

AGENCY FOR INTERNATIONAL DEVELOPMENT

MISSION TO HAITI

FOP INTERNATIONAL MAIL :

USAID / HAITI
P.O. Box 1634
Port-au-Prince, Haiti, W.I.

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For U.S. MAIL :
USAID / HAITI
Department of State
Washington, D.C. 20520

June 27, 1990

Mr. Ted Chaeban
Director,
Catholic Relief Services
(CRS)
rue Geffrard, 3eme Etage
Building Chatelain
Port-au-Prince, Haiti

Subject: Cooperative Agreement No. 521-0206-A-00-0020-00

Dear Mr. Chaeban:

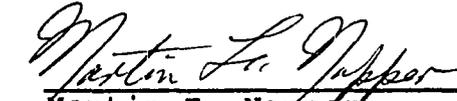
Pursuant to the authority contained in the foreign assistance act of 1961, as amended the Agency for International Development herein after referred to as "A.I.D." or "Grantee" hereby grants to Catholic Relief Services (hereby referred to us "CRS" or "Recipient", the sum of \$ 129,529 as an initial obligation to provide support for a program in community based Child Survival programs, as described in the Schedule of this Cooperative Agreement and the Attachment 2, entitled "Program Description". The total estimated amount of the Cooperative Agreement is \$ 367,725. Additional increments totalling \$238,196 will be provided at a later date, subject to the availability of funds.

This Cooperative Agreement is effective and obligation is made as of June 27, 1990 and shall apply to expenditures made by the grantee in furthrance of program objective during the period beginning June 27, 1990 and ending June 26, 1993.

This Cooperative Agreement is made with the Recipient on condition that the funds will be administered in accordance with the terms and conditions as set forth in attachment 1 (the Schedule), attachment 2. (The Program Description and Attachment 3 (The standard Provisions); all of which have been agreed to by your organization.

Please sign the original and all copies of this letter to acknowledge your receipt of the Cooperative Agreement, and return the original and all but one copy to the undersigned.

Sincerely yours,

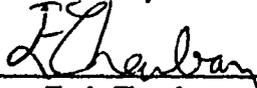

Martin F. Napper
Agreement Officer

The Recipient acknowledges that by signing this cooperative agreement, it is providing the required drug free workplace certification, Attachment 4 hereto.

Attachments:

1. Schedule
2. Program Description
3. Mandatory Standard Provisions for U.S., Non-Governmental Grantees, dated March 30, 1989, and Optional Standard Provisions for U.S. Non-Governmental Grantees, dated March 30, 1989.

ACKNOWLEDGED:
CATHOLIC RELIEF SERVICE (CRS)



By: Ted Chaeban
Title: Director
Date:

Fiscal Data

Appropriation: 72-1101021.7
Budget Plan Code: LDCA-90-25521-KG13
PIO/T No. 521-0206-3-00133
Project No.: 521-0206
Total Estimated Amount: \$367,725
Total Obligated Amount: \$129,529
Paying Office; USAID/Haiti

RCN P000 213 O.S.
P000 214 L.C

6/27/90
FUNDS AVAILABLE:

JHA/CONT 6/28/90

Attachment 1

SCHEDULE

A. Purpose of Cooperative Agreement

The purpose of this Cooperative Agreement is to provide support for Catholic Relief Services, Child Survival project, as more specifically described in Attachment 2 to this Cooperative Agreement entitled "Program Description".

B. Period of Cooperative Agreement

1. The effective date of this Cooperative Agreement is June 27, 1990. The expiration date of this Cooperative Agreement is June 26, 1993.

2. Funds obligated hereunder are available for program expenditures for the established period June 27, 1990 to June 26, 1991 as shown in the Cooperative Agreement budget below.

C. Amount of Cooperative Agreement and Payment

1. The total estimated amount of this Cooperative Agreement for the period shown in B.1 above is \$ 367,725.

2. A.I.D. hereby obligates the amount of \$129,529 for program expenditures during the period set fourth in B.2 above and as shown in the financial plan below.

3. Payment shall be made to the recipient in accordance with procedures set forth in attachment 3, standard provision 1. Payment - Letter of credit.

4. Additional funds up to the total amount of the Cooperative Agreement shown in C.1 above may be obligated by A.I.D. subject to the availability of funds, and to the requirements of the standard provision of this Cooperative Agreement entitled "Revision of Grant Budget".

D. Financial Plan

The following is the Cooperative Agreement budget. Revisions to this budget shall be made in accordance with the standard provision of the Cooperative Agreement entitled "Revision of Grant Budget."

The Recipient may not exceed the obligated amount set forth above and below, nor may the recipient adjust the costs for any individual line item contained in the budget by more than 15% of such line item, unless prior written approval is granted by the agreement officer, USAID/Haiti.

Attachment No. 1

BUDGET ANNEXE # 1
CRS 1990-1993

TOTAL C.A. BUDGET
@ 6 Gds. to 1 Dollar

ITEM	Year 1 (1st Increment)			Year 2 TOTAL	Year 3 TOTAL	C.A. TOTAL
	US \$	LOCAL \$	TOTAL			
Personnel	0	\$27,884	\$27,884	\$31,681	\$35,208	94,773
Benefits	0	0	0	\$0	\$0	0
Consultants	0	8,801	8,801	\$3,467	\$4,084	16,352
Equipment	9,500	11,991	21,491	\$8,170	\$11,285	40,946
Supplies	4,560	8,788	13,348	\$17,083	\$23,289	53,720
Transport.	2,500	2,084	4,584	\$4,950	\$5,344	14,878
Travel	0	750	750	\$500	\$525	1,775
G & A	9,609	0	9,609	\$8,159	\$10,501	28,807
Per Diem	0	34,523	34,523	\$24,382	\$32,058	90,963
Training	0	7,501	7,501	\$2,934	\$3,500	13,935
Audit	0	0	0	\$0	\$4,167	4,167
Evaluation	0	500	500	\$2,825	\$4,084	7,409
Total	\$26,169	\$102,822	\$128,991	\$104,151	\$134,045	\$367,187

Footnote #1: Local costs budgeted were converted at a rate of 6 Gourdes to one US Dollar, using a multiplier of .8334. For local costs budgeted, the limitation that applies is the amount of Gourdes units, and not the estimated US Dollars equivalent shown in the above budget.

ANNEXE 1A

CRS BUDGET 1990-1993
U.S. DOLLAR REQUIREMENT

ITEM	YR 1	YR 2	YR 3	TOTAL
Personnel	\$0	\$0	\$0	\$0
Benefits	0	0	0	0
Consultants	0	0	0	0
Equipment	9,500	4,320	6,105	19,925
Supplies	4,560	6,460	10,320	21,340
Transportation	2,500	2,700	2,915	8,115
Travel	0	0	0	0
General & Admin.	9,609	8,159	10,501	28,807
Per Diem	0	0	0	0
Training	0	0	0	0
Audit	0	0	0	0
Evaluation	0	0	0	0
Total	\$26,169	\$21,639	\$29,841	\$78,187

ANNEXE 1B

IN LOCAL CURRENCY

@6/1 (.8334)

ITEM	YR 1	YR 2	YR 3	TOTAL
Personnel	27,884	31,681	35,208	\$94,773
Benefits	0	0	0	0
Consultants	8,801	3,467	4,084	16,352
Equipment	11,991	3,850	5,180	21,021
Supplies	8,788	10,623	12,969	32,380
Transportation	2,084	2,250	2,429	6,763
Travel	750	500	525	1,775
General & Admin.	0	0	0	0
Per Diem	34,523	24,382	32,058	90,963
Training	7,501	2,934	3,500	13,935
Audit	0	0	4,167	4,167
Evaluation	500	2,825	4,084	7,409
Total	\$102,822	\$82,512	\$104,204	\$289,538

ANNEXE 1C

CRS 1990-1993

TOTAL US + LOCAL

	YR 1	YR 2	YR 3	TOTAL
Personnel	\$27,884	\$31,681	\$35,208	\$94,773
Benefits	0	0	0	0
Consultants	8,801	3,467	4,084	16,352
Equipment	21,491	8,170	11,285	40,946
Supplies	13,348	17,083	23,289	53,720
Transportation	4,584	4,950	5,344	14,878
Travel	750	500	525	1,775
General & Admin.	9,609	8,159	10,501	28,807
Per Diem	34,523	24,382	32,058	90,963
Training	7,501	2,934	3,500	13,935
Audit	0	0	4,167	4,167
Evaluation	500	2,825	4,084	7,409
				0
Total	\$128,991	\$104,151	\$134,045	\$367,187

ATTACHMENT 2
PROGRAM DESCRIPTION

- SCOPE OF WORK

1. INTRODUCTION

The CRS Child Survival proposal to USAID/VACS describes a three-year program which is community-based, and includes moving current health centers involved in CRS Child Survival activities to a community-based child survival program. By the end of this three year Cooperative Agreement, CRS will have established 25 community-based Child Survival programs operating through established health centers.

This Cooperative Agreement will link nutrition surveillance and recovery for pregnant women and mothers with children up to age 5 with community development and educational activities designed to achieve the sustainability of the activities at the local level.

The CRS small enterprise development office will assist Child Survival project staff in identifying and implementing income generation activities geared to the requirements of each center in order to provide for the financial sustainability of the activities. No community workers will be paid with project funds. All of their income will come from participation in community income generation activities and client fees.

The project will primarily serve populations in the south of Haiti and the rural periphery of Port-au-Prince. A total of 40,000 pregnant women and mothers with children to age 5 (direct beneficiaries) will be served during the three years of the proposed program. CRS has not been able to project the estimated total population for the area surrounding all of the centers it will operate over the next three years. The CRS staff has however been able to estimate a total population of 147,000 surrounding the 15 centers with which it collaborated under the previous program. These 15 centers will be transferred to community-based operations during the first 18 months of this project. Ten new centers will be added over three years, resulting in a total of 25 community-based programs.

2. PROJECT DESCRIPTION

2.1 Goals of Cooperative Agreement

The goals of the project are to:

- Improve the CRS Child Survival efforts following the recommendations of the 1988/89 evaluation and to establish the improved program in a total of 25 centers over the next three years.
- Improve the nutritional status of children ages 0-5 through a system of community-based nutritional surveillance and recuperation.
- Improve the health and nutrition knowledge of mothers through individual and community education programs.
- Improve the nutritional status of pregnant women and their knowledge of priority health and nutrition measures through community education activities, provision of food rations and follow-up at the health centers.

2.2 MEASURABLE OBJECTIVES

During the three years of this Cooperative Agreement, CRS will attain the major objectives listed below. The major measurable objectives are supported by a series of detailed targets.

2.2.1 Train 300 community health workers so that they are able to operate the "postes de rassemblement" and conduct all activities associated with the community-based health program. Detailed targets are as follows:

- 300 community health workers will attend the pertinent training programs;
- 60% (240) will successfully graduate from the programs according to evaluation criteria established prior to training activities;
- 240 community health workers will be able to operate a "poste de rassemblement" and conduct all activities associated with the community-based health and nutritional surveillance program. This objective will be measured during supervisory visits.

2.2.2. The capacity and knowledge of 50 clinic-based health workers will be strengthened so that they can implement, monitor and evaluate health nutrition and community development activities. The detailed targets are:

- 50 clinic-based workers will attend the in-service training program for clinic-based staff;
- 50 clinic-based workers will successfully graduate from that program;
- 50 clinic-based workers will be able to assist in the management of their center's child survival activities following the norms established by CRS and the agreement signed between CRS and the center;

2.2.3 The growth of 10,000 children under 5 will be monitored through a nutritional surveillance system. The detailed targets are:

- 70% of the children under 5 will have a completed growth chart which will be maintained by their mother upon their "graduation" from the program;
- 10,000 children under 5 will be weighed during at least half of their visits at the "postes de rassemblement" and during 75% of the visits at the clinic level for nutritional recuperation.

2.2.4 The knowledge and ability of the mothers of 8,000 of these children will be strengthened and improved. Detailed targets are:

- 50% of the mothers will be able to explain the "road-to-health" chart;
- 60% of the mothers will be able to explain the preparation and use of oral rehydration salts;
- 25% of pregnant women participating in the program will begin breast feeding on the day of birth;
- 25% of participating pregnant women will increase the length of time of breast feeding of newborns compared to information on last childbirth;
- 60% of participating mothers will be able to explain the purpose, preparation and use of acamil as a nutritional aid;
- 20% of participating mothers with children in the nutrition recuperation program will have actually prepared and used acamil;

- 60% of participating mothers will be able to explain the benefits of immunization.

2.2.5 Special monthly food rations will be provided to all children attending the clinic-based nutrition recuperation program. Regular food rations will be provided to all children in need attending the community-based nutritional surveillance program. (The specific elements of the recuperation and surveillance programs will vary according to program type and will be identified in the specific agreements established between CRS and each center.)

- All children attending the nutritional recuperation program will receive the special monthly food ration. Achievement of this objective will be evaluated through the evaluation/monitoring forms and supervision;
- All children in need attending the "postes de rassemblement" program will receive monthly food rations. Achievement of this objective will also be evaluated through regular monitoring and supervision;

2.2.6 6,600 pregnant women will be assisted and followed-up in the health and nutrition program. Detailed targets are as follows:

- All pregnant women registered in the program will visit the clinic at least once during their pregnancy;
- All pregnant women registered will receive the monthly food ration;
- 60% of the pregnant women attending the pre-natal clinic will be able to explain the benefits of immunization and breast feeding as well as the dangers of bottle feeding;
- 60% of the pregnant women in the pre-natal clinic will be able to explain at least two critical elements of infant feeding.

2.2.7 CRS will collect monthly information on the nutritional status of all children participating in the program and use this information in their supervision, follow-up and evaluation activities. Base-line information will be established and used to study the program's impact on the nutritional status of beneficiaries. Detailed targets are as follows:

- Nutritional information for all participating children will be collected by CRS on a monthly basis. The principle data source will be individual master charts coming from both the "postes de rassemblement" and the clinics;

- CRS will collect data to track the progress of all children through surveillance and recuperation levels of the program and will evaluate the time each child spends in each program element.

2.2.8 CRS will develop and conduct Knowledge, Attitude and Practice (KAP) studies at the beginning of the program and at fixed intervals thereafter to measure project implementation progress and study the impact of the program on beneficiaries. Detailed targets are:

- The nutritional status of a random sample of children attending the "postes de rassemblement" will be measured on the basis of information collected at the beginning of the program and at 6 month intervals;
- The knowledge of mothers (health and nutrition) participating in the "postes de rassemblement" will be measured based on information collected at the beginning of the program and at 6 month intervals;
- The knowledge of pregnant women (health and nutrition) will be measured based on a random sample of women attending all centers and activities.

2.3 DESCRIPTION OF ACTIVITIES

CRS will conduct two major activities under this Cooperative Agreement. These are a program for children aged under 5 and their mothers and a program for pregnant women. Both programs will be supported by an array of health education and services activities at the community level as well as by the development of income generating activities involving the mothers, health workers and clinic staffs in each community.

2.3.1 The program for children under 5 and their mothers will involve activities both at the community and clinic levels. These activities will include:

- Growth monitoring of children under 5 will be conducted using the "road-to-health" chart. The chart will be maintained by the mothers with instruction and assistance from the community health workers.
- Health Education will be provided to all participating mothers through community education, group demonstrations, and individual counselling. Topics will include the basic health and nutrition priorities established under VACS

(e.g., ORT, immunization, breastfeeding, etc.) Local foods, especially the acamil preparation, will be used in the nutrition courses and demonstrations.

- Food Supplements and rations designed for nutritional recuperation will be provided to children either at the clinic or at the community posts dependant upon the details of the specific agreement between CRS and the participating health center/clinic.
- CRS will assist the participating centers with the distribution of vaccines and vitamin A. This assistance will be of a logistical nature only and is designed to support ongoing activities of the centers. The materials will be provided by MSPP;
- CRS will work with health center staff, community workers, community representatives and program participants to identify and establish community development/revenue generation activities leading to financial and program sustainability. The specific nature of these activities will vary according to the interests and needs of each community. The Child Survival project staff will be assisted by other CRS personnel, particularly the Small Projects Office, in conducting these activities.

2.3.2 Program for Pregnant Women. This Cooperative Agreement will assist participating centers which have requested special assistance in their regular programs for pregnant women ("clinique pre-natale"). Assistance to pregnant women will include:

- The provision of health and nutrition education specifically designed for pregnant women;
- The provision of food supplements to regular participants;
- Assistance (logistical and educational) to the health centers in the conduct of their immunization activities;
- Instruction and counselling to pregnant women regarding weight gain control;
- The follow-up of pregnant women using the "fiche pre-natale";
- Participation in community development/revenue generation activities.

2.3.3 Training and Education. During the course of this Cooperative Agreement CRS will conduct a variety of training programs and community-level education activities for participating mothers and pregnant women, community health workers, and clinic staff.

Mothers and Pregnant Women:

Training and community health/nutrition education will focus on the established VACS priorities including immunization, ORT, breast feeding, nutrition etc. as well as community development and income-generation. This training will be provided by the community health workers and clinic staff both at the "postes de rassemblement" and at the health center depending on the topic and specific target group.

The training and education programs will be developed by CRS personnel who will train workers and staff in the transmission of the pertinent information. CRS staff will also participate in the training on an introductory and intermittent basis to insure that the information is being correctly communicated. CRS will develop the necessary materials and will provide copies as needed.

The majority of the materials to be used at this level will be comprised of documentation already tested and used in Haiti, most of which is available free from CARE, the United Nations and MSPP. CRS will make copies of the documents which are not available in sufficient number.

Community health workers and clinic staff:

CRS will develop training programs for community health workers and clinic staff which will be designed to enable these individuals to conduct the pertinent health, community and administrative tasks on an ongoing basis. Topics will include:

- Community building and consciousness raising to encourage health workers and mothers to work productively at the community level on a long term basis;
- Techniques for participative training and group dynamics/animation;
- Child survival program procedures, data gathering, monthly reports, etc.;
- Basic health and nutrition elements of the program including oral rehydration therapy, breast feeding, basic nutrition, acamil feeding of children, immunization, psychomotor stimulation of young children;
- Growth monitoring and weighing techniques using the "road-to-health" chart;

- The selection, implementation and management of community organization and community level income-generating projects.

The CRS Child Survival project staff will develop and present these training programs with the assistance of the CRS Small Enterprise Development Office. Training will focus on those community development and income generation activities which have proven successful in other CRS activities in Haiti.

2.3.4 Beneficiaries. During the three years of this Cooperative Agreement, a total of 40,000 mothers with children under five and pregnant women will be served.

The yearly and total service levels are displayed in the following page, Table 1.

TABLE 1

RESTRUCTURED HEALTH AND NUTRITION PROGRAM: TARGET POPULATION

PROGRAM FOR UNDER-FIVE CHILDREN AND THEIR MOTHERS:

	Number of Centers	Minimum number of children to be seen at the clinic	Average number of children to be seen at the community posts	Number of mothers(*)
OPTION YR-1	2	400 X 2 = 800	-	300X2= 600
-1- YR-2	-	-	-	-
YR-3	-	-	-	-
OPTION YR-1	5	400 X 5 = 2000	-	300X5= 1500
-2- YR-2	7	400 X 7 = 2800	-	300X7= 2100
(**) YR-3	7	400 X 7 = 2800	-	300X7= 2100
OPTION YR-1	6	(referred from	600 X 6 = 3600	450X6= 2700
-3- YR-2	8	the community	600 X 8 = 4800	450X8= 3600
YR-3	10	posts)	600 X10 = 6000	450X10=4500
OPTION YR-1	3	(referred from	600 X 3 = 1800	450X3= 1350
-4- YR-2	5	the community	600 X 5 = 3000	450X5= 2250
YR-3	8	posts)	600 X 8 = 4800	450X8= 3600

	TOTAL CHILDREN	TOTAL MOTHERS
YR-1	8200	6150
YR-2	10600	7950
YR-3	13600	10200

- (*) the proportion of mother/children is based on the information collected during the 1989 program
 (**) note that under option 2, an unestimated number of children are covered through the screening porogram

PROGRAM FOR PREGNANT WOMEN:

	# of centers	Average # of women(*)	Total # of women
YR-1	14	14 X 300	4200
YR-2	18	18 X 300	5400
YR-3	22	22 X 300	6600

TOTAL: 16200

- (*) number of women seen throughout the year
 (**) two centers do not have activities for pregnant women

2.3.5 Development of Community-Based Programs. The development of community-based programs will be achieved by gradually phasing out the non-community-based approach which was formerly used, and gradually moving the health centers into a series of increasingly community-oriented activities. CRS will conduct this process through the introduction of four program types referred to as options.

The first option is the non-community-oriented structure which had been previously used and will be phased out early in the program. CRS staff will work with the personnel of the health centers to identify and implement the additional options 2, 3 and 4. Each of these options include stronger community elements and will be established in the health centers based on their particular orientation and potential.

The implementation of each option will be based on signed agreements between CRS and the health center. The agreements will identify goals, objectives and procedures as well as established criteria for performance and beneficiary eligibility. These signed agreements will facilitate program management for both CRS and the centers and will also provide a basis for dropping those centers which prove to be unable to perform consistent with the agreement.

A summary of each option and the progra. for pregnant women is presented in Table 2.

TABLE 2

PROGRAM OPTIONS FOR SERVICE DELIVERY

PROGRAM FOR UNDER-FIVE CHILDREN AND THEIR MOTHERS:

OPTION#	SITE	FOOD SUPPLEMENT AND RECUPERATION			
1. <u>Nutritional surveillance</u>	at the <u>health facility</u>	<u>with</u> food supplement (individual ration)			-----
2. <u>Screening of malnourished children</u> (not CRS program) (Community Dev./ Education)	at the <u>health facility</u> and/or at the <u>community level</u>	AND ---	<u>nutritional recuperation</u> (under CRS program)	at the <u>health facility</u>	<u>with</u> food supplement (special ration)
3. <u>Nutritional surveillance</u> (Community Dev./ Education)	at the <u>community level(**)</u>	<u>with</u> food supplement (individual	AND <u>nutritional recuperation</u>	at the <u>health facility</u>	<u>with</u> food supplement (ration*)
4. <u>Nutritional surveillance</u> (Community Dev./ Education)	at the <u>community level(**)</u>	<u>without</u> supplement	AND <u>nutritional recuperation</u>	at the <u>health facility</u>	<u>with</u> food supplement (special ration*)

PROGRAM FOR PREGNANT WOMEN:

<u>Nutritional surveillance</u>	at the <u>health facility</u>	<u>with</u> food supplement (individual ration)	-----
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(*) special ration for malnourished children
 (**) community level = "postes de rassemblement"

3. MANAGEMENT PLAN

3.1 MANAGEMENT STRUCTURE AND PERSONNEL

The program will be operated by two CRS personnel who will be specifically hired for this project. These are a health/nutrition program manager and a health/nutrition assistant. These individuals will be responsible for the conduct of the administration, training and service delivery elements of the project and will also be responsible for the operation of the management information system.

The program manager will be based in Port-au-Prince and will be responsible for day-to-day management of the program. The manager will spend 50% of his/her time in the field in supervision, training and community development activities. The assistant program manager will be based in Cayes and will spend 90% of his/her time in the field in supervision, training and community development activities.

Support for the project will be provided by other CRS permanent staff. The CRS financial manager and staff will assist in financial planning and management and will assume ultimate responsibility in terms of established CRS procedures and USAID regulations. The director and staff of the project section will provide assistance in the identification and implementation of income-generating projects. The director of the food management office and end-use checkers will assist with logistics involving the delivery of food supplements, the inspection of depots, and the use of food supplements.

Implementation of the CRS program in the field with the 25 participating centers will involve the training and supervision of 300 community workers who will be responsible for health service delivery, education and community development work. The community workers will be supervised by 50 health personnel attached to the clinics who will also assist with the delivery of health services and other program activities.

Final responsibility for the implementation of the program in terms of CRS requirements and USAID regulations will rest with the CRS country representative and the assistant representative.

3.2 Health/ Management Information System

CRS will design and operate a health management information system to facilitate collection of data regarding progress in project implementation and attainment of project objectives. The system will also provide the information necessary for administrative and financial reporting. The basis of the system will be the activities conducted at the health centers and community posts as well as the output of the community workers and supervisors at each center. The major elements of the system are as follows:

1. Number of children and mothers participating at each post/center and the dates of operation.

2. Results from the master charts:

- Age and nutritional status of all children;
- Numbers and status of children referred from the nutritional surveillance program at the community level to the nutritional recuperation program at the clinics;
- Number and status of children referred from the nutritional recuperation program at the clinic to follow-up at the community posts.

3. Community post and clinic activities:

- Health/nutrition courses
- Health/nutrition demonstrations
- Immunization
- Infant/Child stimulation activities
- Community development and income-generation activities
- Other

4. Knowledge, Attitude, and Practice (KAP) studies. These studies will be conducted with a sample of mothers and will track their progress from the beginning of their participation in the program until graduation. Study topics will include:

- Knowledge and use of the "road-to-health" chart
- Oral Rehydration therapy
- Breast feeding
- Infant feeding
- Acamil
- Immunization

5. Staff training and development:

- Number of community workers trained;

- Evaluation of training (pre-and post-training tests)
- Follow-up visits
- Assessment of performance and reporting.

6. Administrative reports.

- The status of each health center/program including the numbers and activities of community posts;
- The utilization of food supplements;
- Expenses;
- Revenues (Community projects/client contributions);
- Logistics.

7. Supervisory reports.

- Clinic health worker/supervisor reports regarding community posts;
- CRS staff reports regarding community posts visits;
- CRS staff reports regarding clinic visits.

8. Financial reports.

CRS will prepare detailed financial reports covering all of their activities and the activities of the health center programs on a monthly basis for their own management purposes. A monthly financial report will be provided to USAID in the required format. CRS will also provide USAID with quarterly financial plans and projected requirements as well as justification of prior expenditures.

9. Progress Reports.

CRS will provide USAID with quarterly progress reports covering all elements of program operation, progress towards objectives, identified problems and proposed solutions.

3.3 Sustainability

CRS will ensure the sustainability of both the community service and financial aspects of the project. The community activities will be focused on the institutionalization of community workers activities and community groups in rural areas surrounding the 25 cooperating health center/clinics. The financial viability of the project will be enhanced by the identification and implementation of income-generating activities designed to establish cohesiveness within the community as well as provide the revenues necessary to continue the pertinent health services.

The specific income-generating projects established in the cooperating communities will be identified and implemented with the assistance of the CRS Small Projects Office. The revenue-generating projects will be based on successful initiatives conducted by CRS and other groups in Haiti or elsewhere in the developing world. Oversight and assistance will be provided by CRS subject to USAID regulations regarding the management and use of revenues generated with USAID funds.

3.4 Evaluation

CRS will conduct a variety of evaluation and monitoring activities during the course of the project. These include:

Before and after evaluation to measure the impact of the nutritional, educational and community development elements of the project. Measures will be taken at the beginning of the program and again at the conclusion of the project.

On-going evaluation (monitoring) will be conducted throughout the life of the project based on information produced by the health management information system and will focus on community posts and health center activities, nutritional status of program beneficiaries and the results of supervisory visits.

An intermediate evaluation will be conducted at the mid-point of the program (end 1991). This evaluation will be conducted by outside consultants and will focus on achievement towards objectives, use of program resources, identification of obstacles and will recommend solutions.

Final evaluation will be conducted early in 1993 by outside consultants to measure the overall achievements of the

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program in terms of the established goals and objectives.

USAID will participate in the intermediate and final evaluations in terms of selection of the consultants and in establishing the terms and scope of the evaluations.

3.5 Audit

CRS will ensure adequate audit coverage of this grant, as required under OMB Circular A-133, in conjunction with its periodic audits on an organization-wide basis to include: 1) a separate certification of accountability for USAID/Haiti funds; 2) a report on the internal controls of CRS/Haiti; and 3) a report on compliance of CRS-Haiti with applicable laws and regulations and grant terms. A copy of the audit reports will be submitted to USAID/Haiti. Funds budgeted under the grant are for a RIG supervised close-out audit that will be contracted by USAID/Haiti at the end of the grant period if deemed appropriate.

4. IMPLEMENTATION PLAN

The CRS implementation plan which follows illustrates the time frames of the major activities in the project. For example, during the first two months of the program, the CRS staff will meet with the 15 health centers which had collaborated in the previous program to determine the type of program (option) to be operated in each center. By the end of month 4, agreements with each of these centers will have been signed and the process of implementation will begin. Once the activities in these 15 centers is underway (month 10), CRS staff will begin to introduce programs with 5 new centers. During month 20, CRS will begin to visit five additional centers and establish programs. By month 24, community-based health programs will have been established in 25 health centers.

Impact evaluation will be conducted as an on-going process. An intermediate evaluation will begin in month 20 and a final evaluation in month 34.

The timing of other major activities are as indicated in the Implementation Plan, Table 3.

CRS IMPLEMENTATION PLAN

MONTHS:	1990												1991												1992												1993																							
	A	S	O	N	D	J	F	M	A	M	J	J	S	O	N	D	J	F	M	A	M	J	J	S	O	N	D	J	F	M	A	M	J	J	S	O	N	D																						
Visit all 15 centers to confirm "option" chosen																																																												
Sign agreement with centers																																																												
Prepare training program, materials, report forms and master charts																																																												
Training of Community and Health Workers (Options 3&4)																																																												
Training of Health workers																																																												
Implementation of activities in 15 centers																																																												
Supervision/follow-up of 15 centers																																																												
Visit other possible centers (5)																																																												
Sign agreement																																																												
Train personnel																																																												
Implement & supervise activities (20)																																																												
Visit other possible centers (5)																																																												
Sign agreement and train personnel																																																												
Implement & supervise activities (25)																																																												
Evaluation:																																																												
Impact(before/after)																																																												
Intermediate																																																												
Final																																																												

hr

5. FINANCIAL PLAN AND BUDGET

5.1 FINANCIAL PLAN

The total estimated budget for this three year project is \$580,684 as presented in the project detailed yearly budget expressed at the 5-1 rate. Of this total, CRS originally requested \$429,927 from USAID/VACS. A total of \$150,757 will be provided by other sources which include CRS central funds, Title II (Bureau de Gestion) assistance, and limited funds from the CRS strengthening grant (USAID/WASH funds).

In view of USAID's current policy regarding the exchange of US Dollars to Gourdes at 6-1, the local currency request for each year has been adjusted. Consequently, the total estimated USAID/VACS funding for the CRS project is \$3⁶⁷,⁷²⁵. The detailed requirements for each year in US Dollars and Local Currency are provided in Annexes 1, 1A, 1B, and 1C.

This project will be incrementally funded. The budget for the first year of operation is \$129,529, as indicated in Annexe 1, Page 5.

SUBSTANTIAL INVOLVEMENT AND REPORTING

SUBSTANTIAL INVOLVEMENT & REPORTING CLAUSES FOR COOPERATIVE AGREEMENT

1. Relationship with URC: The prime technical assistance contractor for the Voluntary Agencies for Child Survival (VACS) Project (A.I.D. No. 521-0206), under which this Cooperative Agreement is funded, is University Research Corporation (URC). URC personnel in Haiti will provide advice and assistance to USAID/Haiti in the administration of this Cooperative Agreement. USAID/Haiti may at its discretion request that URC request, on behalf of USAID/Haiti, financial or technical documentation produced by the Recipient under this Cooperative Agreement. USAID/Haiti may also request that the Recipient work directly with URC on specific issues or plans and will so inform the Recipient. Any amendment, alterations or revisions to this Cooperative Agreement, however, may be made solely between USAID/Haiti and the Recipient.

2. Scopes of Work: USAID/Haiti will approve Scopes of Work for the intermediate and final evaluations under the project and any other Scopes of Work for external consultants to this project. For the close-out audit planned, the scope of work will be prepared by the Regional Inspector General for Audit and the services will be contracted by USAID/Haiti.

3. Revenue Generation: Since a significant portion of the revenues projected during the life of this project will be obtained with USAID financial support, USAID/Haiti will have a substantial involvement in the programming of these revenues. CRS will furnish detailed information regarding any revenues generated to USAID through the VACS/URC staff in the monthly financial reports.

4. Periodic Reports : The Recipient will provide to USAID/Haiti, through URC, the following periodic reports under this agreement:

- a. Financial Reports: The Recipient will submit Financial Reports required in the Standard Provisions, Payment-Periodic Advance, to this Agreement on a monthly basis unless USAID/Haiti informs it otherwise in writing.

(Substantial Involvement....cont.)

- b. Technical Reports: The Recipient will submit Progress Reports each quarter during the period of this Agreement which will assess progress towards meeting measurable results by year as detailed in the Program Description and any amendment thereto. The Progress Reports will include, inter alia, a summary of progress to date, problems, and any proposed changes in the implementation schedule to accommodate such changes.

AID 1350-1 (3 87) *PIO/T	AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	1. Cooperating Country Haiti	Page 1 of 45 Pages
		2. PIO/T No. 521-0206-3-00133	3 <input checked="" type="checkbox"/> Original or Amendment No. _____
		4 Project/Activity No. and Title 521-0206 Voluntary Agencies for Child Survival (VACS) (Child Survival Account)	

DISTRIBUTION	5. Appropriation Symbol 72-1101021.7		RCN P000213 U.S. \$ RCN P000214 L.C.		6. Budget Plan Code LDCA-90-25521-KG13	
	7. Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document			8. Project Assistance Completion Date (Mo., Day, Yr.) 9/30/93		
	9. Authorized Agent USAID/Haiti			10. This PIO/T is in full conformance with PRO/AG No N/A Date		
	11a. Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (HB 14) <input checked="" type="checkbox"/> AID Grant or Cooperative Agreement (HB 13) <input type="checkbox"/> PASA/RSSA (HB 12) <input type="checkbox"/> Other				11b. Contract/Grant/Cooperative Agreement/ PASA/RSSA Reference Number (if this is an Amendment) N/A	
	12. Estimated Financing (A detailed budget in support of column (2) is attached as Attachment No <u>II</u>)					

Maximum AID Financing Available	A Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
					\$129,529.00
	B. U.S.-Owned Local Currency				

3. Mission References	14A. Instructions to Authorized Agent The grant officer is requested to execute a Cooperative Agreement with Catholic Relief Services (CRS), acting through its local office CRS/Haiti. The Cooperative Agreement will cover Catholic Relief's child survival project as described in Attachment I herein. This PIO/T serves to provide funding in the amount of \$129,529 for year one activities. The balance of U.S. \$238,196. will be made available at a later date, subject to availability of funds.
	14B. Address of Voucher Paying Office Office of the Controller, USAID/Haiti

5 Clearances—Include typed name, office symbol, telephone number and date for all clearances			
A. The Project Officer certifies that the specifications in the statement of work and program description are technically approved. HRO: Filouis/DEEckerson EXO: KBHickman CO: MNappper	Phone No. 6.12.90 Date	B. The statement of work or program description lies within the purview of the initiating office and approved agency programs. PPS:SGregoire/Fanale Date 6/15/90	Date
	Date 6/17/90	D. Funds for the services requested are available. CONT: INesterczuck Date 6/27/90	Date
	6 For the Cooperating Country. The terms and conditions set forth herein are hereby agreed to Signature <u>N/A</u> Date _____ Title _____		17 For the Agency for International Development Signature <u>Dr. Michael K. White</u> Date 6/27/90 Title <u>Chief, Human Resources Office, USAID/Haiti</u>

18. Statement of work or program (description) for this project is described in Attachment No. I

19. Special Provisions

- A. Language Requirements (specify) N/A
(If marked, testing must be accomplished by AID to assure desired level of proficiency.)
- B. Access to classified information will will not be required by technical specialists. (Indicate level) _____
- C. Duty post(s) and duration of technical specialist(s) services at post(s) (months) N/A
- D. Dependents will will not be permitted to accompany technical specialist(s). N/A
- E. Geographic code applicable to procurement under this PIO/T is 000 899 935 941 Other (specify) Haiti
(If other than authorized in HB 1, Sup B, Chap 5, Para 5A1d, attach waiver(s).)
- F. Salary approval(s) to exceed FS-1 salary ceiling are attached in process N/A.
- G. Cooperating country acceptance of this project (applicable to AID/W projects only)
 has been obtained is in process is not applicable to services required by PIO/T. N/A
- H. Justification for use of external resources for consulting services is attached N/A.
- I. Clearance for procurement of ADP equipment, software, and services is attached in process N/A.
- J. OMB approval of any report to be completed by ten or more members of the general public under the statement of work is
 attached in process N/A.
- K. Participant training is is not being funded as part of this PIO/T.
- L. Requirement (contracts only) is recommended for small business set-aside SBA 8(a) Program neither. N/A
- M. Other (specify). None

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

20. Provisions for Logistic Support (Continued)

Additional Facilities Available From Other Sources N/A

Diplomatic pouch

PX

Commissary

Other (specify, e.g., duty free, entry, tax exemption)

C. Comments

21. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A. Relationships and Responsibilities The recipient is Catholic Relief Service (CRS), acting through its social office, Catholic Relief Services, responsible for all activities described in Attachment I, Program Description

B. Cooperating Country Liaison Officials

N/A

C. AID Liaison Officials

David E. Eckerson, USAID/Haiti/HRO/HPN Division Chief
Frantz M. Louis, USAID/Haiti/HRO/Project Coordinator

22. Background Information (additional information useful to authorized agent)

The Catholic Relief Service Cooperative Agreement is provided under the VACS 521-0206 project, as an activity contributing to child survival services by the rural population.

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

A. Detailed budget estimate in support of increased funding (Block 12)

B. Evaluation criteria for competitive procurement (Block 14A)

C. Justification for procurement by other than full and open competition or noncompetitive assistance

D. Statement of work or program description (Block 18)

E. Waiver(s) justification(s), clearance(s), certification(s) (Block 19) (specify number _____)

ATTACHMENT 1**PROGRAM DESCRIPTION****1. INTRODUCTION**

Catholic Relief Services (CRS) is the overseas development and relief agency of the US Catholic Church. It was founded in 1943 with a stated purpose of mobilizing financial and material resources for use by local development and relief agencies in programs designed to aid their own people. CRS was established in Haiti in 1954 and has conducted a wide variety of development, food and nutrition, and relief activities since that time.

The origins of this current Child Survival program are the CRS Maternal and Child Health (MCH) activities which began in 1984 through a centrally funded outreach grant (PDC 00006-GSS4114-00) providing \$256,000 specifically for MCH activities in Haiti. By 1988 the outreach grant had concluded and CRS operated its MCH program primarily with USAID Title II monies through the Bureau de Gestion and with funds from its Small Projects Office.

In December 1988 CRS requested and received the assistance of two US evaluation specialists in a review of its MCH program. The findings and recommendations of the evaluation (Bratcher and Vargas, January 27, 1989) provide the basis for this CRS Child Survival proposal to USAID/VACS.

The major observations underscored the strengths and weaknesses of the MCH program. The evaluators noted that while contributions in the areas of growth surveillance and group animation techniques had been attained through the program, there were a number of significant limitations in project design and implementation.

The evaluators identified the following weaknesses in the project design:

- CRS had no control or influence in the centers in which it worked. The criteria and procedures of CRS and the collaborating health centers were often in conflict.
- Program operation was entirely dependent on the food subsidy, making future sustainability of the operation unlikely.
- The program was management intensive and therefore conflicted with CRS goals of establishing community self-reliance. The program did not contribute to institution building efforts at the local level.

The evaluators recommended that the program be suspended and either extensively redesigned or permanently discontinued. They recommended that any redesign be done by a professional with public health expertise and development planning skills. The following conditions for a redesigned program were suggested:

- Work only in centers where CRS had some control.
- Drop all centers where control was not possible
- Redefine the criteria for center selection and beneficiary eligibility.
- Redefine the target group.
- Introduce the concept of "graduation" for participating mothers.
- Introduce the concept of "renumeration" for community workers.
- Restructure the program so that it becomes community-based.

Following a February 27, 1989 meeting with the Chief of USAID Public Health, CRS announced the closure of its MCH program and released the MCH staff. CRS subsequently contracted with a program development specialist with extensive experience in Haiti and in developing community-based health programs.

On January 18, 1990, CRS sent a letter and proposal to USAID/Haiti via URC/VACS which contained a new Child Survival program.

The CRS proposal was reviewed during the February-March 1990 VACS review process, and was found to be consistent with established criteria for the VACS Project. The proposal review was followed by a series of meetings which served to clarify and revise details of the proposal to ensure consistency with recent USAID/VACS experience, concerns and regulations.

The CRS Child Survival proposal to USAID/VACS describes a three-year program which is community-based, and includes moving current health centers involved in CRS Child Survival activities to a community-based child survival program. By the end of the three year program, CRS will have established 25 community-based Child Survival programs operating through established health centers.

This CRS program will link nutrition surveillance and recovery for pregnant women and mothers with children up to age 5 with community development and educational activities designed to achieve the sustainability of the activities at the local level.

The CRS small enterprise development office will assist Child Survival project staff in identifying and implementing income generation activities geared to the requirements of each center in order to provide for the financial sustainability of the activities. No community workers will be paid with project funds. All of their income will come from participation in community income generation activities and client fees.

The project will primarily serve populations in the south of Haiti and the rural periphery of Port-au-Prince. A total of 40,000 pregnant women and mothers with children to age 5 (direct beneficiaries) will be served during the three years of the proposed program. CRS has not been able to project the estimated total population for the area surrounding all of the centers it will operate over the next three years. The CRS staff has however been able to estimate a total population of 147,000 surrounding the 15 centers with which it collaborated under the previous program. These 15 centers will be transferred to community based operations during the first 18 months of this project. Ten new centers will be added over three years, resulting in a total of 25 community-based programs.

357,405

CRS is requesting \$372,050 from USAID/VACS to support development of this proposed program. The detailed project budget and summary tables as well as the financial plan are provided in Section 5 of this attachment.

2. PROJECT DESCRIPTION

2.1 PROJECT GOALS

The goals of the project are to:

- Improve the CRS Child Survival efforts following the recommendations of the 1988/89 evaluation and to establish the improved program in a total of 25 centers over the next three years.
- Improve the nutritional status of children ages 0-5 through a system of community-based nutritional surveillance and recuperation.
- Improve the health and nutrition knowledge of mothers through individual and community education programs.
- Improve the nutritional status of pregnant women and their knowledge of priority health and nutrition measures through community education activities, provision of food rations and follow-up at the health centers.

2.2 MEASURABLE OBJECTIVES

During the three years of this proposed project, CRS will attain the major objectives listed below. The major measurable objectives are supported by a series of detailed targets.

2.2.1 Train 300 community health workers so that they are able to operate the "postes de rassemblement" and conduct all activities associated with the community-based health program. Detailed targets are as follows:

- 300 community health workers will attend the pertinent training programs;
- 60% (240) will successfully graduate from the programs according to evaluation criteria established prior to training activities;
- 240 community health workers will be able to operate a "poste de rassemblement" and conduct all activities associated with the community-based health and nutritional surveillance program. This objective will be measured during supervisory visits.

2.2.2. The capacity and knowledge of 50 clinic-based health workers will be strengthened so that they can implement, monitor and evaluate health nutrition and community development activities. The detailed targets are:

- 50 clinic-based workers will attend the in-service training program for clinic-based staff;
- 50 clinic-based workers will successfully graduate from that program;
- 50 clinic-based workers will be able to assist in the management of their center's child survival activities following the norms established by CRS and the agreement signed between CRS and the center;

2.2.3 The growth of 10,000 children under 5 will be monitored through a nutritional surveillance system. The detailed targets are:

- 70% of the children under 5 will have a completed growth chart which will be maintained by their mother upon their "graduation" from the program;

- 10,000 children under 5 will be weighed during at least half of their visits at the "postes de rassemblement" and during 75% of the visits at the clinic level for nutritional recuperation.

2.2.4 The knowledge and ability of the mothers of 8,000 of these children will be strengthened and improved. Detailed targets are are:

- 50% of the mothers will be able to explain the "road-to-health" chart;
- 60% of the mothers will be able to explain the preparation and use of oral rehydration salts;
- 25% of pregnant women participating in the program will begin breast feeding on the day of birth;
- 25% of participating pregnant women will increase the length of time of breast feeding of newborns compared to information on last childbirth;
- 60% of participating mothers will be able to explain the purpose, preparation and use of acamil as a nutritional aid;
- 20% of participating mothers with children in the nutrition recuperation program will have actually prepared and used acamil;
- 60% of participating mothers will be able to explain the benefits of immunization.

2.2.5 Special monthly food rations will be provided to all children attending the clinic-based nutrition recuperation program. Regular food rations will be provided to all children in need attending the community-based nutritional surveillance program. (The specific elements of the recuperation and surveillance programs will vary according to program type and will be identified in the specific agreements established between CRS and each center.)

- All children attending the nutritional recuperation program will receive the special monthly food ration. Achievement of this objective will be evaluated through the evaluation/monitoring forms and supervision;
- All children in need attending the "postes de rassemblement" program will receive monthly food rations. Achievement of this objective will

also be evaluated through regular monitoring and supervision;

2.2.6 6,600 pregnant women will be assisted and followed-up in the health and nutrition program. Detailed targets are as follows:

- All pregnant women registered in the program will visit the clinic at least once during their pregnancy;
- All pregnant women registered will receive the monthly food ration;
- 60% of the pregnant women attending the pre-natal clinic will be able to explain the benefits of immunization and breast feeding as well as the dangers of bottle feeding;
- 60% of the pregnant women in the pre-natal clinic will be able to explain at least two critical elements of infant feeding.

2.2.7 CRS will collect monthly information on the nutritional status of all children participating in the program and use this information in their supervision, follow-up and evaluation activities. Base-line information will be established and used to study the program's impact on the nutritional status of beneficiaries. Detailed targets are as follows:

- Nutritional information for all participating children will be collected by CRS on a monthly basis. The principle data source will be individual master charts coming from both the "postes de rassemblement" and the clinics;
- CRS will collect data to track the progress of all children through surveillance and recuperation levels of the program and will evaluate the time each child spends in each program element.

2.2.8 CRS will develop and conduct knowledge, Attitude and Practice (KAP) studies at the beginning of the program and at fixed intervals thereafter to measure project implementation progress and study the impact of the program on beneficiaries. Detailed targets are:

- The nutritional status of a random sample of children attending the "postes de rassemblement" will be measured on the basis of information collected at the beginning of the program and at 6 month intervals;
- The knowledge of mothers (health and nutrition) participating in the "postes de rassemblement" will be measured based on information collected at the beginning of the program and at 6 month intervals;
- The knowledge of pregnant women (health and nutrition) will be measured based on a random sample of women attending all centers and activities.

2.3 DESCRIPTION OF ACTIVITIES

CRS will conduct two major activities under this proposed project. These are a program for children aged under 5 and their mothers and a program for pregnant women. Both programs will be supported by an array of health education and services activities at the community level as well as by the development of income generating activities involving the mothers, health workers and clinic staffs in each community.

2.3.1 The program for children under 5 and their mothers will involve activities both at the community and clinic levels. These activities will include:

- Growth monitoring of children under 5 will be conducted using the "road-to-health" chart. The chart will be maintained by the mothers with instruction and assistance from the community health workers.
- Health Education will be provided to all participating mothers through community education, group demonstrations, and individual counselling. Topics will include the basic health and nutrition priorities established under VACS (e.g., ORT, immunization, breastfeeding, etc.) Local foods, especially the acamil preparation, will be used in the nutrition courses and demonstrations.

- Food Supplements and rations designed for nutritional recuperation will be provided to children either at the clinic or at the community posts dependant upon the details of the specific agreement between CRS and the participating health center/clinic.
- CRS will assist the participating centers with the distribution of vaccines and vitamin A. This assistance will be of a logistical nature only and is designed to support ongoing activities of the centers. The materials will be provided by MSFP;
- CRS will work with health center staff, community workers, community representatives and program participants to identify and establish community development/revenue generation activities leading to financial and program sustainability. The specific nature of these activities will vary according to the interests and needs of each community. The Child Survival project staff will be assisted by other CRS personnel, particularly the Small Projects Office, in conducting these activities.

2.3.2 Program for Pregnant Women. This proposed project will assist participating centers which have requested special assistance in their regular programs for pregnant women ("clinique pre-natale"). Assistance to pregnant women will include:

- The provision of health and nutrition education specifically designed for pregnant women;
- The provision of food supplements to regular participants;
- Assistance (logistical and educational) to the health centers in the conduct of their immunization activities;
- Instruction and counselling to pregnant women regarding weight gain control;
- The follow-up of pregnant women using the "fiche pre-natale";
- Participation in community development/revenue generation activities.

2.3.3 Training and Education. During the course of this project CRS will conduct a variety of training programs and community-level education activities for participating mothers and pregnant women, community health workers, and clinic staff.

Mothers and Pregnant Women:

Training and community health/nutrition education will focus on the established VACS priorities including immunization, ORT, breast feeding, nutrition etc. as well as community development and income-generation. This training will be provided by the community health workers and clinic staff both at the "postes de rassemblement" and at the health center depending on the topic and specific target group.

The training and education programs will be developed by CRS personnel who will train workers and staff in the transmission of the pertinent information. CRS staff will also participate in the training on an introductory and intermittent basis to insure that the information is being correctly communicated. CRS will develop the necessary materials and will provide copies as needed.

The majority of the materials to be used at this level will be comprised of documentation already tested and used in Haiti, most of which is available free from CARE, the United Nations and MSPP. CRS will make copies of the documents which are not available in sufficient number.

Community health workers and clinic staff:

CRS will develop training programs for community health workers and clinic staff which will be designed to enable these individuals to conduct the pertinent health, community and administrative tasks on an ongoing basis. Topics will include:

- Community building and consciousness raising to encourage health workers and mothers to work productively at the community level on a long term basis;
- Techniques for participative training and group dynamics/animation;
- Child survival program procedures, data gathering, monthly reports, etc.;
- Basic health and nutrition elements of the program including oral rehydration therapy, breast feeding, basic nutrition, acamil feeding of children, immunization, psychomotor stimulation of young children;
- Growth monitoring and weighing techniques using the "road-to-health" chart;

- The selection, implementation and management of community organization and community level income-generating projects.

The CRS Child Survival project staff will develop and present these training programs with the assistance of the CRS Small Enterprise Development Office. Training will focus on those community development and income generation activities which have proven successful in other CRS activities in Haiti.

2.3.4 Beneficiaries. During the three years of the project, a total of 40,000 mothers with children under five and pregnant women will be served.

The yearly and total service levels are displayed in the following page, Table 1.

TABLE 1

RESTRUCTURED HEALTH AND NUTRITION PROGRAM: TARGET POPULATION

PROGRAM FOR UNDER-FIVE CHILDREN AND THEIR MOTHERS:

	Number of Centers	Minimum number of children to be seen at the clinic	Average number of children to be seen at the community posts	Number of mothers(*)
OPTION YR-1	2	400 X 2 = 800	-	300X2= 600
-1- YR-2	-	-	-	-
YR-3	-	-	-	-
OPTION YR-1	5	400 X 5 = 2000	-	300X5= 1500
-2- YR-2	7	400 X 7 = 2800	-	300X7= 2100
(**) YR-3	7	400 X 7 = 2800	-	300X7= 2100
OPTION YR-1	6	(referred from the community posts)	600 X 6 = 3600	450X6= 2700
-3- YR-2	8		600 X 8 = 4800	450X8= 3600
YR-3	10		600 X 10 = 6000	450X10=4500
OPTION YR-1	3	(referred from the community posts)	600 X 3 = 1800	450X3= 1350
-4- YR-2	5		600 X 5 = 3000	450X5= 2250
YR-3	8		600 X 8 = 4800	450X8= 3600

	TOTAL CHILDREN	TOTAL MOTHERS
YR-1	8200	6150
YR-2	10600	7950
YR-3	13600	10200

- (*) the proportion of mother/children is based on the information collected during the 1989 program
 (**) note that under option 2, an unestimated number of children are covered through the screening program

PROGRAM FOR PREGNANT WOMEN:

	# of centers	Average # of women(*)	Total # of women
YR-1	14	14 X 300	4200
YR-2	18	18 X 300	5400
YR-3	22	22 X 300	6600

TOTAL: 16200

- (*) number of women seen throughout the year
 (**) two centers do not have activities for pregnant women

2.3.5 Development of Community-Based Programs. The development of community-based programs will be achieved by gradually phasing out the non-community-based approach which was formerly used, and gradually moving the health centers into a series of increasingly community-oriented activities. CRS will conduct this process through the introduction of four program types referred to as options.

The first option is the non-community-oriented structure which had been previously used and will be phased out early in the program. CRS staff will work with the personnel of the health centers to identify and implement the additional options 2, 3 and 4. Each of these options include stronger community elements and will be established in the health centers based on their particular orientation and potential.

The implementation of each option will be based on signed agreements between CRS and the health center. The agreements will identify goals, objectives and procedures as well as established criteria for performance and beneficiary eligibility. These signed agreements will facilitate program management for both CRS and the centers and will also provide a basis for dropping those centers which prove to be unable to perform consistent with the agreement.

A summary of each option and the program for pregnant women is presented in Table 2.

TABLE 2
PROGRAM OPTIONS FOR SERVICE DELIVERY

PROGRAM FOR UNDER-FIVE CHILDREN AND THEIR MOTHERS:

OPTION#	SITE	FOOD SUPPLEMENT AND RECUPERATION			
1. <u>Nutritional surveillance</u>	at the <u>health facility</u>	<u>with</u> food supplement (individual ration)			
2. <u>Screening of malnourished children (not CRS program)</u> (Community Dev./ Education)	at the <u>health facility</u> and/or at the <u>community level</u>	AND	<u>nutritional recuperation</u> (under CRS program)	at the <u>health facility</u>	<u>with</u> food supplement (special ration)
3. <u>Nutritional surveillance</u> (Community Dev./ Education)	at the <u>community level(**)</u>	<u>with</u> food supplement (individual	AND	<u>nutritional recuperation</u>	at the <u>health facility</u> <u>with</u> food supplement ration*)
4. <u>Nutritional surveillance</u> (Community Dev./ Education)	at the <u>community level(**)</u>	<u>without</u> supplement	AND	<u>nutritional recuperation</u>	at the <u>health facility</u> <u>with</u> food supplement (special ration*)

PROGRAM FOR PREGNANT WOMEN:

<u>Nutritional surveillance</u>	at the <u>health facility</u>	<u>with</u> food supplement (individual ration)			
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(*) special ration for malnourished children
 (**) community level = "postes de rassemblement"

3. MANAGEMENT PLAN

3.1 MANAGEMENT STRUCTURE AND PERSONNEL

The program will be operated by two CRS personnel who will be specifically hired for this project. These are a health/nutrition program manager and a health/nutrition assistant. These individuals will be responsible for the conduct of the administration, training and service delivery elements of the project and will also be responsible for the operation of the management information system.

The program manager will be based in Port-au-Prince and will be responsible for day-to-day management of the program. The manager will spend 50% of his/her time in the field in supervision, training and community development activities. The assistant program manager will be based in Cayes and will spend 90% of his/her time in the field in supervision, training and community development activities.

Support for the project will be provided by other CRS permanent staff. The CRS financial manager and staff will assist in financial planning and management and will assume ultimate responsibility in terms of established CRS procedures and USAID regulations. The director and staff of the project section will provide assistance in the identification and implementation of income-generating projects. The director of the food management office and end-use checkers will assist with logistics involving the delivery of food supplements, the inspection of depots, and the use of food supplements.

Implementation of the CRS program in the field with the 25 participating centers will involve the training and supervision of 300 community workers who will be responsible for health service delivery, education and community development work. The community workers will be supervised by 50 health personnel attached to the clinics who will also assist with the delivery of health services and other program activities.

Final responsibility for the implementation of the program in terms of CRS requirements and USAID regulations will rest with the CRS country representative and the assistant representative.

3.2 Health/ Management Information System

CRS will design and operate a health management information system to facilitate collection of data regarding progress in project implementation and attainment of project objectives. The system will also provide the information necessary for administrative and financial reporting. The basis of the system will be the activities conducted at the health centers and community posts as well as the output of the community workers and supervisors at each center. The major elements of the system are as follows:

1. Number of children and mothers participating at each post/center and the dates of operation.
2. Results from the master charts:
 - Age and nutritional status of all children;
 - Numbers and status of children referred from the nutritional surveillance program at the community level to the nutritional recuperation program at the clinics;
 - Number and status of children referred from the nutritional recuperation program at the clinic to follow-up at the community posts.
3. Community post and clinic activities:
 - Health/nutrition courses
 - Health/nutrition demonstrations
 - Immunization
 - Infant/Child stimulation activities
 - Community development and income-generation activities
 - Other
4. Knowledge, Attitude, and Practice (KAP) studies. These studies will be conducted with a sample of mothers and will track their progress from the beginning of their participation in the program until graduation. Study topics will include:
 - Knowledge and use of the "road-to-health" chart
 - Oral Rehydration therapy
 - Breast feeding
 - Infant feeding
 - Acam11
 - Immunization

5. Staff training and development:

- Number of community workers trained;
- Evaluation of training (pre-and post-training tests)
- Follow-up visits
- Assessment of performance and reporting.

6. Administrative reports.

- The status of each health center/program including the numbers and activities of community posts;
- The utilization of food supplements;
- Expenses;
- Revenues (Community projects/client contributions);
- Logistics.

7. Supervisory reports.

- Clinic health worker/supervisor reports regarding community posts;
- CRS staff reports regarding community posts visits;
- CRS staff reports regarding clinic visits.

8. Financial reports.

CRS will prepare detailed financial reports covering all of their activities and the activities of the health center programs on a monthly basis for their own management purposes. A monthly financial report will be provided to USAID in the required format. CRS will also provide USAID with quarterly financial plans and projected requirements as well as justification of prior expenditures.

9. Progress Reports.

CRS will provide USAID with quarterly progress reports covering all elements of program operation, progress towards objectives, identified problems and proposed solutions.

3.3 Sustainability

CRS will ensure the sustainability of both the community service and financial aspects of the project. The community activities will be focused on the institutionalization of community workers activities and community groups in rural areas surrounding the 25 cooperating health center/clinics. The financial viability of the project will be enhanced by the identification and implementation of income-generating activities designed to establish cohesiveness within the community as well as provide the revenues necessary to continue the pertinent health services.

The specific income-generating projects established in the cooperating communities will be identified and implemented with the assistance of the CRS Small Projects Office. The revenue-generating projects will be based on successful initiatives conducted by CRS and other groups in Haiti or elsewhere in the developing world. Oversight and assistance will be provided by CRS subject to USAID regulations regarding the management and use of revenues generated with USAID funds.

3.4 Evaluation

CRS will conduct a variety of evaluation and monitoring activities during the course of the project. These include:

Before and after evaluation to measure the impact of the nutritional, educational and community development elements of the project. Measures will be taken at the beginning of the program and again at the conclusion of the project.

On-going evaluation (monitoring) will be conducted throughout the life of the project based on information produced by the health management information system and will focus on community posts and health center activities, nutritional status of program beneficiaries and the results of supervisory visits.

An intermediate evaluation will be conducted at the mid-point of the program (end 1991). This evaluation will be conducted by outside consultants and will focus on achievement towards objectives, use of program resources, identification of obstacles and will recommend solutions.

3.5 Audit

CRS will ensure adequate audit coverage of this grant, as required under OMB circular A-133, in conjunction with its periodic audits on an organization-wide basis to include:

- (1) a separate certification of accountability for USAID/Haiti funds;
- (2) a report on the internal controls of CRS-Haiti, and
- (3) a report on compliance of CRS-Haiti with applicable laws & regulations and grant terms. A copy of the audit reports will be submitted to USAID/Haiti. Funds budgeted under the grant are for a RIG supervised close-out.

audit that will be contracted by USAID/Haiti at the end of the grant period if deemed appropriate.

Final evaluation will be conducted early in 1993 by outside consultants to measure the overall achievements of the program in terms of the established goals and objectives.

USAID will participate in the intermediate and final evaluations in terms of selection of the consultants and in establishing the terms and scope of the evaluations.

3.5 Audit

~~An audit of the program's financial activity will be conducted at the end of the project. The audit will be conducted by an outside firm and will be consistent with USAID requirements. USAID will participate in the selection of the firm and establishing the terms and scope of the audit.~~

4. IMPLEMENTATION PLAN

The CRS implementation plan which follows illustrates the time frames of the major activities in the project. For example, during the first two months of the program, the CRS staff will meet with the 15 health centers which had collaborated in the previous program to determine the type of program (option) to be operated in each center. By the end of month 4, agreements with each of these centers will have been signed and the process of implementation will begin. Once the activities in these 15 centers is underway (month 10), CRS staff will begin to introduce programs with 5 new centers. During month 20, CRS will begin to visit five additional centers and establish programs. By month 24, community-based health programs will have been established in 25 health centers.

Impact evaluation will be conducted as an on-going process. An intermediate evaluation will begin in month 20 and a final evaluation in month 34.

The timing of other major activities are as indicated in the Implementation Plan, Table 3.

CRS IMPLEMENTATION PLAN

MONTHS:	1990				1991					1992					1993										
	A	S	O	N	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	
Visit all 15 centers to confirm "option" chosen	----																								
Sign agreement with centers		----																							
Prepare training program, materials, report forms and master charts			-----																						
Training of Community and Health Workers (Options 3&4)			-----																						
Training of Health workers			-----																						
Implementation of activities in 15 centers																									
Supervision/follow-up of 15 centers																									
Visit other possible centers (5)								----																	
Sign agreement									--																
Train personnel										-----															
Implement & supervise activities (20)																									
Visit other possible centers (5)																									
Sign agreement and train personnel																									
Implement & supervise activities (25)																									
Evaluation:																									
Impact (before/after)																									
Intermediate																									
Final																									

5. FINANCIAL PLAN AND BUDGET

5.1 FINANCIAL PLAN

The total estimated budget for this three year project is \$580,684 as presented in the project detailed yearly budget expressed at the 5-1 rate. Of this total, CRS originally requested \$429,927 from USAID/VACS. A total of \$150,757 will be provided by other sources which include CRS central funds, Title II (Bureau de Gestion) assistance, and limited funds from the CRS strengthening grant (USAID/WASH funds).

In view of USAID's current policy regarding ^{budgeting for local costs at} the exchange ^{rate} of US Dollars to Gourdes at 5-1, the local currency request for each year has been adjusted. Consequently, the total estimated USAID/VACS funding for the CRS project is \$372,050. The detailed requirements for each year in US Dollars (and Local Currency) are provided in Annexes 1, 1A, 1B, and 1C. 357,725

This project will be incrementally funded. The budget for the first year of operation is \$150,681 as indicated in Annexe 1. 127,921

The major elements of the budget are discussed below.

Personnel

CRS is requesting \$94,773 in USAID/VACS support for personnel costs. This figure includes the 6-1 adjustment for local currency costs.

All of the CRS senior staff who will participate in program oversight are paid for by CRS through other sources and their costs are not included in this request. The personnel category includes the costs of the local staff which will be hired to manage and implement the program as well as initiate community development programs.

The salaries of local staff, for example, the program manager at \$23,075 per year are well within the range of salaries paid in other VACS projects. It is also important to note that CRS is dividing the cost of the local personnel, as in the case of the program manager, which is divided evenly between USAID/VACS and other donors. In the case of the assistant program manager, also called the nutrition program animateur in the budget is covered by other sources.

A yearly salary increase of 5% is provided in years 2 and 3 of the project budget.

Benefits

CRS is not requesting budget support for this category. The benefits of the CRS central management staff are included in the salary quotations given in the budget (loaded salaries). The benefits CRS provided to local employees are also covered in their specific line item requests.

Consultants

CRS is requesting a total of \$16,352 with local currency adjusted at 6-1. This line item pertains entirely to the costs of assistance in their field training activities. The cost of these consultants (\$40/day) is quite low when compared to other similar VACS projects.

Equipment:

Non-expendable

The non-expendable equipment line item requests USAID funding for a motorcycle and improvements in existing depots. The vehicle which will be used in this project will be procured with other sources of funding. In this case, the Title II program.

Expendable

The expendable equipment to be procured under the project with USAID funds pertains to the weighing scales and items for the demonstrations in the nutrition aspect of the program (acamil grinder and cooking pot), as well as a small amount of equipment for child stimulation demonstrations. All costs are well within the range of VACS project experience.

Supplies

The supplies category consists of medical and office requirements. The medical supplies consist of de-worming medications, which are standard in all child survival programs and also the ingredients for the acamil (nutrition) demonstrations. Costs for both elements are well within the range of VACS experience. The office requirements consist of elements such as plastic envelopes, copy books, printing of reporting forms. Costs are well within range.

Transportation

The transportation category includes the costs of vehicle maintenance and operation only. The requested total of \$14,878 should be adequate for the project's requirements.

Travel

This category covers the costs of local travel, primarily in rural areas, for participants and supervisors involved in training and supervision. These costs are quite low when compared to other VACS projects.

General and Administrative

This line item pertains to the 8.5% rate attached to all CRS projects with the concurrence of USAID/WASH. The project requests a total of ~~(\$33,132)~~ in this category.

28,507

Per Diem

The three-year total of \$90,963 with local currency adjusted at 6-1 covers the cost of participation in training programs, supervision, and CRS central office staff involved in income-generating projects. These costs are at the established CRS rates (\$24/day for central office staff) which is well below per diem costs in other VACS projects.

Attachment No. 1

BUDGET ANNEXE # 1
CRS 1990-1993

TOTAL C.A. BUDGET
@ 6 Gds. to 1 Dollar

ITEM	Year 1 (1st Increment)			Year 2 TOTAL	Year 3 TOTAL	C.A. TOTAL
	US \$	LOCAL \$	TOTAL			
Personnel	0	\$27,884	\$27,884	\$31,681	\$35,208	94,773
Benefits	0	0	0	\$0	\$0	0
Consultants	0	8,801	8,801	\$3,467	\$4,084	16,352
Equipment	9,500	11,991	21,491	\$8,170	\$11,285	40,946
Supplies	4,560	8,788	13,348	\$17,083	\$23,289	53,720
Transport.	2,500	2,084	4,584	\$4,950	\$5,344	14,878
Travel	0	750	750	\$500	\$525	1,775
G & A	10,147	0	10,147	\$8,159	\$10,501	28,807
Per Diem	0	34,523	34,523	\$24,382	\$32,058	90,963
Training	0	7,501	7,501	\$2,934	\$3,500	13,935
Audit	0	0	0	\$0	\$4,167	4,167
Evaluation	0	500	500	\$2,825	\$4,084	7,409
Total	\$26,707	\$102,822	\$129,529	\$104,151	\$134,045	\$367,725

Footnote #1: Local costs budgeted were converted at a rate of 6 Gourdes to one US Dollar, using a multiplier of .8334. For local costs budgeted, the limitation that applies is the amount of Gourdes units, and not the estimated US Dollars equivalent shown in the above budget.

ANNEXE 1A

CRS BUDGET 1990-1993
U.S. DOLLAR REQUIREMENT

ITEM	YR 1	YR 2	YR 3	TOTAL
Personnel	\$0	\$0	\$0	\$0
Benefits	0	0	0	0
Consultants	0	0	0	0
Equipment	9,500	4,320	6,105	19,925
Supplies	4,560	6,460	10,320	21,340
Transportation	2,500	2,700	2,915	8,115
Travel	0	0	0	0
General & Admin.	10,147	8,159	10,501	28,807
Per Diem	0	0	0	0
Training	0	0	0	0
Audit	0	0	0	0
Evaluation	0	0	0	0
Total	\$26,707	\$21,639	\$29,841	\$78,187

ANNEXE 1B

IN LOCAL CURRENCY

@6/1 (.8334)

ITEM	YR 1	YR 2	YR 3	TOTAL
Personnel	27,884	31,681	35,208	\$94,773
Benefits	0	0	0	0
Consultants	8,801	3,467	4,084	16,352
Equipment	11,991	3,850	5,180	21,021
Supplies	8,788	10,623	12,969	32,380
Transportation	2,084	2,250	2,429	6,763
Travel	750	500	525	1,775
General & Admin.	0	0	0	0
Per Diem	34,523	24,382	32,058	90,963
Training	7,501	2,934	3,500	13,935
Audit	0	0	4,167	4,167
Evaluation	500	2,825	4,084	7,409
Total	\$102,822	\$82,512	\$104,204	\$289,538

SS

ANNEXE 1C

CRS 1990-1993

TOTAL US + LOCAL

	YR 1	YR 2	YR 3	TOTAL
Personnel	\$27,884	\$31,681	\$35,208	\$94,773
Benefits	0	0	0	0
Consultants	8,801	3,467	4,084	16,352
Equipment	21,491	8,170	11,285	40,946
Supplies	13,348	17,083	23,289	53,720
Transportation	4,584	4,950	5,344	14,878
Travel	750	500	525	1,775
General & Admin.	10,147	8,159	10,501	28,807
Per Diem	34,523	24,382	32,058	90,963
Training	7,501	2,934	3,500	13,935
Audit	0	0	4,167	4,167
Evaluation	500	2,825	4,084	7,409
				0
Total	\$129,529	\$104,151	\$134,045	\$367,725

CRS
DETAILED OPERATING BUDGET
YEAR 1

1990-1991
Page 1

	AID	CRS	OTHER	TOTAL
1. PERSONNEL ("% is percent of time paid)				
Country Representative (CR) (10%) (Ted Chaiban)	\$0	\$5,000	\$0	\$5,000
Manager of Admin. and Finance (20%) (Margarett D. Pierre)	0	6,000	0	6,000
Food Mangmnt Off. Manager (20%) (Tony Jacques)	0	5,000	0	5,000
Asst. FMO Manager (20%) (to be determined)	0	5,000	0	5,000
"Small Enterprises Development": Manager (10%) (Paul Thomas)	0	1,980	0	1,980
Animateur (10%) (Urban area) (Emilio Joseph)	0	350	0	350
End Use Checkers (10%) (J.C. Fleurima, W. Jn Pierre, et J.S. Boyer)	0	0	2,000	2,000
MCH Statistician (Salary) (Julio Eugene)	0	0	5,400	5,400
Health/Nutrition Program: Manager (to be determined) (1775X6.5)	11,538	0	11,538	23,075
Health/Nutrition Program: Animateur (to be determined) (600X13)	0	0	7,800	7,800
Animateur for Projects follow-up: (rural area) (400 X 13)	5,720	0	0	5,720
Capital for income generating activities for community workers in rural centers - average: 18 workers/center - \$100/worker	16,200	0	0	16,200
TOTAL PERSONNEL:	33,458	23,330	26,738	83,525

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	AID	CRS	OTHER	TOTAL
2. BENEFITS	0	0	0	0
3. CONSULTANTS				
Topic "Animation" (16ctX2days/ct)				
Topic "Psychomotor stimulation" (16X4days/center)	5,760	0	0	5,760
For Overall program & Training (120 X 40 days=4800)	4,800	0	0	4,800
TOTAL CONSULTANTS:	10,560	0	0	10,560
4. EQUIPMENT				
Non-Expendable:				
Vehicles (1 Jeep)	0	0	18,000	18,000
Motorcycles (1)	3,000 ^{US}	0	0	3,000
Building Materials for Depot Improvement (Chard. & St.J.)	4,000	0	0	4,000
Total Non-Expendable:	7,000	0	18,000	25,000
Expendable:				
One child weighing scale (beam type) @ \$150/unit X 10 (for ea. health facility)	1,500 ^{US}	0	0	1,500
One child weighing scale (hanging type) @\$50/unit X 100 (for ea. community post (cp); average 10 posts/center)	5,000 ^{US}	0	0	5,000
One acamil grinder (locally made) for each center & cp rural (10 cp + 1 ct.) X 7 urban (1 ct.) X 7	1,908	0	0	1,908
One large cooking pot for demonstration (30X106)	3,180	0	0	3,180
Basic kit for Child Stimulation (\$50/center and post)	5,300	0	0	5,300
Total Expendable Equipment:	16,888	0	0	16,888
TOTAL EQUIPMENT:	23,888	0	18,000	41,888

CRS 1990-1991 Pg. 3

	AID	CRS	OTHER	TOTAL
5. SUPPLIES				
Medical Supplies:				
Anthelmintic (deworming)				
- tablets (\$.40/dose):2-4 yrs old				
- syrup (\$1.20/dose):1-2 yrs old	4,560 <i>US</i>	0	0	4,560
Ingredients for first "acamil" demonstration (\$12/30 children)				
9 ct with 10 cp @ 60 kids=180gr.				
7 ct @ 400 kids=90 groups	3,240	0	0	3,240
Office and Forms:				
Plastic envelopes for road-to- health" charts (20,000/yr.)				
	1,500	0	0	1,500
Copybooks clinic/post records (\$50 for ct. with its cp; \$5 for ct without cp)				
	485	0	0	485
Colored stickers (to identify groups) for clinics only				
	320	0	0	320
Printing of master charts and other reporting forms				
	5,000	0	0	5,000
TOTAL SUPPLIES:	15,105	0	0	15,105
6. TRANSPORTATION				
<i>US 2,560</i>				
Vehicle Maintenance & Fuel				
	5000	0	0	5000
TOTAL TRANSPORTATION:	5,000	0	0	5,000
7. TRAVEL				
Rural participants \$15X20 pers				
	300	0	0	300
Urban participants: \$10X12 pers				
	120	0	0	120
For local supervision: Avg. \$40/moX12				
	480	0	0	480
TOTAL TRAVEL:	900	0	0	900

CRS 1990-1991 Pg. 4

	AID	CRS	OTHER	TOTAL
8. GENERAL AND ADMINISTRATION				
@ 8.5% (132,829-7000)	11,299	0	0	11,299
TOTAL G&A:	11,299	0	0	11,299
9. PER DIEM				
Training: Community Workers:				
At community site:				
Participants:				
(15 days@7/dayX2pers.X9ct.)	18,900	0	0	18,900
Trainers:				
(20days@24./dayX2 persX9ct)	8,640	0	0	8,640
At regional site:				
Health workers:				
Where options 3 & 4				
(one 3 day session to complete training)				
3 daysX15/dayX20 pers.	900	0	0	900
Where options 1 & 2:				
(10 daysX15X12 pers.)	1,800	0	0	1,800
At Rural sessions:				
5daysX24/dayX3pers.	360	0	0	360
Income-generating projects:				
--PaP staff:				
4 days/ctX24/dayX7ctX1pers	672	0	0	672
-- animateur (Cayes)				
local supervision:				
12 days/ctX24/dayX2ct	576	0	0	576
PaP follow-up:				
15days/yearX24/day	360	0	0	360
Health/nut. animateur:				
local supervision:				
(24/dayX15 days/mo.X12)	4,320	0	0	4,320

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	AID	CRS	OTHER	TOTAL
PER DIEM (Cont.)				
Pap follow-up: (\$24X3days/mo.X12)	864	0	0	864
For supervision: Rural centers, by health/ nutrition staff 12 daysX\$24/days/ctX7ctX2pers	4,032	0	0	4,032
TOTAL PER DIEM:	41,424	0	0	41,424
10. TRAINING				
Printing of educational material (not available free) average \$30/health worker(hw)	9,000	0	0	9,000
TOTAL TRAINING:	9,000	0	0	9,000
11. AUDIT	0	0	0	0
12. EVALUATION				
Continuous Impact(\$120X5days)	600	0	0	600
Sub Total before G&A	139,935	23,330	44,738	208,002
Add G&A @ 8.5% (139935-7000)*.085	11,299	0	0	11,299
TOTALS 1990-1991	\$151,234	\$23,330	\$44,738	\$219,301

CRS
DETAILED OPERATING BUDGET
YEAR 2

1991-1992
Page 1

	AID	CRS	OTHER	TOTAL
1. PERSONNEL ("% is percent of time paid)				
Country Representative (CR) (10%) (Ted Chaiban)	\$0	\$5,250	\$0	\$5,250
Manager of Admin. and Finance (20%) (Margarett D. Pierre)	0	6,300	0	6,300
Food Mangmnt Off. Manager (20%) (Tony Jacques)	0	5,250	0	5,250
Asst. FMO Manager (20%) (to be determined)	0	5,250	0	5,250
"Small Enterprises Development": Manager (10%) (Paul Thomas)	0	2,080	0	2,080
Animateur (Urban area) (10%) (Emilio Joseph)	0	368	0	368
End Use Checkers (10%) (J.C. Fleurima, W. Jn Pierre, et J.S. Boyer)	0	0	2,100	2,100
MCH Statistician (Salary) (Julio Eugene)	0	0	5,670	5,670
Health/Nutrition Program: Manager (to be determined) (1864X13)	24,232	0	0	24,232
Health/Nutrition Program: Animateur (to be determined) (630X13)	0	0	8,190	8,190
Animateur for Projects follow-up: (rural area) (462 X 13)	6,006	0	0	6,006
Capital for income-generating activities for community workers in rural centers - average: 18 workers/center - \$108/worker (4 new centers)	7,776	0	0	7776
TOTAL PERSONNEL	\$38,014	\$24,498	\$15,960	78472

CRS 1991-1992 Pg. 2

	AID	CRS	OTHER	TOTAL
2. BENEFITS	0	0	0	0
3. CONSULTANTS				
Topic "Animation" (16ctX2days/ct)				
Topic "Psychomotor stimulation" (16X4days/center)	1,560	0	0	1560
For Overall program & Training (130 X 20 days=4800)	2,600	0	0	2600
TOTAL CONSULTANTS:	4,160	0	0	4160
4. EQUIPMENT				
TOTAL NON-EXPENDABLE:	0	0	0	0
Expendable:				
One child weighing scale (beam type) @ \$162/unitX10 (for ea. health facility)	1,620	0	0	1620
One child weighing scale (hanging type) @\$54/unit X 50 (for ea. community post (cp); average 10 posts/center)	2,700	0	0	2700
One acamil grinder (locally made) for each center & cp rural (10 cp + 1 ct.)X4	836	0	0	836
Basic kit for Child Stimulation (\$54/center and post)	2,376	0	0	2376
One large cooling pot for demonstration (32X44)	1,408	0	0	1408
TOTAL EXPENDABLE EQUIPMENT:	8,940	0	0	7532
TOTAL EQUIPMENT:	8,940	0	0	7532

CRS 1991-1992 Pg. 3

	AID	CRS	OTHER	TOTAL
5. SUPPLIES				
Medical Supplies:				
Anthelmintic (deworming)				
- tablets (\$.45/dose):2-4 yrs old				
- syrup (\$1.30/dose):1-2 yrs old	6,460	0	0	6460
Ingredients for first "acamil" demonstration (\$13/30 children)				
13 ct with 10 cp @ 60 kids=260gr.				
7 ct @ 400 kids=90 groups	4,550	0	0	4550
Office and Forms:				
Plastic envelopes for road-to- health" charts (20,000/yr.)	1,620	0	0	1620
Copybooks clinic/post records (\$54 for ct. with its cp; \$5 for ct without cp	737	0	0	737
Colored stickers (to identify groups) for clinics only	440	0	0	440
Printing of master charts and other reporting forms	5,400	0	0	5400
TOTAL SUPPLIES:	19,207	0	0	19207
6. TRANSPORTATION				
Vehicle Maintenance & Fuel	5,400	0	0	5400
TOTAL TRANSPORTATION:	5,400	0	0	5400
7. TRAVEL				
Rural participants (\$15X8)	120	0	0	120
For local supervision:				
Avg. \$40/moX12	480	0	0	480
TOTAL TRAVEL:	600	0	0	600

CRS 1991-1992 Pg. 4

	AID	CRS	OTHER	TOTAL
<hr/>				
8. GENERAL AND ADMINISTRATION				
@ 8.5% X \$112487	9,561	0	0	9561
				0
Total G&A	9,561	0	0	9561
9. PER DIEM				
Training: Community Workers:				
At community site:				
Participants:				
(15 days@ \$7/day X 90 part.)	9,450	0	0	9450
Trainers:				
(20 days @ \$26./day X 2 pers X 4 ct)	4,160	0	0	4160
At regional site:				
Health workers:				
Where options 3 & 4				
(one 3 day session to				
complete training)				
3 days X \$16/day X 8 pers.	384	0	0	384
At Rural sessions:				
5 days X \$26/day X 3 pers.	390	0	0	390
Income-generating projects:				
-- PaP staff:				
4 days/ct X \$26/day X 11 ct X 1 pers	1,144	0	0	1,144
-- animateur (Cayes)				
local supervision:				
12 days/ct X \$26/day X 2 ct	624	0	0	624
PaP follow-up:				
24 days/year X \$26/day	624	0	0	624
Health/nut. animateur:				
local supervision:				
(\$26/day X 15 days/mo. X 12)	4,680	0	0	4,680

CRS 1991-1992 Pg. 5

	AID	CRS	OTHER	TOTAL
PER DIEM (Cont.)				
Pap follow-up: (\$26X3days/mo.X12)	936	0	0	936
For supervision: Rural centers, by health/ nutrition staff 12 daysX\$26/day/ctX11ctX2pers	6,864	0	0	6,864
TOTAL PER DIEM:	29,256	0	0	29,256
10. TRAINING				
Printing of educational material (not available free) average \$32/health worker (hw)	3,520	0	0	3,520
TOTAL TRAINING:	3,520	0	0	3,520
11. AUDIT	0	0	0	0
12. EVALUATION				
continuous (\$130X3days)	390	0	0	390
Intermediate	3,000	0	0	3,000
TOTAL EVALUATION:	3,390			
SUB-TOTAL BEFORE G&A	112,407	24,498	15,760	152,945
Add G&A @ 8.5% here	9,561	0	0	0
TOTALS 1990-1991-----	122,048	24,498	15,960	162,506

CRS
DETAILED OPERATING BUDGET
YEAR 3

(25 Centers: 18 Rural and 7 Urban)
(5 New Rural Centers)

1992-1993 Pg. 1

	AID	CRS	OTHER	TOTAL
1. PERSONNEL ("% is percent of time paid)				
Country Representative (CR) (10%) (Ted Chaiban)	\$0	5,512	0	\$5,512
Manager of Admin. and Finance (20%) (Margarett D. Pierre)	0	6,615	0	6,615
Food Mangmnt Off. Manager (20%) (Tony Jacques)	0	5,512	0	5,512
Asst. FMO Manager (20%) (to be determined)	0	5,512	0	5,512
"Small Enterprises Development": Manager (10%) (Paul Thomas)	0	2,184	0	2,184
Animateur (Urban area) (10%) (Emilio Joseph)	0	386	0	386
End Use Checkers (10%) (J.C. Fleurima, W. Jn Pierre, et J.S. Boyer)	0	0	2,205	2,205
MCH Statistician (Salary) (Julio Eugene)	0	0	5,700	5,700
Health/Nutrition Program: Manager (to be determined) (1957X13)	25,441	0	0	25,441
Health/Nutrition Program: Aimateur (to be determined) (662X13)	0	0	8,606	8,606
Animateau for Projects follow-up: (rural area) (485 X 13)	6,305	0	0	6,305
Capital for income-generating activities for community workers in rural centers - average: 18 workers/center - \$117/worker (2100X5)	10,500	0	0	10,500
TOTAL PERSONNEL	\$42,246	\$25,721	\$16,511	\$84,478

CRS 1992-1993 Pg.2

	AID	CRS	OTHER	TOTAL
2. BENEFITS	0	0	0	0
3. CONSULTANTS				
Topic "Animation"(16ctX2days/ct)				
Topic "Psychomotor stimulation" (16X4days/center) (70*6*5)	2,100	0	0	2,100
For Overall program & Training (140 X 20 days)	2,800	0	0	2,800
TOTAL CONSULTANTS:	4,900	0	0	4,900
4. EQUIPMENT				
TOTAL NON-EXPENDABLE:	0	0	0	0
Expendable:				
One child weighing scale (beam type) @ \$175/unitX15 (for ea. health facility)	2,625	0	0	2,625
One child weighing scale (hanging type) @\$58/unit X 60 (for ea. community post (cp); average 10 posts/center)	3,480	0	0	3,480
One acamil grinder (locally made) for each center & cp rural (10 cp + 1 ct.)X9 (20X55)	1,100	0	0	1,100
Basic kit for Child Stimulation (\$58/center and post) (58 X 55)	3,190	0	0	0
One large cooking pot for demonstration (35X55)	1,925	0	0	1,925
TOTAL EXPENDABLE EQUIPMENT:	12,320	0	0	7,205
TOTAL EQUIPMENT:	12,320	0	0	7,205

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CRS 1992-1993 Pg. 3

	AID	CRS	OTHER	TOTAL
5. SUPPLIES				
Medical Supplies:				
Anthelmintic (deworming)				
- tablets (\$.50/dose): 2-4 yrs old				
- syrup (\$1.40/dose): 1-2 yrs old (0.5*10000)+(1.4*3800)	10,320	0	0	10,320
Ingredients for first "acamil" demonstration (\$12/30 children)				
18 ct with 10 cp @ 60 kids=360gr.				
7 ct @ 400 kids=90 groups	6,300	0	0	6,300
Office and Forms:				
Plastic envelopes for road-to- health" charts (20,000/yr.)	1,750	0	0	1,750
Copybooks clinic/post records (\$58 for ct. with its cp; \$5 for ct without cp	1,079	0	0	0
Colored stickers (to identify groups) for clinics only	600	0	0	600
Printing of master charts and other reporting forms	5,832	0	0	5,832
TOTAL SUPPLIES:	25,881	0	0	24,802
6. TRANSPORTATION				
Vehicle Maintenance & Fuel	5,830	0	0	5,830
TOTAL TRANSPORTATION:	5,830	0	0	5,830
7. TRAVEL				
Rural participants (\$15X10pers)	150	0	0	150
For local supervision:				
Avg. \$40/moX12	480	0	0	480
TOTAL TRAVEL:	630	0	0	630

CRS 1992-1993 Pg. 4

	AID	CRS	OTHER	TOTAL
8. GENERAL AND ADMINISTRATION				
@ 8.5% X \$144,373	12,272	0	0	12,272
Total G&A	12,272	0	0	12,272
9. PER DIEM				
Training: Community Workers:				
At community site:				
Participants:				
(15 days@ \$8/day X 100 part.)	12,000	0	0	12,000
Trainers:				
(20 days @ \$28./day X 2 pers X 5 ct)	5,600	0	0	5,600
At regional site:				
Health workers:				
Where options 3 & 4				
(one 3 day session to complete training)				
3 days X \$17/day X 10 pers.	510	0	0	510
At Rural sessions:				
(5 days X \$28 X 3 pers)	420	0	0	420
Income-generating projects:				
-- PaP staff:				
4 days/ct X \$28/day X 16 ct X 1 pers	1,792	0	0	1,792
-- animateur (Cayes)				
local supervision:				
12 days/ct X \$28/day X 2 ct	672	0	0	672
PaP follow-up:				
24 days/year X \$28/day	672	0	0	672
Health/nut. animateur:				
local supervision:				
(\$28/day X 15 days/mo. X 12)	5,040	0	0	5,040
PaP follow-up:				
(\$28 X 3 days/mo. X 12)	1,008	0	0	1,008

CRS 1992-1993 Pg. 5

	AID	CRS	OTHER	TOTAL
PER DIEM (Cont.)				
For supervision:				
Rural centers, by health/ nutrition staff				
12 daysX\$28/day/ctX16ctX2pers	10,752	0	0	10,752
TOTAL PER DIEM:	38,466	0	0	38,466
10. TRAINING				
Printing of educational material (not available free)				
average \$35/health worker (hw)	4,200	0	0	4,200
TOTAL TRAINING:	4,200	0	0	4,200
11. AUDIT (External)	5,000	0	0	5,000
12. EVALUATION				
Impact, Continuous (\$140X5days)	700	0	0	700
Final (External) (140X15daysX2pers)	4,200	0	0	0
TOTAL EVALUATION:	4,900	0	0	4,900

SUB-TOTAL BEFORE G&A	\$144,373	\$25,721	\$16,511	\$186,605
Add G&A @8.5% here	\$12,272	\$0	\$0	\$12,272

TOTALS 1992-1993-----	\$156,645	\$25,721	\$16,511	\$198,877

ATTACHMENT 3:

SUBSTANTIAL INVOLVEMENT AND REPORTING

SUBSTANTIAL INVOLVEMENT & REPORTING CLAUSES FOR COOPERATIVE AGREEMENT

1. Relationship with URC: The prime technical assistance contractor for the Voluntary Agencies for Child Survival (VACS) Project (A.I.D. No. 521-0206), under which this Cooperative Agreement is funded, is University Research Corporation (URC). URC personnel in Haiti will provide advice and assistance to USAID/Haiti in the administration of this Cooperative Agreement. USAID/Haiti may at its discretion request that URC request, on behalf of USAID/Haiti, financial or technical documentation produced by the Recipient under this Cooperative Agreement. USAID/Haiti may also request that the Recipient work directly with URC on specific issues or plans and will so inform the Recipient. Any amendment, alterations or revisions to this Cooperative Agreement, however, may be made solely between USAID/Haiti and the Recipient.

2. Scopes of Work: USAID/Haiti will approve Scopes of Work for the intermediate and final evaluations ~~and for the audit planned~~ under the project and any other Scopes of Work for ~~URC or other~~ external consultants to this project. *For the close out audit planned, the scope of work will be prepared by the Regional Inspector General for Audit and the services will be contracted by USAID/Haiti.*

3. Revenue Generation: Since a significant portion of the revenues projected during the life of this project will be obtained with USAID financial support, USAID/Haiti will have a substantial involvement in the programming ~~or use~~ of these revenues. CRS will furnish detailed information regarding any revenues generated to USAID through the VACS/URC staff in the monthly financial reports.

4. Periodic Reports: The Recipient will provide to USAID/Haiti, through URC, the following periodic reports under this agreement:

- a. Financial Reports: The Recipient will submit Financial Reports required in the Standard Provisions, Payment-Periodic Advance, to this Agreement on a monthly basis unless USAID/Haiti informs it otherwise in writing.

(Substantial Involvement....cont.)

- b. Technical Reports: The Recipient will submit Progress Reports each quarter during the period of this Agreement which will assess progress towards meeting measurable results by year as detailed in the Program Description and any amendment thereto. The Progress Reports will include, inter alia, a summary of progress to date, problems, and any proposed changes in the implementation schedule to accommodate such changes.

CONTRACT INFORMATION MANAGEMENT SYSTEM (CIMS)

DIRECT ACTION DATA FORM

(For awards to U.S. Individuals and Third Country Nationals (not FSNs) with a TEC less than or equal to \$25,000, only the shaded items on pages 1-5 of the form need to be completed.)

SECTION 1: GENERAL AWARD INFORMATION (All Actions)

1a. Basic Award Number 521-0206-A-00-0020-00	1b. Basic Mod Number	1c. Order Number	1d. Order Mod Number
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AWARD NUMBER COMPONENTS [Items 2-6] NOTE: For modifications and orders — these items refer to the Basic Award.

2. Country/Office (Award Prefix) 521	3. Project Number 0206
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4. Procurement Instrument: Report one of the following codes to identify the type of action. For a work order or a modification to a contract or work order, indicate the category of the basic contract.

- | | |
|---|--|
| <input checked="" type="checkbox"/> A - Cooperative Agreement | <input type="checkbox"/> N - Other Federal Schedule Order |
| <input type="checkbox"/> B - Basic Ordering Agreement (BOA) | <input type="checkbox"/> O - Purchase Order (PO) |
| <input type="checkbox"/> C - Contract (Other than BOA, DQC, IQC, PO, RC, PSC) | <input type="checkbox"/> P - Participating Agency Service Agreement (PASA) |
| <input type="checkbox"/> D - Definite Quantity Contract (DQC) | <input type="checkbox"/> Q - Requirements Contract (RC) |
| <input type="checkbox"/> E - Blanket Purchase Agreement (BPA) | <input type="checkbox"/> R - Resources Support Services Agreement (RSSA) |
| <input type="checkbox"/> G - Grant | <input type="checkbox"/> S - Personal Services Contract (PSC) |
| <input type="checkbox"/> I - Indefinite Quantity Contract (IQC) | <input type="checkbox"/> X - Ribbon PASA |
| <input type="checkbox"/> M - GSA Schedule Order | <input type="checkbox"/> Z - Ribbon Contract (Buy-In) |

5. Participating Agency (PASA/RSSA only)	6. FY of Award 1990
--	------------------------

7. Award Description
The Recipient will provide support for a program in community based Child Survival programs

8. Principal Place of Performance a. A.I.D. Country Code or Name 521	U.S. ONLY <input checked="" type="checkbox"/>	b. City	c. State	d. Zip Code
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9. Benefiting Country (A.I.D. Country Code or Name)
521

10. Project Officer Entry Code/Org. Symbol or A.I.D./W Org. Symbol 521/USAID	Last Name Louis	First Frantz	MI
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11. Requirement Received by Procuring Office (MM/DD/YY) 06/27/90	12. Date Award Signed by A.I.D. (MM/DD/YY) 06/27/90	13. Effective Date of Award (MM/DD/YY) 06/27/90	14. Estimated Completion Date (MM/DD/YY) 06/26/93
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BASIC AWARDS ONLY

15a. SIC Code 8399	15b. Is This Vendor a Small Business for the SIC of Award? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Product/Service Code Q201
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BASIC AWARDS AND ORDERS ONLY

17. Procurement Type	ENTERED FEB 5 1991 CIMS Section 43
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<input type="checkbox"/> A - Technical Services To A.I.D.	<input type="checkbox"/> F - Participant Training
<input checked="" type="checkbox"/> B - Technical Services to Host Country	<input type="checkbox"/> G - Procurement Service Agent (PSA)
<input type="checkbox"/> C - Commodities	<input type="checkbox"/> H - Research
<input type="checkbox"/> D - Training Services to A.I.D.	<input type="checkbox"/> I - Architect and Engineering Services
<input type="checkbox"/> E - Training Services to Host Country	<input type="checkbox"/> J - Construction

18. Negotiator (Last, First, MI)	Country Code & Org. Symbol or A.I.D./W Org. Symbol	Signature
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19. Contract Officer (Last, First, MI) Napper, Martin F.	Country Code & Org. Symbol or A.I.D./W Org. Symbol 521/USAID	Signature <i>Martin Napper</i>
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SECTION 2: DATA REQUIRED FOR SPECIFIC TYPES OF ACTIONS

GRANTS AND COOPERATIVE AGREEMENTS ONLY

20. Grant/Agreement Type

- | | |
|---|---|
| <input type="checkbox"/> A - Disaster Assistance | <input checked="" type="checkbox"/> C - Other Specific Support Programs |
| <input type="checkbox"/> B - American Schools and Hospitals Abroad (ASHA) | <input type="checkbox"/> D - Title XII Authority |
| | <input type="checkbox"/> E - Other than A, B, C, or D |

21. Total Amount of Non-Federal Funds pledged to this Grant/Agreement

\$ 0

GSA & OTHER FEDERAL SCHEDULE ORDERS

22. Schedule Contract Number

23. Name of Federal Agency Awarding Schedule

IQC BASIC ONLY

24. IQC Service Area

25. Minimum

26. Maximum (life of contract)

\$

\$

ORDERS AND CONTRACTS ONLY

27. Advisory & Assistance Services?

Yes

No

BASIC CONTRACTS ONLY

28a. Contract Type

- | | | |
|--|--|---|
| <input type="checkbox"/> A - Cost-Plus (Fixed Fee) | <input type="checkbox"/> F - Cost (No Fee) | <input type="checkbox"/> K - Fixed Price with Economic Price Adjustment |
| <input type="checkbox"/> B - Firm Fixed Price | <input type="checkbox"/> G - Cost-Plus (Award Fee) | |
| <input type="checkbox"/> C - Time and Materials | <input type="checkbox"/> H - Cost-Plus (Incentive Fee) | |
| <input type="checkbox"/> D - Labor Hour | <input type="checkbox"/> I - Fixed-Price Incentive | |
| <input type="checkbox"/> E - Cost Sharing | <input type="checkbox"/> J - Fixed-Price Redetermination | |

28b. If Cost-type Contract, is this a level of effort (term) contract?

Yes No

29a. Is this a Letter Contract?

Yes

No

29b. Is this a Definitization of a Letter Contract?

Yes

No

30. Preference Program

- | | |
|---|---|
| <input checked="" type="checkbox"/> A - No Preference Program or Not Listed | <input type="checkbox"/> E - Tie-bid Preference |
| <input type="checkbox"/> B - 8(a) Program | <input type="checkbox"/> F - Labor Surplus Area (LSA) Set-aside |
| <input type="checkbox"/> C - Small Business (SB) Set-aside | <input type="checkbox"/> G - Combined LSA/SB Set-aside |
| <input type="checkbox"/> D - Sheltered Workshop | |

31. Subject To Labor Statute

- | |
|--|
| <input type="checkbox"/> A - Walsh-Healey Act, Manufacturer |
| <input type="checkbox"/> B - Walsh-Healey Act, Regular Dealer |
| <input type="checkbox"/> C - Service Contract Act |
| <input type="checkbox"/> D - Davis-Bacon Act |
| <input checked="" type="checkbox"/> E - Not Subject to the Above (include PSCs) |

32. Country of Manufacture/Origin of Services (A.I.D. Country Code or Name)

521

33. Subcontract Plan Required?

Yes No

34. Date Solicitation Notice Published in CBD (MM/DD/YY)

N/A

35. Date Solicitation Issued (MM/DD/YY)

N/A

BASIC CONTRACTS AND NON-COMPETITIVE CONTRACT MODIFICATIONS ONLY

36. CICA Applicability

- | | |
|---|--|
| <input type="checkbox"/> A - CICA Applicable (Include 8(a)) | <input checked="" type="checkbox"/> C - Subject to a Statute other than CICA (use for FAA) |
| <input type="checkbox"/> B - Small Purchase Procedure | <input type="checkbox"/> D - Pre-CICA |

37. Extent Competed

- | | |
|---|---|
| <input type="checkbox"/> A - Competed Action (Include Small Business set-aside) | <input type="checkbox"/> C - Follow-on to Competed Action |
| <input type="checkbox"/> B - Not Available for Competition (use for sole-source 8(a)) | <input checked="" type="checkbox"/> D - Not Completed |

38. Solicitation Procedure

- | | |
|---|---|
| <input type="checkbox"/> A - Full and Open Competition (Sealed Bid) | <input type="checkbox"/> G - Alternate Source (Reduced Cost) |
| <input type="checkbox"/> B - Full and Open Competition (Competitive Proposal) | <input type="checkbox"/> H - Alternate Source (Mobilization) |
| <input type="checkbox"/> C - Full and Open Competition (Combination) | <input type="checkbox"/> J - Alternate Source (Engineering/R&D) |
| <input type="checkbox"/> D - Architect - Engineer | <input type="checkbox"/> K - Set Aside (Include competitive 8(a)) |
| <input type="checkbox"/> E - Basic Research | <input checked="" type="checkbox"/> L - Other Than Full & Open Competition (Include sole-source 8(a), FAA.) |
| <input type="checkbox"/> F - Multiple Award Schedule | |

39. Authority — Other than Full & Open Competition (Complete Only if No. 38 = L)

- | | |
|---|---|
| <input type="checkbox"/> A - Unique Source | <input type="checkbox"/> J - Mobilization |
| <input type="checkbox"/> B - Follow-on Contract | <input type="checkbox"/> K - Essential R&D Capability |
| <input type="checkbox"/> C - Unsolicited Research Proposal | <input type="checkbox"/> L - International Agreement |
| <input type="checkbox"/> D - Patent/Data Rights | <input checked="" type="checkbox"/> M - Authorized by Statute (inc. sole-source 8(a), FAA.) |
| <input type="checkbox"/> E - Utilities | <input type="checkbox"/> N - Authorized Resale |
| <input type="checkbox"/> F - Standardization | <input type="checkbox"/> P - National Security |
| <input type="checkbox"/> G - Only One Source - Other than A-F above | <input type="checkbox"/> Q - Public Interest |
| <input type="checkbox"/> H - Urgency | |

40. A.I.D. Special Authorities — Other than Full & Open Competition (Complete only if No.39 = M)

- | | |
|--|---|
| <input type="checkbox"/> A - Impairment of Foreign Aid Programs: All Personal Services Contracts (PSCs). (See AIDAR 706.302-70) | <input type="checkbox"/> E - Impairment of Foreign Aid Programs: Title XII Selection Procedure-Collaborative Assistance. (See AIDAR 706.302-70) |
| <input type="checkbox"/> B - Impairment of Foreign Aid Programs: Award of \$100,000 or less by an overseas contracting activity. (See AIDAR 706.302-70) | <input type="checkbox"/> F - Disaster Relief (See Handbook 8, Chapter 2) |
| <input type="checkbox"/> C - Impairment of Foreign Aid Programs: Written Determination by Assistant Administrator or Administrator. (see AIDAR 706.302-70) | <input checked="" type="checkbox"/> G - None of the Above Special Authorities |
| <input type="checkbox"/> D - Impairment of Foreign Aid Programs: Title XII Selection Procedure-General. (See AIDAR 706.302-70) | |

41. Synopsis of Procurement

- | |
|--|
| <input type="checkbox"/> A - Synopsized prior to award |
| <input checked="" type="checkbox"/> B - Not synopsized due to urgency (use only if No. 39 = H) |
| <input type="checkbox"/> C - Not synopsized for other reason |

42. No. of Offers

43. No. of Offers of Non-U.S. Item(s)

MODIFICATIONS ONLY

44. Modification purpose (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Incremental Funding | <input type="checkbox"/> Exercise of Option |
| <input type="checkbox"/> Administrative Change | <input type="checkbox"/> Transfer Administrative Responsibility |
| <input type="checkbox"/> Extension of Term | <input type="checkbox"/> Novation Agreement |
| <input type="checkbox"/> New/Revised Scope of Work | <input type="checkbox"/> Termination for Convenience |
| <input type="checkbox"/> Increase in TEC | <input type="checkbox"/> Termination for Default |
| <input type="checkbox"/> Decrease in TEC | Other: _____ |
| <input type="checkbox"/> Overhead Rate Adjustment | _____ |

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SECTION 3: VENDOR INFORMATION (All Actions)

45. Prime Vendor: (Full Name and Address) Catholic Relief Services Rue Geffrard, 3ème Etage Building Chatelain Port-au-Prince, Haiti	46. DUNS or CEC Number 47. Taxpayer ID No. (TIN)
---	---

BASIC AWARDS AND NOVATIONS ONLY

48. Economic Sector

<input checked="" type="checkbox"/> A - Private	<input type="checkbox"/> C - Federal Government
<input type="checkbox"/> B - International Public Sector	<input type="checkbox"/> D - State/Local Government

49. Business Organization Type

<input type="checkbox"/> A - Corporation	<input type="checkbox"/> H - Voluntary Organization
<input type="checkbox"/> B - Individual	<input checked="" type="checkbox"/> I - Foundation
<input type="checkbox"/> C - University or College	<input type="checkbox"/> J - Hospital
<input type="checkbox"/> D - Historically Black College or University	<input type="checkbox"/> K - Partnership
<input type="checkbox"/> E - Educational Organization other than University or College	<input type="checkbox"/> L - Proprietorship
<input type="checkbox"/> F - International Center	<input type="checkbox"/> M - Sheltered Workshop
<input type="checkbox"/> G - Research Organization other than International Center	<input type="checkbox"/> Z - Other

50. For Profit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	51. U.S. Nationality? (If U.S. Nationality, then answer Items 52-53) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--

52. Ownership Type (Complete only if Item No. 51 = Yes) <table style="width:100%;"> <tr> <td><input type="checkbox"/> A - Asian-Indian American</td> <td><input type="checkbox"/> E - Native American</td> </tr> <tr> <td><input type="checkbox"/> B - Asian-Pacific American</td> <td><input checked="" type="checkbox"/> F - Other Minority</td> </tr> <tr> <td><input type="checkbox"/> C - Black American</td> <td><input type="checkbox"/> Z - Non-Minority</td> </tr> <tr> <td><input type="checkbox"/> D - Hispanic American</td> <td></td> </tr> </table>	<input type="checkbox"/> A - Asian-Indian American	<input type="checkbox"/> E - Native American	<input type="checkbox"/> B - Asian-Pacific American	<input checked="" type="checkbox"/> F - Other Minority	<input type="checkbox"/> C - Black American	<input type="checkbox"/> Z - Non-Minority	<input type="checkbox"/> D - Hispanic American		53. Woman/Woman-Owned? (Complete only if Item No. 51 = Yes) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> A - Asian-Indian American	<input type="checkbox"/> E - Native American								
<input type="checkbox"/> B - Asian-Pacific American	<input checked="" type="checkbox"/> F - Other Minority								
<input type="checkbox"/> C - Black American	<input type="checkbox"/> Z - Non-Minority								
<input type="checkbox"/> D - Hispanic American									

54. If the Vendor is an individual who is not a U.S. Citizen, is he/she a Green Card holder?
 Yes No

55. If U.S. University, Host Country Counterpart Institution:
 N/A

56a. Common Parent Organization (tax purposes) <input type="checkbox"/> Yes <input type="checkbox"/> No	56c. DUNS or CEC Number
---	--------------------------------

56b. Parent Vendor (Full Name)	56d. Taxpayer ID No. (TIN)
---------------------------------------	-----------------------------------

57a. Joint Venture?
 Yes No

57b. Participant Vendor (Full Name)	57c. DUNS or CEC No.	57d. Taxpayer ID No. (TIN)
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SECTION 4: FINANCIAL INFORMATION (All Actions)

58. Total Estimated Cost (TEC)

a. Previous TEC

\$

b. (Increase/Decrease) This Action

\$ 367,725

c. Current TEC

\$ 367,725

OBLIGATION DATA

59.

a. Budget Plan Code

b. Project Number

c. Amount Obligated/Deobligated
(This Action)

d. Funds Type*

LDCA-90-25521-KG13

0206

\$ 129,529

USD

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$ 129,529

e. TOTAL 

*** Funds Type Codes**

USD: U.S. Dollars

USL: U.S. Owned Local Currency

60. Paying Office: Identify the Office responsible for paying vendor invoices.

For Mission Payments, enter:

USAID/Haiti

USAID/ (country)

For A.I.D./W Payments, check either:

PFM/FM/A/OE

PFM/FM/CMPD/DCB

61a. Incrementally Funded?

YES

NO

61b. If incrementally Funded;

Date Funded through: (MMDDYY)

09/30/91