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UNCLASSIFIED

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

DOMINICAN REPUBLIC

PROJECT PAPER

CHILD SURVIVAL
AMENDMENT NUMBER 1

AID/LAC/P-634
CR-407

PROJECT NUMBER: 517-0239

UNCLASSIFIED

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number 1

DOCUMENT CODE

3

COUNTRY/ENTITY
Dominican Republic

3. PROJECT NUMBER

517-0239

4. BUREAU/OFFICE

LAC

05

5. PROJECT TITLE (maximum 40 characters)

Child Survival

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
016 | 310 | 9 3

7. ESTIMATED DATE OF OBLIGATION
(Under "B" below, enter 1, 2, 3, or 4)

A. Initial FY 87

B. Quarter 4

C. Final FY 91

8. COSTS (\$000 OR EQUIVALENT \$1 = RD\$3.44)

A. FUNDING SOURCE	FIRST FY 87			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total (Grants)	436	356	792	2511	3141	5652
(Loan)	()	()	()	()	()	()
Other U.S.						
Host Country		336	336			
Other Donor(s)					3350	3350
TOTALS	436	692	1128	2511	6491	9002

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) HE	530-B	510		4652		1000		5652	
(2)									
(3)									
(4)									
TOTALS				4652		1000		5652	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	BR	BU	NUTR	PVOU	PVON
B. Amount	2500	2500	652	2000	1000

13. PROJECT PURPOSE (maximum 480 characters)

To create in three health regions an integrated public/private child survival health services delivery system which can be extended to national coverage.

14. SCHEDULED EVALUATIONS

Interim MM YY | MM YY | Final MM YY
06 | 89 | 11 | 29 | 11 | 09 | 93

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (TAU is page 1 of a 18 page PP Amendment)

Project management to be changed; range of activities to be narrowed; Grant to be increased; and PACD to be extended.

Approval of methods of implementation and financing:

R

Controller

17. APPROVED BY

Signature: Raymond F. Rifenburg
Title: Raymond F. Rifenburg
Director, USAID/DR

Date Signed: MM DD YY
02 | 21 | 91

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY
| | | | |

PROJECT AUTHORIZATION AMENDMENT No. 1

NAME OF COUNTRY : Dominican Republic
NAME OF PROJECT : Child Survival
NUMBER OF PROJECT : 517-0239

1. To increase this Grant by One Million United States Dollars (\$1,000,000), to allow for obligation of these additional funds, and to allow for extension of the Project Assistance Completion Date to June 30, 1993, Section 1 of the Project Authorization dated September 24, 1987 is hereby deleted in its entirety and the following substituted therefor:

"1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Child Survival Project for the Dominican Republic involving planned obligations of not to exceed Five Million Six Hundred Fifty Two Thousand United States Dollars (\$5,652,000) in Grant funds over four years from the date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the Project. The planned life of Project is six years from the date of initial obligation."

2. To allow for the technical assistance procurement mode to be used during the Amendment period, Section 2 of the Project Authorization is hereby deleted in its entirety and the following substituted therefor:

"2. The Project will provide support for a limited number of health and nutrition interventions intended to reduce the rates of infant and child mortality in rural and urban areas of the Dominican Republic. To this end the Project may provide financing for training, educational materials, budget support and commodity assistance, through a contracted firm or institution, to the Secretariat of State for Public Health and Social Assistance and Dominican and U.S. Private Voluntary Agencies and other Non-Governmental Organizations."

3. The A.I.D. Geographic Code for source, origin and nationality purposes applicable to the \$1,000,000 increment authorized by this amendment is Code 000, United States only, except as A.I.D. may agree otherwise in writing.

4 In consideration of the economic condition of the Dominican Republic at this time, Section 3 c. (2) is hereby deleted in its entirety and the following substituted therefor:

"(2) Support for Child Development. The Government of the Dominican Republic will make best efforts to assure an efficient flow of resources to the Project by (a) taking steps to assure prompt approval, provide adequate budgets and allocation of counterpart funds to all participating Dominican public and private organizations; (b) establishing within SESPAS a decentralized revolving fund for operating expenses in the selected SESPAS Health Regional offices; and (c) allocating sufficient operating funds from the SESPAS budget to sustain recurring costs of materials and maintenance of equipment in the target regions following completion of the Project."

5. All other Terms, Conditions, and Covenants remain unchanged.

Raymond F. Rifenburg
Raymond F. Rifenburg
USAID Director
Dominican Republic

February 21, 1991
Date

Clearances:
PDS:RPMathia: RM Date 11/25/90
PDS:MBAllen: (In draft) Date 11-29-90
HPD:TTruitt: (In draft) Date 11-29-90
HPD:LHougen: (In draft) Date 11-29-90
CON:KLeBlanc: KL Date 1/16/91
PRG:TCornell: In Draft Date 11-29-90
RLA:EDragon: (In Draft) Date 11-29-90
DD:FConway: FD Date 2/16/91

CHILD SURVIVAL: AMENDMENT NO. 1
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I. SUMMARY AND RECOMMENDATIONS

It is the sense of most observers that the child survival situation in the Dominican Republic is worse now than three years ago. Unfortunately, neither the A.I.D.-funded Child Survival Project nor the Government's child survival program have worked as planned. Changes are to take place now in both. On the Government side, SESPAS/PLANSI will receive a substantial allotment of PL-480 funds (originally programmed within the A.I.D. Project); on the A.I.D. side, the components of a child survival services delivery system -- training modules, operating systems, development of a group of delivery agents -- are near completion, and new independent, contracted Project management will take over in mid-1991.

The Project Amendment proposed herein takes into account the experiences of the past two years, and proposes a recasting of the Project's Goal and Purpose; an interim curtailment in the range of Project activities; and the replacement of Project management. The PACD will be extended by 21 months, to June 30, 1993, and A.I.D. funding increased by \$1 million. During this period the Project is intended to create in three Health Regions an integrated public/private child survival health services delivery system which can be expanded to national coverage, an essential requisite to bringing the Dominican Infant Mortality Rate and Child Mortality Rate down to the levels sought worldwide by A.I.D.

Amended Summary Budget
(US\$'000)

<u>A.I.D. Grant</u>		<u>% of total</u>
Foreign Exchange	2,511	28
Local Currency	3,141	35
	<u>5,652</u>	<u>63</u>
 <u>Counterpart</u>		
Local Currency	2,325	26
In-kind	1,025	11
	<u>3,350</u>	<u>37</u>
 Total	 9,002	 100%
	=====	=====

Signature of the attached Authorization Amendment No. 1, execution of Project Agreement Amendment No. 4 with the Technical Secretariat of the Presidency, and immediate initiation of formal competition for the management contract are recommended.

II. BACKGROUND AND RATIONALE

A. A.I.D. Policy

The A.I.D. policy regarding child survival is to achieve targeted reductions in infant mortality through a strategy encompassing interventions in six areas: immunization, diarrheal disease control, nutrition, population, health research, and health finance. The Agency's "Blueprint for Development" includes among its goals the reduction of infant mortality to less than 75 per 1,000 and the reduction of child mortality (ages 1 to 5 years) to less than 10 per 1,000. The Infant Mortality Rate (IMR) is often taken as the best indicator of a country's health status, reflecting socio-economic variables as well as the health care delivery system.

B. The Dominican Situation

In the Dominican Republic, the IMR where the mother has no maternal education is 101.7; it declines sharply as the education level rises. Lack of maternal education is the one variable associated with the highest infant mortality rate. Improving maternal education and practices will call for immunization and oral rehydration therapy (ORT) coverage, changes in breastfeeding and weaning practices, improvements in prenatal and other elements of maternal health, improvements in nutrition for mother and child, changes in child spacing, and family planning services. This is a complex and long-term challenge.

The steady deterioration of the national economy is making a bad health situation worse. The Dominican Republic is undergoing a period of economic austerity, limiting increases in spending, particularly social spending, and attempting to improve international competitiveness through exchange rate adjustments. Inflation of almost 58% in 1987 was followed by 41% in 1989 and inflation in 1991 is projected to exceed 60%. The minimum monthly wage is RD\$1,120 (about \$97.00) for private large sector enterprises and 650 pesos (or about \$57.00) for public sector employees. Unemployment has been on the order of 25% of the work force for several years and may average over 30% during the last six months of 1990. GNP growth of approximately 3.8% in 1989 may turn negative during 1990, and the country may have fallen into recession in July 1990. Increases in foreign investment and foreign exchange earnings from tourism and free trade zones though very large have not translated into employment creation adequate to alleviate the plight of the lower income population. Thus lower and middle income groups are drastically affected by sharply reduced real income and drastic reductions in the availability of most social services. The result is a widely perceived deterioration in nutrition and health status, especially in rural and low-income urban areas.

The Dominican situation is unlikely to improve soon. Subsidies for basic commodities have introduced market distortions which work against production. The Government recognizes the effects of such distortions and is taking steps to remove them; the cure, unfortunately, is worse than the disease for many families, who now find that a budget that once provided a marginally adequate diet may no longer be sufficient to preserve the health and energy of income earners, let alone children.

C. The Child Survival Project

A.I.D. authorized the Child Survival Project in 1987 to be carried out by the Save the Children Federation under a Cooperative Agreement signed in July 1988. The key components of the Project are:

1. Seven Interventions

- diarrheal disease Control (DDC);
- support of national Expanded Program on Immunization campaigns (EPI);
- promotion of birth spacing and provision of contraceptives (BS);
- prevention of low birth weight (LBW);
- promotion of breastfeeding (BF);
- management of acute lower respiratory infections (ARI);
- growth monitoring and nutrition education (GM/N).

Two of the listed interventions are supported by USAID projects in family planning and vaccination; the Child Survival project was to complement and draw upon those projects in three Health Regions of the country. These interventions have a proven impact on childhood morbidity and mortality, and are the basis of the public sector child survival program.

2. Mixed Public/Private Participation

The Project works through public and private sector health providers. SESPAS (Secretary of State for Health and Social welfare - the Ministry of Health) was to employ PL-480 local currency proceeds to support its child survival program. Grant support was channeled to private voluntary organizations (PVOs) to strengthen and expand their health services. Coordinating committees were established at different hierarchical levels to reduce duplication and overlap, while encouraging synergy, complementarity, and an integrated public/private approach to training, service delivery, and monitoring.

3. Independent Project Management.

A.I.D. entered into a Cooperative Agreement with an international PVO to implement the Project. It was assumed that a coordinating PVO (C/PVO) with extensive field experience in child survival would possess the technical and managerial skills necessary to start and run a child survival program in the Dominican Republic. The C/PVO was charged with, among other things, developing training, information, financial, impact monitoring, communication, and research systems; identifying and supporting innovative and capable local NGOs working in child survival activities; developing coordinating mechanisms among the collaborating organizations, public and private; and managing Project resources.

4. Limited Geographic Scope

The Project provided services to children under five and women of reproductive age in three (of eight) national Health Regions two along the western border with Haiti, and the capital. These Regions were chosen because of their concentrations of the poorest segments of the population, their high IMRs and CMRs, and the presence of SESPAS facilities and local PVOs.

As the Project developed, problems emerged in three areas:

1. G/PVO Staffing and Management

The G/PVO encountered difficulty managing resources as well as locating and retaining field staff and in completing specified tasks.

2. PL-480 Funds for SESPAS

SESPAS has been unable to obtain and disburse this local currency.

3. Priorities

"Rapid response grants" were given to three local PVOs to establish service delivery operations at the outset. These were not followed quickly by other grants, and the perception grew among PVOs and within the SCF team that the Project's priority was training materials and systems development rather than the delivery of services.

Nevertheless there were several positive achievements during the first two years:

- o The PVOs' financial control systems were strengthened. The integrity of those systems is well regarded;
- o Inter-PVO coordination was strengthened. As an example, the PVOs operating in Region VI reallocated geographic responsibilities among themselves;
- o Useful information on child survival knowledge, attitudes, and practices was obtained; and
- o Services were, in fact, provided to many families; by mid-1990 572 health promoters supported by the project had worked with over 50,000 children and 37,000 mothers.

On the negative side of the ledger, however, absent the PL-480 local currency, SESPAS resources were not fully mobilized and overall Project coverage was significantly less than planned. Of perhaps equal importance, training materials and delivery systems were not developed at a pace that kept up with the expansion of field activities, and the C/PVO team was going through serious personnel problems.

D. Time for a Change

In mid-1990 the Mission began a critical re-examination of the Project, considering immediate termination, lesser levels of A.I.D. involvement, and several variants on the existing model.

There are three grounds for continuing support to the Dominican Republic's public and private child survival efforts: Humanitarian, economic, and political. The humanitarian case is inescapable: the picture presented by statistics and anecdote in the recent Evaluation (Annex C) and Health Sector Assessment (Annex D), reinforced by casual observation of urban and rural conditions, is heartbreaking. In situations like this, A.I.D. and overall USG policy is to help. The economic case also is unequivocal. As the Project Paper concludes, "the main output of the project, from the economic point of view, is healthier mothers and children. The improved health (mental and physical) can be expected to result in immense social as well as strictly economic benefits." The political case, while perhaps less obvious, is two-fold: within the Dominican Republic this Project will strengthen private sector social mechanisms and enhance the U.S. image, while within A.I.D. it is an activity responding to Agency policy and Congressional interest.

After extended review and debate, in July, 1990 the Mission notified the C/PVO that the Cooperative Agreement was being terminated for convenience. The C/PVO was asked to continue through May 1991 to complete several specific tasks and to allow for a smooth transition to a new contractor. The Mission also decided to narrow the scope of the Project somewhat, and to make minor activity changes. This Amendment will authorize the selection of a new contractor, and put these Project modifications into effect.

The change from a Cooperative Agreement, under which A.I.D. assists a organization in carrying out its own project with specified and usually moderate A.I.D. involvement, to a Contract under which an organization will perform against an A.I.D. dictated scope of work with close A.I.D. involvement is expected to bring to the Project: staffing with the requisite skills, available when and as needed (long-term residential and short-term specialist); the completion of tasks as defined and scheduled (e.g. training modules); and a gradual shifting of responsibilities into local hands. It is expected that the Project in its modified form, working with only four of the seven interventions selected originally (DDC/ORT, EPI, BF, BS), is realistic in the Dominican Republic today.

III. Amended Project Description

A. Problem Statement

The Child Survival Project includes a series of interventions intended to break the circle of malnutrition, disease, misinformation and ignorance which lead to the high infant and child death rates of the Dominican Republic. The technologies and practises employed -- oral rehydration therapy, immunizations, breastfeeding and nutrition education, birth spacing -- form the core of A.I.D.'s child survival strategy. A network of local PVOs working at the community and family level, backed up by regional and national public health facilities, can develop into an effective, sustainable delivery system. As explained at length in the Project Paper, the Project is a technically sound response to Dominican child survival problems.

Child survival problems per se are not directly addressed by this Amendment. However the Amendment exercise offers an opportunity to consider refinements in the Project, taking advantage of two year's operational experience and reflecting the Dominican situation today. Several such adjustments -- phasing interventions, training for doctors, and mass media useage -- are suggested in this Supplement.

The problem this Amendment does address is administrative: the failure of the Coordinating PVO in Project management. Regardless of an organization's age, size, or record, its success in providing technical assistance and management is determined largely by the character and capabilities of the individuals on each job. In this case, The C/PVO was dogged from the beginning by no-shows, in-house conflict, and inexperienced management. Murphy's Law applied at all levels, from overall priorities and allocations of effort down to a purse-snatcher who got away with the only copy of a nearly completed training module. For whatever reasons -- the range and complexity of the assignment, SESPAS's default, the collapsing economy, the cumulative effect of heat in the absence of lights and water, and plain bad luck, the C/PVO has been unable to carry out this assignment satisfactorily. An amicable parting has been negotiated, a substitution is indicated, and a contract with a qualified firm will be awarded.

B. Goal and Purpose

The Project in this Amendment phase becomes a trimmed-down version of the 1987 design, with a Goal and Purpose looking further ahead than before; set of Outputs reflecting realistic expectations within the limits of four interventions; and Inputs based on cost experience and a somewhat different menu of contracted technical assistance, local training, and PVO commodity and other support costs.

The amended Goal is the creation of a national integrated public/private child survival health services delivery system, a prerequisite to the attainment of the levels of infant and child health sought by A.I.D.'s Child Survival Strategy. This is an application of A.I.D.'s child survival policy on the scale that should be attempted: a long-term effort leading to nationwide coverage.

The amended Purpose is to create in three Health Regions an integrated public/private child survival health services delivery system which can be expanded to national coverage. We expect this Amendment phase to yield a technically sound, culturally acceptable, administratively workable, politically sustainable, and cost-effective model. This model may then be replicated in a follow-on A.I.D. project in other Health Regions demonstrating effective demand, i.e. an accessible population and the presence of interested local PVOs and SESPAS.

C. Project Activities

1. Services: Content and Delivery

Project operations will be similar to those set out in the 1987 Project Paper, taking into account the work which has been completed and the reduced range of activities during the remaining Project life. Under the direction of the Contractor the participating twelve local PVOs, and SESPAS to the extent circumstances permit, will provide maternal education including promotion of breastfeeding and birth spacing (B+B), diarrheal disease control (DDC) and oral rehydration therapy (ORT) counseling and therapy, and Expanded Program on Immunization (EPI) counseling and vaccinations. These services will be delivered by outreach teams of promoters and other agents and their supervisors to families and communities; and by SESPAS and other local service centers to which clients or patients come and bring their children.

2. Project Management

During the Amendment period the Project will be managed by a contracted firm or institution which will report to the Mission and will have nine tasks and responsibilities:

- a. Complete any training modules or operational systems found incomplete.
- b. Arrange for training to PVOs (promoters, supervisors, and train trainers); to nurses, pasantes,⁽¹⁾ and doctors and curanderos;⁽²⁾ and to SESPAS staff as requested.
- c. Administer the procurement of promotional and educational materials; of contraceptive, EPI and ORT supplies; of office and health equipment and supplies; and the motor pool.

(1) Medical school graduates serving one year of compulsory public service.
(2) Traditional healers.

- d. Review and approve PVO proposals, budgets, and other support requests; disburse, control, and account for A.I.D. funds donated to PVOs.
- e. Design and run (with subcontracted assistance) mass media campaigns.
- f. Plan and present to all interested PVOs four seminars on institutional sustainability.
- g. Provide physical and fiscal oversight, end-use checks, and regular reports on progress, problems, and program coverage.
- h. Evaluation; and
- i. Delegate (b), (c), and (e) to local entities when circumstances allow, and develop local managerial competence for follow-ons.

D. Outputs and End of Project Status

The Project will produce a public/private integrated Child Survival service delivery model; maternal education methodologies for DDC, ORT, EPI and B + B; trained promoters, supervisors, and trainers; nurses, auxiliaries, pasantes, practicing doctors and curanderos with upgraded child survival knowledge; and mass media programs broadcasting child survival information and Project news nationwide.

The end of this Project phase will see:

- A service delivery model including DDC, ORT, EPI, and B + B promotion in 12 PVOs and three SESPAS Health Regions;
- Competent local supervision and execution of maternal education and child survival training and logistics;
- Enrollment of 140,000 children under 5 years and 105,000 women in the 15-49 years old group in the PVO and SESPAS interventions; and
- 60% of the families in each Health Region aware of the value of breastfeeding, birthspacing, and immunizations, and able to apply ORT correctly.

E. Inputs

Inputs will include the same line items as in the 1987 Project Paper: technical assistance, training, commodities, PVO subgrants, and audits/evaluations. Considering the preparatory work which will be finished by the beginning of the Amendment phase (June, 1991) and the already completed one-time commodity procurements (vehicles, scales, field and office equipment), technical assistance and financing for PVO operations are expected to consume the bulk of the A.I.D. funds.

IV. IMPLEMENTATION ARRANGEMENTS

A. Termination of Cooperative Agreement

In July, 1990 the C/PVO was formally notified that their Cooperative Agreement would be terminated for convenience, and in subsequent discussions agreed to work through May, 1991 to complete eight training modules and the service delivery and supervision system designs; prototypes of training materials on DDC, ORT, and breastfeeding; to continue their logistical tasks (motor pool, obtaining OR salts, supplying baby scales); and the ongoing routines of oversight and coordination, and to assist in the new contractor's entry. Closeouts are more difficult than startups, and the C/PVO is commended for the positive approach it is taking in completing agreed tasks in a professional manner while maintaining PVO interest and Project momentum.

B. Award of Contract

Immediately following authorization of this Amendment the Mission will issue a RFP covering the remaining two-year management task, drawing on the Scope of Work and position descriptions presented in Annex B. The utility of having a brief overlap of the C/PVO and the new Contractor in May, 1991 lends a note of urgency to this process.

C. Mission Role 1991-1993

After mobilization and a period of familiarization, the Contractor's first task will be the preparation of a detailed first-year Implementation Plan identifying and scheduling activities for the Contractor, for the PVOs, and to the extent possible for SESPAS. From this Plan the Contractor and the Mission will be able to derive manpower and commodity schedules; cost and cash flow projections; an audit and evaluation schedule; and a scheme to measure Project progress and the beneficiary population. Given the history of this Project, contract management and oversight by the Mission will be close.

V. FINANCIAL PLAN AND COST ESTIMATES

A. Funds On Hand

As the table below illustrates, as of September 30, 1990 the Grant balance available to finance new activities ("available for sub-obligation") was \$2,037,655; and it is estimated that as of May 31, 1991 almost \$2 million will be available for the June, 1991 - June, 1993 Amendment period.

Project 517-0239, Child Survival: \$4,652,000 Grant
Summary Financial Status as of September 30, 1990 and May 31, 1991
(US\$)

Element	Original Budget	Est. Expenditure	Projected Expendit. 10/90-5/91	Est. Accrued Expenditure to 5/91	Grant Bal. Avail. at 5/31/91
1. C/PVO:TA	3,825,000	1,414,015	600,000	2,014,015	1,810,985
2. USAID:PSC	340,000	213,000	127,000 (to 6/15/91)	340,000	
3. Rapid Response	374,000	311,345	-	311,345	62,655
4. Audit & Evaluation	100,000	25,000	-	25,000	75,000
5. Miscell.	13,000	9,000	-	9,000	4,000
TOTALS	4,652,000	1,972,360	727,000	2,699,360	1,952,640

B. Amendment Costs

The Amendment budget contemplates a 24-month work period, to begin sometime before the departure of the C/PVO on May 31, 1991, with a PACD of June 30, 1993. Costs during this period are expected to approach \$3 million, to be covered by the \$2 million in funds on hand plus an additional \$1 million in added Grant funds, bringing the Grant total to \$5,652,000. The following table shows cost estimates during each of these two years. With the GODR counterpart remaining at approximately \$3,350,000, the total Project cost will become \$9 million.

Child Survival Amendment: Uses of Funds and Summary Costs
(\$US'000)
(See Budget Breakdown for details)

1. TECHNICAL ASSISTANCE(1)	YEAR 1	YEAR 2	SUBTOTALS	TOTALS
Chief of Party	250	250	500 (2)	
Local Staff	73	73	146	
STTA	42	24	66	
In-country Travel/per diem	12	12	24	
Operations	94	94	188	
Workshops	16	8	24	
MASS COMMUNICATION(3)	300	244	544	
MONITORING AND EVALUATION	20	20	40	
SUPERVISION	15	15	30	
LOGISTICS	12	12	24	
NEWSLETTER	7	7	14	
CONTINGENCY AND INFLATION			200	
PROJECT MANAGEMENT (PSC)			185	
	SUBTOTAL			1,985
2. TRAINING	124	12		136
3. COMMODITIES				
ORS	35	35	70	
Contraceptives	25	25	50	
	SUBTOTAL			120
4. SUB-GRANTS				
40,000 families/\$7 per year	280		280	
52,000 /\$7 per year		364	364	
	SUBTOTAL			644
5. USAID ADMINISTRATION				
AUDIT			90	
EVALUATION			25	
	SUBTOTAL			115
=====				
AMENDMENT GRAND TOTAL				3,000
=====				

(1) TA contract totals \$2,700,000 and includes line items 1 through 4, minus PSC project management.
(2) This is worse case senario, a qualified local person will be sought to reduce cost.
(3) Calculated from Save the Children/Academy for Educational Development estimates.

Budget Breakdown

<u>Local Staff</u>	<u>No. Months</u>	<u>US\$/Month</u>	<u>Total</u>
Deputy Director	24	1,500	36,000
Accountant/Procurement	24	1,000	24,000
Three Area Technical Coor.	24 each	1,000	72,000
Secretary	24	383	9,200
Driver	24	200	4,800
			146,000

*(Project Director could be local person if he/she meets qualifications in Scope of Work).

STTA

International and national Short-Term Technical Assistance (STTA) in child survival interventions, methodology, etc. STTA would cost on the average about US\$18,000 per month (US\$750/day) for internationals and about US\$150/day nationals.

OPERATIONS

	<u>US\$/Month</u>	
Office Rent	2,500	
Supplies	750	
Legal	250	
Tele/Comm	700	
Utilities	350	
Ins.	200	
Printing	100	
Vehicle Operation	1,400	
Equip. Maint./Repair	600	
Building Maint./Repair	684	
Miscellaneous	300	
TOTAL	7,834	X 12 months = 94,000

WORKSHOPS

The contractor will organize three workshops on sustainability. These will include ideas on alternatives to promotor-based services, methods to leverage current promotor/family ratios of about 1:40, fund raising, and cost-recovery/cost-effectiveness approaches. These workshops are budgeted at US\$8,000 each to cover all expenses including international T.A.

COMMODITIES

ORS:

Oral Rehydration Salts will be purchased to cover a population of 52,000 families based on the following formula:

52,000 x 1.5 children less than five years per family = 78,000 x six diarrhea episodes per year each lasting three days = 1,404,000 at about 25% of these requiring ORT = about 350,000 ORS packets/year at 10 U.S. cents per packet.

Contraceptives:

52,000 families at 1.1 women per family = 57,000.
Costs for birth control pills, condoms, and other methods are calculated at about US\$25,000/year.

SUB-GRANTS

The sub-grants are currently costing about US\$12/year per beneficiary family. Of this amount the PVOs are contributing about US\$5.00 of the cost.

MASS COMMUNICATION

This figure is an estimate using Save the Children projections for the production and printing of posters and the cost of preparing and broadcasting child survival messages on radio and TV. This component will be managed through a sub-contract preferably through an A.I.D. centrally funded project such as the HEALTHCOM Project.

TRAINING

This represents the cost of limited short-term technical assistance (about \$28,000) and printing training materials. Save the Children has agreed to produce limited numbers of prototypes of the training materials. The contractor will reproduce the materials in mass quantities for the project as required.

Three principal Interventions: 1) diarrheal disease control/oral rehydration therapy (DDC/ORT); 2) breastfeeding (BF); 3) birth spacing (BS).

Flip-charts for 666 promoters in each of the three interventions at a cost of about US\$30 each = approximately \$60,000.

Information packets for 1,600 health personnel in each of the three interventions at about US\$10 each = approximately \$48,000.

MONITORING AND EVALUATION

This would allow the contractor to sub-contract with a local group, such as GENISMI, to conduct cluster surveys in order to obtain core indicator data. Funds would also be available to conduct audience surveys on mass media coverage.

SUPERVISION

This category would be used to ensure quality assurance at the field level. Quality of service delivery care would be a prime focus of this project. The contractor would need to subcontract with short-term, specialized technical assistance to ensure continual follow-up with promoters and supervisors in the field.

LOGISTICS

This category would provide transportation and logistic support for Project funded commodities.

NEWSLETTER

The Project would produce a bi-monthly newsletter. This could be sub-contracted to a local consultant by the T.A. contractor

PROJECT MANAGEMENT

This category will allow the Mission to enter into a personal services contract (PSC) for a period of two years to employ a person to act as USAID project manager. This amount will cover all expenses for the PSC.

D. **Methods of Implementation and Financing**

The implementation methods already in use in this Project will be continued, with the exception that the services now provided under a Cooperative Agreement/PVO will be provided under Direct Contract/Firm or Institutional contracted directly by A.I.D. The Direct Payment method of financing will be used exclusively.

CHILD SURVIVAL AMENDED PROJECT BUDGETS

REPROGRAMMED SUMMARY FINANCIAL PLAN, BY SOURCE AND USE (INPUTS) OF FUNDS							
SOURCE OF FUNDS->	AID			Host Country			PROJECT GRAND TOTAL
USE OF FUNDS:	Original Budget	Amendment Changes	New Budget	Original Budget	Amendment Changes	New Budget	
Technical Assistance	3,838,000	(736,000)	3,102,000	0	0	0	3,102,000
Project Advisor (1)	340,000	(340,000)	0	0	0	0	0
Training (2)	0	925,000	925,000	1,250,000	0	1,250,000	2,175,000
Commodities (2)	0	472,000	472,000	0	0	0	472,000
Subgrants/Rapid Response (service delivery)	374,000	568,000	942,000	2,100,000	0	2,100,000	3,042,000
Evaluation and Audit	100,000	111,000	211,000	0	0	0	211,000
TOTALS	4,652,000	1,000,000	5,652,000	3,350,000	0	3,350,000	9,002,000
PERCENT OF TOTAL	63%			37%			100%

- (1) Project Advisor Line Item is moved into Technical Assistance Line
- (2) Training and Commodities were originally under TA; and Rapid Response line Items.
- (3) Based on Exchange Rate of Original PROAG (RD\$3.44=US\$1.00)

PROJECT SUPPLEMENT AMENDED SUMMARY FINANCIAL PLAN							
SOURCE OF FUNDS->	AID			Host Country			PROJECT GRAND TOTAL
USE (INPUTS) OF FUNDS:	FX	LC	AID TOTAL	LC	IN-KIND	HC TOTAL	
Technical Assistance	1,700,000	1,402,000	3,102,000	0	0	0	3,102,000
Training	280,000	645,000	925,000	1,225,000	25,000	1,250,000	2,175,000
Commodities	442,000	30,000	472,000	0	0	0	472,000
Subgrants/Rapid Response (Service Delivery)	0	942,000	942,000	1,100,000	1,000,000	2,100,000	3,042,000
Evaluation/Audit	90,000	121,000	211,000	0	0	0	211,000
TOTALS	2,511,000	3,140,000	5,652,000	2,325,000	1,025,000	3,350,000	9,002,000
PERCENT OF TOTAL	63%			26%	11%	37%	100%

**CHILD SURVIVAL PROJECT AMENDMENT
METHODS OF IMPLEMENTATION AND FINANCING**

PROJECT ELEMENTS:	Method of Implementation	Contract Type/ Financing	Total Amount (US\$000)
Technical Assistance	PVO ⁽¹⁾ , For-Profit Contractor, PSC ⁽²⁾	Direct Pay	\$3,102,000
Training ⁽³⁾	PVO, For-Profit Contractor	Direct Pay	925,000
Commodities ⁽³⁾	PVO, For-Profit Contractor	Direct Pay	472,000
Subgrants/Rapid Response	PVO, Local NGO, For-Profit Contractor	L/COM, Direct Pay	942,000
Evaluation and Audit	^{PVO} For-Profit Contractor	Direct Pay	211,000
TOTAL			\$5,652,000

- (1) PVO - Cooperative Agreement was original Method of Implementation for the Project's TA, training commodities and subgrants, and will be replaced in the amendment by a for-profit contractor.
(2) PSC Project Advisor Line Item is moved into Technical Assistance Line
(3) Training and Commodities were originally under TA and Rapid Response line items.

VI. PROJECT ANALYSES

A. Technical Analysis

The Technical Analysis presented in the 1987 Project Paper describes the key factors affecting child survival and how they interact, and the technologies that are most frequently and feasibly applied to these factors. These technologies were to be applied in seven interventions; during this Amendment, however, child survival interventions will be introduced in phases beginning with management of diarrheal diseases, birth spacing and promotion of breast' feeding, and support for national EPI campaigns. As the Amended Project succeeds in these efforts, subsequent interventions -- growth monitoring, detection and management of acute lower respiratory infections, and prevention of low birth weight -- may be introduced. The technical aspects of the services to be provided are well known, and a number of them are already being practiced with positive effects in the Dominican Republic. The original finding of technical soundness for this Project design is still valid.

B. Institutional Analysis

The Institutional Analysis examined 97 local private organizations which might participate in this Project, and found a substantial number with the interest and potential ability to meet child survival needs given administrative, technical, and other support. The C/PVO has succeeded in strengthening the PVOs already working in the Project, and the institutional picture today appears more favorable than then.

C. Social Soundness Analysis

The Social Soundness Analysis found a strong interest in maternal education, and knowledge gaps described as remarkable. The conclusions of the Analysis were that there is a demand for the Project; that the Project is focussed on the proper interventions; that the education levels of mothers is adequate for the effective dissemination of information; and that the organizations then expected to be involved in the Project are known and accepted. Considering the field work achieved to date and the changes herein proposed, the social and cultural feasibility of this Project is probably greater today than then.

D. Economic Analysis

The Economic Analysis lists social as well as economic benefits, and concludes that benefits will easily outstrip costs. The grounds for this analysis and its conclusion are still valid.

VII. ISSUES AND CONCERNS

A. Counterpart Contributions

There are two issues here: the likelihood of both elements --cash and in-kind-- being delivered; and the value of the local currency cash component actually received by the Project.

1. Deliveries

Despite the absence of PL-480 operating funds, SESPAS using other funds (UNICEF, PAHO) has managed to maintain liaison with Project-funded PVOs and to carry out some activities related to PLANSI. The procedure for release of the PL-480 funds is down to only seven more institutional approvals, a condition which here translates as close to the wire. We have been assured by representatives of SESPAS and the Technical Secretariat of the Presidency that these funds will be available to the Project by year-end. SESPAS's participation in the Project should then begin to approximate earlier expectations.

2. Receipts

In the 1987 Project Agreement the GODR agreed to put up eight Million RD Pesos in PL-480 local currency receipts, then worth at a rate of 3.44:1 about US\$2,325,000, plus an in-kind contribution of \$1,025,000 for a US\$3,350,000 total counterpart equivalent to 42% of the \$8 million Project cost. Today the DR Peso is officially at 11.15:1; the eight million Pesos are now worth \$696,000; and the present market value of the total counterpart (assuming the in-kind holds its value) is US\$ 1,720,000, 19% of the proposed \$9 million Amended Project. In recognition of the Government's fiscal condition in 1987, A.I.D. accepted a counterpart containing no new national cash --the PL-480 local currency was a product of foreign aid, and the in-kind costs were recurrent items already built into the national budget. The Government's fiscal situation today is worse. We see no chance of an additional counterpart cash contribution, except perhaps from a future PL-480 program. In consideration of this 1987 precedent and the situation today, in calculating counterpart the Mission recognizes the eight million Peso contribution at its original value, equivalent to 37% of the Amended Project cost and in compliance with the 25% counterpart requirement.

B. SESPAS

In the Dominican Republic the provision of health services to the mass of the population, and especially to lower economic groups, is largely a public sector responsibility. Over the long term SESPAS will have a role in this Project as complement and partner to the PVO network, and as the permanent framework for Project expansion throughout the country. A necessary assumption behind any development activity in the Dominican Republic is that this economy is cyclical. Economic recovery, someday, will enable SESPAS to play the role intended for it when this Project was conceived; for the next two years, in any case, SESPAS will be able to do so with the Amended Project and the PL-480 local currency they are about to receive.

C. PVO Politics

One of the C/PVO achievements over the past two years has been the strengthening of the local PVOs participating in the Project and the replacement of intramural strife with collaboration and coordination. If this process continues there will be grounds for expansion of the PVO participant list, improving prospects for Project success, and the emergence of a local organization capable of Project management.

LOGICAL FRAMEWORK MATRIX - PROP WORKSHEET

Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions																																
A.1. Goal.	A.2 Measurement of Goal Achievement	A.3. (As Related to Goal)																																	
A national, integrated public/private child survival health services delivery system.	<ul style="list-style-type: none"> - Infant mortality rate: 75 per 1,000 - Child mortality rate: 10 per 1,000 	<ul style="list-style-type: none"> - SESPAS regional and national reports - PVO and private clinic reports. - Cluster and sentinel site surveys. 	<ul style="list-style-type: none"> - D.R. economic conditions improve. - Public acceptance of CS services. 																																
B.1. Purpose	B.2. End of Project Status	E.3. (As Related to Purpose)																																	
To create in three Health Regions an integrated public/private child survival health private services delivery system which can be expanded to national coverage.	<ul style="list-style-type: none"> - CS service delivery system (DDC, ORT, EPI, maternal education) operational in 12 PVOs and 3 SESPAS Region - 140K Children under 5 and 105K women 15-49 receiving CS services. - 12 PVOs and 3 SESPAS HRs employing efficient suprvsn and logistics systems. - 60% of mothers in Project areas aware of value of immunizations and breastfeeding and able to use ORT correctly. 	<ul style="list-style-type: none"> Site visits and end-use checks. KAP studies. Demographic data on target groups. 	<ul style="list-style-type: none"> - SESPAS participates as planned. - PVO and SESPAS trained staffs remain. - Contractor is effective. - Other donor assistance and coordination 																																
C.1. Outputs	C.2. Output Indicators	C.3. (As Related to Outputs)																																	
<ol style="list-style-type: none"> Child Survival service delivery model: training, sprvsn, logistics. Education and training models for DDC, ORT, EPI, B&B. Trained promoters (1400), supervisions (120), and trainers (115). CS training doctors (500), and nurses (750). CS mass media spots reaching 235,000 women 15-49 and the populace at large. 	Design, pretesting, modifications, application, evaluation, and replication of: 1. Service delivery model; 2. DDC, ORT, EPI, interventions; 3. Training system; 4. Mass media program; 5. Supervisory and Logistics systems.	<ul style="list-style-type: none"> - Contractor reports - Field inspections - Audience Surveys 																																	
D.1. Inputs	D.2. Budget/Schedule (\$ US millions)	D.3. (As Related to Inputs)																																	
	<table border="1"> <thead> <tr> <th colspan="2">AID.</th> <th>GODR</th> <th>Total</th> </tr> <tr> <th>FX</th> <th>LC</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1700</td> <td>1402</td> <td>-</td> <td>3102</td> </tr> <tr> <td>280</td> <td>645</td> <td>1250</td> <td>2175</td> </tr> <tr> <td>442</td> <td>30</td> <td>-</td> <td>472</td> </tr> <tr> <td>-</td> <td>942</td> <td>2100</td> <td>3042</td> </tr> <tr> <td>90</td> <td>121</td> <td>-</td> <td>211</td> </tr> <tr> <td>2511</td> <td>3140</td> <td>3350</td> <td>9002</td> </tr> </tbody> </table>	AID.		GODR	Total	FX	LC			1700	1402	-	3102	280	645	1250	2175	442	30	-	472	-	942	2100	3042	90	121	-	211	2511	3140	3350	9002	<ul style="list-style-type: none"> USAID Controller records Contractor Reports STP reports 	<ul style="list-style-type: none"> - AID funds available as scheduled. - GODR (PL40) funds available through Amendment period.
AID.		GODR	Total																																
FX	LC																																		
1700	1402	-	3102																																
280	645	1250	2175																																
442	30	-	472																																
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90	121	-	211																																
2511	3140	3350	9002																																
<ul style="list-style-type: none"> Technical assistance Training (to PVOs, by PVOs) Commodities GODR (PL-480) funds PVO Subgrants Audit/Evaluation 																																			

Annex B

Management Contract: Draft Scope of Work and Staffing

A. Background

The Child Survival Project was authorized in 1987, and since July, 1988 has been carried out under the direction of a U.S. coordinating PVO (C/PVO) office in Santo Domingo funded through a Cooperative Agreement. The Purpose of the Project is to create in three Health Regions, two along the western frontier with Haiti and the other the metropolitan area of Santo Domingo, an integrated public/private child survival health services delivery system which can be expanded to national coverage. The components of such a system -training modules, operating systems, development of a group of delivery agents- are near completion, and new independent, contracted Project management is expected to take over prior to the U.S. C/ PVO teams's departure May 31, 1991, for a two-year assignment.

The Project in theory is simple: a limited number of proven child survival interventions will be delivered in three geographic regions (O, IV, VI) through the Ministry of Health (Secretariat of State for Public Health and Social Welfare - SESPAS) and private voluntary organizations (PVOs). Following the development of educational materials and administrative and logistics systems and staff training these services will be offered to families and communities through a network of PVO and SESPAS promotores supported by the SESPAS regional health facilities and mass media campaigns.

The Project in action has been complicated. Progress has been hampered by the failure of SESPAS to provide the level of effort anticipated, and by management failures including staffing problems, confusion as to priorities, and delays in completing specific tasks. It appears now, however, that the requisite training modules, operating systems, and delivery agents will all be in place when new management arrives. A grid of committees to facilitate communication and coordination between the C/PVO, PVOs, communities, and the Government is considered effective, and community response to the Project has been very favorable.

The Project is intended to produce a public/private integrated Child Survival service delivery model; maternal education methodologies for DDC, ORT, EPI and B + B⁽¹⁾; trained promoters, supervisors, and trainers; nurses, auxiliaries, pasantes, practicing doctors and curanderos with upgraded child survival knowledge; and mass media programs broadcasting child survival information and Project news in Health Regions O, IV, and VI.

(1) DDC = Diarrhea disease control; ORT = oral rehydration therapy; EPI = expanded program of immunizations; B + B = breastfeeding and birthspacing.

It is expected that by the mid-1993 conclusion of this Project phase the following four conditions will exist:

- an integrated SESPAS/PVO service delivery model including DDC, ORT, EPI and B + B will be working through twelve PVOs in three SESPAS Health Regions;

- SESPAS and the PVOs will be competent in maternal education, child survival training, the requisite logistics, and supervision thereof;

- 140,000 children under 5 years and 105,000 women in the 15-49 years old group will be enrolled in the PVO and SESPAS interventions; and

- 60% of the families in each Health Region will be aware of the value of breastfeeding, birthspacing and immunizations, and able to apply ORT correctly.

B. Tasks and Responsibilities

The Project Manager will report to USAID/DR, with nine tasks and responsibilities. The technical assistance and training services called for may be provided from the Contractor's own staff or by subcontracted firms, institutions, or individuals of U.S. or Dominican Republic source/origin.

1. Completion of Modules and Systems

The C/ PVO has completed operating systems covering service delivery, supervision, logistics, monitoring and evaluation. Before their departure the team is committed to complete prototypes of training materials on DDC, ORT, and breastfeeding, and eight training modules: Introduction; Know The Community; Promoter Communication Skills; Control of Diarrhea /ORT; Breastfeeding; Birthspacing; Growth Monitoring and Nutrition; and Low Birth Weight. No further work is to be done in operating systems, which it is assumed will be basically acceptable to the Contractor. The Contractor should make his own judgement as to the readiness and usefulness of these products, and plan to complete any not considered acceptable.

2. Training

Training will be continuous throughout the Project term. The Contractor will identify training needs, and will arrange for training to be offered to PVOs (promoters, supervisors, and subsequent trainers); to nurses, pasantes (medical graduates in their required year of public service), doctors, and curanderos (traditional healers); and to SESPAS staff as requested.

3. Logistics

The Contractor will track the useage of equipment and supplies by the PVOs, and administer the procurement of promotional and educational materials, of contraceptives, EPI and ORT supplies, or office and health equipment and supplies, and of the motor pool (eight vehicles, four used by SCF staff and four on call for SESPAS use).

4. Control of Funds

The Contractor will review and approve PVO Grant-funded budgets and PVO activity proposals; it will disburse, control, and account for Grant funds donated to PVOs; and will be accountable for all financial aspects of the Project, including individual systems, internal controls, and the derivation of meaningful management information.

5. Mass Media

The Contractor will arrange, with subcontracted assistance as necessary, preferably through an A.I.D. centrally funded project such as the HEALTHCOM Project, for the design and execution of radio and TV campaigns and the printing of posters relating to the four interventions: DDC, ORT, EPI and B + B. Given the highly public nature of this activity concurrence in each campaign's content should be obtained from Government and private offices with a legitimate interest, e.g. Ministry of Health, and the Dominican Pediatrics Society.

6. Institutional Sustainability

With an eye to the continuation of this work after the conclusion of the A.I.D. Grant, the Contractor will plan and present to all participating PVOs four seminars on institutional sustainability, with particular attention to alternatives to promoter-based services, methods to leverage promoter coverage, fund-raising and cost-recovery.

7. Oversight

With resident full-time monitors in each Health Region the Contractor will provide physical and fiscal oversight through site inspections, end-use checks, and the financial controls referred to in (4) above. The contractor will promote the use of quality of care checklists to be used by the PVO subgrantee supervisors of field promoters. In addition to constant informal

contacts and exchanges, Quarterly Progress Reports will be submitted to USAID/DR covering the status of activities within the Project; work accomplished by the Contractor and by the PVOs; costs incurred, disbursement balances and projections; progress against the outputs and results listed in the Background above; and problems, at any point in the Project, which may threaten Project progress or which may call for intervention by A.I.D. or the Government.

8. Evaluation

Field inspections, fiscal data, and formal reports all are to contribute information about the population being served and progress towards the achievement of the outputs and conditions described in (1) above. These recurrent data sources will be complemented by occasional "cluster surveys" intended to yield more detailed evaluation samples.

9. Passing the Torch

At some point this sort of program must be run by Dominicans. As a step in that direction the Contractor will, as circumstances and prudence allow, delegate the above functions (2), (3), and (5) to local entities -perhaps PVOs in the Project, or an institution yet to be formed- and will train its own local staff in project management skills.

USAID/DR is aware that there are an unusual number of unknowns in this Project: the completion of training materials by May, 1991; the acceptability of the delivery systems now in use; the actual participation of SESPAS; and economic prospects for the Dominican Republic. Consequently, after mobilization and a period of familiarization, the Contractor's first task will be the preparation of a detailed first-year Implementation Plan identifying and scheduling specific activities for the Contractor, for the PVOs, and to the extent possible for SESPAS. From this Plan the Contractor and the Mission will be able to derive manpower and commodity schedules; cost

and cash flow projections; an audit and evaluation schedule; and a scheme to measure Project progress and the beneficiary population. Given the history of this Project, contract management and oversight by the Mission will be close.

C. Staff

The Contractor is free to propose his staffing pattern; the following is merely one which reflects the field orientation of this Project phase, and the Mission's sense of the manpower likely to be required.

A. Chief of Party

Tasks:

Overall contract management and Project oversight; coordination between Contractor-PVOs-SESPAS-USAID; review of PVO New activity proposals and budgets; informal and formal reporting to the Mission; supervision of Contractor staff, subcontracts, and subcontracted consultants; training of Assistant Chief and Field Monitors.

Qualifications:

A liberal arts or business degree. Project management and subcontracting experience; residency experience in Latin America, Fluent English (FSI- S-4/R-4), working Spanish (FSI S-3/R3); experience in dealing with Government offices; high levels of patience and perseverance.

B. Assistant Chief of Party

Tasks: Handle on an interim basis the Tasks assigned to the Chief of Party, the Procurement/Accountant, and the Field Monitors.

Qualifications: University degree; bilingual English and Spanish (FSI S-3/R-3); competence in oral and written presentation; receptive to training.

C. Procurement/Accountant

Tasks: Subcontracting for services; procurement of commodities; payment for goods and services received; disbursement and control of PVO subgrants; collection and review of financial reports from PVOs; preparation of financial components of periodic reports to the Mission; collaboration with auditors.

Qualifications: Accounting competency; familiarity with formal and informal procurement procedures; residential experience in Latin America, Spanish and English (FSI S-3/R3).

D. Three Field Monitors

Tasks: Resident in each Health Region, provide close oversight of ongoing PVO operations; identify prospective PVO activities; promote local coordination between PVOs and SESPAS; monitor progress against Project targets; frequent informal reports and monthly summary reports to the Chief of Party on progress and problems in the field.

Qualifications: Sufficient familiarity with accounting and basic child survival technologies to be a competent observer and reporter; willing to live and work in the Health Regions; willing to travel; able to work with light supervision; acceptable to the PVOs and their communities.

E. Support Staff

One bilingual secretary with a temp as needed.
One driver/messenger.

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INCOMING
TELEGRAM

PAGE 01
ACTION AID-00

0616 083969 AID9014

0616 083969 AID0024

INFO LADR-03 LASA-03 LACA-03 SAST-01 OFDA-02 STHE-04 PDP-04
RELO-01 CDC-06 /027 AS HL 28/1928Z

INFO LOG-00 AMAD-01 (AS-01 AID-00/ARA-01) /004W
-----476E32 281900Z /38

P 281400Z FEB 91

FM CDC ATLANTA GA

TO AMEMBASSY BUENOS AIRES

RUEHLP/AMEMBASSY LA PAZ

RUEHBR/AMEMBASSY BRASILIA

RUEHSG/AMEMBASSY SANTIAGO

RUEHBO/AMEMBASSY BOGOTA

RUEHOT/AMEMBASSY QUITO

RUEGON/AMEMBASSY GEORGETOWN

RUEHAC/AMEMBASSY ASUNCION

RUEHPE/AMEMBASSY LIMA

RUEHCR/AMEMBASSY PARAMARIBO

RUEHMM/AMEMBASSY MONTEVIDEO

RUEHCV/AMEMBASSY CARACAS

INFO RUEHGV/US MISSION TO UN GENEVA

INFO RUEHC/SECSTATE WASHDC

INFO RUEAUSA/DHHS WASHDC

UNCLAS

E.O. 12356: N/A

BUENOS AIRES FOR DCM

LA PAZ FOR AID/REP

BRASILIA FOR AID/REP

SANTIAGO FOR AID/REP

BOGOTA FOR AID/REP

QUITO FOR AID/HPN

GEORGETOWN FOR DCM

ASUNCION FOR DCM

LIMA FOR AID/HPN

PARAMARIBO FOR CHARGE

MONTEVIDEO FOR AID/REP

CARACAS FOR CHARGE

GENEVA FOR HEALTH ATTACHE JOHNSEN PLS PASS TO WHO-CDD

TULLOCH AND ERO ELNEIL

SECSTATE FOR AID/OFDA SLUSSER AND LAC DABBS-PLG PASS

TO PAHO BRANDLING-BENNETT

DHHS FOR OIH/KEFAUVER

SUBJ: WHO DRAFT GUIDELINES FOR CHOLERA CONTROL

INFO: 11375

1. IN AN EFFORT TO PREPARE MINISTRIES OF HEALTH IN SELECTED SOUTH AMERICAN NATIONS TO DEAL WITH THE POTENTIAL IMPORTATION OF VIBRIO CHOLERA, THE PAN AMERICAN HEALTH ORGANIZATION (PAHO) LAST WEEK TRANSLATED INTO SPANISH THE RECENTLY REVISED (1991) WHO DRAFT GUIDELINES FOR CHOLERA CONTROL AND DISTRIBUTED COPIES TO MINISTRIES OF HEALTH IN COUNTRIES SURROUNDING PERU.
2. TO ASSURE THE WIDEST POSSIBLE DISTRIBUTION OF THESE GUIDELINES, CDC'S INTERNATIONAL HEALTH PROGRAM OFFICE IS POUCHING BOTH SPANISH AND ENGLISH VERSIONS TO ALL ADDRESSEES FOR FORWARDING TO APPROPRIATE MINISTRY OF HEALTH OFFICIALS. FOR ADDRESSEES IN COUNTRIES SURROUNDING PERU, WE RECOMMEND COORDINATION OF EFFORTS WITH PAHO COUNTRY REPS.
3. THIS CABLE HAS BEEN CLEARED BY THE OFFICE OF FOREIGN DISASTER ASSISTANCE AND THE AID/W BUREAU FOR LATIN AMERICA AND THE CARIBBEAN.

BALDWIN

UNCLASSIFIED

34

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OUTGOING
TELEGRAM

PAGE 01 STATE 065839 010546Z 3420 084228 AID9463
ORIGIN AID-00

ORIGIN OFFICE LADP-03
INFO BIFA-01 OL-01 LADR-03 LACE-01 AALA-01 SAST-01 GC-01
GCLA-01 ES-01 AMAD-01 /015 A0 01/05502

INFO LOG-00 ARA-00 /002R

DRAFTED BY: AID/LAC/DPP: EPBROCKIE: BB
APPROVED BY: AID/LAC/DPP: RMEEHAN

-----479C15 010546Z /38

R 010546Z MAR 91
FM SECSTATE WASHDC
TO USAID MISSIONS IN LATIN AMERICA

UNCLAS STATE 065839

AIDAC FOR CONTROLLER AND PROGRAM OFFICE

E. O. 12356: N/A

TAGS:

SUBJECT: LAC/DPP FY1991 PROGRAM GUIDANCE

1. WHEN LAC/DPP PREPARES PROGRAM GUIDANCE TO ALL LAC MISSIONS IN FY 1991, IT WILL BE ISSUED IN A SEQUENCED NUMBER SERIES. HOPEFULLY, THIS WILL ASSIST MISSIONS TO KNOW WHEN GUIDANCE FROM LAC/DPP MAY BE MISSING AND CAN REQUEST SAME.

2. PLEASE ASSIGN THE FOLLOWING NUMBERS TO PROGRAM GUIDANCE ALREADY RECEIVED:

LAC/DPP 91-01, FY 1991 CONGRESSIONAL PRESENTATION GUIDANCE DATED 10/30/90

LAC/DPP 91-02, FY92-93 ACTION PLAN GUIDANCE FOR LAC BILATERAL MISSIONS (ISSUED IN CONJUNCTION WITH LAC/DR), DATED OCTOBER 31, 1990

LAC/DPP-91-03 APPLICATION OF FAA SECTION 481 (H) LIMITING MAJOR NARCOTICS COUNTRIES TO 50 PERCENT OBLIGATIONS PENDING PRESIDENTIAL CERTIFICATION DATED JANUARY 22, 1991.

3. FORTHCOMING GUIDANCE THAT HAS BEEN DRAFTED AND IS IN THE CLEARANCE STAGE TO BE FORWARDED IN THE FIRST WEEK OF MARCH IS NOTED BELOW.

LAC/DPP 91-04, FY91 CONGRESSIONAL NOTIFICATION GUIDANCE TO BE SENT APO

LAC/DPP 91-05, FY91 ESF APPORTIONMENT PROCESS (CABLE FORMAT)

LAC/DPP 91-06 FY91 DEOB/REOB GUIDANCE (CABLE FORMAT).

4. WE HOPE MISSIONS WILL RETAIN THESE GUIDANCE DOCUMENTS AND DISTRIBUTE THEM TO APPROPRIATE PERSONNEL IN THE PROGRAM AND CONTROLLER'S OFFICE. LAC/DPP WELCOMES ANY SUGGESTION FROM MISSIONS FOR WAYS THAT WE CAN ASSIST YOU WITH THE VARIOUS PROCESSES AND DOCUMENTATION REQUIREMENTS. BAKER

UNCLASSIFIED