	Long Range Strategic Planning
MDI	Management Development Initiative
MODS	Management and Organizational Development Services Group
PHC	Primary Health Care
PPE	Post-project Evaluation
RCF	Rural Capital Formation
RMG	Regional Management Group
RMU	Regional Management Unit
RTA	Regional Technical Adviser
SEAD	Small Economic Activity Development
SIP	Sustainable Impact Program
SOW	Scope of Work
TAG	Technical Assistance Group
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

The Rural Capital Formation (RCF) Program (1985-1989) created the Technical Assistance Group (TAG) and its field-based Regional Technical Assistance Teams. Through this USAID-financed program CARE has developed and promoted its technical expertise in Agriculture and Natural Resources (ANR), Primary Health Care (PHC), and Small Economic Activities Development (SEAD). The Sustainable Impact Program (SIP), which began in 1990, followed on directly from the RCF Program. It was designed around the premise that, in order for CARE to maximize and sustain its development impact, CARE needs to strengthen its institutional and programmatic capacities in three strategic areas: evaluation, training and working with Indigenous Non-governmental Organizations (INGOs). SIP, also funded by USAID as a Matching Grant, has built on the structures and systems developed under its predecessor, adding one Training Regional Technical Adviser per geographic region.

As SIP, a five year program, was completing its third year, a mid-term evaluation was conducted. This was completed in August, 1993. It assessed SIP's progress and made recommendations for the final two years of the grant. A year later USAID commissioned the final evaluation of SIP. The core team hired to conduct this evaluation consisted of members of the earlier mid-term evaluation team.

Given the in-depth nature of the mid-term evaluation, it was decided by USAID and CARE that the final evaluation would focus on the degree to which CARE had complied with the intent of the mid-term recommendations and the quality of the work emerging from this compliance. In addition, the mid-term recommendations were reviewed to see whether they still held or needed to be adapted. Information was gathered through the review of documents and interviews at CARE Atlanta. The field perspective was represented to a much lesser degree in this final evaluation than in the mid-term evaluation. Nevertheless, the team was able to interview field staff who were visiting headquarters for Work Week and other business and the Regional Managers as proxies for the field.

Given that this evaluation was conducted with ten more months remaining on the SIP Grant, the team developed two sets of recommendations based on their findings. These were the short-term recommendations addressing what CARE might do over the remaining ten months of the grant; and the longer term recommendations/considerations addressing recommendations for the three strategy areas beyond the life of SIP. This document reports the findings of the final evaluation.

The findings indicate that the training strategy has fulfilled the intent of the mid-term recommendations and is very much on track. It has picked a strategic focus and pursued this through its Management Development Initiative (MDI). CARE headquarters and field staff seem excited about the Training Unit's efforts and

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certain field staff attested to the important contribution that the Long Range Strategic Planning process, which is part of MDI, has made to shaping their programs. The Training Unit is also exploring setting up alternative training technical assistance in the field through the development of local "cadres" or consultant banks. The evaluation team had no recommendations with respect to this strategy area, beyond that the Training Unit should continue what they are doing and should provide support to the other strategy areas as needed, in particular the INGO strategy.

The INGO strategy area has made considerable steps forward since the time of the mid-term evaluation. Key to this process has been assigning an INGO Coordinator to promote the INGO agenda. Important elements of this strategy area over the last year have been: the Enhancing Partnership efforts, which to date has consisted of an analysis of CARE's partnership efforts using information coming directly from the field; a workshop held in Thailand that brought CARE staff from six country offices together to discuss field-based institution building and partnership issues; and a presentation to the Program Committee of CARE's Board on issues of partnerships. One component of the INGO strategy area that is still not being maximized is the INGO Fund, despite the improved management and communication about its availability.

Recommendations emerging for this strategy area center around the need to: hire a full-time INGO Coordinator; complete a database of INGO-related resource people and institutions; develop and adapt materials for working with INGOs for use at the field level; and restructure, with USAID's approval, a portion of the INGO Fund to support Country Offices in developing their skills for working with INGOs. Other recommendations are directed to the more policy or institutional level initiatives These include: lessening confusion at CARE by developing working definitions of terms used in the INGO/partnership dialogue; ensuring that an INGO policy and strategy are developed; and developing a framework for viewing the various partnership types, their implications and requisite skill areas.

The Evaluation strategy area has made less progress than the other two strategy areas over the last year, despite the fact that it had made considerable headway at the time of the mid-term evaluation. This is largely due to the difficulty experienced in recruiting an Evaluation Coordinator to push the evaluation mandate. The Post-project Evaluation Fund continues to be underutilized. A consultant is currently analyzing those post-project evaluations that have been conducted to extract lessons learned as well as shed light on the future criteria for this fund. Recommendations address the need to: hire the full-time Evaluation Coordinator to fulfill a series of functions; and the development of a "Learning Lessons Fund" with a strong strategic focus under which could fall post-project evaluations, as well as workshops, cross-visits to identify and apply lessons, documentation and publication of sectoral or regional lessons, and the promotion of portfolio analyses of Country Office programs.

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The team recognizes that, since there are still ten months remaining in the SIP Grant, its ability to make definitive statements on progress and the quality of the progress was hindered. Nonetheless, the team believes that perhaps SIP's greatest success has been to elevate the three strategy areas to organizational prominence. It is clear that strong institutional will now exists to pursue these areas as a means to improve CARE's programs.

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1. BACKGROUND AND HISTORY OF THE SIP GRANT

A. The History of SIP

CARE has been providing technical assistance to its Country Offices since 1985 through two USAID-assisted programs. The first of these, funded through a Partnership Grant, was the Rural Capital Formation (RCF) Program to which USAID contributed $8.5 million. Through this program, three sectors -- Agriculture and Natural Resources (ANR), Small Economic Activity Development (SEAD) and Primary Health Care (PHC) -- were selected for emphasis in CARE's worldwide programming because they addressed major barriers to rural capital formation. The program then set about strengthening CARE institutionally and programmatically with respect to these three sectors. As part of its strategy, this program established four Regional Technical Assistance Teams (RTATs). Each team comprised one Regional Technical Adviser (RTA) in ANR, one in SEAD and one in PHC. Their responsibilities included providing assistance to CARE Country Offices with respect to their specific sectors in the areas of project design, technical backstopping, evaluation planning and execution, and training.

Based on the recommendations from the USAID evaluation of the RCF Grant, a follow-on technical assistance program was developed. This was the Sustainable Impact Program (SIP), which was funded by USAID in 1990 as a Matching Grant; the total cost of this grant is $33.554 million, with CARE matching USAID's $8 million with $25 million of its own resources. This program addresses the issue that, in order for CARE to maximize and sustain its development impact, it needs to strengthen its institutional and programmatic capacities in three areas: training, evaluation and working with indigenous non-governmental organizations (INGOs). In light of this and building on the positive experiences of the RCF Program and the already established organizational structures and resources, the Regional Technical Assistance Teams were maintained and strengthened by the addition of one Training RTA per team. Furthermore, three funds were established to promote training events and publications, efforts with INGOs and post-project evaluations.

In 1993, when SIP was in its third year of implementation, an in-depth mid-term evaluation was conducted. This assessed SIP's progress in relation to its intended objectives and made recommendations to further the SIP agenda over the remainder of the grant. One year after the mid-term was completed and with about ten months left on the SIP Grant, a team consisting of two of the members of the mid-term evaluation team conducted SIP's "final evaluation," the results of which comprise this report.

This evaluation looks mainly at CARE's compliance with the recommendations made in the mid-term evaluation and suggests actions that could be taken over the remaining ten months of SIP. It also proposes more long-term actions to be taken to

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further promote the progress of the three strategy areas if they are pursued by CARE either through another iteration of SIP or through other channels.

B. The TAG-SIP Continuum

The creation of the Technical Assistance Group, TAG, (which includes the RTAs) in 1986 has provided CARE with a program focus, systems for carrying out program initiatives and resources for supporting sector-specific interventions. Country Office staff who have worked with CARE both during pre-TAG and present-TAG days attest to the fact that both program focus and quality improved considerably after the creation of TAG.

As a result of this technical structure, CARE has experienced significant program growth in the three basic sectors of ANR, SEAD and PHC. In addition, this structure served as a model for the development of the Population Unit which will receive $17 million from USAID over five years, a potential $8 million in buy-in from USAID missions and $7.1 million in CARE match funds. Furthermore, CARE is now active worldwide in the three basic sectors and is becoming known as an organization of technical prominence. For example, in Latin America CARE is a recognized leader in buffer zone management for ANR programs. Similarly, CARE is recognized for its excellence in SEAD. Current sector program portfolios reflect the following funding levels, based on donor information as of fiscal year 1993.

ANR:	$54 million
SEAD:	$43 million
PHC:	$92 million

As conceived, SIP is a program designed to further the development and impact of CARE's programs. As such, it is important to view SIP along the continuum of furthering CARE's technical and programmatic expertise and impact. This evaluation is not designed to address the many advances in the three basic sectors. Rather it has focused on making recommendations to further advance the specific contributions of the three strategy areas to improved program quality at CARE both within and beyond the life of SIP.

C. Program Division Groups

The Technical Assistance Group (TAG) is one of three groups in the Program Division. The others are the Regional Management Group (RMG) and the Management and Organizational Development Services Group (MODS).

The Program Division is managed by the Senior Vice President for Program. Each Group's Director reports to him directly. The RMG, composed of five Regional Management Units (East Africa, West Africa, Southern Africa, Latin America and Asia), is responsible for line management of the approximately 50 CARE Country Offices around the world. Country and regional strategic plans, project designs and regional initiatives must be approved in the RMG. TAG plays an advisory and technical support role to the RMG and the Country Offices.

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Like TAG, MODS is a support group to the RMG. It houses grants management, global policy and planning unit. In August, 1994, the Training Unit was moved from TAG to MODS. Its name was changed to the Management Development Unit to reflect its emphasis on these functions. In this report, for the purpose of clarity and continuity with the mid-term evaluation, this unit will continue to be referred to as the Training Unit.

This simple organizational structure belies the substantial areas of overlap among the groups. For example, TAG's sectoral strategies must be consistent with the RMG's regional strategies. For this reason, TAG's collaboration with the RMG and MODS is cited in this report as an important factor in the effectiveness of various initiatives.

2. FINAL EVALUATION METHODOLOGY

A. Objectives and Scope of Work

Due to the in-depth nature of the mid-term evaluation and to the fact that it was completed roughly one year ago, CARE and the Project Officer at USAID decided that the focus of the current evaluation should be the degree to which TAG complied with the mid-term recommendations. Given this, a Scope of Work was developed (see Appendix A) that asked the team to: review the mid-term recommendations and CARE's response to them; assess the degree to which TAG complied with each recommendation (or to CARE's response); assess the quality of the activities, products and processes undertaken during the year following the mid-term evaluation; and suggest further recommendations where appropriate.

B. Composition of Team and Roles

The final evaluation team consisted of two core members, both of whom had worked on the mid-term evaluation of SIP. They were: Therese McGinn, who worked full-time at CARE from 1991 to 1993 as the Deputy Director for the Population Unit; and Jane Yudelman who was the team leader for the SIP mid-term evaluation. The team was also assisted in the financial analysis by Curt Schaeffer, the Director of the Food Security Unit and a member of the SIP mid-term evaluation team. In addition, the core team worked in close consultation with Larry Frankel, the Director of TAG, on the evaluation framework.

C. Methods

The team relied on interviews (see Appendix B) and document review (see Appendix C) as the main methods of data collection for this evaluation. Given its limited scope of work, no field trips were undertaken.

The majority of the interviews were conducted with CARE headquarters staff. Attempts were made to obtain field staff's perspectives through interviewing four

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field staff who were in Atlanta for Work Week or other business and by soliciting Country Offices' reactions to SIP initiatives from Regional Managers. Despite these efforts, field perspectives are not as well represented as those from headquarters in this analysis. No Regional Technical Advisers were interviewed.

The scope of work of this evaluation, its methods and its timing clearly introduce several methodological constraints. First there is the minimal input from CARE field staff, as noted above, which may introduce a bias toward headquarters perspectives. This also made it difficult to pursue the framework for analysis -- comparisons of SIP providers and SIP consumers -- set out in the mid-term evaluation. Second, as in the mid-term evaluation, there has been no attempt here to measure the impact of SIP. This effort is almost exclusively limited to issues raised during the mid-term, further narrowing the assessment. Third, the timing of this evaluation, coming just one year after the mid-term was completed and ten months before the end of SIP, means that ongoing SIP activities, as well as those initiated in response to the mid-term recommendations, are still in process. It is impossible in most cases to determine whether plans will have been fully implemented by the end of the grant.

D. Framework for Analysis

The intent of this report, as already stated, is to evaluate the progress of SIP *since* the mid-term evaluation which was completed about one year ago in August, 1993. After discussions with the USAID Project Officer and with CARE staff, it was decided that the team would use the recommendations laid out in the mid-term evaluation and CARE's response to these as the starting point for the analysis. It is important to note at this point that wherever possible the team assessed whether the *intent* behind the recommendations and CARE's response was realized rather than limiting the analysis only the exact actions recommended. This is particularly pertinent when reviewing recommendations that are part of an overall shift in direction or orientation. Furthermore, in certain cases, review of the recommendations have been merged because their intent was the same or because there is considerable overlap among the recommendations.

Recommendations are offered for each strategy area. Short-term recommendations are those that the team believes are important to accomplish within the remaining ten months of the SIP Grant. Longer term recommendations or considerations are those that may not be appropriate for immediate implementation but are important for CARE's continued progress in the strategies. The team believes these activities should be supported, whether through a future iteration of SIP or with other resources. Because the time remaining in SIP is short, it is possible that some of the short-term recommendations may be shifted into long-term activities.

As mentioned above, no attempt was made to maintain the SIP provider and SIP consumer analysis framework used in the mid-term evaluation due to the small number of SIP consumers (field staff) interviewed.

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3. THE THREE SIP STRATEGIES: FINDINGS

Each of the three SIP strategies -- evaluation, training and INGOs -- is addressed below. In each section, progress toward the recommendations from the SIP mid-term evaluation is described, followed by an assessment of overall progress in the strategy. Recommendations for each strategy are also offered.

Sections 4, 5 and 6 present similar analyses and discussions of SIP's other programmatic areas, the pilot projects and materials and information dissemination, as well as for the management and financial considerations of SIP.

A. Evaluation

The SIP mid-term evaluation offered nine recommendations related to evaluation. These concerned the appointment of an evaluation point person, use and management of the Post-project Evaluation Fund, evaluation training and the integration of evaluation into Country Office operations.

Evaluation Mid-term Recommendation 1

The first and major recommendation concerning the evaluation strategy in the SIP mid-term evaluation was the appointment of a clearly defined point person to push the SIP evaluation mandate. CARE agreed with the recommendation and planned to hire a short-term Evaluation Coordinator to promulgate post-project evaluations and evaluation training; provide technical assistance to the TAG Units on their sectoral evaluation strategies; oversee the East Africa Monitoring and Evaluation RTA; and provide technical assistance to Country Offices in evaluation.

What Has Happened

As of August, 1994, the Evaluation Coordinator had not been hired. Substantial efforts had been made, starting informally in the fall of 1993 and formally in December, 1993 when USAID approved funds for the position. The job was advertised fairly widely in fora such as the *International Employment Opportunities Bulletin, Interaction Monday Development* and others. Over 100 resumes were received and 28 candidates were given serious consideration. Six were interviewed at CARE headquarters. No offers were made.

In the absence of the Evaluation Coordinator, the TAG Director continued to act as the point person for the SIP evaluation functions. Responsibility for some functions was shared with others within the Program Division such as the SIP Funds Committee (for management of funds) and the Director of the RMG (for monitoring of project baseline data).

Assessment

The lack of a full-time coordinator meant that some evaluation functions and activities CARE identified in its response to the mid-term evaluation were addressed, while others were not.

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Basic information on the availability of funds for post-project evaluations was formally communicated to the field in February and August, 1994. All of the TAG Units completed their sectoral evaluation strategies, a process begun prior to the mid-term evaluation, and are working with their RTAs to put them into action. Country Offices are receiving technical assistance in evaluation but instead of being provided by the Evaluation Coordinator, as expected, it is offered by the sectoral RTAs, as in the past. To push the evaluation mandate, the importance of baseline data has been emphasized from headquarters: the Senior Vice President for Program informed field and headquarters staff that projects lacking a plan for adequate baseline data collection will not be approved. The Directors of the RMG and TAG are responsible for tracking adherence to this mandate.

It is not surprising that most functions of the Evaluation Coordinator were not completed, given that full-time responsibilities were shared among those with already heavy burdens. The design and delivery of generic evaluation training for various levels of field staff had been identified as particularly important. With the exception of a one-day session during a West Africa Country Director conference in June, 1994, this was not addressed. No post-project evaluation was undertaken since the mid-term. Although Country Offices were informed of the basic criteria for obtaining funds -- a minimum of three years had to have elapsed since CARE's involvement and a maximum of $10,000 per evaluation would be allocated -- no clear sectoral or TAG-wide post-project evaluation strategies were articulated. Since no RTA for monitoring and evaluation was hired in East Africa, the expectation that the coordinator would oversee this position was immaterial. In general, no unified message on evaluation has emerged from headquarters since the mid-term evaluation.

The experiences in the year since the mid-term evaluation reemphasize the need for a full-time evaluation staff person. The principal reason for CARE's inability to find the appropriate person for the job so far appears to have been the short time frame: funding was available for only one year. Such a short commitment was inadequate to attract the senior level professionals needed. To make the job more attractive and its functions more feasible, CARE has committed its own funds for a second year. Recruitment efforts continue and emphasize that the position is viewed as long-term and that funding is assured for two years.

Evaluation Mid-term Recommendation 2

The mid-term's second recommendation concerned the dissemination of the information in the evaluation database managed by TAG. CARE agreed to update and send to all Country Offices the list of evaluations on file and to reinstitute the inclusion of abstracts in the database, either prepared by headquarters or by the evaluation reports' authors.

<u>What Has Happened</u>

A list of 552 documents, including mid-term, final and post-project evaluations and other relevant evaluation information dating from 1980 to 1992, was sent to all

Country Offices in July, 1994. Abstracts were not sent. Staff were informed that full copies of the documents were available upon request. Subsequent correspondence indicates that a few Country Offices responded with requests for copies of specific evaluations or information to update the file.

Assessment

The small number of requests from the field regarding the database following the July, 1994 mailing might suggest that it is not terribly useful in its current form, but caution is warranted in this conclusion since relatively little time has elapsed. In any case, RMG and field staff interviewed indicated that receiving abstracts of evaluations periodically would likely be more practical than lists of titles alone. A standard format for the abstract, including basic information on topic, methods, findings, and especially staff and consultants involved, was endorsed. Staff further indicated that it would not be at all unreasonable to require that evaluations be sent to headquarters with abstracts (in addition to executive summaries) and that it *is* unreasonable to expect abstracts to be prepared at headquarters.

Evaluation Mid-term Recommendations 3, 4 and 5

The mid-term evaluation found that post-project evaluation (PPE) was a sound concept but that it was underutilized, from both technical and financial perspectives. It recommended that a strategic focus be developed for PPE and that guidelines and criteria be established and disseminated. It further recommended that USAID authorize a reallocation of funds to PPE and that a committee be organized to monitor the funds.

CARE largely agreed with the recommendations, although it deferred some of the specifics regarding criteria to the newly-formed SIP Funds Committee.

What Has Happened

The SIP Funds Committee was created to monitor the PPE Fund, as well as the other funds available through SIP. (See section on INGO Mid-term Recommendation 6.) The Committee elaborated and communicated the basic criteria for obtaining PPE funds, which matched those recommended. (The broad criteria for PPE funds, as noted earlier, are that a minimum of three years must have elapsed since the CARE project intervention and that a maximum of $10,000 per PPE is permitted.) USAID approved the reallocation of $129,000 for evaluation, including PPE.

In the period following the mid-term evaluation, no strategy or guidelines beyond the basic criteria was articulated to encourage Country Offices to undertake PPEs. The existing pattern, which relied on intermittent and sometimes energetic encouragement to the field to apply for PPE funds, was continued. However, as the year passed and few PPE requests were received, the strategy was changed. Instead of waiting for requests from the field, $60,000 in PPE funds was allocated to TAG to distribute among the TAG Units. The Units, in turn, would fund PPEs that would further their sectoral strategies, based upon their portfolio analyses. As of August,

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1994, neither this approach nor its predecessor produced any approved requests for PPEs in the preceding year.

In August, 1994, TAG took a step towards furthering its understanding of how PPEs have been used by engaging a consultant to study the six existing PPEs. Through assessing the studies and interviewing those who conducted them as well as current staff of the Country Offices in which they were carried out, the consultant will attempt to extract lessons about the processes and methods used and about the value of PPEs overall. The report is expected in September, 1994.

Assessment

As noted in the INGO section, the SIP Funds Committee functions well, although it has not been called upon to evaluate PPE requests since none was submitted. Similarly, the reallocation of funds was completed, but the enlarged fund went unused.

The lack of demand for PPE has frustrated many at CARE because it is widely agreed that PPE is an excellent concept that fits in well with the growing organizational emphasis on learning from experience and acting on the lessons. It has also surprised staff because other funds available from headquarters, such as the SIP Training Fund and the RMUs' discretionary funds, are generally very well utilized.

A number of potential reasons for the apparent lack of interest was offered by those interviewed during the evaluation. Limited information is probably one factor: although letters have been sent to the field, they do not necessarily reach the individuals most likely to act. Another factor may be that PPEs are not appropriate for all projects. For example, SEAD and Population, relatively new sectors, have few or no projects with the time perspective required. Also, Country Offices may see little value in evaluating the sustainability of a project design that has already been rejected on other grounds. Another reason offered was time constraints. Since such an activity would usually be in addition to a full work load, finding several weeks or longer to reassess a completed project requires commitment from those conducting the study as well as from their supervisors and colleagues. Furthermore, there was some suggestion that Country Offices may have been intimidated by the term "post-project evaluation," assuming that it required technical skills beyond their capabilities. Final reasons given were the absence of a strong, consistent PPE strategy and the lack of an active and identifiable resource person at headquarters to push the initiative.

The team believes that the underlying premise of post-project evaluation – to learn from experience – is sound. SIP's rather disappointing experience with the PPE Fund might be remedied in CARE's future work by addressing the causes discussed above and/or by emphasizing the broad concept of lessons learned rather than PPEs per se.

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Evaluation Mid-term Recommendation 6
It was recommended by the mid-term evaluation that training in evaluation be increased throughout the organization. It was thought that the Training RTAs would be most active in generic evaluation training, while sectoral RTAs would emphasize sector-specific technical training. In all cases, it was considered important that RTAs' roles further emphasize training Country Office staff in evaluation over conducting evaluations themselves.

CARE considered the recommendations appropriate, but responded that the Evaluation Coordinator and the Monitoring and Evaluation RTA in East Africa would be responsible for the generic training, instead of the Training RTAs. The review of RTAs' scopes of work to encourage their training function was to be a function of the RMUs.

What Has Happened
Since neither the Evaluation Coordinator nor the Monitoring and Evaluation RTA was hired, virtually no training in generic evaluation occurred since the mid-term evaluation, with the exception of one day during the West Africa Country Director conference in June, 1994, as noted above. The need is still recognized, however. A monitoring and evaluation conference in West Africa is scheduled for early 1995; this effort is being planned by the RMU with planning input from TAG yet to be determined. It is clear, however, sectoral RTAs will attend.

The progress noted in the mid-term evaluation in sector-specific evaluation training has continued. ANR and SEAD, whose evaluation strategies were completed since the mid-term, are training their RTAs and field testing their guidelines. For example, CARE Philippines is working with five INGOs to field test the ANR evaluation strategy; and the SEAD strategy is being tested by CARE Bangladesh.

It does not seem that the RMUs monitor the RTAs' scopes of work to promote their teaching role. The team did not interview any RTAs to determine whether they felt they were getting this message from other sources.

Assessment
Overall, generic evaluation training has not progressed in the past year despite it being identified as a high priority.

Although the team found that RMUs do not monitor the RTAs' scopes of work, it did appear to several respondents that many RTAs focus on skills transfer rather than on direct service provision themselves. The experiences were mixed, however, with variations reported by region, sector and individual RTAs. It was not clear whether there were any marked changes in this respect during the past year.

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A consideration voiced in response to many SIP-related issues was the restructuring of TAG and the Program Division that was in process during this evaluation. Because the role of TAG; the existence, role and supervision of RTAs; and the relationships among the various groups in the Program Division were not yet finalized, many issues were difficult to bring to final determination. This recommendation, concerning RTAs' role and relationship to headquarters, was one such issue.

Evaluation Mid-term Recommendation 7
The mid-term evaluation recommended that all CARE project evaluations answer key questions about working with INGOs. CARE decided that the determination of the key questions would be best handled by the Partnership Task Force.

What Has Happened
The Partnership Task Force did not define any such questions. However, this issue may be indirectly addressed in a different way. The Long Range Strategic Planning process, carried out by Country Office staff with guidance from the Training Unit, assesses the environment in which CARE works in a given country. This is to include the INGO and other local organization environment. It is thought that, in principle, CARE's decision to work with INGOs, reflected in the Country Office strategy and individual project designs, would naturally lead to INGO concerns being addressed in project evaluations.

Assessment
Monitoring and evaluating projects with INGOs is just one of the many considerations that must be addressed as CARE defines its INGO/partnership strategy and policy. It is appropriate that these concerns be addressed by the Partnership Task Force in the context of the larger INGO/partnership issue.

Evaluation Mid-term Recommendations 8 and 9
The mid-term evaluation recommended that the process outlined in CARE's Program Manual for evaluation be followed at all levels of the organization, that evaluations be reflected in Country Offices' Annual Operating Plans and that TAG and the RMG assure that new projects be designed to use the sector-specific evaluation guidelines.

What Has Happened
Interviews conducted during the final evaluation suggest that the commitment to evaluation has been increasing in recent years, and particularly in the last year. At headquarters, some activities support this view. As already noted, the Senior Vice President for Program has insisted on baseline data from all projects. TAG has been promulgating its sector-specific evaluation guidelines and the Program Division has created a management information system to track all project-related information, including evaluation results and/or expected dates for future evaluations, for all projects. While Country Offices vary in their levels of interest in evaluation, it was

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felt by most respondents that most Country Offices are treating baseline data collection and evaluations more seriously than they have in the past.

Assessment

The apparent growing appreciation for, and attention to, evaluation are encouraging; such regard provides the foundation for better evaluations, better project designs and, ultimately, greater impact. The team, however, was not able to assess whether the guidelines and systems have actually contributed to better evaluations.

TAG has dedicated considerable effort to the development of sector-specific evaluation strategies and guidelines over the past few years in order to promote high quality sectoral programming. While this initiative has support outside of TAG, there was concern voiced that five different evaluation packages emanating from headquarters is inherently confusing. Non-TAG respondents did not appear to see an overall TAG approach to evaluation, while TAG staff perceived the sectoral strategies to be consistent with the Program Manual and with each other. Efforts by TAG to promote a unified evaluation approach would be worthwhile since it would facilitate communication and access to evaluation technology by non-technical managers and staff.

Assessment of the Evaluation Strategy as a Whole

The SIP mid-term evaluation found that, of the three SIP strategies, evaluation had progressed the farthest. It concluded that TAG had used SIP resources effectively to increase emphasis on evaluation within the organization, that CARE's capacity to do evaluations had increased and that the tools developed were comprehensive and useful.

In the year between the mid-term and final evaluations, little additional progress in evaluation was evident. This can be attributed in large part to the absence of a full-time Evaluation Coordinator, a position that was created precisely because the evaluation mandate was considered too important and too substantial to be handled by existing staff with full work loads. Until a full-time staff person is hired, the team believes it likely that important functions such as training in generic evaluation; maintaining an active, useful evaluation database; promoting effective post-project evaluations and other learning methods; and consolidating the sectoral evaluation strategies will receive inadequate attention.

One new but potentially significant shift in evaluation ideology within the Program Division is the increasing attention being paid to measuring program impact at the household. This concept originated through CARE's Rural Economic Program and has engendered substantial excitement at headquarters. At this early stage, the degree to which this approach will be pursued as an organizational mandate and applied in the field is unclear.

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Evaluation Strategy Recommendations

Short-Term Recommendations

1. Efforts to fill the position of Evaluation Coordinator should continue. Once hired, the coordinator should work closely with both TAG and the RMG and with the Senior Vice President for Program on the lessons learned agenda. The team believes that evaluation will continue to receive insufficient attention until a full-time person is hired.

The fact that a candidate has not been found after almost one year of active recruitment might suggest that the job description, as structured, is unrealistic. If the position is not filled by one of the candidates currently under consideration, CARE should seriously consider altering the job description, benefits or both.

2. The evaluation-related functions listed below should be carried out. The Evaluation Coordinator is the optimal person to address them. Until a coordinator is hired, other staff should be assigned responsibility for these areas. It is reiterated, however, that the team has serious doubts as to whether they, in fact, can be adequately addressed by other staff, given their workloads.

- Coordinate the development and implementation of the Program Division and SIP evaluation strategies and serve as the evaluation point person for the field.
- Manage the evaluation database. This would include creating a format for abstracts with pertinent information, including consultants used, to be submitted with the evaluation; updating the database regularly; and sending periodic (e.g., semi-annual) updates to the field.
- Plan and/or conduct generic evaluation training throughout the organization.
- Assist in the development of monitoring and evaluation indicators and tools for working with INGOs/partners.
- Provide technical assistance to Country Offices in strengthening their monitoring and evaluation capability.
- Promote a more unified approach to design, monitoring and evaluation at CARE. This would include fostering greater collaboration between the RMG and TAG on existing design and evaluation activities as well as on newly emerging initiatives such as household-level analysis.
- Assist TAG in consolidating its sectoral strategies into a unified cross-sector package.
- Promote post-project evaluation and other learning activities.

3. The lack of a strong, consistent post-project evaluation strategy and an active and identifiable resource person at headquarters to push the initiative contributed to the overall disappointing number of PPEs completed. For the remainder of the current SIP Grant, TAG should continue its efforts to program the remaining PPE funds

through the TAG sectors, based upon their strategies and the findings of the report on completed PPEs expected in September, 1994. The selection of PPE activities should be based upon sectoral, country and regional priorities.

Longer Term Recommendations/Considerations

1. Since post-project evaluation, per se, has not been as popular as was hoped, the team does not believe this method should be promoted in the long-term as it has been in the past. Instead, the focus should be on the underlying concept of learning from experience, which is a theme of the Program Division.

The team therefore believes that a future iteration of SIP, or other support to CARE, should provide for a "Learning Lessons Fund." Such a fund would need a strong strategic focus that complemented sectoral and regional strategies. Experiences with the PPE and INGO Funds show that the absence of a strong focus contributes strongly to undermining the effective use of the funds. The team only endorses this Learning Lessons Fund if such a strategic focus is in place before it starts.

PPEs could be one type of activity supported by the fund; other learning activities might include small studies during or soon after a project, workshops or cross-visits to identify and apply lessons, documentation and publication of sectoral or regional lessons and promotion of portfolio analyses of Country Offices' programs.

Once the strategy is defined, different mechanisms could be used to promote the activities. In the case of PPE, for example, funds (from the Learning Lessons Fund or from the donor) could be allocated to a post-project evaluation at the time the project is designed. Alternatively, Country Offices could be allocated PPE funds to spend according to their own strategic plan.

B. Training

Training Mid-term Recommendations 1, 2, 3 and 4

The mid-term evaluation provided four recommendations related to the training strategy. They were concentrated on two themes: the need for a training strategy and the need to continue to address the varied training needs required by the field.

The mid-term strongly recommended that the Training Unit develop a detailed strategy with clear objectives, priorities and implementation and monitoring plans; that it be developed in collaboration with TAG and the RMG; that it consider the roles and responsibilities of RTAs and headquarters staff; that it address the role of training in evaluation and INGOs; and that the strategy be disseminated to the Country Offices in appropriate languages. It also recommended that training become more proactive and systems-oriented.

The mid-term also recommended that the Training Unit continue to respond to Country Offices' training needs in community management, project-level skills and

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management development. It suggested that these training areas be addressed through the creative use of RTA and other training resources, such as training networks, country-to-country technical assistance and use of local consultants.

CARE accepted the recommendations regarding the training strategy, indicating that a strategy had been developed that responded to these concerns. Some caution was expressed with regard to the various technical assistance options suggested on the basis of cost and concern over diluting the effectiveness of RTAs.

What Has Happened

THE TRAINING STRATEGY: The Training Unit articulated a lucid three year strategic plan in December, 1993. Its objectives, thematic and country priorities and operating plan are clearly explained. The Unit's highest priorities are Long Range Strategic Planning (LRSP) in Country Offices and the Management Development Initiative (MDI) in Country Offices and at headquarters.

The Unit worked very closely with four Country Offices (India, Ecuador, Niger and Somalia) in the past year to pilot the LRSP methodology. In July, 1994, the Unit produced the LRSP Handbook that was a culmination of these experiences. More than 15 Country Offices have undertaken the LRSP, without direct assistance from the Training Unit, using the Handbook (and its previous drafts) and after observing the process in the pilot countries. Three additional pilot Country Offices (Bolivia, Mozambique and the Philippines) will receive intensive Training Unit support in the current fiscal year.

The Training Unit also produced the Performance Management Handbook, as part of the MDI. It provided assistance to Country Offices in the development of management systems, especially in the area of human resources. Periodic performance management workshops have also been held for headquarters staff.

The documents are only available in English.

In clear recognition of the high priority placed on the development of management systems over training per se, the Training Unit was recently moved from TAG to MODS (Management and Organization Development Services Group), another group within the Program Division. Its name has also been changed from the Training Unit to the Management Development Unit, but continues to be referred to as the Training Unit in this report.

ADDRESSING OTHER TRAINING NEEDS: Community management and project-level skills development are reflected in the Training Unit's strategy, but they are of lower priority and therefore received far less attention than did the LRSP and MDI. The Training Unit's objective is to develop systems to provide this assistance rather than to provide it themselves.

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The objective of ensuring sustainable technical assistance through testing alternatives to the RTA system has begun to be addressed. In West Africa and Latin America, the Training Unit recently negotiated agreements with local consultants and consulting organizations to work with CARE in loosely organized networks of "cadres." Their main functions, related to another Training Unit objective, will be to assist Country Offices in the LRSP and MDI, but can also provide technical assistance in other training-related areas, much as the RTAs do. The objectives of improving Country Offices' capacity for project design and for the management for community development have been indirectly addressed through the other initiatives, but no concerted attention has been paid to this lower priority area.

Other alternatives, such as country-to-country technical assistance have not been particularly promoted, but have certainly not been discouraged during the past year.

Assessment

THE TRAINING STRATEGY: The recommendation that the Training Unit focus its strategy has been met and surpassed: it was clear to all respondents that the Training Unit's priorities were the LRSP and MDI. In fact, the Training Unit was, in many cases, seen as working *only* on these initiatives.

Although few outside the Training Unit itself were directly involved in developing its strategy, virtually all respondents enthusiastically supported it, explaining that an organizational consensus on the importance of these strategic areas had been developing over many years. Those who participated in LRSP and MDI activities overseas were, overall, very complimentary about the process and the results. Similarly, headquarters staff reported that Country Offices were pleased with their experiences.

The LRSP has affected programming decisions directly and, it is thought, positively. For example, in Ecuador, the decision to enter into the arena of girls' education reportedly came directly out of the LRSP, as did the Country Office's shift to working almost entirely through INGOs; and India refused a potential donor contribution for AIDS work because it would have been inconsistent with its strategic plan.

The mid-term evaluation suggested that INGOs be reflected in the training strategy. Because the LRSP requires a detailed analysis of the development environment in each country, INGOs and other local organizations should be reflected. Indications from those participating in the LRSP were that this is the case. The LRSP handbook, however, does not address INGOs as a particular focus.

Because the documents are used primarily by senior CARE staff who speak English, and because the workshops are conducted in the working language of each country, the lack of translation has not been a serious constraint. However, ideally, the documents would be translated into French and Spanish, at least, so that they would be accessible to a wider range of CARE staff and partners.

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ADDRESSING OTHER TRAINING NEEDS: The "cadre" approach to providing technical assistance is brand new so can not be assessed for effectiveness or responsiveness by the team. No respondents appeared concerned about Country Offices' ability to meet their needs in areas not actively addressed by the Training Unit, since many already use local sources of technical assistance for a variety of content areas.

Assessment of the Training Strategy as a Whole
The team agreed with the universal conviction that the LRSP and MDI are the appropriate priorities for the Training Unit and that excellent progress has been made in advancing these priorities.

While it is fully recognized that community management, project-level skills and other routine training needs of the Country Offices are not receiving significant attention from headquarters, most respondents did not seem concerned. Country Offices can address these needs on their own. The overall perception, concurred to by the team, was that sound planning and attention to management in the Country Offices, which the LRSP and MDI provide, are the best means to ultimately improve CARE's management and programming capabilities.

Training Strategy Recommendations
Because the activities of the Training Unit over the past year have fulfilled the intent of the mid-term recommendations, and because the training strategy area seems to progressing well, the team had no recommendations beyond that the Training Unit should both continue these functions and support the other strategy areas, in particular the INGO strategy area, as needed.

C. Indigenous Non-Governmental Organizations (INGOs)

INGO Mid-term Recommendation 1
This called for the development and articulation of a policy within CARE for working with INGOs, as well as the adaptation of the project design process and the Multi-Year Plan system to accommodate working with INGOs.

CARE felt that it was inappropriate at the time of the mid-term evaluation to immediately articulate a policy, citing the need for much preparatory work to be done first. Much of this preparatory work would be undertaken through the activities outlined in the Enhancing Institutional Partnerships proposal. This was submitted to USAID with the hope that a portion of the INGO Fund be reprogrammed into this effort. This proposal outlined a strategy to:

1. generate a database of internal and external resource persons, as well as institutions with expertise in institutional partnership efforts;
2. research and write a "state of the art" document on institutional partnerships to establish what is being done outside of CARE in this area;

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3. develop a lessons learned document with respect to institutional partnerships;
4. based on the three previous steps, develop strategy guidelines for enhancing institutional partnerships within CARE.

What Has Happened

THE ENHANCING INSTITUTIONAL PARTNERSHIPS PROPOSAL: This was submitted to USAID and approval was given to reprogram $57,000 for this effort. An additional $40,000 was added for two regional workshops dealing with institutional partnerships. In addition, USAID endorsed this effort as a way of helping SIP refocus its INGO efforts and encouraged CARE to continue to explore other possibilities that might improve the impact of the INGO component of SIP.

THE PARTNERSHIP TASK FORCE: To facilitate the Enhancing Institutional Partnership efforts, the Partnership Task Force was created in September, 1993. At present there are three members, the Deputy Director of ANR who has also been assigned to be SIP's INGO Coordinator, and two members from the RMG. Furthermore, a consultant was hired to advise the Partnership Task Force and to take on certain of the activities outlined in the proposal.

THE PARTNERSHIP STUDY: The Partnership Task Force and the consultant designed a questionnaire that was sent to the Country Offices and one regional project in an attempt to gather a range of information on the ongoing partnership efforts in the field. Of the 36 questionnaires sent out in March, 1994, 27 were returned. The consultant analyzed this data and recently wrote the results in a document entitled "The CARE Partnership Questionnaire." (This is referred to as the partnership study throughout the remainder of this report.) The review of other institutions' efforts in partnership is underway, as is the "state of the art" paper. The team was informed that this process would be completed by the end of October, 1994.

THE LRSP: While CARE has chosen not to develop an INGO policy at this point, the Training Unit has developed the Long Range Strategic Planning (LRSP) process. This requires Country Offices to explore the INGO community as part of the institutional context in which they work.

THE PRESENTATION TO THE BOARD: A presentation was made on partnership to the Program Committee of the CARE Board of Directors in May, 1993. This was seen by the Senior Vice President for Program as the first in a series of such presentations intended to develop consensus with respect to CARE's plans for promoting work with partners.

Assessment

Before discussing the assessments of the individual actions taken to support this recommendation, it is worth noting here that the Enhancing Institutional Partnerships effort addresses a range of types of partners, such as government, research institutions, international NGOs, businesses, community-based

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organizations, networks, and INGOs. Its mandate is therefore broader than advancing TAG's INGO strategy. It is perhaps more accurately seen as an initiative of SIP that may help CARE advance its strategic thinking with respect to partnerships. By advancing its strategic thinking, CARE can then determine whether the focus of future efforts will be on a full range of partners (such as businesses, international NGOs, universities, government, INGOs) or on a sub-group of organizations composed, for example, of a variety of INGOs (such as service organizations, coordinating bodies, networks, coalitions, local implementing organizations). CARE may also decide to explore other options. Since the Enhancing Partnership Initiative is seen by most respondents to be analogous with the TAG's INGO initiative, it will be treated as such in the following discussions.

THE ENHANCING PARTNERSHIP EFFORTS: The efforts undertaken by the Partnership Task Force indicate considerable movement in the INGO strategy since the mid-term evaluation. The Partnership Task Force seems to be on track with the proposed schedule. Since most of the products intended to be developed are anticipated to be completed in October, 1994, they were not available for the team's review at the time of this final evaluation.

THE DATABASE: Of the intended steps within the Enhancing Institutional Partnership proposal articulated, only one appears to have not been addressed adequately. This is the generation of a database of internal and external resource people and institutions The generation of this is important because CARE still has much to learn about partnership from those who bring considerable experience to this area. The team believes the use of the database to be an important component of building CARE's expertise in this area. It further believes that such a resource base would help respond to the fields needs for assistance in working with partners. With this in mind, the team strongly believes that the generation of such a database should be pursued during the remainder of this grant.

THE PARTNERSHIP TASK FORCE: As part of the Enhancing Institutional Partnership efforts a Partnership Task Force was created. At present, this consists of one TAG member and two members from the RMG. The original intent was to include field staff as members of the Partnership Task Force. This proved to be too unwieldy in terms of coordination and logistics. In lieu of this, the Partnership Task Force involved certain CARE field staff in reviewing the INGO questionnaire before it was sent out to the Country Offices. While this alternative bypassed the logistical constraints, the team believes that the inclusion of field level staff was important for other reasons. One of these is the fact that the field seems to see little connection between what they are doing with respect to partnership and what TAG is doing in this area. (This is not surprising because until 1993 there have been few concrete activities emerging out of the INGO strategy area.) Field inclusion in the process could help bridge the gap. This fact was observed in this evaluation as well as in the mid-term evaluation and is further borne out in the partnership study conducted by the Partnership Task Force.

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THE PARTNERSHIP STUDY: This represents a good effort to flesh out the INGO Inventory that the team examined in the mid-term evaluation. However, the team believes that it is limited in part by the choice of definition used for partnership. Partnership is defined as "a relationship whereby CARE's work with the beneficiaries is mediated by the organization." This definition was selected by the Partnership Task Force because it was seen to be the broadest and, therefore, the most inclusive of definitions. When asked to comment on it, interviewees offered widely varying responses, from considering it appropriate to thinking it inappropriately emphasized a certain type of partnership or orientation to partnership, one that sees partnership only as a means to furthering CARE activities.

The use of this definition also presents potentially misleading figures with respect to CARE's efforts in partnership. Defined in this way, CARE appears to have over 9,000 partners. Yet there was a general recognition by those interviewed that most of these associations were not "partnerships" as they understood the term. Furthermore, this definition does not reflect the way partnership is defined in the Chief Operating Officer's letter sent to all CI National Directors, the CI Secretariat and Country Directors on "Organizational Change and Indigenization." Here, it is defined as a "mutually beneficial, formal relationship between 2 or more organizations to better achieve common goals." All of this emphasizes the continuing lack of clarity within CARE as to what is meant by partnership and speaks to the need to develop definitions that are consistently used within CARE.

POLICY FORMATION: It was unclear to the team and to those interviewed how all of the above efforts, in particular those emerging form the Enhancing Institutional Partnership, will lead to the development of an INGO/partnership policy. While the institutional will as expressed by the Senior Vice President for Program and others is substantial, greater consideration needs to be given to the development of a policy.

INGO Mid-term Recommendation 2
In the absence of a policy, it was recommended that CARE's Senior Vice President for Program communicate in writing and through other appropriate means CARE's commitment to working with INGOs.

CARE interpreted this recommendation as one of trying to mandate through written communication and felt that this was not a worthwhile endeavor.

<u>What Has Happened</u>
Despite CARE's rejection of this recommendation, the team found evidence that this recommendation was indeed being fulfilled. The team was informed of several ALMIS's ('All Mission' letters that are sent to all Country Offices) that were sent by the Senior Vice President for Program and the Chief Operating Officer announcing the Enhancing Institutional Partnership efforts and addressing the importance of INGOs within the organizational change and indigenization process. Furthermore,

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the Global Trends Workshop held in December, 1993, which was clearly identified by respondents with the Senior Vice President for Program's agenda at CARE, spoke in part to working with INGOs as a future need.

Assessment
Given that this recommendation was not agreed to by CARE, the team was surprised to find any activities in support of it. It is believed that these activities very much meet the intended spirit of this recommendation.

INGO Mid-term Recommendation 3
This called for the rewriting of the INGO working/position paper as a way to support INGO Mid-term Recommendation 2.

CARE agreed to this recommendation and noted that this could serve as a step in the development of a policy paper. However, it was felt some preparatory work was needed before a new INGO working paper could be drafted. Specifically mentioned was the completion of the "state of the art" paper on institutional partnership efforts and the paper on lessons learned within CARE on partnership.

What Has Happened
The preparatory work is still under way. The INGO Coordinator indicated that the "state of the art" and lessons learned documents would be completed by the end of October, 1994.

Assessment
The team thinks that the intended strategy emerging from the Enhancing Institutional Partnership efforts will serve the same function as a working paper and therefore the development of such a paper may no longer be necessary.

INGO Mid-term Recommendation 4
The mid-term evaluation recommended that SIP, itself, articulate its INGO strategy and its plans for operationalizing this, through the strategic use of resources within SIP and with support from other TAG efforts.

CARE responded that it felt that the Enhancing Institutional Partnership efforts and TAG's Strategic Plan constitute its strategy to move forward in this area.

What Has Happened
As mentioned under INGO Mid-term Recommendation 1, the Enhancing Institutional Partnership efforts are well under way. Nowhere in the team's discussions was the TAG Strategic Plan mentioned with respect to an INGO strategy.

Assessment
While the team recognizes that Enhancing Institutional Partnerships efforts as a major step forward, it can only be viewed as *part* of a SIP INGO strategy. It does not supplant the need for an overall INGO strategy for CARE that ties the various pieces

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together in support of a common objective. It, at best, can be seen as a first step in helping TAG define an INGO strategy in the future.

The team strongly believes that the intent of this recommendation should be adhered to in any future grants. Such a strategy, while it may include a funding mechanism, should look beyond funding to providing services to, and linking resources with, the Country Offices, as well as reflecting other major areas of concern at CARE such as lessons learned.

INGO Mid-term Recommendation 5
This called for, at the minimum, one person being assigned to coordinate and oversee the INGO strategy and activities.

CARE responded by assigning the Deputy Director of ANR as the INGO Coordinator and by making funds available for consultants to assist him in his efforts.

What Has Happened
THE INGO COORDINATOR: The INGO Coordinator has been spending a minimum of 50 percent of his time on INGO and partnership related matters. Specifically, he has coordinated the Partnership Task Force efforts and sits on the SIP Funds Committee, taking the lead on reviewing INGO proposals. He has clearly become identified at headquarters and in the field as CARE's INGO Coordinator.

CONSULTANT FUNDS: Funds have been made available through the Enhancing Institutional Partnership proposal for hiring a consultant to assist and advise the INGO Coordinator and the Partnership Task Force. These have been tapped to hire a consultant who has analyzed the results from the partnership questionnaire and is taking the lead on the "state of the art" and the lessons learned documents.

Assessment
THE INGO COORDINATOR: Assigning someone as the INGO Coordinator has proven to be both an important and beneficial step. It is clear to the team and many of the headquarters staff interviewed that, without someone filling this role, progress in this area would have been considerably hampered. It is also clear to the team and to almost all of the headquarters staff interviewed that there needs to be a *full-time* INGO Coordinator. Respondents varied enormously in their opinions as to where such a full-time INGO Coordinator should sit within CARE's organizational structure. Answers included: within TAG, within RMG, within MODS, attached to the Policy Analyst's office, directly responsible to the Senior Vice President for Program.

At present, the INGO Coordinator divides his time between his work on INGO/partnerships and his ANR responsibilities. He and others feel that this results in *both* jobs suffering from lack of attention. It was foreseen by TAG that ANR would need support to compensate for the expected loss of 25 percent of the Deputy Director's time (although it has turned out to be at least 50 percent). ANR

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received support in the form of services from a Ph.D. student in Ecology from CARE Deutschland. Despite this minimal support, ANR has clearly suffered from the loss of its Deputy Director's time. Since an SEAD staff member is due to replace the current INGO Coordinator in this role while maintaining her own SEAD responsibilities, the SEAD sector is likely to face the same difficulties.

There is a general consensus among those interviewed at headquarters, including the INGO Coordinator himself, that more could have been done on INGOs/partnership had more time been available. The team endorses this view and recommends that a full-time INGO/Partnership Coordinator be hired. Careful consideration will need to be given to where this person will be placed within the organization so as to be in the best position to promote the INGO strategy.

CONSULTANT FUNDS: As mentioned, these have been made available and appear to have been tapped well to further the Enhancing Institutional Partnership efforts. Without these funds to hire a consultant, it seems unlikely that this effort would have progressed the way it has, given time constraints within TAG and the lack of expertise with respect to partnerships.

INGO Mid-term Recommendation 6
This articulated the need for the INGO Fund to be used strategically to further the INGO strategy and for funding criteria and guidelines to be expanded, explicitly allowing for a much broader range of INGO-related endeavors. In particular, it was expressed that these funds should be made available for non-project activities that would support working with INGOs.

CARE responded that it would form a committee to reformulate the funding criteria and review incoming proposals.

<u>What Has Happened</u>
THE SIP FUNDS COMMITTEE: This has been formed. It is made up of the Director of TAG who been assigned to oversee the post-project evaluation efforts; the INGO Coordinator who is the point person for proposals relating to INGOs; the Deputy Director of the Training Unit who is the point person on training and publication proposals as well as acting the chairperson; the Senior Grants Manager who reviews proposals from a financial perspective; and two members from the RMG who bring the line management perspective to the review process.

This committee has been able to meet on a fairly regular basis to discuss proposals as they come in. When travel itineraries have intervened and prevented a meeting, comments on proposals have been solicited by E-mail.

THE INGO FUNDING CRITERIA: The committee also reviewed and expanded the INGO Fund criteria and circulated the new criteria and funding process to the Country Offices in an ALMIS in February, 1994.

INGO PROPOSALS: A total of four INGO proposals were approved by CARE and USAID for funding under the SIP INGO Fund during this last year. Several other proposals, submitted at about the time that the mid-term evaluation was underway, were approved by TAG but not by USAID. Moreover, three other proposals were submitted to the SIP Funds Committee and rejected by it for reasons including being considered a low priority for the Country Office, excessive funding request, and reserving funds for a more equitable distribution across countries.

Assessment

THE SIP FUNDS COMMITTEE: The establishment of a committee with representatives from both TAG and RMG to handle all of the funds appears to have clarified the review and funding process. The committee members themselves feel that the committee is running smoothly. The evaluation team believes that this arrangement is an improvement over the previous dispensing mechanisms which were different for each individual fund. It allows for a wider range of perspectives to be brought to bear on the incoming proposals and for more linkage among the different funds.

THE INGO FUNDING CRITERIA: These have been expanded since the mid-term evaluation and were communicated to the field in February and August, 1994.

The latest communication, the ALMIS in August, 1994, reiterated the various funds available through SIP, the priority funding areas and parameters for each. It also listed the amounts remaining in each of the funds and the projects funded in the previous year. This ALMIS has also taken a slightly more proactive/aggressive step by giving suggestions for how the INGO Fund may be put to good use to develop INGO partnerships or to support work with ongoing INGO partners. In addition, a short survey has been attached to try and identify why the Country Offices have not been tapping this fund. The results may shed some light on this problem and the team urges the SIP Funds Committee to take the findings into account in any future attempts to set up an INGO Fund.

The team believes that the committee still needs to address more explicitly the non-project INGO uses of this fund. This is supported by the findings of the recently completed partnership study, and the Thailand Institution Building Workshop, both of which identified skills building and institutional mapping/analyses of INGOs as needs of the field with respect to working with INGOs.

THE INGO FUND: It is clear that, for whatever reason, the INGO Fund is not in great demand. It is agreed upon intellectually by most people interviewed to be an important and useful pot of money, yet relatively few Country Offices have applied for it. This is curious since the Training Fund managed by the SIP Funds Committee is in high demand, as are the discretionary funds managed by the RMUs.

Reasons for its underuse are numerous. One that was cited in the mid-term evaluation is USAID's lengthy approval process. While the team agrees that this is a

hindrance to the fund's timely accessibility (which is often an important factor in developing a relationship with an INGO), it feels that there are also other reasons at play. The results from the partnership study indicate that Country Offices feel inadequately prepared to work with partners which may account for some of the lack of enthusiasm around this fund. Tying these funds to training may be one way to address this constraint.

It is interesting to note that the recently submitted proposal for Strengthening Institution Building in Indonesia was funded through the Training Fund, instead of through the INGO Fund, under which it would fit equally well as a non-project based INGO related effort. The SIP Funds Committee felt that the use of the Training Fund mechanism would be easier and more expedient than the use of the INGO Fund mechanism.

Because the INGO Fund has been used to fund *projects* with INGOs, USAID mission and Washington approval has been necessary. It is not clear to the team or to TAG whether non-project INGO proposals such as the Indonesia activity, if funded through the INGO Fund, would require USAID approval and what form this approval might take. CARE and USAID should clarify this question.

Another way of emphasizing non-project based INGO-related initiatives would be to shift a portion of the INGO Fund into the Training Fund for the purpose of supporting training or "learning" related INGO-related proposals. The team believes that such activity would promote SIP's INGO agenda and would be an appropriate use of SIP funds. CARE would also need to explore the viability of this possibility with USAID. For this change to meet the needs of the Country Offices, training or learning would need to be defined broadly to include activities such as workshops, training events, cross-visits, and institutional analyses.

INGO STRATEGIC FOCUS: Given the lack of demand for this fund, it is not surprising that no strategic focus, beyond the Enhancing Institutional Partnership efforts, has been developed for the use of these funds. At present, proposals appear to be reviewed on a case by case basis with respect to the criteria.

THE THAILAND INSTITUTION BUILDING WORKSHOP: This brought together CARE staff from six Country Offices to discuss institution building. This was initiated by CARE Philippines, but tapped the resources of the Training Unit and the INGO Coordinator in the design and facilitation stages. Moreover, it was also funded by SIP through the Enhancing Institution Partnership proposal. This workshop has been reviewed very favorably and is seen as a first step towards developing field-based models of partnership and institution building. The team believes that this type of dynamic field-based endeavor to explore partnership and institution building issues and activities is extremely useful and should be repeated in other regions. Not only did it meet the needs of the Country Offices but it provided the opportunity for the Training Unit to develop its own thinking on the

types of support that it could develop in the future with respect to institution building and partnerships.

The team believes that this process could be further enhanced by linking some of the INGO Fund to workshop outputs. For example, such a workshop might culminate in the development of a concept paper by each Country Office with respect to developing relationships with INGOs. These may include, for example, doing a study or needs assessment of the INGO community; holding a thematic or issue-based workshop to which INGOs (and others) are invited as a way of learning what different organizations have to offer with respect to collectively addressing the issue at hand; a skills building workshop; cross-visits to learn more about institution building or partnership; or seed money to develop an INGO partnership proposal.

INGO Mid-term Recommendation 7
This called for TAG to explore options for minimizing USAID oversight of INGO proposals with the USAID Project Officer. CARE agreed with this recommendation.

What Has Happened
The Director of TAG approached the USAID Project Officer on this issue. USAID regulations do not allow for a change in the current approval process.

Assessment
As mentioned under INGO Mid-term Recommendation 6, this is still perceived as a problem, at least by those Country Offices that have applied for these funds. Given the findings of the partnership study and the Thailand Institution Building Workshop, it has become clear that many of the Country Offices could benefit from skills development in the area of partnership. The team therefore believes that the funds could best be used to support these needs, while maintaining some of the funds for those offices interested and inclined to submit project-based proposals. As mentioned earlier, CARE needs to clarify with USAID its approval policy around proposals submitted for these types of non-project based activities.

INGO Mid-term Recommendation 8
This called for SIP to take the lead in promoting a learning agenda with respect to working with INGOs. It was suggested that one such way to promote the learning agenda was for SIP to develop case studies on CARE's current INGO partnership endeavors.

CARE responded that it supported this recommendation and intended to develop case studies on partnership.

What Has Happened
OTHER "LEARNING" ACTIVITIES: While not specifically mentioned as actions to be taken as part of this INGO learning agenda, the team feels that the Enhancing

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Institutional Partnership efforts and the workshop on Institution Building held in Thailand meet the intent behind this recommendation.

THE CASE STUDIES: The Partnership Task Force has begun soliciting possible partnership projects to be documented as case studies. Several Country Offices have come forth offering one of their projects for documentation. To date, however, no documentation has taken place.

Assessment

THE OTHER "LEARNING" ACTIVITIES: Both the Enhancing Institutional Partnership efforts and the Thailand workshop are first steps of a learning agenda with respect to INGOs at CARE and as such are important initiatives, as will be the development of the case studies. The team believes, however, that the partnership study satisfies a need to know what is happening at headquarters and the workshop addresses the field's learning needs. The team strongly believes that thought needs to be given to how headquarters and field learning initiatives such as these can be tied together to further enhance the learning agenda. This too would apply to the case studies once they are developed.

THE CASE STUDIES: While case studies are still on the agenda of the Partnership Task Force, indication was given to the team that the use of these still needs to be determined.

INGO Mid-term Recommendation 9

This called for SIP to document, collect and disseminate tools relating to working with INGOs to interested Country Offices.

CARE responded that the Enhancing Institutional Partnership proposal included the generation of a database of internal and external resource people and institutions with skills in institutional partnerships.

What Has Happened

This database has not been generated and there do not appear to be specific plans to follow through on this.

The INGO Coordinator has, however, pulled together 17 INGO related articles and tools from within CARE and from other sources and distributed these to interested Country Offices. The identification of these Country Offices was facilitated by individual Regional Managers. In addition, there are now some resumes on file for people with partnership expertise and the INGO Coordinator has been in touch with all of the institutions mentioned in SIP's mid-term evaluation.

Assessment

The team still believes that this recommendation is important and should be pursued by CARE. It is, however, a lengthy process that may require that more

hours be devoted to this than the current part-time INGO Coordinator has available and therefore, other resources may be necessary to fulfill this.

INGO Mid-term Recommendation 10
This recommendation called for SIP to begin to identify existing monitoring and evaluation tools and/or begin to develop such tools to assist the Country Offices in their work with INGOs.

CARE responded that these tools would emerge from the "state of the art" institutional partnership document.

What Has Happened
As already mentioned, the "state of the art" document is due to be completed by the end of October, 1993.

The recently developed LRSP, although not intentionally setting out to address this recommendation, appears to provide the beginning of an opportunity and structure to look at this area of monitoring and evaluating partnership/ institutional strengthening endeavors.

Assessment
Interviews with concerned parties revealed that this area is still important and that it is unlikely that it will emerge from the "state of the art" document. The team believes that this needs to be done at some point if CARE is to promote partnership efforts, just as there will be a need to collect baseline information. It is clear though that CARE needs to do a lot of work organizationally around the purpose of, and mechanisms for, working with INGOs/partnerships before it can fully develop such tools.

As CARE's position on these issues becomes clearer it is possible that issues, baseline data collection and tools for monitoring and evaluating partnership efforts may be built more explicitly into the LRSP process.

INGO Mid-term Recommendation 11
This called for greater coordination between TAG and the RMU with respect to the INGO strategy.

CARE responded that it agreed with this recommendation and, to ensure its fulfillment, asked that the Director of the RMG sit on the SIP Funds Committee and play a role in setting the criteria for this fund and in reviewing incoming INGO requests. It was felt that this approach would involve the RMUs to some degree in the implementation of SIP.

What Has Happened
The Director of the RMG is now a member of the SIP Funds Committee and was involved in the setting of the expanded INGO Fund criteria.

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The composition of the Partnership Task Force members (the Deputy Director of ANR and two members from the RMG), although not mentioned as a specific recommendation, also seems to meet the intent of this recommendation.

Assessment
Both of these activities have contributed to a better coordination between TAG and RMG with respect to SIP's INGO activities.

Assessment of the INGO Strategy as a Whole
This strategy area was the least developed of the three at the time of the mid-term evaluation. The team believes that there has been substantial movement forward in this since the mid-term evaluation. The Enhancing Institutional Partnership efforts represent an important first step forward from the headquarters level. Not only is it attempting to move the learning agenda of this strategy forward, it has also managed to keep INGO/partnership issues actively on the agenda in TAG. Prior to the mid-term evaluation this was an area that was considered to be important but seemed, nevertheless, to slip through the cracks. Two important contributing factors to this process appear to have been the assigning of one person as the point person for this strategy area; and the development of a well thought out plan for the Enhancing Institutional Partnership activities, which assigned responsibilities, determined outcomes, identified necessary resources and set time frames.

Another important step forward in this strategy area emerged from the field itself, but was provided both financial and human resource support from TAG. This was the Institution Building Workshop held in Thailand. Not only has this brought issues of defining partnership, working with INGOs and institution building into discussion at the regional level, it also helped to forge links on these issues among Country Offices both within the region and between regions. Furthermore, it clarified the types of problems Country Offices face in these endeavors.

The team recognizes, as do many of the staff interviewed, that CARE, whether through SIP and/or other mechanisms, still has a considerable way to go in this strategy area. Working with INGOs is not yet seen as "core business" at CARE as a whole (with the exception of several Country Offices where partnership is a central theme) and central to this is the general feeling that CARE as an organization does not know what it means to be working in partnership with INGOs.

Clearly, sorting through this will be an evolutionary process at CARE. Confusing the matter further, though, are a lack of common language within CARE with which to discuss these issues and confusion within CARE as to whether the focus of SIP and/or CARE as a whole is on working with partners in general or with INGOs. The team noticed that partnership and working with INGOs was often used interchangeably.

Specific to SIP, it was noted in the mid-term evaluation that the original SIP proposal talked about this strategy area in broad terms of partnership. Somewhere between SIP's inception and the mid-term evaluation this became translated as working with INGOs. There was no evidence that this shift was a conscious decision within TAG. There now appears to be a shift back to the broader concept of partnership within TAG. Yet other efforts within SIP or supported by TAG talk specifically about working with INGOs. While working with INGOs may be seen as a sub-component of partnership efforts and the team does endorse working with them, there is a need to develop a framework that clarifies the use of different basic terms and also addresses issues of partnership such as with whom CARE should partner; the types of relationships considered to be partnerships, their rationale and implications; the skills necessary for these different types of relations; and the direction in which CARE would like to be moving with respect to these partnerships.

The team endorses partnership as a strategy area to be focused on at CARE, but believes that there needs to be clarity on whether the focus is on partnerships as a whole with INGOs as just one part of this picture or whether the emphasis is indeed only on INGOs themselves. This decision obviously will have considerable bearing on the strategy developed to address these areas.

The fact that INGOs and partnership are now being addressed at the Senior Vice President for Program and Board of Director level indicates that the institutional will and commitment exist to sort through and develop CARE's position on this and its manner of working with INGOs and partners as a whole.

INGO Strategy Recommendations

Short-Term Recommendations

1. The team strongly believes that the generation of a database of internal and external INGO/partnership resource people and institutions and materials as articulated in the Enhancing Institutional Partnership proposal should be developed by TAG. TAG should give careful consideration to the types of resources to be included in this database based on the needs expressed by the Country Offices in the partnership study and at the Thailand Institution Building Workshop. The mechanism for making these resources accessible is also crucial to its success and needs to be considered carefully.

2. The team recommends that TAG develop a mechanism or process to involve a more active inclusion of field staff in the Enhancing Institutional Partnership efforts. This is based on the fact that the Country Offices see little relationship between what is going on at the headquarters level with what is going on at the field level vis a vis INGOs/partnership.

3. Based on the Country Office needs as expressed in the partnership study and at the Thailand Institution Building Workshop, the team recommends that TAG redefine

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the INGO Fund so that it more explicitly addresses non-project based INGO related proposals. In order to do this the Director of TAG must clarify with USAID their funding approval procedure for these types of proposals. The team recommends also that the Director of TAG explore with USAID the reclassifying of portions of the INGO Fund into the Training Fund to be earmarked for training or "learning" proposals focusing on working with INGOs. These may include institutional analyses, cross-visits, skills building workshops, having funds earmarked for the outputs/concept paper emerging from workshops on institution building or partnership and so on.

4.1 The INGO Coordinator should, together with the appropriate RMUs, the Training Unit, and Country Office staff, initiate a minimum of two regional or sub-regional workshops based on the Thailand model to explore partnership and institution building issues from the field and regional perspectives. The results from these workshops, together with those from Thailand, should be used to inform the development of a partnership framework. TAG should use the $20,000 remaining in the Enhancing Institutional Partnership proposal for these workshops. If additional funds are needed, then the Director of TAG should explore the possibility of reprogramming some of the INGO Fund. Continuity among these three workshops is crucial and the team recommends that this be achieved by ensuring a minimum of one facilitator or organizer from the previous workshop be involved in the following workshop.

4.2 To promote the translation of the learning into action concerning INGO partnerships, the team recommends that the workshops have as an output the development of concept papers by Country Offices to undertake partnership in their countries. These may include for example a project, an INGO institutional analysis, skills building workshops or agency cross-visits. Funds should be earmarked from the INGO Fund to support all or some of the concept papers that are finalized, and are submitted to and approved by the SIP Funds Committee.

5. The team recommends that the INGO Coordinator work with the Training Unit to develop or adapt tools, materials and methods for working with INGOs/partners. An example may be the development of a manual of organizational development tools. This might include: a guide to defining mutual expectations; planning guides for improving management functions; and performance appraisal techniques. Another example may be the adaptation of already existing tools at CARE, such as the LRSP and the Performance Management Appraisal, to support Country Office's work with partners, although the team believes that considerable work will have to be done on these so that they fit the needs of INGOs. This development and/or adaptation of tools, materials and methods undoubtedly will stretch beyond the life of SIP and should be continued in any TAG service-related program for INGOs/partners.

6. It is not clear to the team or to most of those interviewed how the Enhancing Institutional Partnerships efforts will lead to the development of an

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INGO/partnership policy. This should be given more consideration by TAG and other concerned parties.

7. The team recommends that TAG request a no-cost extension for the INGO Funds beyond the life of SIP, or roll it over into a new grant, if one should be awarded. It is clear that there is little likelihood of this money being spent within the next ten months. The funds can still play an important part in promoting partnership activities within CARE if tied to training and workshops. (See Recommendations 3.2 and 4.)

Longer Term Recommendations/Considerations

1. The team strongly recommends that a full-time INGO/Partnership Coordinator be hired to promote CARE's current interest in INGOs/partnerships reflected at both the headquarters and field levels. This person would be the prime mover on the development and promotion of the INGO/partnership strategy; develop and adapt tools, materials, and methods for working with INGOs/partners; develop monitoring and evaluating indicators; and identify and promote mechanisms for working with INGOs/partners. These are all tasks that are recommended by the team and need to be addressed whether or not a full-time coordinator is hired. The team feels strongly that these and other tasks have a greater chance of being implemented if there is a full-time person to push them as a matter of prime importance.

2. Working with INGOs or in partnerships is an issue that CARE as an institution is grappling with both at headquarters and in the field. The team strongly endorses CARE's continued work in this area. It also strongly recommends that a full-fledged INGO/partnership strategy be developed and the implementation of it be facilitated. Such a strategy should speak to the resources to be drawn upon, the different mechanisms for supporting and promoting the strategy, the roles of the different units and the likes.

3. It is very clear that there is ample confusion around the terms being used in the INGO/partnership dialogue within CARE. This only serves to restrict or hamper discussion on an already heated topic. There is a need for CARE to develop and adopt a set of common definitions of terms used in this discussion.

4. Related to the above point, is the need for CARE to develop a framework with respect to "partnership" or associations. The team recommends that partnership be depicted along a continuum. Such a framework would include the types of partnerships or associations, a range of purposes for which Country Offices enter into institutional partnerships or relationships, the implications (or costs and benefits) of the different arrangements and possibly the skills necessary in order to enter into the different partnership arrangements. This continuum could be visualized as starting, for example, with a CARE directive association such as a sub-contractual arrangement to the ideal of, perhaps, a mutually beneficial arrangement between two or more organizations to address a common goal.

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5. There is confusion within CARE as to whether its strategic focus is on working with INGOs or with partners which may include INGOs as one type of partner. SIP's own history exemplifies this lack of clarity. The original SIP Grant talked about partnerships in general terms. This later became translated into working with INGOs without a clearly articulated rationale to this change. Clarity on this issue of focus can only help in the development of a framework and strategies.

6. Monitoring and evaluating indicators for working with INGOs/partners will need to be developed at some point. One way to start this process would be develop these based on a partnership continuum, as described above in Recommendation 4. This should be done by the INGO Coordinator in conjunction with the Evaluation Coordinator.

4. OTHER SIP PROGRAM COMPONENTS

A. Pilot Projects

Pilot Project Mid-term Recommendations 1, 2 and 3
The mid-term evaluation recommended that TAG determine what it would like to learn through pilot projects, then articulate a strategy for this component, as well as develop guidelines for the "treatment" of these projects. Based on this, TAG was asked to consider whether the existing pilot projects fit the criteria or whether new pilot projects needed to be selected. It was also recommended that a specific person be assigned to oversee the process.

CARE's response was to meet with USAID to discuss the intent behind these pilot projects and determine realistic expectations with respect to refocusing this component for the remainder of this program.

What Has Happened
In a letter dated December 9, 1993 USAID provided approval to "consider all of the pilot projects as CARE's match to USAID funds in the SIP." It was indicated that this approval was "influenced by the significant over-match CARE is providing."

While these pilot projects are now considered CARE's match, there is no indication that they are being treated any differently from how they were treated at the time of the mid-term evaluation. That is, they have no special bearing on SIP or any of its strategies and are treated no differently than regular CARE projects.

Assessment
The team still believes that if SIP is to have pilot projects as part of its agenda, then these projects need to be treated as initiatives to inform a wider understanding of

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the development process. The fact that they considered as CARE's match should not negate this obligation.

Having said this, the team recognizes that limitations existed with respect to the original choice of the pilot projects and considerable effort would have been needed to refocus this strategy. This might have been possible as part of the job of the Evaluation Coordinator had one been hired.

Recommendations
While the team has no recommendations for this component over the next ten months, it believes that if pilot projects are incorporated into the next generation of SIP, should there be one, more attention needs to be given to their pilot status and the intent behind the recommendations made in the mid-term evaluation. Furthermore, if CARE chooses to adopt the "Learning Lessons Fund" as recommended in the evaluation strategy recommendations, the pilot project concept might fit neatly into this component and, in so doing, may involve the Country Offices in defining a pilot project and how the results would inform the larger CARE picture.

B. Materials and Information Dissemination (MID)

MID Mid-term Recommendations 1 and 2
The mid-term evaluation recommended that a Manager of Development Information position be filled and/or mechanisms be put in place to fulfill this function and to ensure the dissemination of information to appropriate parties.

CARE responded that funds were not available for such a position. It suggested instead that alternatives be explored such as a part-time librarian or the use of the Media Services of Private Agencies Collaborating Together (PACT).

What Has Happened
During the last year, a part-time librarian was hired by the Marketing Division with CARE's match funds. This staff member is creating a central library to which all of CARE, including the Program Division, will have access. This is clearly a first step in improving access to information and materials within CARE. In addition, an intern has been working on developing a Management Information System for CARE which fulfills several of CARE's information needs. She has also been investigating ways of improving communication and information flow between headquarters and the field through the use of Internet. Decisions have yet to be made on her recommendations.

Assessment
The team believes that CARE has been making efforts that meet the spirit of this recommendation. These efforts need to be continued until systems have been put properly in place. These efforts, to date, appear to be generated from beyond SIP as

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part of CARE's overall efforts and as such indicate a degree of institutional commitment.

5. MANAGEMENT OF SIP

Two recommendations were made regarding the management of SIP. They concerned the creation of a Deputy Director position in TAG and the creation of a single committee to manage all SIP funds.

Management Mid-term Recommendation 1
The mid-term evaluation recommended that a position of Deputy Director of TAG be created to assist the Director in managing SIP and other TAG activities. If this were not possible, it was advised that point persons be named for each of the SIP strategies from among existing staff.

CARE determined that the creation of a Deputy Director position was not financially feasible, but that point persons would be assigned.

What Has Happened
Point people were assigned for each of the SIP strategies. Carlos Perez, the Deputy Director of ANR became the INGO Coordinator and Sandy Powell, Director of Training, addressed training. Since the Evaluation Coordinator was not hired, Larry Frankel, the Director of TAG, retained evaluation coordination responsibilities and also oversaw SIP as a whole. Angela Thomas-Anderson, the Senior Grants Manager, provided financial analysis.

Assessment
As discussed in detail in the strategy sections above, the point people were able to accomplish some of the strategies' objectives but, in the cases of evaluation and INGO, the lack of full-time attention hindered progress. The recommendations for full-time Evaluation and INGO Coordinators are discussed in those strategy sections.

Management Mid-term Recommendation 2
The mid-term recommended that one committee be formed to manage all SIP funds. CARE agreed to form such a committee.

What Has Happened
The SIP Funds Committee was created with members representing all three Program Division groups. It is composed of the Director of TAG, Director of the RMG, Deputy Director of the Latin America RMU, Deputy Director of Training (which is now part of MODS), INGO Coordinator and the Grants Manager.

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The functioning of the Committee is described and assessed above under INGO Mid-term Recommendation 6.

6. FINANCES

As was the case during the mid-term evaluation, the team was not charged with investigating and analyzing the financial management of SIP. Nevertheless, a brief assessment of the levels and use of USAID and CARE matching funds is provided.

The TAG Director is responsible for management of SIP funds. Funds are monitored by the Senior Grants Manager assigned to SIP. During the first two years of the grant, this position was part of TAG and supervised by the TAG Director. After a reorganization in 1992, the Budget and Grants Administration (BGA) Unit was created to monitor all grants and assure compliance with donor requirements. The Senior Grants Manager is now part of the BGA Unit which, in turn, is part of MODS.

Levels of Funding

A key commitment made by CARE at the outset of the SIP Grant was to absorb an increasingly greater share of the headquarters and field technical assistance costs over the five years of the grant. The following table and graphs illustrate CARE's and USAID's contributions to these costs during the life of the grant.

According to SIP financial records, CARE's contribution to headquarters technical assistance costs has remained minimal, with the exception of the final year. On the other hand, CARE's contribution to RTA costs has increased after an initial downturn. In FY95, CARE will cover 70 percent of the RTA costs but only 13 percent of headquarters costs. The latter figure represents a substantial increase from previous years.

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CARE and USAID Contributions to SIP Technical Assistance Costs: Headquarters and Field (Figures in 000s)

	FY91	FY92	FY93	FY94	FY95
Project Management/Headquarters					
CARE	44	0	6	15	142
USAID	747	773	681	837	982
RTAs/Field					
CARE	1105	927	783	1327	1200
USAID	251	372	373	382	531

Note: CARE's fiscal year is July to June

The following table presents a breakdown of the headquarters positions financed through the SIP Grant for FY94 and FY95.

SIP-Related Headquarters Units: Positions Funded by the SIP Grant

Headquarters Units	Total number of positions*	Number of positions covered by USAID SIP funds	
		FY94	FY95
TAG Direction	2	2.0	2.72**
ANR	3	2.5	2.51
SEAD	3	2.75	2.96
PHC	3	.1	.22
Training	3	1.6	1.6
BGA	5	1.25	2.17
Total	19	10.2	12.18

* Not all TAG positions not funded by SIP are attributed to the match.
** The Evaluation Coordinator position, not yet filled, accounts for the increase in FY95.

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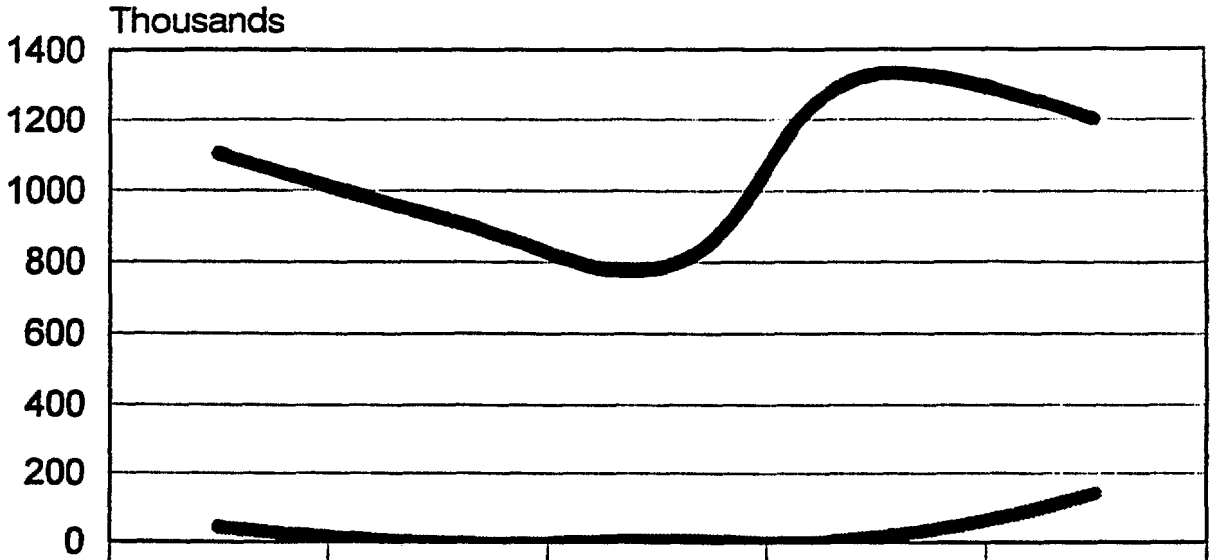
SIP Matching Grant Budget

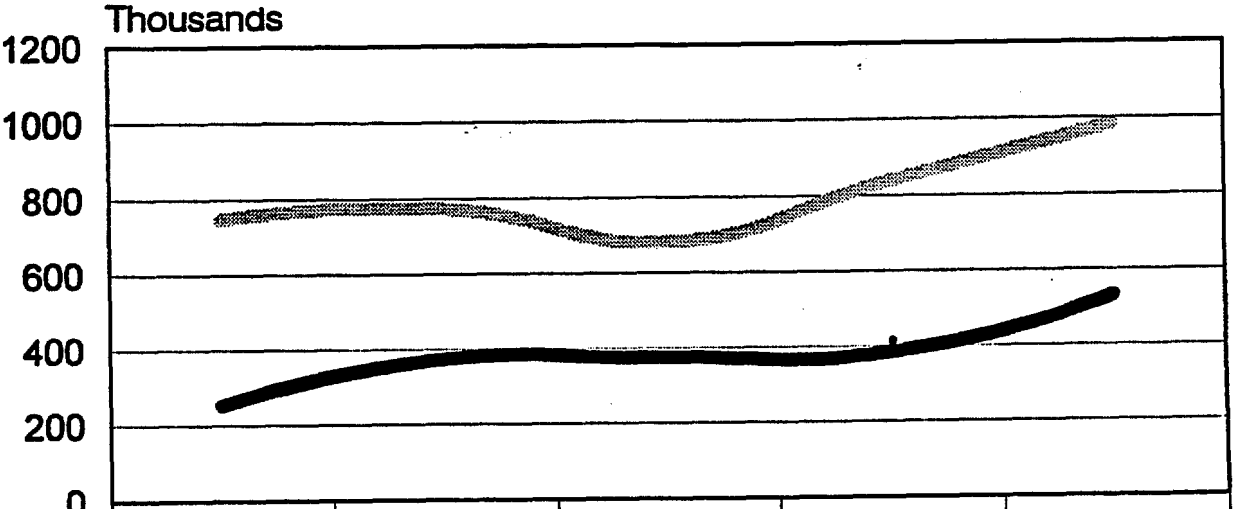
Program Management & RTAs



	FY91	FY92	FY93	FY94	FY95 (Proj.)
Prog. Mgmnt./HQ	44	0	6	15	142
RTAs/Field	1105	927	783	1327	1200

Prog. Mgmnt./HQ RTAs/Field

CARE



	FY91	FY92	FY93	FY94	FY95 (Proj.)
Prog. Mgmnt./HQ	747	773	681	837	982
RTAs/Field	251	372	373	382	531

Prog. Mgmnt./HQ RTAs/Field

AID

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Match Commitment
CARE originally made a commitment to match USAID's contribution to SIP on a three to one basis: $3 from CARE for every $1 from USAID. The actual requirement was only a one to one match, but CARE was confident that it could match the USAID dollars at a higher rate and, by doing so, demonstrate its commitment to the SIP strategies.

In fact, CARE has currently met 80 percent of the match on a three to one basis and anticipates meeting the entire match by the completion of SIP. The principal funding sources for the match have been the Overseas Development Assistance (ODA) of the British Government and CARE unrestricted funds.

Assessment
Assuming CARE raises the remaining 20 percent of the match in FY95 -- a realistic assumption based on its fundraising so far -- CARE will have completely fulfilled its commitment to raising match funds for SIP. CARE will have only partially met its commitment to absorbing technical assistance costs. While RTA costs are largely borne by CARE, very little of CARE's non-USAID funds go toward support of headquarters technical staff, raising sustainability issues for TAG.

A recent study of TAG raised the issue of the costs of maintaining technicians in the field. As a result, CARE is exploring options for reducing the costs associated with RTAs while maintaining the high quality of technical assistance they provide. Savings in this area may facilitate greater spending on headquarters technical staff.

Financial Management Recommendations
Members of the BGA Unit responsible for SIP made the following recommendations for any future SIP-like grants. The team concurs with these recommendations.

1. A thorough budget review after two years of project life is recommended so that funds can be reallocated in a timely way and therefore used more effectively during the remainder of the grant.

2. CARE should be realistic about the match. CARE was only required to match on a one to one basis. There was no reason to over-commit.

7. CONCLUSION

Given that this "final" evaluation of the SIP Grant occurred ten months before the grant's completion, the team's ability to make definitive statements on progress and attainment of program objectives was hindered. To bring closure to this grant, the

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final SIP Annual Report should include an assessment of actions taken in response to the short-term recommendations offered here. Similarly, a final financial accounting should be done at that time.

SIP was conceived as a service to CARE Country Offices to help them attain sustainable impact in the community. In order to be effective, this process requires well functioning organizational systems at headquarters and in Country Offices. Under SIP, progress has been made towards the creation of these systems. No attempts have been made to see whether the use of these systems translates into sustainable impact in the community, nor do tools exist to do this. Attribution of community impact to SIP is impossible and, at best, attribution of institutional change solely to SIP is difficult.

This observation suggests that SIP, as it was originally conceived, was overly ambitious in its attempts to create and measure sustainable impact in the community in five years. Any future SIP-like program should take this into consideration. This would suggest that the new program design would place greater emphasis than does the current SIP Grant on the intermediary step of organizational change. Attention should be given to measuring impact at this level.

Both the mid-term and final evaluations found successes and disappointments in the progress of the SIP strategy areas. Looking at SIP over its four-year life, it is clear that the training and evaluation strategies have progressed significantly and the INGO strategy is still emerging. While the progress in INGOs/partnerships over the past year is encouraging, it can only be considered a new initiative needing considerable guidance.

Perhaps SIP's greatest success has been to elevate its three strategy areas to organizational prominence. It is clear that strong institutional will now exists to pursue these areas as a means to improve CARE's programs.

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Attachment B -- Program Methodology

CARE SEAD programs that include credit are designed through application of the attached Program Design Framework. The purpose of this framework is to adapt the interventions, methodology, and delivery channel of the program to the context in which the program is implemented (the target group, the environment, and the existing services) in order that the program be both appropriate and sustainable.

This approach differs from some agencies which tend to implement one favorite methodology. The premise of CARE's approach is that there are a number of proven methodologies, each of which is appropriate in some circumstances and not appropriate in others. The challenge of successful program design is selecting the methodology which is appropriate in a particular context.

The principle methodologies which CARE employs are: 1) variations of Village Banking (called Community-Managed Revolving Loan Funds within CARE) -- used primarily in rural areas with income-generating activities (very small microenterprises); 2) solidarity group lending -- used with income-generating activities and some microenterprises, in instances where group self-management is either not attainable or not necessary for the sustainability of the program; and 3) individual lending, used with larger microenterprises in densely populated areas.

Although some programs are minimalist, focusing exclusively on financial services, the majority of programs are integrated to some degree, incorporating management and/or technical training and services. When non-financial services are included, they are designed to meet the highest priority needs of the target group and are delivered in the most cost-effective means possible. Fees are also charged for these services.

Interest rates are always equivalent to or in excess of commercial bank rates. Programs normally charge fees for other services offered. Given CARE's target group -- primarily very poor rural women operating small income-generating activities -- average loan size is quite small, around $100. Programs aim for a minimum of 2,000 participants and loan funds of at least $300,000. Savings mobilization is incorporated into programs wherever feasible. Programs focus on cost-efficient service delivery and optimization of staff/client ratios, using a computerized financial viability projection model during design. Programs are designed to reach financial sustainability within 5-7 years by use of a second, more sophisticated computerized projection model.

CARE has the most extensive technical assistance staff of any North American NGO. Seven full-time staff provide technical support to the 50 CARE SEAD programs in 25 countries. In addition to regular technical assistance visits to these programs, SEAD staff also work at development of a annual series of technical skills development workshops for the staff of these 50 programs.

CARE SEAD Program Design Framework

SITUATION	**Target Group**	**Environment**	**Existing Services**
	• **Economic activities** scale, sector, time in operation • **Demographic characteristics** age, citizenship, gender, education and literacy • **Cultural characteristics** cultural cohesion, perceptions of credit	• **Market environment** market structure and opportunities • **Economic environment** inflation rate • **Government policies** small business regulation, legal structures, financial sector regulations • **Accessibility** Infrastructure, population density	• **Available financial services** informal and formal sources • **Availiable non-financial services** technical, legal, marketing, training, and advocacy
PROGRAM	**Interventions**	**Methodology**	**Delivery Channel**
	• **Participant-level** 1. **Financial services** 2. Management services 3. Ttechnical services • **Institutional-level** 4. **Institutional strengthening** • **Community-based Organizations** • Partner Institutions 5. Linkages	• **Individual lending** • **Peer lending (Solidarity Group)** Grameen, LA Approach • **Community-Based Organizations** Community-managed Revolving Loan Funds (CMRLF), Saving and Loan Associations (SLA)	• **Working with a single type of partner (FI or NFI)** Intermediary, Replication, Apex, Mixed Partner/Direct • **Working with FI/NFI combinations of Partners** Coordinated Services, CARE Guarantee Fund, NFI Guarantee Fund • **Direct service delivery by CARE** New Institution, Future Institution, Direct Implementation
GOALS	**Impact**	**Efficiency**	**Sustainability**
	• **Household** Increased household income and economic security • **Local economy** upstream and downstream spread and economic infrastructure • **Program scale**	• **Credit indicators** loan portfolio per agent, return on portfolio, operating cost ratio • **Service indicators** number of borrowers per agent, operational cost per participant, loan turnaround time, client transaction costs • **Savings indicators** savings-to-loan ratio, cost per $ saved • **Management indicators** percent loan funds in active portfolio	• **Service delivery sustainability** Operational sustainability, Financial sustainability, loan repayment rate • **Partnership for Sustainability** Levels of sustainability; why partner with other organizations

Attachment 9 -- Letters of Support

U.S. Agency for
International
Development
in Mali

Steve Wallace
CARE Mali
BP 1766
Bamako

Dear Steve:

Thank you for your sharing your plans for including CARE Mali in your organization's request for USAID Matching Grant Funds. USAID Mali strongly supports the proposed activities. The component dealing with partnering is perfectly consistent with our newly approved governance strategic objective. We would appreciate your sharing lessons learned with us as you implement the partnering component, so that we may better direct our governance activities.

We also see the household livelihood security component as an important use of USAID and CARE funds. These activities will help both of our organizations measure "people-level" impact. In a country like Mali, where widespread poverty coexists with overall food security, it is important to understand how families cope and prepare for recurrent droughts.

Please contact us if there is anything else we can do to ensure approval of your proposal.

Sincerely,

Richard Gold

Richard Gold
Supervisory Program Officer

8-11-95

B.P. 34, Bamako, Mali, Tél 22-36-02, Fax 22-39-33, Tlx 2448
Bamako (ID), Department of State, Washington, D.C. 20521-2050

USAID MISSION TO TANZANIA

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

November 3, 1995

Mr. Larry Frankel
Ms. Marge Tsitouris
CARE - Atlanta
c/o CARE International in Tanzania
P.O. Box 10242
Dar es Salaam

Dear Mr. Frankel/Ms. Tsitouris:

I am pleased to provide this letter of support for the proposed participation of CARE-Tanzania in USAID's Matching Grant Program for FY 1996.

The high quality of work by CARE personnel in general is known to me, and I am pleased to report that in the particular case of Tanzania, the CARE and USAID staff members have worked well and closely together regarding the refugee problem and other areas in Tanzania. This is exemplified by the recent grant to CARE for the Kagera Resource Management Project.

I believe that CARE's participation on a broader scale in the multitude of economic and social development problems in Tanzania can benefit all concerned. This is particularly so as Tanzania struggles with a variety of important development challenges in the wake of its first multiparty national elections.

The list of proposed activities under consideration for matching grant support are compatible with the USAID program here and supportive of needs in Tanzania, of particular interest are areas relating to CARE's rapid food and livelihood security assessments, and its promotion of women's participation.

USAID looks forward to continuing its close collaboration with CARE as it expands its program in Tanzania.

Sincerely,

Mark G. Wentling
Mission Director

DAR ES SALAAM (AID)
DEPARTMENT OF STATE
WASHINGTON, D.C. 20521-2140
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Robin/Mike: FYI - Carla

To: John P. Grant@bhr.pvc@AIDW
Cc: Shewangezaw Lulie@FHA@ADDIS,Carell Laurent@FHA@ADDIS
Bcc: Margaret Bonner@DIR@ADDIS,Ron Bonner@hid@ADDIS
Walter North@DIR@ADDIS,Getahun Dendir@hid@ADDIS
Bill Douglass@PRM@ADDIS
From: Carla Barbiero@PRM@ADDIS
Subject: CARE Meeting
Date: Thursday, November 9, 1995 16:29:44 ADD
Attach:
Certify: Y
Forwarded by:

Dear John: Together with my FHA colleagues listed above, we met with CARE's Country Rep. Robin Neidham on Thursday to provide him with reactions to their planned SIG submission - which was still in the draft stages. Receipt of your E-mail, John, indicating that FHA has encouraged CARE to "think strategically, look for possible synergies between T II food and other development programs, and ... include a major country in the Horn...", was useful in establishing context. It was also important because it validated what Robin communicated to us, i.e., that the timeframe for developing the proposal was shorter than expected because they'd been included as a substitute to Mozambique and that to a degree the timing for developing the content/substance of the request was "wrong" for them. That said, CARE was proceeding full speed to develop something reasonable and responsive.

John, it is our sense that because of the above and other factors, it is adviseable that PVC maintain a high degree of realism regarding the extent to which the CARE/Ethiopia activity will in fact be able to "serve as a demonstration model for CARE's programs in that part of the world (testing and disseminating new approaches." The other reasons for expressing these reservations follow.

[FYI: Please note that all comments provided herein are still being provided on an informal basis. They do NOT as yet represent a formal Mission position or concurrence with regard to CARE's planned SIG activities in Ethiopia. We of course stand ready to provide formal Mission comments as part of the regular MG/SIG review process. That process in our Mission is coordinated by Ron Bonner's shop, specifically the Mission's NGO Coordinator, Getahun Dendir - both of whom have been copied on this E-mail. We've also shared a copy of this E-mail with our colleagues at CARE/E for their information. End FYI]

CARE/E is in the process now of developing its overall strategic plan that will cover July 96 thru June 2001. At the same time, this year it is required to develop and submit a new DPP. Organizationally, CARE/E, like many other U.S. PVOs operating in Ethiopia, has been largely focused on supporting what could best be defined as "relief and humanitarian" assistance efforts - some so-called development activities - but hardly at a scale or at a quality of execution that offers any comparability to its country programs in areas that have not been affected by conflicts/droughts, etc. As a manager of the monetization funds, it's apparently done a fine job.

It's also done a good job at setting up the CARE Ethiopia Food Information System (CEFIS) and sought to publicize/disseminate the information it's gathering rather broadly. Still, CEFIS has not as yet been formally evaluated, thus our ability to strongly affirm its value ,as a model for replication, cost-effectiveness, etc., for other CARE Programs, for other PVO/NGO programs, for governments, remains a question mark. In particular,

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Note: In keeping w/GHA objectives

we'd like to emphasize that it's our understanding that the CEFIS model is already being tested/adadpated in some of the other GHAI-related countries, e.g., Sudan. While that's fine, again before too much money and time is invested in doing this, its relevance/effectiveness/etc. should probably be examined. We believe SIG support could assist CARE/E to objectively examine some of these questions, and we encouraged Robin to consider accelerating the time frame for SIG support to financing such an effort.
GHAI objectives, such an examiniation/evaluation
would ideally be undertaken in collaboration with the appropriate Ethiopian government counterparts - not strictly an NGO affair.

At the same time, we agreed with Robin's view that CARE/E could play a useful role in convening the other incountry NGOs that have developed and are employing somewhat parallel systems with the aims of identifying areas of duplication, defining respective interests in collecting data, etc.

We also feel that in the context of the SIG CARE/E should be seen less as a contributor to or demonstration model for what's working. Instead, CARE/E should be treated by PVC and CARE/Atlanta as a recipient of technologies that are working in other well-established CARE country programs with a history of development activities. Why? Because like a number of U.S. PVOs here CARE/E needs help in making the transition from relief to development, in making the hard kinds of choices about what it wants to be known for.

We believe CARE/E should narrow the number of areas - sectors or subsectors - it is active in. The Mission has, for example, in a separate non-SIG related meeting with Robin, noted its concern that CARE's plans to move into Population/AIDS Awareness and Urban/Rural Credit and Savings, when balanced against its current activities that relate (to varying degrees) to the agriculture, water, infrastructure sectors, give us some reasons for concern.

Our interest is not to dissuade them from working in these sectors, particularly since as an organization, CARE's performed quite strongly in them in other countries. Instead, we simply want to encourage them to think strategically (as you indicated also), and to be realistic about the number of technical areas they can effectively address and support.

n the positive side, we do believe CARE/E's genuinely commited to working in consonance or more closely with governmental strategies, partners, and other NGOs. They need assistance, however, in figuring out how to do this reasonably and effectively - help that I would have assumed would be readily accessible and available from Atlanta. (John, I say this because you and I both know how many millions of dollars have already been invested in building up CARE's US capacity to provide this kind of assistance to its field Missions.)

So back to the question of timing, we believe that CARE/E will ask that it not be required to provide too many specifics on what the SIG would support at this point and until it has developed/fleshed out its strategy and DPP. We feel that this request is entirely reasonable and would hope that the SIG process allows sufficient flexibility for such details to be submitted at a later date (a la rolling design). We also encourage Atlanta to provide some top-notch support to CARE/E to make both of those exercises and products first rate and genuinely sound strategically - If CARE currently has a SIG in place, could it not make some support available to CARE/E in these areas especially if Ethiopia is seen as a major focus area for CARE over the next five years? As noted above, we'd recommend that one of the first things to be financed under the new SIG be an evaluation of CEFIS and a follow-on workshop (possibly regional) to review findings. In a sense it's too bad this step couldn't have preceded development of their strategy - but we worry about

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overload on this organization.

John, I should also mention that in reviewing the budgeting on CRE's proposal, Robin asked about the match requirements and I responded that I believed the following:

a. that in-kind and other donor/private contributions were still acceptable;
b. that the match didn't have to be made or demonstrated on an annual basis but shown by the end of project;
c. that potentially a country that might not be able to make its own match might still be eligible if organizationally CARE/Atlanta could demonstrate that the match had been made overall (e.g., with a strong performer country offsetting Ethiopia).

Please advise if I'm wrong and too dated on any of the above.

If you have any questions about aspects of the above please contact me or my colleagues in FHA. I want to emphasize that these comments have been provided on a draft document, that they obviously do not represent the Mission's final comments or recommendation on the CARE/E portion of the SIG, and that we will review the final submission when it's transmitted by your offices to the field by cable and then provide a formal Mission recommendation. Take care (no pun intended!) Cheers. Carla