

PN=ATAR-553
1511-37464

PRICOR

Primary Health Care Operations Research A GUIDE TO FUNDING

Prepared February 1982

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PRICOR
PRIMARY HEALTH CARE OPERATIONS RESEARCH--A GUIDE TO FUNDING

This guide aims to assist USAID mission staff and AID Washington staff in responding to inquiries about how research studies are funded through PRICOR. It includes information on the process, from the solicitation for preliminary research proposals to the selection of full proposals for funding and the subsequent negotiation of subordinate agreements. Included are ways USAID missions may request assistance in preparing preliminary research proposals.

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WHAT IS PRICOR?

Primary Health Care Operations Research (PRICOR) is a project of the Center for Human Services and is funded by the United States Agency for International Development under a cooperative agreement (AID/DSPE-5920-A-1048-00). The Center for Human Services is a nonprofit, development services organization specializing in the design and management of programs which address the basic needs of people in developing countries and the United States.

The purpose of this 5-year project is to assist developing country decisionmakers and health program managers to find better ways to deliver primary health care (PHC) programs through a series of country-specific operational research studies designed to address the specific PHC policy and program issues identified by host country health officials and health program managers.

The Project has three important elements:

1. The direct provision of assistance in the design, management, and analysis of applied research directed at resolving country-specific issues which currently impede the implementation or extension of PHC programs;
2. The systematic analysis and dissemination of country findings for the adaptation and application of improvements in methodology, knowledge, and systems which evolve from the research;
3. The development of an "institutional memory" as an analytic resource to assist PHC program development.

During the next five years--(FY)1982-1987 PRICOR plans to: (1) fund 30 or more operations research projects in developing countries; (2) sponsor four workshops and two international conferences; (3) commission a small number of background and methodological studies; and (4) develop a repository of data on PHC operations research.

WHO MANAGES PRICOR?

PRICOR is operated by the Center for Human Services (CHS) located near Washington, D.C., with the following core staff:

Jack Reynolds, Ph.D., Project Director
Stanley Scheyer, M.D., Senior Scientist
Melinda Wilson, Ph.D., Program Associate
Dorothy Brandt, Administrative Assistant
James Johnston, J.D., Subordinate Agreement/Budgets Officer

The AID Project Manager is Theresa Lukas, of the Office of Health, Science, and Technology Bureau (S&T/HEA). A Project Advisory Committee (PAC) meets periodically with the Project Manager and PRICOR staff. The PAC consists of representatives of the four regional bureaus and the Bureau of Program and Policy Coordination (PPC).

PRICOR works collaboratively with USAID missions and host country institutions to--

- o Identify and set priorities among research issues,
- o Develop research proposals,
- o Provide appropriate technical and financial resources to design and conduct operational research studies, and
- o Disseminate study findings to responsible decisionmakers.

PRICOR calls on scholars from developed and developing countries to participate in the Project, and particularly, in the research activities.

HOW MUCH MONEY IS AVAILABLE FOR OPERATIONS RESEARCH STUDIES?

The 5-year budget for the project is \$8,650,000, of which approximately \$5.6 million (65 percent) is allocated to in-country studies. Approximately \$700,000 is available in Fiscal Year 1982 for support of these projects. Funding for the following 3 years is projected at \$1.2 million, \$2.3 million, and \$1.4 million respectively. Although no limit has been set for any given study, applications will be classified as small (U.S. \$10-50,000), medium (\$50-100,000) and large (over \$100,000). Generally research projects should be completed in no more than 2 years. Preference will be given to small- and medium-sized studies and to projects of shorter duration.

WHO IS ELIGIBLE TO APPLY FOR FUNDS?

Research proposals may be submitted by one or more individuals, organizations, institutions, or consortia which have a relationship with a primary health care delivery system in a developing country. Preference will be given to research projects which are developed and conducted by host-country researchers and which actively involve local decisionmakers in all stages of the research. Collaborative studies involving experts from outside the host country are also encouraged.

WHAT ARE THE RESEARCH PRIORITIES?

One of PRICOR's tasks is to develop and periodically update a list of pertinent research issues based on recommendations from USAID missions, the PAC, and outside experts. Shortly after the project began, PRICOR staff began contacting health officers in USAID missions, reviewed relevant literature on the subject, and discussed various options with a large number of experts. A research agenda was developed by PRICOR staff and approved by AID in February 1982. The priorities for 1982 are described in the PRICOR Announcement (see Attachment A). This process will continue over the life of the project. Announcements will be revised each year to reflect any changes in the research priorities. Suggestions for future research priorities are welcome at any time.

HOW DOES PRICOR PUBLICIZE THE PROJECT?

PRICOR relies on a number of dissemination channels to publicize the project. The PRICOR Announcement--which is published in English, French and Spanish--is mailed once each year to approximately 10,000 individuals and institutions worldwide. This mass mailout is directed at primary health care providers, private voluntary organizations, universities, private researchers, and information disseminating groups.

Information is also distributed to other institutions which are aware of persons interested in applying for research funds. These include donor agencies (foundations, United Nations agencies), international research organizations, and groups which disseminate periodic literature (newsletters of professional organizations, international journals).

USAID missions will be kept informed through regular AID channels.

HOW TO APPLY FOR FUNDS

The application procedure, described in the PRICOR Announcement, is as follows.

A preliminary proposal is required as a first step. It must be typewritten, double-spaced, and no longer than 20 pages. For administrative reasons, PRICOR prefers papers written in English. Proposals written in French and Spanish are acceptable, but they should be accompanied by an English synopsis, if possible.

Format

1. The name, address, telephone number, and cable address of the proposer should be clearly visible on a cover page.
2. Describe the research priority that will be addressed: (1) community financing of PHC services; (2) the role of community health workers; or (3) community organization of PHC services.
3. Identify and describe the specific research problem and its significance. Identify the specific policy or program alternative(s) that will be studied, the decision(s) that the research will address, and the decisionmaker(s) who have requested the information to be produced by the research.
4. Provide a brief review of what is known about the issue and describe how the proposed research will contribute to new knowledge.
5. Briefly describe the study design. If an experimental design is to be used, describe the experimental and control groups. If a nonexperimental approach is proposed, describe how decision alternatives will be specified and assessed. If samples are to be drawn, describe the sampling procedures.
6. Identify the key variable(s) that will be investigated or the hypothesis(es) to be tested. Describe the measures that will be used to assess effectiveness and cost-effectiveness.

7. Give a brief description of the data to be collected and the data collection procedures and types of instruments to be used. If secondary data are to be used, give a brief assessment of their reliability and validity.
8. Describe the analytic procedures and/or techniques that will be used.
9. Describe the reports that will be produced and the procedures for reporting the information to the decisionmaker(s).
10. Give a brief description of the schedule for the research project.
11. Identify all of the research staff, their qualifications and experience, and the amount of time each person will spend on the research project.
12. Briefly describe the institution(s) with which the researchers are affiliated. If more than one institution is involved, describe the institutional relationships.
13. Provide an estimated budget that lists personnel costs, fringe benefits (if any), consultant costs, travel and per diem, other direct costs (e.g., telephone supplies, data processing), and any other costs for which support is requested (e.g., general and administrative costs, overhead charges).

HOW ARE PROPOSALS REVIEWED?

Preliminary proposals are reviewed and evaluated twice each year by PRICOR staff and independent experts in international health research. Those judged to best meet PRICOR's objectives are selected. After approval by the AID Project Manager, proposers are invited to prepare full proposals.

Based on the review of the preliminary proposals, PRICOR provides guidance and suggestions for strengthening the full proposals where appropriate. Full proposals are then reviewed by an independent committee, and awards are made--subject to AID approval--to those with the highest ratings. The submission of a proposal in no way guarantees funding by PRICOR. However, subject to the availability of funds, PRICOR expects to fund as many of those proposals judged acceptable as possible. The review process is described in more detail in

WHAT ARE THE DEADLINES FOR PROPOSALS?

	First Cycle	Second Cycle
Deadline for submission of preliminary proposals	May 15	August 31
Review of preliminary proposals completed	June 12	September 30
Invitation to prepare proposals	June 18	October 5
Deadline for submission of proposals	August 14	December 1
Review of proposals completed	August 28	December 15
Notification of award	September 3	December 21

Preliminary proposals should be sent to--

PRIMARY HEALTH CARE OPERATIONS RESEARCH (PRICOR)
5530 Wisconsin Avenue, Suite 1600
Chevy Chase, MD 20815, U.S.A.
Telephone (301) 654-2550
Cable: UNCINTER Telex: 64693

IS TECHNICAL ASSISTANCE AVAILABLE?

PRICOR has limited funds available for providing technical assistance. Decisions on providing any type of technical assistance are made by PRICOR staff, subject to approval of the AID Project Manager, and based on PRICOR's research priorities. Although both AID-funded and non-AID-funded projects are eligible for technical assistance, USAID mission requests generally receive priority. All requests must be made in writing. Types of technical assistance include:

- o Help in clarifying a study idea, or when merited, developing a preliminary proposal;
- o Help in developing a full proposal;
- o Help in conducting bibliographic searches or identifying relevant resources.

Technical assistance can also be built into a research project. For example, an outside expert can be included in a study as a consultant.

Requests from USAID missions for technical assistance should be directed to PRICOR through the AID Project Manager. Requests from host country nationals and others can be sent through the USAID mission or directly to PRICOR. However, all technical assistance provided by PRICOR must have prior approval from the AID Project Manager.

WHAT IS THE ROLE OF THE USAID MISSION?

USAID missions are being asked to publicize the project, act as repositories of information on PRICOR, and participate in the project to the extent they find desirable.

PRICOR keeps all USAID missions informed of project activities, and all missions are encouraged to participate in proposal development. Persons interested in submitting preliminary proposals are encouraged to inform the USAID mission as early as possible. When an invitation for a full proposal is issued, PRICOR notifies the USAID mission in the country and forwards a copy of the preliminary proposal, the invitation to submit a full proposal, and PRICOR's recommendations for revisions. The researchers are instructed to send copies of the full proposal to the mission at the same time they are submitted to PRICOR, and the missions are encouraged to send their comments on such proposals to PRICOR.

The AID Project Manager informs missions of the results of the technical reviews of full proposals from their countries and requests concurrence on the funding decisions and any anticipated travel by PRICOR staff or consultants to the host country.

HOW DOES PRICOR PROCESS PROPOSALS?

o Screening

When a preliminary proposal is received at PRICOR's office in Maryland, it is logged in, an acknowledgement letter sent to the proposer, and a file set-up.

The proposal is then assigned to one of the PRICOR staff who checks it for completeness and acceptability (that is, to make sure it falls within PRICOR's scope of research). The PRICOR staff and the AID Project Manager meet periodically to classify the preliminary proposals as unacceptable, incomplete, or acceptable. Proposers in the first category are sent letters explaining why the proposal is not acceptable. Proposers in the second category are asked to provide the missing information. Those which are acceptable are assigned to a Primary and Secondary Reviewer.

o Review of Preliminary Proposals

The preliminary proposals which pass the screening process are reviewed and rated by a Proposal Review Committee, consisting of six members of PRICOR's Advisory Group, two outside consultants, and three members of PRICOR's staff. The AID Project Manager participates in the review process but does not rate the preliminary proposals. The reviewers are specialists in the substantive areas that make up the PRICOR research priorities (i.e., community financing, use of community health workers, community organization) and in applied research. No individual who has submitted a proposal or is included in a proposal sits on the Proposal Review Committee. Each reviewer signs a "No Conflict of Interest" form before rating proposals (see Attachment B).

Each reviewer is asked to review and initially rate all of the preliminary proposals according to criteria contained in the Proposal Rating Criteria (see Attachment C).

The Preliminary Proposal Review Committee meets twice annually, in PRICOR's offices, to rate the preliminary proposals. The Primary Reviewer summarizes the proposal, and leads an open discussion on strengths and weaknesses. After each reviewer gives a final rating of the proposals, the Primary Reviewer summarizes the comments and recommendations.

At the close of the meeting, PRICOR staff sums the scores and rank orders the preliminary proposals. Those ranked highest will then be submitted to the PRICOR Budgets/Subordinate Agreements Officer for a cost evaluation.

o Invitations

Notifications are then sent to all proposers. Those ranked highest are invited to submit full proposals. The comments and suggestions from the Preliminary Proposal Review Committee and the PRICOR Budgets/Subordinate Agreements Officer are included in the invitation along with instructions for preparing the full proposal. Copies of these comments and preliminary proposals are also sent to the AID Project Manager for distribution to the appropriate USAID missions.

- o Preparation of Full Proposals

Proposers have approximately 6 weeks to prepare and submit full proposals. In most cases they are asked to clarify issues raised by the review committee, provide more detail, or consider other suggested revisions. Proposers are informed that USAID concurrence is required before proposals can be funded and encouraged to get in touch with the mission about their research interests as early as possible. Proposers are instructed to send copies of their proposals to the USAID mission at the same time they are submitted to PRICOR.

The Proposal Instructions (see Attachment D) describe the additional information that the proposer is asked to provide.

- o Technical Assistance

As already noted, a limited amount of technical assistance is available to help develop proposals. Requests for assistance can be made through the USAID mission or directly to PRICOR although approval by the AID Project Manager and USAID concurrence are required before any technical assistance can be provided. Proposers needing such help should request it early in the process.

- o Review of Full Proposals

Full proposals are processed in exactly the same way as preliminary proposals and rated according to the same criteria. The Proposal Review Committee performs an independent peer review. Neither PRICOR staff nor the AID Project Manager rate the proposals.

Proposals ranked highest are sent to the PRICOR Budgets/Subordinate Agreements Officer for budget analysis.

- o Approvals and Awards

Proposers are instructed to send copies of their full proposals to the USAID mission when the full proposals are submitted to PRICOR. Missions are encouraged to review full proposals as soon as possible after receiving them to expedite the approval process. The approval process requires the following steps: (1) PRICOR sends the highest ranked proposals to the AID Project Manager for review and approval; (2) the AID Project Manager contacts the USAID mission for concurrence; and (3) those recommended for funding are notified that they will be awarded subordinate agreements subject to AID contractual procedures.

HOW DOES PRICOR FUND STUDIES?

Once AID has approved a proposal for funding, the PRICOR Budgets/Subordinate Agreements Officer negotiates a subordinate agreement with the Principal Investigator (see Attachment E). This subordinate agreement must also be approved by AID, and in some cases by host country officials, before funds can be disbursed.

Once that approval has been obtained, PRICOR sends a notification and signed subordinate agreement to the Principal Investigator to sign and return.

PRICOR utilizes an "incrementally-funded, cost-reimbursable" subordinate agreement. Thirty percent of the amount obligated for the first year of the subordinate agreement is sent to the recipient upon receipt of the executed subordinate agreement. Succeeding payments follow a schedule outlined in the subordinate agreement and are subject to receipt of technical and financial reports from the recipient.

Recipients are also required to adhere to U.S. Government Standard Provisions.

HOW DOES PRICOR MONITOR PROJECTS?

Each project funded is assigned to a PRICOR staff member who will act as Project Monitor. That person is responsible for answering correspondence, processing requests for information and technical assistance, arranging for consultant travel and clearances, reviewing progress and technical reports, and providing summary reports on the project to the AID Project Manager. The PRICOR Budgets/Subordinate Agreements Officer is responsible for reviewing financial reports and negotiating subordinate agreement modifications.

PRICOR staff may, on occasion, visit field sites to provide technical assistance and monitor progress. Prior approval for such trips is requested from the AID Project Manager and the USAID mission.

ATTACHMENT A

PRICOR

**ANNOUNCEMENT
Funds Available
for
Operations Research
in Primary Health Care**

Printed February 1982

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Preliminary research proposals are now being solicited by the Primary Health Care Operations Research project (PRICOR)*. The purpose of the project is to help developing countries find better ways to deliver primary health care (PHC) services.

For 5 years—1982-1987—PRICOR will: 1) fund 30 or more operations research projects; 2) sponsor four workshops and two international conferences; 3) commission a small number of background and methodological studies; and 4) develop a repository of data on PHC operations research.

Approximately U.S. \$700,000 is available in 1982 for support of operations research projects. Although no limit has been set for any given study, applications will be classified as small (U.S. \$10-50,000), medium (\$50-100,000), and large (over \$100,000). Generally, research projects should be completed in no more than 2 years. Preference will be given to small- and medium-sized studies and to projects of shorter duration.

Background

Statistics indicate that the most serious health problems in developing countries are infant, child, and maternal mortality and morbidity. These problems are gravest in rural and marginally urban areas where health services are the most limited.

Various health interventions exist which could have a dramatic impact on these problems if only ways could be found to get them to the target populations. Among the most efficacious of these interventions are:

- immunizations (DPT, polio, measles),
- treatment for infant respiratory infections,
- oral rehydration therapy,
- malaria prophylaxis and treatment,
- tetanus immunization for pregnant women,
- nutrition monitoring, and
- family planning.

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There is an urgent need to expand coverage of high-risk populations in rural and marginally urban areas with these key PHC services. But a number of operational issues need to be resolved before this can happen. The WHO/UNICEF report prepared for the Alma-Ata Conference noted that:

Enough is already known about primary health care for it to be put into practice immediately. However, much still needs to be learned about its application under local conditions; and during its operation, control and evaluation questions will arise which will require research. These may be related to such questions as the organization of primary health care within communities; . . . the mobilization of community support and participation; the best ways of applying (existing) technology; . . . the planning for training of community health workers, their supervision, their remuneration and their career structure; and methods of financing primary health care.

PRICOR's objective is to fund research that will help PHC administrators and program managers find answers to these questions. Operations research on PHC should identify alternative approaches, analyze the advantages and disadvantages of these alternatives, and then help decisionmakers select and implement the most effective (or most cost-effective) approach(es) appropriate to their local settings. Ultimately, operations research should help decisionmakers find better ways to provide essential PHC services to high-risk populations in rural and marginally urban communities.

Research Priorities

PHC is more than just a set of health interventions. It is viewed as an integral part of a development process in which the community and the health system are partners. There is consensus that if PHC is to work, the community must be actively involved in all stages (planning, development, delivery, supervision, support) and that there must be an operational way to link the community to the public and private health systems. In its first year, PRICOR will support research into ways to bring about effective community participation in the expansion of these essential PHC services. Preliminary proposals are solicited in three priority areas:

1) Community financing of PHC services; 2) The role of the community health worker; and 3) Community organization of PHC services.

1. Community Financing of Primary Health Care Services

The rapid proliferation of community-based PHC services over the last 10 years has been based on the assumption that PHC is the most cost-effective way to use scarce resources to meet priority needs. Because resources for health care in developing countries are unlikely to increase, and because donors will be unable to finance initial and recurring costs indefinitely, there is now a great need to find alternative ways to finance essential services. A potential source of significant support is the community itself.

The community is a viable source of support because most individuals and communities already pay for some health care (particularly for some drugs and curative services) through various payment schemes (e.g., fee-for-service, in-kind contributions, community insurance). But the extent to which these sources of revenue can be efficiently and equitably tapped to pay for PHC interventions is not known. PRICOR invites research on alternative schemes for local financing of PHC. Two areas of particular interest are: 1) Ways communities can help finance the efficacious PHC interventions which are needed, and 2) Schemes for joint community-health system financing (public or private) of these interventions (e.g., fees for immunizations plus public subsidies of nutrition monitoring).

Research on financing is encouraged to: 1) account for the ability and willingness of local communities to pay for particular services; 2) address both the efficiency (e.g., administrative costs compared to total revenues generated) and equity (e.g., who pays and who benefits from the services) of the financial schemes; 3) account for cultural, political, and administrative factors that affect the design and operation of the schemes; and 4) show how community financing schemes fit into a larger national or regional health financing context.

2. The Role of the Community Health Worker.

For many developing countries, the most realistic solution for attaining total population coverage with essential health care is to employ community health workers who can be trained in a short time to perform specific tasks. (Alma-Ata, 1978)

Because health personnel and resources are limited, the minimally educated lay person (Community Health

Worker [CHW], or Village Health Worker, Rural Health Visitor, etc.) has taken on an important role in the provision of PHC services. But a number of questions remain as to how best to select, prepare, use, support, supervise, and compensate these workers. PRICOR invites research into cost-effective ways to: 1) deliver PHC services through lay workers (e.g., door-to-door, from depots, in caravans); 2) train lay health workers (e.g., through informal training, continuing education); 3) supervise these workers (e.g., to find out which types of supervisory contacts should occur, how often they should occur); 4) provide logistical support to the workers (e.g., through regional depots, mobile vans); 5) assign tasks (e.g., what is the best mix of educational, medical, administrative and other duties for workers); and 6) compensate them (e.g., through enhancing status, providing bonuses, charging fees for service).

Research regarding the role of the health worker is encouraged to address: 1) the cultural, political and administrative factors (both short- and long-term) that affect the CHW's proposed and actual roles; 2) the efficiency of the approaches and their effectiveness in expanding PHC service coverage; and 3) the interaction of the health worker with the larger public and private health systems.

3. Community Organization of PHC Services

Experience suggests that communities must be involved in planning, providing, and monitoring PHC if it is to be effective. Organizational mechanisms which can bring about this involvement must be developed in communities, and these mechanisms must be compatible with cultural and political norms and effectively linked with the larger public and/or private health-care system. Communities and health authorities have several options open to them. For example, they can extend the public health system into the community (by setting up a health outpost staffed by a health auxiliary); they can add PHC functions to those of an existing community health organization which already has ties to the health system (through community mothers' clubs); they can add health functions to existing nonhealth organizations (an agricultural cooperative); or they can set up a new PHC community organization (a PHC committee).

PRICOR invites research which looks at alternative mechanisms for decentralizing PHC so that

communities can participate effectively in planning, providing, and monitoring PHC. Two areas of particular interest are: 1) use of existing, nonhealth organizational mechanisms (e.g., agricultural cooperatives, primary schools, church organizations, village councils); and 2) development of new health organizational schemes (e.g., health cooperatives, joint community-health system boards).

Research on organization is encouraged to: 1) address the political, administrative, and cultural factors that affect the design and operation of the organizational mechanisms; 2) assess the efficiency of the mechanisms and their effectiveness in contributing to the expansion of PHC coverage; and 3) show how the community organizational mechanisms fit into the larger public and private health systems.

Research Approaches

Any appropriate research methodology can be proposed. PRICOR is particularly interested in encouraging approaches that are decision-oriented and quantitative, include an assessment of the effectiveness of the approaches in extending coverage, and include an analysis of the cost-effectiveness of the alternative approaches. Where possible, research should be added to an ongoing PHC program, rather than set up as a separate project, and it should explore realistic—not theoretical—alternatives.

Eligibility

Research proposals may be submitted by one or more individuals, organizations, institutions, or consortia which have a relationship with a primary health care delivery system in a developing country. Preference will be given to research projects which will be developed and conducted by host-country researchers and which actively involve local decisionmakers in all stages of the research. Collaborative studies involving experts from outside the host country are also encouraged.

How to Apply

A preliminary proposal is required as a first step. It must be typewritten, double-spaced, and no longer than 20 pages. For administrative reasons, PRICOR prefers papers written in English. Proposals written in French and Spanish are acceptable, but they should be accompanied by an English synopsis, if possible.

Format

1. The name, address, telephone number, and cable address of the proposer should be clearly visible on a cover page.
2. Describe the research priority that will be addressed: 1) community financing of PHC services; 2) the role of community health workers; or 3) community organization of PHC services.
3. Identify and describe the specific research problem and its significance. Identify the specific policy or program alternative(s) that will be studied, the decision(s) that the research will address, and the decisionmaker(s) who have requested the information to be produced by the research.
4. Provide a brief review of what is known about the issue and describe how the proposed research will contribute to new knowledge.
5. Briefly describe the study design. If an experimental design is to be used, describe the experimental and control groups. If a nonexperimental approach is proposed, describe how decision alternatives will be specified and assessed. If samples are to be drawn, describe the sampling procedures.
6. Identify the key variable(s) that will be investigated or the hypothesis(es) to be tested. Describe the measures that will be used to assess effectiveness and cost-effectiveness.
7. Give a brief description of the data to be collected and the data collection procedures and types of instruments to be used. If secondary data are to be used, give a brief assessment of their reliability and validity.
8. Describe the analytic procedures and/or techniques that will be used.
9. Describe the reports that will be produced and the procedures for reporting the information to the decisionmaker(s).
10. Give a brief description of the schedule for the research project.
11. Identify all of the research staff, their qualifications and experience, and the amount of time each person will spend on the research project.

(continued on back panel)



Format (continued)

12. Briefly describe the institution(s) with which the researchers are affiliated. If more than one institution is involved, describe the institutional relationships.
13. Provide an estimated budget that lists: personnel costs, fringe benefits (if any), consultant costs, travel and per diem, other direct costs (e.g., telephone, supplies, data processing, etc.), and any other costs for which support is requested (e.g., general and administrative costs, overhead charges).

Review Process

Preliminary proposals will be reviewed and evaluated twice each year by PRICOR staff and independent experts in international health research. Those judged to best meet PRICOR's objectives will be selected, and proposers will be invited to prepare full proposals.

PRICOR will provide guidance and suggestions for strengthening the full proposals where appropriate. Proposals will then be reviewed by an independent committee and awards will be made—subject to AID approval—to conduct those with the highest ratings. The submission of a proposal in no way guarantees funding by PRICOR. However, subject to the availability of funds, PRICOR expects to fund as many of those proposals judged acceptable as possible.

Review Schedule for 1982

	First Cycle	Second Cycle
Deadline for submission of preliminary proposals	May 15	August 31
Review of preliminary proposals completed	June 12	September 30
Invitation to prepare proposals	June 18	October 5
Deadline for submission of proposals	August 14	December 1
Review of proposals completed	August 28	December 15
Notification of award	September 3	December 21

Further Information

To submit preliminary proposals, or for further information or assistance, please contact PRICOR at the address given below, or the Mission Director of any United States Agency for International Development (USAID).

**Primary Health Care Operations Research
(PRICOR)**

5530 Wisconsin Ave.

Chevy Chase, MD 20815, U.S.A.

Telephone (301) 654-2550

Cable: URCINTER

Telex: 64693

PRICOR

AVISO
Fondos Disponibles
para
Investigaciones Operacionales
en Atención Primaria de Salud ●

Impreso Febrero 1982





El proyecto de Investigaciones Operacionales en Atención Primaria de Salud (PRICOR)* está solicitando en la actualidad propuestas para investigación preliminar. El propósito del proyecto es ayudar a los países en desarrollo a encontrar mejores maneras de proporcionar servicios de atención primaria de salud (APS).

Durante el transcurso de 5 años — 1982 a 1987— PRICOR llevará a cabo: 1) financiamiento de 30 ó más proyectos de investigaciones operacionales; 2) auspiciará 4 talleres de trabajo y 2 conferencias internacionales; 3) comisionará un pequeño número de estudios de antecedentes y metodologías, y 4) desarrollará un centro de información sobre investigaciones operacionales de atención primaria de salud.

Se encuentran disponibles cerca de U.S.\$ 700,000 para el año de 1982, para el apoyo del proyecto de investigaciones operacionales. Aunque no se ha establecido ningún límite para un estudio específico, se clasificarán las solicitudes como pequeñas (US\$10-50,000), medianas (US\$50-100,000), y grandes (arriba de US\$100,000). En general, los proyectos de investigación deberán ser concluidos en no más de dos años. Se les dará preferencia a los estudios pequeños y medianos y a los proyectos de corta duración.

Antecedentes

Las estadísticas indican que los problemas más serios de salud en los países en desarrollo son la mortalidad y morbilidad infantil, juvenil y maternal. Estos problemas son más agudos en las áreas urbanas marginadas y en las zonas rurales, en donde los servicios de salud se encuentran sumamente limitados.

Existen varias medidas sanitarias que podrían tener un impacto dramático en estos problemas, si solamente se

*Investigaciones Operacionales en Atención Primaria de Salud (Primary Health Care Operations Research - PRICOR) es un proyecto del Centro de Servicios Humanos, y está financiado por la Agencia para el Desarrollo Internacional de los Estados Unidos, bajo un Acuerdo Cooperativo (AID/DSPE.5920-A-1048-00). El Centro para Servicios Humanos es una organización de servicios de desarrollo, sin fines de lucro, la cual se especializa en el diseño y administración de programas que responden a las necesidades básicas de las personas en los países en desarrollo y en los Estados Unidos.

pudiesen encontrar los medios para hacerlas llegar a las poblaciones meta. Dentro de las medidas más eficaces se encuentran:

- vacunas (triple DPT, polio, sarampión),
- tratamiento de infecciones respiratorias infantiles,
- terapia de rehidratación oral,
- tratamiento y profilaxis del paludismo,
- vacuna contra el tétano para mujeres embarazadas,
- vigilancia nutricional, y
- planificación familiar.

Existe una necesidad urgente de ampliar la cobertura de estos servicios claves de cuidados de salud primaria en las poblaciones de alto riesgo en las zonas urbanas marginadas y en las áreas rurales. Pero se necesita resolver un número de problemas operacionales antes de que esto pueda suceder.

El informe de OMS/UNICEF preparado para la Conferencia Alma-Ata declaró:

En la actualidad ya se conoce lo suficiente acerca de atención primaria de salud para que se ponga en práctica de inmediato. Sin embargo, se necesita aprender aún mucho más sobre su aplicación bajo condiciones locales; y durante su operación surgirán preguntas sobre control y evaluación que necesitarán de la investigación. Estas podrán estar relacionadas a preguntas como la organización de atención primaria de salud dentro de las comunidades... la movilización de apoyo y participación comunitaria; las mejores maneras de aplicar las tecnologías (existentes)... la planificación para la capacitación de trabajadores de salud comunitaria, su supervisión, su sueldo y la estructura de su carrera; y métodos de financiamiento de atención primaria de salud.

El objetivo de PRICOR es el financiamiento de investigaciones que ayuden a los administradores de APS así como administradores de programas, a encontrar respuestas a estas preguntas. Las investigaciones operacionales sobre APS deberán identificar estrategias alternativas, analizar las ventajas y desventajas de estas alternativas, y entonces ayudar a las personas encargadas de tomar decisiones a seleccionar e implementar la(s) estrategia(s) más eficaz y costo-efectivo para su localidad. Finalmente, las investigaciones operacionales deben ayudar a las personas encargadas de tomar decisiones a encontrar

mejores medios de brindar servicios esenciales de APS a las poblaciones de alto riesgo en las comunidades rurales y urbanas marginadas.

Prioridades de Investigación

La atención primaria de salud (APS) es más que un conjunto de medidas sanitarias. Se le considera como una parte integral de un proceso de desarrollo en el cual la comunidad y el sistema de salud son compañeros. Existe el consenso de que para que la APS funcione, la comunidad deberá estar activamente involucrada en todas las etapas (planificación, desarrollo, entrega, supervisión, apoyo), y deberá haber una organización operacional para enlazar a la comunidad con los sistemas de salud públicos y privados. En su primer año, PRICOR apoyará la investigación de modalidades para lograr la participación eficaz de la comunidad en la expansión de estos servicios esenciales de APS. Se solicitan las propuestas preliminares en tres áreas de prioridad: 1) financiamiento comunitario de servicios de APS; 2) el papel del trabajador de salud comunitario; y 3) organización comunitaria de servicios de APS.

1. Financiamiento Comunitario de Servicios de Atención Primaria de Salud

La rápida propagación de servicios de APS, basados en la comunidad, durante los últimos 10 años, se han basado en el supuesto que la APS es la manera más costo efectiva de usar los escasos recursos para llenar las necesidades prioritarias. Ya que no se espera que aumenten los recursos para la atención de la salud en los países en desarrollo, y ya que los donantes no podrían financiar los costos iniciales y recurrentes de manera indefinida, existe en la actualidad una gran necesidad de encontrar medios alternativos para financiar servicios esenciales. Una fuente potencial de apoyo significativo es la comunidad misma.

La comunidad es una fuente factible de apoyo debido a que la mayoría de los individuos y comunidades ya se encuentran pagando por cierta atención de salud (en particular por algunas drogas y servicios curativos), a través de varios esquemas de pagos (e.j., servicio por una cuota, contribuciones en especie, seguros comunitarios). Pero no se conoce el grado en que estos recursos de divisas se puedan disponer de manera eficiente y equitativa, para pagar por medidas de APS. PRICOR invita a que se lleven a cabo investigaciones

sobre esquemas alternativos para el financiamiento local de APS. Las dos áreas de interés particular son: 1) formas en las que las comunidades puedan ayudar a financiar las medidas eficaces de APS que se necesiten; y 2) esquemas para financiamiento de sistemas conjuntos de salud/comunidad (públicos y privados) de estas medidas (e.j., cuotas para vacunas, más subsidios públicos para supervisión nutricional).

Se propone que la investigación sobre el financiamiento deba: 1) contar con la habilidad y el deseo de las comunidades locales de pagar por ciertos servicios; 2) dirigirse a la eficacia (e.j. costos administrativos comparados al total de divisas generadas), y a la equidad (quién paga y quién se beneficia de los servicios) de los esquemas financieros; 3) considerar los factores culturales, políticos y administrativos que afectan el diseño y operación de los esquemas, y 4) mostrar cómo los esquemas de financiamiento comunitario encajan en un mayor contexto nacional o regional de financiamiento de salud..

2. El Papel del Trabajador de Salud Comunitaria.

Para muchos países en desarrollo, la solución más realista de lograr una cobertura total de la población con atención de salud esencial es emplear a trabajadores de salud comunitaria que puedan entrenarse en un corto tiempo para ejecutar tareas específicas. (Alma-Ata, 1978).

Debido a que el personal y los recursos de salud son limitados, el individuo con una educación mínima (Trabajador de Salud Comunitaria -TSC-, o Trabajador de Salud de Aldea, Visitador de Salud Rural, etc.) ha adquirido un papel importante en la provisión de servicios de APS. Pero aún existe un número de preguntas acerca de la mejor manera de seleccionar, preparar, utilizar, ayudar, supervisar y compensar a estos trabajadores. PRICOR propone a que se lleven a cabo investigaciones de las maneras costo-efectivas de: 1) entregar servicios de APS a través de trabajadores no profesionales (e.j., de casa en casa, desde depósitos, en caravanas); 2) capacitar a trabajadores auxiliares (e.j., a través de la capacitación no formal, educación continua); 3) supervisar a estos trabajadores (e.j., qué tipos de contactos de supervisión deben efectuarse, con qué frecuencia deben llevarse a cabo); 4) proporcionarle al trabajador apoyo logístico (e.j., por medio de depósitos regionales, camionetas); 5) asignar

1

tareas (e.j., cuál es la mejor mezcla de deberes educativos, médicos, administrativos y otros para los trabajadores); y 6) compensar a los trabajadores (e.j., a través de promover su estatus, proporcionarles bonificaciones, cobrar cuotas por sus servicios).

Se anima a que la investigación referente al papel del trabajador de salud esté dirigida a: 1) los factores culturales, políticos y administrativos (a corto y largo plazo) que afectan los papeles propuestos de los TSC; 2) la eficiencia de las estrategias y su eficacia en la expansión de la cobertura del servicio de APS; y 3) la interacción del trabajador de salud con el gran público y los sistemas privados de salud.

3. Organización Comunitaria de Servicios de APS

La experiencia nos sugiere que las comunidades deben estar involucradas en la planificación, la entrega y supervisión de la APS si es que se quiere que ésta sea eficaz. Se deben desarrollar mecanismos de organización que puedan lograr esta involucración en las comunidades, y estos mecanismos deberán ser compatibles con las normas culturales y políticas y enlazados en forma adecuada con el público en general y/o el sistema de atención de salud privada. Las comunidades y las autoridades de salud tienen abiertas varias opciones. Por ejemplo, pueden extender el sistema de salud pública a la comunidad (e. g. abriendo un puesto de salud manejado por un auxiliar de salud); pueden agregar funciones de APS a aquellas de una organización de salud comunitaria existente que ya tenga lazos con el sistema de salud (a través de clubes de madres de la comunidad); pueden añadir funciones de salud a organizaciones existentes que no tengan que ver con la salud en sí (cooperativas agrícolas), o pueden establecer una nueva organización comunitaria de APS (un Comité de APS).

PRICOR invita a que se realice investigación que busque mecanismos alternativos para descentralizar la APS con el fin de que puedan participar las comunidades de manera eficaz en la planificación, la entrega, y la supervisión de APS. Dos áreas de interés particular son: 1) uso de mecanismos de organización ya existentes, que no tengan que ver con la salud (e.j., cooperativas agrícolas, escuelas primarias, organizaciones eclesiásticas, consejos de aldeas); y 2) desarrollo de nuevos esquemas de organización (e.j., cooperativas de salud, organismos conjuntos de sistemas de salud comunitaria).

Se anima a que la investigación de organización se: 1) dirija a los factores políticos, administrativos, y culturales que afectan el diseño y operación de los mecanismos de organización; 2) evalúe la eficacia de los mecanismos así como su eficiencia en contribuir a la expansión de la cobertura de APS; y 3) mostrar cómo encajan los mecanismos de organización comunitaria en los sistemas de salud privada y en el público en general.

Estrategias de Investigación

Se puede proponer cualquier metodología adecuada de investigación. PRICOR está interesado en particular en promover estrategias que estén orientadas a las decisiones y que sean cuantitativas, incluyendo un estudio de la eficacia de dichas estrategias en la extensión de la cobertura, e incluyendo un análisis del costo-efectividad de las estrategias alternativas. En donde sea posible, la investigación deberá agregarse a un programa actual de APS, en lugar de establecer un proyecto separado, y deberán explorar alternativas realistas y no teóricas.

Elegibilidad

Las propuestas de investigación podrán someterse por uno o varios individuos, organizaciones, instituciones o consorcios que tengan una relación con un sistema de entrega de atención primaria de salud en un país en desarrollo. Se dará preferencia a proyectos de investigación que se vayan a desarrollar y llevar a cabo por investigadores de los países huéspedes y que involucren activamente a las personas encargadas de hacer decisiones en todas las etapas de la investigación. Se alientan así mismo, los estudios de colaboración que integren a expertos de fuera del país huésped.

Como se Puede Solicitar

Se requiere una propuesta preliminar como el primer paso. Debe de estar escrita a máquina, a doble espacio, no debe de ser mayor de 20 páginas. Por razones administrativas, PRICOR prefiere documentos escritos en inglés. Las propuestas escritas en francés y español son aceptables, pero deberán estar acompañadas de una sinópsis en inglés, si es posible.

(continuación en la contraportada)



Attachment B

CONFLICT OF INTEREST POLICY FOR PROPOSAL REVIEW

Members of the Proposal Review Committee may not receive payment from another U.S. Government-funded contract or grant for working during the same period of time for which payment is sought under this Project. The attached certification will be signed at the time of request for reimbursement.

Individuals who have helped develop a proposal or are included in a proposal will not be members of the Proposal Review Committee while said proposals are under review by PRICOR. Questions about conflict of interest should be taken up with the meeting facilitator so that a decision can be made before a proposal is considered. Committee members will sign the attached sheet at the conclusion of proposal review meetings. Non-committee members who are asked to review proposals will be sent a copy of this policy and requested to certify that no conflict of interest, as defined in this policy, exists in regard to the review.

CERTIFICATION OF NO CONFLICT OF INTEREST

This will certify that in the review of applications and proposals _____
on _____, I was absent and did not participate in the discus-
sion of any application or proposal from an organization institution, or university
system where I am an employee, consultant, officer, director, or trustee, or have
a financial interest. I was not involved in reviewing any application or proposal
when my participation would have constituted a real or apparent conflict of
interest.

Attachment C

PROPOSAL RATING CRITERIA

Reviewer's Name: _____
Date of Review: _____ Cycle #: _____
Primary Reviewer: _____ Secondary Reviewer: _____
Title of Proposal: _____
Country of Proposed Study: _____
Research Priority: _____

For Preliminary Proposals please do not rate those criteria which are in brackets.

Summary of Review Score:	Preliminary Proposal Maximum Score	Full Proposal Maximum Score
PRICOR Priorities	40	40
Rationale for Study	10	10
Research Problem	20	20
Methodology	40	45
Reports	10	10
Management Plan	5	20
Staffing	30	30
Institutional Capability	5	10
Budget	20	20
Subjective Score	15	15
Total	195	220

Reviewer's Summary and Recommendation:

PRICOR PRIORITIES: How well does the study correspond with PRICOR's objectives? (Maximum 40 points)

- | | | | | | |
|--|----|---|---|---|---|
| 1. The proposal clearly addresses one of the <u>PRICOR research priorities</u> . | 1 | 2 | 3 | 4 | 5 |
| 2. The research is designed to find cost-effective ways to expand coverage of the priority <u>health interventions</u> (immunizations, etc.) | 1 | 2 | 3 | 4 | 5 |
| 3. The research is designed to find cost-effective ways to expand coverage to priority <u>target populations</u> (unserved, high-risk children and women of reproductive age in rural and marginally urban areas). | 1 | 2 | 3 | 4 | 5 |
| 4. The research project will be incorporated in an <u>ongoing PHC program</u> , rather than set up as a separate project. | 1 | 2 | 3 | 4 | 5 |
| 5. Proposed <u>duration</u> of the study | | | | | |
| less than one year | 5 | | | | |
| between one and two years | 3 | | | | |
| over two years | 0 | | | | |
| 6. Proposed <u>budget</u> | | | | | |
| small (less than U.S. \$50,000) | 10 | | | | |
| medium (\$50-100,000) | 6 | | | | |
| large (over \$100,000) | 1 | | | | |
| 7. <u>Principal Investigator(s)</u> | | | | | |
| Host country national(s) | 5 | | | | |
| Host country national & developed country national | 4 | | | | |
| Developed country national(s) only | 0 | | | | |

Comments: _____

RATIONALE FOR THE STUDY: How great is the need for this study? (Maximum 10 points)

- | | | | | | |
|---|---|---|---|---|---|
| 8. The <u>need</u> for the study is clearly stated and justified. | 1 | 2 | 3 | 4 | 5 |
| 9. The <u>review</u> of related literature is adequate to demonstrate: 1) the proposer's understanding of the problem; and 2) that the study will address a significant gap in knowledge. | 1 | 2 | 3 | 4 | 5 |

Comments: _____

RESEARCH PROBLEM: How significant is the research and what is the likelihood that the results will be used? (Maximum 20 points)

- 10. The policy or program alternatives that will be studied are specifically identified. 1 2 3 4 5
- 11. The decisions that the research will address are:
1) clearly specified; and 2) significant. 1 2 3 4 5
- (12.) Decisionmakers have participated in developing the proposal and are clearly identified. 1 2 3 4 5
- (13.) The strategy for applying or implementing the research findings is clearly stated and there is a reasonable expectation that the decisionmakers will utilize the information produced by the study. 1 2 3 4 5

Comments: _____

METHODOLOGY: How clear, reasonable, and feasible is the methodology, and what is the likelihood that it will produce the desired information? (Preliminary proposal: maximum 40 points) (Full proposal: maximum 45 points)

- 14. The study design is: 1) clear; 2) reasonable; and 3) feasible. 1 2 3 4 5
- 15. The methodology is quantitative. 1 2 3 4 5
- 16. The proposed methodology will clearly identify alternative approaches and permit an analysis of the advantages and disadvantages of these alternatives. 1 2 3 4 5
- 17. The sample is adequate and the sampling procedures are reasonable. 1 2 3 4 5
- (18.) The key variables that will be investigated, or the hypotheses that will be tested, are: 1) clearly identified; and 2) significant. 1 2 3 4 5

19. Measures and procedures for assessing effectiveness and cost-effectiveness are: 1) clearly described; and 2) reasonable. 1 2 3 4 5
20. The data to be collected and the data collection procedures are: 1) clearly described; and 2) reasonable. 1 2 3 4 5
21. The analysis procedures and/or techniques that will be used are: 1) clearly described; and 2) reasonable. 1 2 3 4 5
22. The methodology has a reasonable chance of being replicated in other settings. 1 2 3 4 5

Comments: _____

REPORTS: How appropriate are the planned reports and what is the likelihood that the needed information will be provided to the decisionmaker(s) on schedule? (Maximum 10 points)

23. The reports to be produced are specified and the schedule for their production is reasonable. 1 2 3 4 5
24. The procedures for reporting the needed information to the decisionmaker(s) are clearly stated and reasonable. 1 2 3 4 5

Comments: _____

MANAGEMENT PLAN: How clear and reasonable is the management plan, and what is the likelihood that the project can be carried out as proposed? (Preliminary proposal: maximum 5 points) (Full proposal: maximum 20 points)

- (25.) The work plan is clear and reasonable. 1 2 3 4 5
26. The schedule for the project is clear and reasonable. 1 2 3 4 5
- (27.) The organization of the project is clear and reasonable. 1 2 3 4 5
- (28.) The roles of the staff are clearly specified and reasonable. 1 2 3 4 5

Comments: _____

SUBJECTIVE SCORE: How would you rate this proposal overall?
(Maximum 15 points)

Comments: _____

NOTE: This sheet will be sent to the proposer. Attach additional sheets if necessary.

Reviewer's Overall Evaluation of the Proposal:

Recommendations for Improving the Proposal:

Attachment D

PRICOR PROPOSAL INSTRUCTIONS

INTRODUCTION

You have passed a screening and assessment of preliminary proposals and, as a result, are invited to submit a full proposal. These instructions are designed to help you provide the Proposal Review Committee with the information that it needs to make a fair and accurate assessment of your proposal. Close attention should be paid to the comments and suggestions of the Proposal Review Committee and the PRICOR Budgets/Subordinate Agreements Officer in preparing the full proposal. In most cases, you will be asked to clarify issues raised by the Proposal Review Committee, provide more detail, or consider suggested revisions. Please follow the suggested format.

PROPOSAL REVIEW

A technical review of each proposal will be conducted by an independent Proposal Review Committee. The maximum technical score is 220 points, distributed as follows:

	Maximum Points
PRICOR Priorities	40
Rationale for the study	10
Research problem	20
Methodology	45
Reporting plan	10
Management plan	20
Staffing	30
Institutional capability	10
Budget	20
Overall proposal	15
TOTAL	220

Those proposals rated highest by the Proposal Review Committee will be submitted to AID for approval. Applicants should be aware that approval by the AID Contracts Office and concurrence by the local USAID mission is required before an award can be made by PRICOR.

PROPOSAL FORMAT

Please follow these instructions carefully.

COVER SHEET

1. Principal Investigator

Enter the full name, title or position, and institutional affiliation of the Principal Investigator. If more than one is proposed, enter the name of the person who has primary responsibility for the project.

2. Complete Address

Enter the complete mailing address of the Principal Investigator. If there are cable or telex addresses, please include these. Also enter the local telephone number of the Principal Investigator.

3. Title of Proposal

Write the brief title of the proposed research project.

4. Research Priority

Identify the PRICOR research priority that the proposed study will address, i.e., (1) community financing of PHC; (2) the role of community health workers; (3) community organization.

5. Duration of the Research

Show the projected beginning and end dates of the research and the duration of the project in months.

6. Total Cost of the Research

Indicate the total projected cost of the research and the funds requested from PRICOR. If the project is to take longer than one year, provide this information for each year for which funding is requested. If the research is currently being supported by other funds, and/or if funds are being requested from other sources, please provide this information.

7. National and Institutional Clearances

If institutional, national, or other clearances are needed, please indicate that the required documents are included with the application. Applicants are also reminded that USAID concurrence is required before an award can be made.

8. Institutional Endorsement

An authorized representative of the sponsoring institution should sign the cover sheet. The applicant (Principal Investigator) should also sign and date the application.

ABSTRACT (No more than one page)

Provide a summary description of the proposed research, following the outline of the proposal, that is: the PRICOR research priority that is addressed; the rationale for the study; the research problem; the methodology; reporting plans; management plan; staffing plan; institutional capability; and budget.

PRICOR PRIORITIES (Maximum 40 points)

The PRICOR Announcement states that preference will be given to those research proposals which fit PRICOR objectives. How well does this proposed research coincide with PRICOR's priorities?

1. Research Priorities (5 points). Identify the research priority the study will address and the specific areas of interest within that priority that will be studied.
2. Health Interventions (5 points). Describe the priority health interventions (immunizations, oral rehydration therapy, etc.) that this research will attempt to expand.
3. Target Populations (5 points). Identify the priority populations (unserved, high-risk infants, children, and women of reproductive age in rural and marginally urban areas) who are the targets of this research.
4. Ongoing PHC Program (5 points). Describe how this research Project fits into and will seek to improve an ongoing PHC program.
5. Duration (5 points).

Studies of less than one year	5 points
Studies of one to two years	3 points
Studies of more than two years	0 points
6. Total Budget Requested from PRICOR (10 points).

Small (less than U.S. \$50,000)	10 points
Medium (\$50-100,000)	6 points
Large (over \$100,000)	1 point
7. Principal Investigator (5 points).

Host country national	5 points
Collaborative (Host country plus developed country expert)	4 points
Developed country expert(s) only	0 points

RATIONALE FOR THE STUDY (Maximum 10 points)

How great is the need for this study? To what degree does it fill a gap in knowledge?

8. Need (5 points). Discuss the rationale for this study: why is it needed?

9. Review of Literature (5 points). Provide a succinct summary of the relevant literature on this subject to demonstrate: 1) your understanding of the problem; and 2) the gap(s) in knowledge that this study will address.

THE RESEARCH PROBLEM (Maximum 20 points)

How significant is the particular research problem that is proposed and what is the likelihood that the results of the research will be used? PRICOR is particularly interested in research which assesses viable policy and program options that host country decisionmakers have identified and are likely to consider.

10. Alternative (5 points). Identify the specific policy or program alternatives that will be studied (e.g., different ways that communities can organize themselves).
11. Decisions (5 points). Identify the specific decisions that the research will address (e.g., whether to implement alternative A or B).
12. Decisionmakers (5 points). Studies have shown that research is more likely to be used if the potential users are involved right from the beginning. Identify the decisionmakers who have participated in preparing the proposal.
13. Utilization (5 points). Identify the strategy for applying or implementing the research findings.

METHODOLOGY (Maximum 40 points)

The research design should be clear, reasonable, and feasible. PRICOR is particularly interested in research which is quantitative and measures the cost-effectiveness of alternative approaches.

14. Study Design (5 points). Describe the overall methodological design for the Project, i.e., the specific experimental, quasi-experimental, or non-experimental design. Discuss why this particular design was chosen.
15. Quantification (5 points). PRICOR is interested in studies which apply quantitative techniques (e.g., statistical tests, mathematical models). Describe the quantitative approaches proposed and the reasons they were chosen.
16. Alternative Approaches (5 points). Identify the alternative approaches which will permit an analysis of the advantages and disadvantages of these alternatives.
17. Sample (5 points). Describe the sample(s) that will be drawn and the specific sampling procedures proposed.
18. Variables (5 points). Identify the key variables that will be investigated or the hypotheses that will be tested. PRICOR is particularly interested in studies which focus on the key variables that affect the expansion of coverage of priority PHC services.
19. Measures (5 points). Identify the measures that will be used to assess the inputs, outputs, effectiveness, and cost-effectiveness of the alternatives being studied.

20. Data (5 points). Describe the categories of data to be collected, the procedures, and the instruments that will be used to collect the required data.

21. Analysis (5 points). Describe the analytical procedures or techniques that will be used and why these were selected.

22. Replication (5 points). PRICOR is also interested in studies which employ methodologies which have a reasonable chance of being replicated in other settings. Briefly describe the potential for replication of the proposed methodology.

REPORTING PLAN (Maximum 10 points)

How appropriate are the planned reports, and what is the likelihood that the needed information will be provided to the decisionmaker(s) on schedule?

23. Reports (5 points). Describe the research reports that will be produced and the schedule for their production.

24. Decisionmakers (5 points). Describe the planned procedures for reporting the needed information to the decisionmaker(s).

MANAGEMENT PLAN (Maximum 20 points)

25. Work Plan (5 points). Provide a clear description of the principal tasks and show how they are sequenced or related. Identify the principal products of each task.

26. Schedule (5 points). Show how much time will be required for each task and identify the deadlines for the principal products.

27. Organization (5 points). Describe the organization of the research Project and show how it is related to the PHC service program.

28. Roles of Staff (5 points). Describe the roles of each of the key personnel and show how work will be coordinated.

STAFFING PLAN (Maximum 30 points)

How qualified are the proposed staff, and what is the likelihood that they will be able to conduct the research as proposed?

29. Principal Investigator(s) (5 points). Describe the qualifications of the Principal Investigator: research training and experience; knowledge and experience with PHC; administrative capability.

30. Research Staff (10 points). Describe the qualifications of the research staff to carry out the roles proposed.

31. Time (5 points). Clearly indicate the amount of time (days, percent of time) that each staff member will spend on each task of the Project.

INSTITUTIONAL CAPABILITY (Maximum 10 points)

To what degree will the institutional relationship(s) enhance the study and help to make the findings more acceptable?

32. Institutions (5 points). Identify the institutions with which the researchers are affiliated, and discuss the utility for the project of these affiliations.

33. Institutional support (5 points). Describe the institutional support that can be expected to be provided to the project and the ways in which the institutional relationships can make the study findings more acceptable.

BUDGET (Maximum 20 points)

34. The requested budget will be reviewed for clarity, completeness and reasonableness. Please provide the detailed information requested in the Budget Estimate (see attached form).

REVIEWER'S OVERALL ASSESSMENT (Maximum 15 points)

Each reviewer will be asked to give your proposal an overall rating. This rating, which is admittedly subjective, is designed to account for the intangible qualities of your proposal that are difficult to classify.

COVER SHEET

TO: PRICOR PROPOSAL REVIEW COMMITTEE
 Primary Health Care Operations Research
 5530 Wisconsin Avenue
 Chevy Chase, Maryland 20815 U.S.A.

1. PRINCIPAL INVESTIGATOR			
Family Name (Surname) _____		First Name _____	
Title or Position _____		Institutional Affiliation _____	
2. COMPLETE ADDRESS			
Mailing Address _____			

Cable _____		Telex _____	Telephone _____
3. TITLE OF PROPOSAL			
4. RESEARCH PRIORITY			
5. DURATION OF RESEARCH			
Start Date (month/year) _____		End Date (month/year) _____	Total (months) _____
6. TOTAL COST OF RESEARCH			
	Year 1	Year 2	Total
Total Cost			
Funds requested from PRICOR			
Is this research currently being supported? No ___ Yes ___ If so, please describe.			
Is the research proposed in this application being submitted to any other group for support? No ___ Yes ___ If so, please describe.			
7. NATIONAL AND INSTITUTIONAL CLEARANCES			
	Documents Enclosed	Not Applicable	
Institutional clearances			
National clearances			
USAID concurrence			
Other			
8. INSTITUTIONAL ENDORSEMENT			
Name and Title: _____			
Signature: _____		Date: _____	
Applicant's signature: _____		Date: _____	

PREPARATION OF THE BUDGET

Provide a budget for each year of the proposed project. List only those costs for which funding is being requested from PRICOR. Do not show the cost-sharing contributions of other donors or the sponsoring institution. It is important that you provide enough detailed information so that the PRICOR Budget/Subordinate Agreements Officer can determine whether each item is: a) based on realistic costs; and b) reasonable. If you need to provide more information than can be included in the "Detailed Budget" provided, please attach supporting schedules. Failure to provide adequate budget information can result in significant delays in processing your application.

SUMMARY SHEET

Enter the identifying information requested and summarize the funds requested for each year by the categories shown. Make sure the Budget Summary is signed by both the Principal Investigator and the authorized institutional representative.

A. Personnel (Direct Labor)

Enter the salaries and/or wages of all employees who will work on the research Project. Consultant fees should be included under "E. Consultant Costs." The name and position of each person proposed must be given. Please attach a resume and a salary history for each. Estimate the percent of time each person will spend on the Project and include the projected number of work days each person will devote to the Project during the year. Multiply each individual's daily rate of pay by the estimated number of days of effort to calculate the total amount. For example,

H. Travolta, Principal Investigator 75%* 195*days @ \$53/day = \$10,335

J. Armorta, Senior Scientist 15%* 39*days @ \$42/day = \$ 1,638

*Based on 260 work days per year.

If your earnings are based on a daily rate of pay, then that daily rate should be reflected in the resume and salary history submitted with this application. That daily rate multiplied by the number of days to be worked on this project would equal the total amount to be paid for work done under this study.

If your compensation is based on an annual salary then that salary should be reflected in the resume and salary history submitted with this application. The daily rate is derived by dividing your annual salary by the total number of work days in a year. For example, 52 weeks x number of work days in a week = number of work days in a year. Annual salary ÷ number of work days in a year = daily rate.

B. Fringe Benefits

Fringe benefits often include such charges as vacation pay, sick pay, health insurance, and so forth. If a fringe benefit is requested, you must provide a separate schedule which: (1) identifies the items included in the fringe benefit calculation; and (2) shows how the fringe benefits are calculated.

Enter the fringe benefit rate and multiply it by the base amount to calculate the total fringe benefit charges. For example:

$$\text{Rate: } 25\% \quad \times \quad \text{Base: } \$15,000 \text{ Personnel Costs} \quad = \quad \underline{\$3,750}$$

Approval of your proposed rate will be facilitated if you will provide: (1) evidence that the rate is that normally charged by the institution; and (2) evidence that the rate has been verified by an independent audit.

C. Overhead on Labor

Some institutions charge "overhead," which is usually a percentage of the personnel (direct labor) category. For example,

$$\text{Rate: } 40\% \quad \times \quad \text{Base: } \$15,000 \text{ Personnel Costs} \quad = \quad \underline{\$6,000}$$

If you are requesting overhead, you must provide a separate schedule which: (1) identifies the items included in the overhead rate (e.g., rent, secretarial support, etc.); and (2) shows how the overhead rate was calculated. Approval of your proposed rate will be facilitated if you will provide: (1) evidence that the rate is that which is normally charged by the institution; and (2) evidence that the rate has been verified by an independent audit.

D. Consultant Costs

A consultant is a person who serves as an advisor to the project, as distinguished from an employee. List the name of each consultant who is proposed to work on the research project and identify the consultant's speciality (e.g., statistician, nutritionist). Enter the expected number of days each consultant will work on the project during the year. Multiply this by the consultant's daily rate of pay. For example,

F. Finnish, statistician 10 days @ \$55/day = \$550

G. Garibaldi, nutritionist 5 days @ \$180/day = \$900

E. Other Direct Costs

List all other direct charges to the research project under appropriate sub-headings, such as postage, supplies, gasoline, data processing, audit costs, communications, etc. Where possible, include the number of units to be purchased or used, and the unit cost of each. For example,

Postage stamps	500 @ 25¢	=	\$125
Gasoline	500 gallons @ \$2.50	=	\$1,250
Rent of office	12 months @ \$200	=	\$2,400

F. Travel and Per Diem

Separate travel into two categories: international and domestic. List the expected itinerary for each proposed trip (e.g., Bangkok-Djarkarta; Bogotá-Cali-Bogotá), the expected number of such trips to be taken during the year,

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and the average cost of one trip. In addition, calculate the per diem costs for each trip. Use local government or USAID mission-approved rates, multiply them by the number of days for each set of trips. For example,

Travel	Per Diem
Bangkok-Djarkarta \$450 x 3 RT = \$1,350	\$105 per day x 30 days = \$3,015
Bogotá-Cali-Bogotá \$65 x 20 trips = \$1,300	\$22 per day x 80 days = \$1,760

For other types of travel (for example, local travel by auto), show how the costs were calculated, for example,

Lome, local transportation by auto, 400 km @ 50¢/km = \$200

G. Subagreements

If any of the work will be subcontracted out, a detailed budget must be prepared for each subagreement (officially known as a "Second Tier Subordinate Agreement"). Enter the name and the total amount budgeted for each subagreement. Attach the detailed budgets.

H. Total Direct Costs

This is the sum of all of the previous items.

I. Indirect Costs

If your institution charges for "indirect costs" you must include a separate schedule that: (1) identifies the items included in the indirect charges (e.g., heat, postage, maintenance); and (2) shows how the indirect costs were calculated. Enter the indirect costs rate and multiply it by the base amount to calculate the total indirect costs. For example,

Rate: 35% × Base: \$55,000 Total Direct Costs = \$19,250

Approval of the proposed rate will be facilitated if you will provide: (1) evidence that the rate is that which is normally charged by your institution; and (2) evidence that the rate has been verified by an independent audit.

J. Total Budget

Enter the total amount requested for the year from PRICOR.

BUDGET SUMMARY

PRINCIPAL INVESTIGATOR:

ORGANIZATION:

ADDRESS:

DURATION: From (mo/yr) _____ through (mo/yr) _____ No. months _____

BUDGET CATEGORIES	U.S. DOLLAR AMOUNT REQUESTED		
	Year 1	Year 2	Total
A. Personnel (Direct Labor)			
B. Fringe Benefits			
C. Overhead on Labor			
D. Consultant Costs			
E. Other Direct Costs			
F. Travel and Per Diem			
G. Subagreements			
H. Total Direct Costs			
I. Indirect Costs			
J. Total Budget			

Principal Investigator

Authorized Institutional Representative

Typed Name and Title

Typed Name and Title

Signature

Signature

Date

Date

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D. Consultant Costs Name	Speciality	Estimated Days	Rate (\$/Day)	Total \$US

Total

E. Other Direct Costs (Supplies, Postage, Material) Item Description	Number of Units	Cost Per Unit	Total \$US

Total

F. Travel and Per Diem
International Travel

Per Diem

Itinerary Cost x No. Trips = Total

Rate x No. Days = Total

Domestic Travel

Per Diem

Itinerary Cost x No. Trips = Total

Rate x No. Days = Total

Total

ed

G. Subagreements (A "Detailed Budget" must be submitted for each)
List by Name

Total

1.

2.

3.

4.

Total

H. TOTAL DIRECT COSTS:

I. Indirect Costs (General and Administrative Costs) (See Schedule _____) Rate _____ x Base _____ = Total _____

J. Total Budget

Year _____ \$ US _____

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Attachment E

Re: CHS Subordinate Agreement No. _____

Dear _____:

We are pleased to inform you that the Center for Human Services, under its Cooperative Agreement with the Agency for International Development, has approved the attached Subordinate Agreement of up to \$_____ with _____ . This award is for a period of _____ months, beginning on or about _____ and funds are to be expended in accordance with the attached Subordinate Agreement. Within the total budget, increases or decreases may not exceed 5% of the budgeted line item amounts without prior written approval of the CHS Project Director. Subordinate Agreement funds not expended or committed for the purposes of the Subordinate Agreement within the period stated will be refunded to CHS within 30 days after the expiration date.

Sincerely,

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CONTRACT BUDGET SUMMARY

Contract with:

Contract Number:

For the Period:

_____ to _____

Category

U.S. Dollars

Local Dollars

Direct Labor

Fringe Benefits

Labor Overhead

Consulting

Other Direct Costs

Travel, Per Diem, Local Transportation

Subcontract

General and Administrative

Audit

TOTAL

Explanations

1. Within the total budget, increases or decreases may not exceed 5 percent of the budgeted line item amounts without prior written approval of the CHS Project Director.
2. Funds provided by CHS must be provided in a non-interest bearing account.
3. Funds may not be used for entertainment costs, including meals, import duties, unitemized overhead, antibiotics, or other pharmaceuticals.

Rate of exchange used in calculations: \$1,00 =

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SUBORDINATE AGREEMENT

This Subordinate Agreement is made and entered into as of _____, by and between Center for Human Services, a corporation organized and existing under the laws of Maryland, with a principal place of business at 5530 Wisconsin Avenue, Suite 1600, Chevy Chase, Maryland 20815 ("CHS"), and _____, a _____, with a principal place of business at _____ ("Recipient").

WHEREAS, CHS has entered into Cooperative Agreement No. AID/DSPE-5920-A-00-1048-00 the Agency for International Development (The "Prime Agreement"); and

WHEREAS, the parties hereto desire that Recipient assist in the performance of certain portions of the Prime Agreement.

NOW, THEREFORE, in consideration of the premises, and the mutual obligations of the parties herein made and undertaken, the parties hereto agree as follows:

ARTICLE I: SCOPE OF WORK

The Recipient shall furnish the necessary personnel, materials, services and otherwise do all things necessary for or incidental to the performance of the work set forth in Appendix A hereto, entitled Scope of Work.

ARTICLE II: PERIOD OF PERFORMANCE

Recipient shall complete all work called for under this subordinate agreement, including the submission of all reports, on or before _____ (the "Completion Date").

ARTICLE III: REPORTING REQUIREMENTS

For each two month period (bi-monthly), Recipient shall prepare and submit to the CHS Project Director four (4) copies of a Technical Progress Report. Each report shall, at a minimum, address the following areas:

- (1) Progress made to date on the specific work to be accomplished;
- (2) Work in progress;
- (3) Problems and difficulties encountered;
- (4) Previous problems and difficulties solved;
- (5) Assistance or guidance required of CHS; and
- (6) Next work scheduled to be undertaken.

A bi-monthly Financial Report is also required, and should provide the following information by Subagreement line item (see Attachment F):

- o Total of funds Obligated
- o Total of funds received to date
- o Expenditures this period
- o Total expenditures to date
- o Balance

ARTICLE IV: PROJECT DIRECTOR

The CHS Project Director is Jack Reynolds, Ph.D. Recipient's Project Director is _____ . The recipient's Project director and the following persons are considered key personnel:

The above personnel are considered to be essential to the work being performed hereunder. Prior to making any change in the key personnel, the recipient shall notify the CHS Project Director reasonably in advance and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the work. The listing of key personnel may, with the consent of the parties to this Subordinate Agreement, be amended from time to time during the course of the agreement to either add or delete personnel, as appropriate.

ARTICLE V: FINANCIAL PROVISIONS

The total estimated amount of this Subordinate Agreement is _____ ;
the amount obligated under this Subordinate Agreement is _____ .
(See Article VI of the Schedule entitled "Limitation of Funds.")

Payments under this Subordinate Agreement will be made as follows:

Year 1: Thirty percent (30%) of the amount obligated for Year 1 upon receipt of the executed Subordinate Agreement; an additional thirty-five percent (35%) of the amount obligated upon receipt of the second bi-monthly technical progress report and a financial report accounting for at least eighty-five percent (85%) of the first payment; an additional twenty-five percent (25%) of the amount obligated upon receipt of the fifth bi-monthly technical progress report and a financial report accounting for at least ninety percent (90%) of the total of the first and second payments; the final ten percent (10%) of the amount obligated upon receipt of the final year one (6th) technical progress report and an acceptable final financial report of Year 1 of the Subordinate Agreement which is due _____ .

Years 2 & 3: (If applicable) Payments would be at the same percentage rates as year one and the payments would begin with the recipient's request for payment at the start of year two.

ARTICLE VI: LIMITATION OF FUNDS (If Applicable)

This is an incrementally funded cost reimbursable Subordinate Agreement. The amount presently available for payment and allotted to this Subordinate Agreement is _____ for Year 1 of the performance period. It is contemplated that from time to time additional funds will be allotted to this Subordinate Agreement up to the full estimated cost set forth in Article V above. The Recipient agrees to perform or have performed work on this Subordinate Agreement up to the point of which the total amount paid or payable by CHS according to the terms of this Subordinate Agreement approximates but does not exceed the total amount actually allotted to the Subordinate Agreement.

CHS shall not be obligated to reimburse the Recipient for costs incurred in excess of the total amount from time to time allotted to this Subordinate Agreement, and the Recipient shall not be obligated to continue performance under this Subordinate Agreement unless and until the Subordinate Agreement has been amended.

ARTICLE VII: BUDGET

Within the funds obligated, the recipient may adjust line item amounts as reasonably necessary but not to exceed 5 percent of the budgeted line item without written authorization from the CHS Project Director.

ARTICLE VIII: CHS REVIEW OF PUBLIC RELEASES/ RESTRICTED INFORMATION

The following provisions shall govern public release by Recipient of any information of whatever nature resulting Recipient of any information of whatever nature resulting from or relating to any work performed in whole or in part under this Subordinate Agreement:

Recipient shall include in any publication resulting from or relating to any work performed under this Subordinate Agreement an acknowledgement substantially as follows:

"The work upon which this publication is based was performed in whole or in part under subordinate agreement with the Center for Human Services" under its Cooperative Agreement No. AID/DSPE-5920-A-00-1048-00 with the Agency for International Development.

ARTICLE IX: WITHHOLDING OF SUBORDINATE AGREEMENT PAYMENTS

Notwithstanding any other provision of this Subordinate Agreement, failure of Recipient to submit required reports when due, or failure to perform or deliver required work, supplies or services, will result in the withholding of payments under this Subordinate Agreement unless, as provided in the General Provision clause entitled "Termination" such failure arises out of causes beyond the control and without the fault or negligence of Recipient. CHS promptly shall

notify Recipient of its intention to withhold payment of any invoice or voucher submitted and the reason for such withholding.

ARTICLE X: CONSULTANT SERVICES

Recipient agrees not to pay any consultant under this Subordinate Agreement more than the consultant is paid by any agency of the United States Government for similar services.

ARTICLE XI: INSPECTION AND ACCEPTANCE

Final acceptance of all items called for by this Subordinate Agreement shall be the responsibility of the CHS Project Director.

ARTICLE XII: APPROVAL REQUIREMENT

This Subordinate Agreement shall be subject to the approval of the U.S. Government and shall not be binding until written approval from the U.S. Government is received by CHS.

ARTICLE XIII: INCORPORATED PROVISIONS

The attached General Provisions entitled "U.S. Grantees and U.S. Subgrantees; Other Than Educational Institutions Index of Standard Provisions" and the Center for Human Services General Provisions (the "General Provisions") form a part of this Subordinate Agreement.

In the General Provisions and in any other provisions incorporated herein by reference or otherwise, unless the context clearly requires otherwise, when the term "Government" is used, the term "CHS" shall be substituted; when the term "Contractor" is used, the term Recipient shall be substituted, and when the term "Contracting Officer" is used, "the CHS Project Director" shall be substituted.

Unless expressly provided to the contrary in this Subordinate Agreement, in the event of any inconsistency between this Subordinate Agreement or the General Provisions and any specifications or other provisions which are made a part of this Subordinate Agreement by reference or otherwise, this Subordinate Agreement and the General Provisions shall control. To the extent of any inconsistency between this Subordinate Agreement and General Provisions, this Subordinate Agreement shall control.

ARTICLE XIV: CLAIMS

(a) In no event shall CHS be liable to Recipient for payments for any extra work Recipient performs in addition to that required under Article I above, unless Recipient performs such work by written directive of the CHS Project Director. No officer, director, employee or agent of CHS is authorized to direct any extra work by oral order.

(b) Recipient agrees to make any claims for extensions of time or for damages for delays or claims for alleged extra work or additional compensation, or otherwise, to CHS in the same manner as provided in the General Provisions for like claims of CHS against the U.S. Government, and in such time as will reasonably enable CHS to present such claims to the U.S. Government for payment or recognition, unless a shorter time for making such claims has otherwise been provided for in this Subordinate Agreement, in which event such shorter time will be required; and CHS will not be liable to the Recipient on any claim not timely or properly presented, unless allowed by the U.S. Government.

(c) CHS shall not be liable to Recipient for delay to Recipient's work by the act, neglect or default of the U.S. Government or CHS; or by reason of fire or other casualty, or on account of riots, or of strikes, or of acts of God, or any other cause beyond CHS control or on account of any circumstances caused or contributed to by Recipient; provided, however, that CHS will be liable to Recipient for damages Recipient incurs as a result of any acts, or failures to act, by the U.S. Government, which delay or suspend the Recipient's work, but only to the extent the U.S. Government is liable for such damages and actually pays CHS for such damages; it being expressly understood that the only obligation CHS has to Recipient under this provision is to pass on to the U.S. Government any claim Recipient has made to CHS for damages for delays caused by the U.S. Government and to pay to Recipient any amounts which the Government pay to CHS as a result of such claims for Government-caused delays.

ARTICLE XV: NOTICES

All notices required or permitted to be given hereunder shall be sufficient if in writing and personally delivered or sent by certified mail, return receipt requested and postage prepaid, addressed as follows:

If to CHS:

Center for Human Services
5530 Wisconsin Avenue, Suite 1600
Chevy Chase, Maryland 20815
Attention: Jack Reynolds, Ph.D.

If to Recipient:

Attention: _____

ARTICLE XVI: ENTIRE AGREEMENT

This Recipient constitutes the entire agreement by the parties with respect to the matters herein. No other agreement, oral or written, shall be deemed to bind the parties with respect to the subject matter of this Subordinate Agreement.

ARTICLE XVII: MODIFICATION

Except as specifically provided herein, this Subordinate Agreement may not be altered, amended or modified except by a written agreement signed by a duly authorized representative of each party.

ARTICLE XVIII: EFFECTIVE DATE

The date this Subordinate Agreement, having been signed by both parties and delivered by Recipient to CHS shall be inserted by Recipient in the first paragraph hereof and, subject to Article XI hereof, shall be the "Effective Date" for purposes of this Subordinate Agreement.

IN WITNESS WHEREOF, CHS and Recipient have executed this Subordinate Agreement as of the day and year first above written.

CENTER FOR HUMAN SERVICES

WITNESS:

DATE: _____

BY: _____

TITLE: _____

RECIPIENT:

WITNESS:

DATE: _____

BY: _____

TITLE: _____

GENERAL PROVISIONS

CHS Subordinate Agreement No. _____

Center for Human Services

1. FINANCIAL TERMS

Unless otherwise specified in the Schedule, before making significant deviations in expenditures for line items in the Budget, the Recipient will obtain prior written approval of the the Center for Human Services. This is a cost-reimbursement Subordinate Agreement, and based on the final financial report, all unexpended funds will be returned to the Center for Human Services.

2. ACCOUNTING, RECORDS, AND AUDIT

The Recipient shall maintain books, records, documents, and other evidence in accordance with the Recipient's usual accounting procedures to sufficiently substantiate charges to the Subordinate Agreement. The Recipient shall preserve and make such records available for examination and audit by AID and the Comptroller General of the United States, or their authorized representatives (a) until the expiration of three years from the date of termination of the program and (b) for such longer period, if any, as is required to complete an audit and to resolve all questions concerning expenditures unless written approval has been obtained from the AID Agreements Officer to dispose of the records. AID follows generally accepted auditing practices in determining that there is proper accounting and use of Subordinate Agreement funds.

3. ASSIGNMENT OF SUBORDINATE AGREEMENT

The rights, obligations, and conditions agreed upon in this Subordinate Agreement apply specifically to the parties and individuals in the Subordinate Agreement and may not be transferred to others without the prior written consent of the Center for Human Services.

4. CONTROLLING LAWS

This Subordinate Agreement shall be governed and construed in accordance with the laws of the State of Maryland

5. REFUNDS

(a) If use of the Subordinate Agreement funds results in accrual of interest to the Recipient or to any other person to whom Recipient makes such funds available in carrying out the purposes of the Subordinate Agreement, the Recipient shall refund to CHS an amount equivalent to the amount of interest accrued.

(b) If, at any time during the life of the Subordinate Agreement, it is determined by CHS that funds provided under the Subordinate Agreement have been expended for purposes not in accordance with the terms of the Subordinate Agreement, the Recipient shall refund such amounts to CHS.

6. REPORTS

Unless otherwise specified in the Schedule of this Subordinate Agreement, the Recipient shall prepare and submit to CHS no later than 60 days after the completion date of the Subordinate Agreement a substantive report covering the activity carried out under the terms of this Subordinate Agreement and a financial report accounting for all expenditures under the Subordinate Agreement.

7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT

Safeguarding the rights and welfare of human subjects involved in research supported by CHS is a responsibility of the Recipient. It is the policy of the Center for Human Services that no work shall be initiated under a Subordinate Agreement which entails research involving human subjects unless the research is to be given initial and continuing review. This review shall assure that a) the rights and welfare of the individuals involved are adequately protected, b) the methods used to obtain informed consent are adequate and appropriate, c) the potential risks and medical benefits to the individual are assessed and deemed acceptable by the Principal Investigator and the subject, and d) the investigation is carried out in accord with local and national policies and regulations pertaining to clinical research.

The Recipient and Principal Investigator hereby assure the Center for Human Services that they will abide by this policy for all CHS-supported research involving human subjects. Furthermore, prior to the initiation of any such work under a Center for Human Services Subordinate Agreement, the Recipient agrees to submit to CHS a written description of the review procedures. The Center for Human Services reserves the right to withhold Subordinate Agreement funds for work involving human subjects in the event that procedures reported are considered inadequate to protect the rights of the individual. In such case, to be indicated in writing by the Center for Human Services within 20 days of receipt of the descriptive information, the specific inadequacies will be listed so that they may be rectified by the Recipient in order to allow the release of any withheld funds.

8 PUBLICATIONS

The Recipient shall provide CHS with ten copies of all published works developed under this Subordinate Agreement and lists of other written work produced under this Subordinate Agreement.

In the event that funds under this Subordinate Agreement are used to underwrite the cost of publishing in lieu of the publisher assuming this cost as is the normal practice, any profits or royalties up to the amount of such costs shall be credited to the Subordinate Agreement.

The Recipient is permitted to secure copyright to any publication produced or composed under this Subordinate Agreement provided that the Recipient agrees and does hereby grant to CHS and to the U.S. Government a royalty-free, non-exclusive and irrevocable license throughout the world to use, duplicate, disclose, or dispose of such publications in any manner and for any purpose and to permit others to do so.

9. SUBAGREEMENT

Placement of Subagreements, e.g., leases, options, etc., grants, or Subagreements with other organizations, firms or institutions and the provisions of such Subagreements are subject to the prior written consent of CHS if they will be funded under this Subordinate Agreement. In no event shall any Subagreement be on a cost plus a percentage-of-cost basis. Subordinate contractors including suppliers shall be selected on a competitive basis to the maximum practicable extent consistent with the obligations and requirements of this Subordinate Agreement.

10. NONLIABILITY

CHS does not assume liability with respect to any third party claims for damages arising out of work supported by this Subordinate Agreement.

Attachment F

BIMONTHLY FINANCIAL REPORT

Principal Investigator _____ Date _____

	Total Obligated	Total Received	Expenditure This Period	Expenditure To Date	Balance
Personnel					
Fringe Benefits					
Overhead on Labor					
Consultant Costs					
Other Direct Costs					
Travel and Per Diem					
Subagreements					
Total Direct Costs					
Indirect Costs					

Total Budget

54