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OPERATIONAL PROGRAM GRANT  
CHILD SURVIVAL PVO NETWORK-1

A Report Prepared By PRITECH Consultant:  
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During The Period:  
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TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT  
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## I. PROJECT SUMMARY

### A. Project Description

1. **Funding:** Over the three-year life of the project, the contribution pattern will reflect a 75% input from USAID totaling \$1,669,500, and 25% from ... subgrants and technical assistance totaling \$150,000 and \$125,000 respectively. This \$275,000 will be provided by cash and in-kind payments from the Private Voluntary Organizations (PVOs) working in Bolivia in conjunction with the Government of Bolivia (GOB).
2. **The Goal:** The overall goal of the project is to decrease morbidity and mortality of children under five years of age and women of child bearing ages in a coordinated effort by combining the financial and human resources of the agencies and organizations working in the health sector in Bolivia.

This goal will be attained by using the existing PVO Rotating Executive Committee (PVO/REC) and its administrative structure to

- a) channel funds to PVOs to support the development or strengthening of current CS projects;
  - b) fortify public and private health sector coordination efforts on the national, regional, and local levels.
  - c) support PVO staff training and improve collaborative training efforts among PVOs and the Ministry of Health (MOH); and
  - d) coordinate TA to the PVOs, and share resources to encourage the standardization of guidelines and criteria.
3. **The Purpose:** The purpose of this project is to improve and strengthen basic health services provided to the rural populations by bi-lateral and multi-lateral donors as well as the PVOs. The focus of the project is to coordinate the efforts of those resources addressing the issues of child survival (CS), e.g. immunizations, control of diarrheal diseases, nutrition, child growth monitoring, birth spacing, and maternal and child health.

PVOs are recognized as a mechanism to address the needs of low income populations because PVO project implementation sites are based at the community level where resources are scarce. In addition, PVOs often are innovative and effective in providing project feedback to the community level, thereby generating community participation. Thus, by strengthening the local consortium of PVOs, a national network of organizations working in Bolivia will become a permanent and vital element in project planning and implementation. This Proposal ensures local control of joint CS activities and a more adequate use of local funds. The granting of this OPG, will improve the coordination of CS PVOs and have a positive affect on CS activities by streamlining communication between the implementing PVO and AID in Bolivia and Washington..

4. Project Components: The costs of the project activities will be divided between USAID and the PVO/GOB as shown below:

|                                      | PVO/GOB        | USAID            |
|--------------------------------------|----------------|------------------|
| Subgrants to PVOs                    | 150,000        | 600,000          |
| Technical Assistance                 | 125,000        | 500,000          |
| Equipment, Materials<br>and Supplies | 0              | 60,000           |
| Project Monitoring &<br>Evaluation   | 0              | 100,000          |
| Project Administration               | 0              | 315,000          |
| Project Recovery                     | 0              | 94,500           |
| <b>TOTAL</b>                         | <b>275,000</b> | <b>1,669,500</b> |

The total cost of the Project activities are as follows:

|                                      |         |       |
|--------------------------------------|---------|-------|
| Subgrants to PVOs                    | 750,000 | (39%) |
| Technical Assistance                 | 625,000 | (32%) |
| Equipment, Materials<br>and Supplies | 60,000  | ( 3%) |
| Project Monitoring<br>and Evaluation | 100,000 | ( 5%) |
| Project Administration               | 315,000 | (16%) |
| Project Recovery                     | 94,500  | ( 5%) |

5. Project Implementation: The PVO/REC, in conjunction with USAID's Health Officer, and a member of the MOH will play central roles in the

appraisal, monitoring, and evaluation of the subgrants approved and financed by this Project. Developing and strengthening the pool of local experts by providing TA to both the PVOs and the MOH is an integral part of this Project. The Project will have a mid-term and final evaluation conducted by members of the GOB, USAID, PVOs, and the PVO/REC.

B. Issues

1. Sustainability of Subgrant Activities: Of central interest to everyone involved in the Project, is the issue of developing a sustainable effort to address child survival; PVOs submitting subgrant requests must consider sustainability when designing the proposal. Subgrant requests that are approved will have addressed the issues of:

- how the PVO will contribute at least twenty-five percent (25%) of the total subproject cost either in cash or in-kind, excluding USAID funds from any other grant as well as TA incurred under the grant;
- estimated recurrent costs and specifying how these costs will be financed after the terms of the grant have expired;
- incurring the cost of any TA needed to implement the subproject, which, may include TA in exploring ways to obtain additional funds to cover the recurring costs.

It should be noted that preference will be given to proposals that have a higher contribution to the recurrent costs and/or propose an increasing rate of PVO contribution.

2. Financing Plan: The US based headquarters of Save the Children (SAVE) have agreed to be the legal entity for the PVO/REC's access to the funds requested in this Operational Program Grant (OPG). SAVE Headquarters will designate a person in their Bolivia Office to sit on the subgrant review and approval committee. Project funds will be provided in US dollars to SAVE/Bolivia via a Letter of Credit with their Headquarters. Save/Bolivia will be responsible for the straight disbursement of funds and the PVO/REC will follow-up on subgrant expenditures. SAVE Headquarters will receive payment for overhead costs on a regular and timely basis. The details

of the flow of project funds are provided in Section IV, the "Cost Estimate and Financial Plan" section of the OPG.

Should problems develop during the implementation of financial procedures of the Project, adjustments will be made in concurrence with USAID/Bolivia.

3. Provision of Technical Assistance: The PVOs currently funded by AID/Washington for the implementation of CS activities have been provided with TA funds through the FVA/PVC in Washington, D.C. However, in addition to this source, the Project will sponsor additional TA to the Subgrantee. Appendix 6 presents the pool of possible providers of TA during the three-year cycle of this Project.
4. Timing: This Project allows USAID to benefit from the current environment in the PVO community in Bolivia. Due to the initiative of the PVO community, the administrative network has already been established.

The recent USAID/Bolivia sponsored workshop on monitoring and evaluation of CS activities was successful in solidifying the participation and dedication of the MOH, PVOs, and multi-lateral sponsors of CS activities to improve the coordination of staff, services, materials, and goals. This desire to develop, strengthen, and use appropriate local sources of TA in project management helps to develop projects that do not create dependencies and that increase the capabilities of the local institutions. These factors create the need for funding the CS.PVO.N-1 Project so this opportune moment is not lost.

## II. BACKGROUND AND RATIONALE

### A. Background

1. The Problem: Bolivia has over 6.5 million inhabitants, of which 59% reside in small villages of less than 2,000 people. This demographic aspect increases the difficulty to properly address the basic health care needs of the rural population. Currently 70% of the MOH personnel work in urban areas and, of the 1,164 health establishments in Bolivia, only 177 have hospitalization facilities. As cited in the MOH's Three-Year Health Plan, this situation leads to a life expectancy rate at birth of 48 years, an infant mortality rate at 169 per 1,000 live births, a maternal mortality rate at 48 per 1,000 live births, and malnourished children under five years at 47% in the rural and 57% in the urban areas.

The indicators presented above reflect the national average of the farmers, general laborers, and lower income people of the rural and urban areas. Of the ten main causes of death, 60% are related to transmissible diseases, of which 33% are preventable by immunizations and 28% by changes in the environment. The mortality rate of children under five years constitutes 65% of the total mortality rate in Bolivia, with the common causes of infant mortality being:

- diarrheal diseases;
- gastroenteritis;
- upper respiratory diseases; and
- other infectious diseases.

Statistics provided in A Second Report to Congress on the AID Program: Child Survival, show that of the population under five years, only 33% have received their DPT vaccinations, 30% have received immunizations against polio, 21% against measles, and only 24% of under-fives have been vaccinated against BCG.

Nationally, less than 50% of children one year old are still breastfed: bottle feeding may lead to diarrheal diseases due to unclean conditions and the use of contaminated water. Only 21% of the children under five years receive oral rehydration solutions (ORS) to treat cases of diarrhea. It is still uncertain how many families have access to any type of ORS.

Numerous international and local PVOs, in addition to bi- and multi-lateral agencies are addressing these basic health issues in Bolivia. This Project will address these health issues directly, as well as through multi-sectoral activities affecting the health status of women and children (e.g. by providing assistance in projects that address potable water, nutrition, gardens, education, and income generation).

The offices of AID in the U.S. and Bolivia currently fund PVO CS activities in Bolivia at a total project cost of approximately \$10,000,000. The PVOs and the amount of their project costs are:

- Project Concern International: \$1,200,000,
- CARE: \$5,077,900,
- Save the Children (SAVE): \$1,006,000,
- Project Esperanza: \$550,000,
- Foster Parents Plan (PLAN): \$500,000,
- Catholic Relief Services (CRS): \$736,000,
- Andean Rural Health Care (ARHC): \$140,000, and
- Meals for Millions (MFM): \$360,000.

In addition, the GOB, UNICEF, WHO, international PVOs, and other European and Asian countries maintain and support a variety of CS activities. In spite of this plethora of CS interventions in Bolivia, there are a number of factors that influence the level of health. This Project attempts to have a positive impact on these factors.

The main objective of the Project is to develop a permanent coordinating structure that oversees CS initiatives including:

- provision of immunizations to children under five years and pregnant women,
- improvement of the nutritional status of members of these same target group,
- increased use and understanding of ORS, and
- the increased routine growth monitoring of children under five years.

These CS activities will be strengthened by the Project's sub-objectives which include:

- strengthening and encouraging collaboration among the MOH, indigenous PVOs, and bi and multi-lateral organizations working in CS;
- unifying health information systems (HIS) to insure rapid delivery and analysis of data and appropriate follow-up action,
- addressing the duplication of services and conflicting educational messages by sharing resources and information, as well as by unifying educational content and materials;
- identifying and supporting local TA needs, and the pool of local sources to address these needs;
- strengthening ties and participation with the National GOB Ministries working in CS activities,
- supporting multi-sectoral activities and community development,

2. Bolivia's Commitment and Strategy: Bolivia's interest in coordinating sectoral and multi-sectoral health activities was stated during the recent CS Monitoring and Evaluation workshop, when Dr. Maria Teresa Paz, Under-Secretary for Public Health acknowledged the cooperation received from PVOs in regards to CS activities. She also pointed out the need for better coordination and cooperation among the PVOs and Bolivian government offices and offered MOH support for future activities in this regard. The National MOH has stated that it is vital to begin implementing the primary health care strategy, optimizing scarce national resources and international cooperation in both technical assistance and planning.

The current MOH's Three-Year Plan (1987-1989) states the desire for coordination of PVO activities with those of the MOH. In addition, the MOH acknowledges that they would respect the diverse opinions and methods of the PVOs. The Three-Year Health Plan also presents targets in:

community participation - to ensure effective participation in a conscientious, organized, and permanent form, by planning and implementing health activities. And by consolidating the Health Committees as an expression of uniting social organizations and the basic health units of the area;

women in health - to achieve the overall participation of the women in the defense of the right to health by raising the quality of life in general and elevating the role of women in the process of socioeconomic development in Bolivia

development of health personnel - to develop human resources in health through actions of formation, continued education, evaluation of these resources throughout the sector. The goal is to integrate the assistant teachers and community;

prenatal care - to improve the level of health of the mother and the child by way of extending coverage, in order to provide adequate attention that permits the early detection and prevention of maternal and infant pathologies. The goal is to reduce morbidity and mortality of women and infants;

3. Relationship to the USAID Country Strategy: The Project proposed here is in accordance with USAID's current CDSS. The Mission's recent support for the CS Workshop on Monitoring and Evaluation provides evidence of the potential interaction between the PVOs activities in health and the desire of the Mission to reduce infant and maternal mortality. The overall Mission strategy stated that it would continue to require input from the PVOs, as well as multi and bi-lateral programs. The participation of these resources are important in achieving the following CDSS project activities:

- to expand the participation of private agencies in the EPI program;
- to standardize training and public information materials and oral rehydration salt packets for public and private sector CS programs;
- to integrate maternal and child nutrition education curriculum into the food distribution/ORT/growth monitoring programs;
- to promote and support an expansion of birth birth spacing education;
- to increase the number of communities that have access to potable water; and

- to improve cost effectiveness of MOH health expenditures through increased emphasis on primary health care in rural areas, fostering closer collaboration with private sector health agencies, and promotion of cost-recovery mechanisms.

4. The PVO Rotating Executive Committee (PVO/REC): In August 1987 the centrally funded PVOs working in CS created a Network of PVOs working in health to oversee and coordinate their activities. The PVO Council then created the PVO/REC which has three voting members. One member of the Committee rotates out every quarter and the PVO Council elects another PVO to sit on the PVO/REC for the next nine months. Currently the members consists of a representative from CARE, PCI, and ARHC.
5. Other Donor Assistance to PVOs: International donor agencies, including those from Italy, Germany, Canada, and Japan provide funds to the PVOs working in health. Currently there is no single coordinating body that coordinates the donation of these funds, the projects' objectives, nor the location of the project's implementation site.

Information is not available on the total amount of funds available for project implementation in the health sector. However, these outside sources of program funds are necessary for projects which fall outside the CS mandate, which only addresses immunization, maternal and child health, nutrition, and control of diarrheal diseases. This Project will provide subgrants for multi-sectoral activities that may include health projects outside the four components listed above.

B. Rationale for the Child Survival PVO Network-1 (CS.PVO.N-1)

The PVO/REC is the coordinating body of the PVO community which is addressing the health needs of the target population that, through normal channels, may not otherwise receive health services. The CS.PVO.N-1 is a mechanism to

- fund activities that are outside the current narrow scope of CS activities,
- support PVO staff development,

- improve coordination with the MOH,
- respond to TA needs; and
- decrease duplication of services and materials.

It is recognized that PVOs have a relatively unique capability to provide basic health services at the community level because they are seen as part of the private sector working throughout Bolivia, reaching communities that are unserved or underserved by the existing health structure. PVOs are willing to be innovative and are effective in encouraging community participation and motivation, due in part to their sensitivity to local needs and social obstacles in providing health services.

The funding of this Proposal will: provide poor urban and rural dwellers with an opportunity to improve their quality of life through better health; assist local resources at all levels to better understand the factors which influence the acceptance of self-help in health care; and provide reliable survey data on innovative projects that impact infant and maternal mortality.

#### C. Coordination with Other Projects and Programs

By providing subgrants, the CS.PVO.N-1 will coordinate PVO activities with the Ministry of Health, local PVOs, and multi-lateral donors such as UNICEF and PAHO. This process increases the likelihood that funded activities will not duplicate or supplant existing GOB programs. The majority of subgrant projects will be implemented in the rural areas of Bolivia and support coordinated health activities that address the health needs of approximately 1.1 million children under the age of five years (of which 267,000 are under 12 months) as well as 900,000 women of child bearing age.

### III. DETAILED PROJECT DESCRIPTION

#### A. Life of Project and Funding Level

The CS.PVO.N-1 Project provides a total life of project (LOP) funding level of \$1,944,500 over a three year period. Individual recipients of the subgrants will contribute an estimated Bolivian peso equivalency of approximately \$275,000 for the 25% cost of subgrants and Technical Assistance (TA). The three-year LOP will allow the PVO/REC to spread the grant appraisal and approved work load for approximately 20 subprojects, over the initial 18 months, and thus allow a maximum 18-month implementation period for each subgrant. The main components of the Project are subgrants to PVOs and the provision of TA for project administration, planning, and training. These components are described in more detail in Subsection D below.

#### B. Goal and Purpose

1. Goal: The overall goal of the project is to reduce mortality and morbidity among the rural and urban infants in Bolivia.
2. Purpose: The purpose of the Project is to coordinate and improve the functioning and impact of international and Bolivian PVOs implementing CS activities while promoting long-term coordination among international PVOs, Bolivian PVOs, the MOH, and bi- and multi-lateral donors.

#### C. Objectives of the Project

The objectives which reflect the overall purpose of the Project are those that:

- support health related multi-sectoral activities such as income generation, sanitation, and providing potable water;
- improve the quality of village-level training for local health workers, teachers, and members of the community health committees;
- upgrade the management skills of core PVO personnel;
- support innovative community health nutrition education and women's health projects;

- identify and support local institutions capable of providing TA to the subgrant recipients;
- ensure geographic coverage in accordance with MOH priorities;
- encourage and support activities which integrate western and traditional concepts in health care; and
- promote self-help among beneficiaries so a collective response to their needs is generated.

#### D. U.S. Grant Financed Activities

The funds requested in this OPG will be used to finance the following activities:

1. Subgrants to PVOs (\$800,000) - These PVO-managed subgrants are the thrust of the Project, and consumes 41% of the financial resources. Subgrants will be limited from \$10,000 to \$60,000. Exceptions will require complete justification and approval by SAVE, USAID, and the PVO/REC. Subgrant requests smaller than the minimum will also require justification because of the administrative workload. However, an innovative small grant would be considered for funding by the Subgrant Review Committee. The narrow limits of the grant size is expected to produce approximately 20 individual subgrants. To take into consideration the project start-up time, and balance the workload of grant review, appraisal, and monitoring, subgrant approvals will be spread over the first eighteen months of the three-year Project (5, 15, 0 per year respectively). The subprojects will have a maximum duration of eighteen months, but due to project start-up, a twelve-month project cycle is most likely.

The approved subgrants will finance activities in basic preventive health services, training for community health workers and other health volunteers, and multi-sectoral health and income generating activities. As presented earlier, priority will be given to subprojects that creatively address means to reduce infant and maternal mortality, address the issue of sustainability, and are implemented in conjunction with a local PVO or the MOH.

Subgrant approval will be limited to subprojects which emphasize community outreach as well as participation and overall sustainability.

2. Technical Assistance (500,000) - TA will be provided to PVOs to improve both technical and managerial aspects of program implementation. Thus, from the pool of TA resources, both local and international, TA will be provided in project and survey design, training, health education, communication, management information systems, and technical aspects of health care related to maternal and infant mortality. Each subgrant will include funds earmarked to finance TA and assistance will be provided in securing the appropriate professionals.

The workshops and meetings for potential and actual Subgrantees are funded through this line item. During the Year-2 of the Project, the CS Fellow will be financed through the TA category.

3. Equipment, Materials and Supplies (\$60,000): The start-up of the Project requires the purchase of office equipment such as a photocopy machine, office furniture, and a computer, as well as a vehicle. Maintenance and repair costs is charged to this category.

Procurement waivers will be requested of USAID for the major purchases. Equipment purchased or contributed for use on CS.PVO.N-1 remains for the MOH, following the confirmation of the PVO/REC.

4. Project Monitoring and Evaluation (\$100,000): The funds obtained through this OPG will finance the monitoring and evaluation of both the subgrants and the Project's Mid-term and End of Project Evaluation.
5. Project Administration (\$315,000): Salaries and benefits of the Secretariat staff are charged to this category: the General Secretary, and two secretaries (one for the Secretariat and one for HHR at AID/Bolivia). In addition, office space for the Secretariat and SAVE/Bolivia's administrative cost recovery are charged here.
6. Project Recovery (\$94,500): Payment to SAVE/US is determined to be 6% of the AID-provided funds. This payment covers SAVE/US' overall financial responsibility for report submission and use of Project funds.

## E. Project Implementation

1. **Subgrant Activities:** The main focus of the Project and the subsequent subgrants will be activities that impact infant and maternal mortality and morbidity, such as birth spacing, nutrition, immunizations, and MCH. The programs should be community and education oriented and include surveillance for high risk people in the target groups of children under five years and women of childbearing ages.

a. **Child Survival** - The main components of CS activities include nutrition monitoring of children under five and pregnant women, immunizations for the targets groups provided above, control and prevention of diarrheal diseases through preventative and curative activities.

b. **Training Programs** - The Project will support training programs for paramedical workers, health management personnel (nurses, doctors, project managers, supervisors), as well as training of village level workers - CHWs, teachers, members of health committees, traditional healers.

c. **Innovative Approaches to Health Care** - Priority will be given to all subprojects that include the creation and testing of innovative approaches in health areas such as community education, ORT delivery, growth monitoring, coordination of resources, use of various types of health workers.

Subprojects that are considered on their innovative merits must include provisions measuring the "before and after" situation in the subproject implementation site. This will allow the evaluation of the innovative approach and provide proper documentation. Funds for the pre-and post-subproject situation analysis will be included in the subgrant.

d. **Integrated Approaches** - Integrated approaches to activities with the overall goal to reduce infant and

maternal mortality and morbidity will be supported by the Project, such as activities which are integrated into existing development projects in addition to activities involving water, education, environment, and/or local cooperatives.

Multi-sectoral subgrant requests are required to emphasize CS activities and interventions, be investigative in their design, and stress the educational component of project design.

2. **Activities Ineligible for Project Support:** Project funds may not be used for the following activities:
  - salaries of medical specialists who are not working as technical resources;
  - any medicine costs not included in the subgrant proposal;
  - activities which benefit only individuals and not the community;
  - activities that emphasize the use of inappropriate types and levels of technology; and
  - activities that the GOB would consider outside the national development plans.
3. **Subgrantee Criteria:** Recipients of the subgrants will be international and local PVOs. In the case of the latter, the proposal will be submitted in conjunction with a USAID-registered PVO. This will allow the local PVO to gain acceptance with USAID and, fulfill some of the prerequisites for becoming a registered PVO with AID/Bolivia.

In addition, the Subgrantee must meet the following eligibility criteria:

- Organizations seeking assistance must be a legally registered institution with the US or Bolivian Government, and thus required to maintain financial accounts, undergo audits, and have a board of directors;

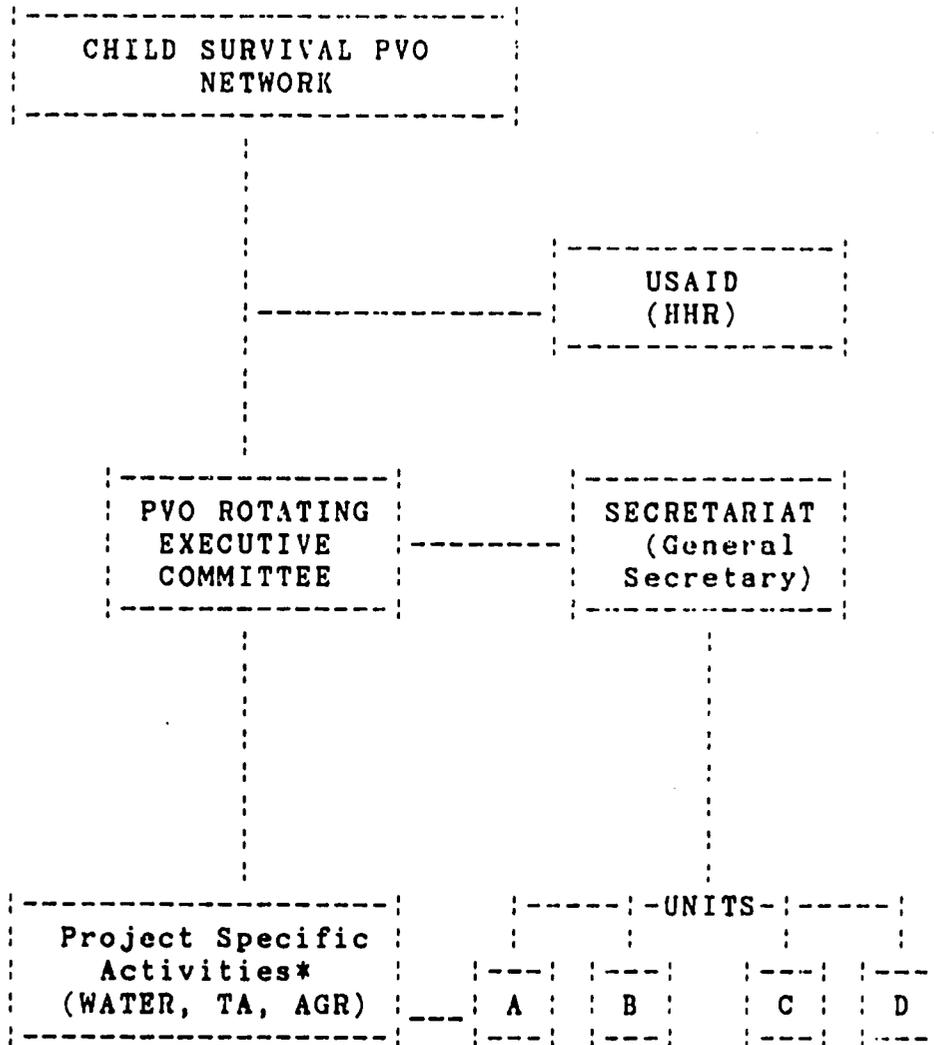
- Organizations receiving a subgrant may be of any religion or creed but must be non-sectarian in the provision of health care services;

- Organizations receiving a subgrant must have a history of acceptable financial accountability in their operations to date; and

- Organizations must have at least two years of successful experience in health care projects or two letters of reference from organizations which meet the above stated criteria.

4. Subgrant Process - Please refer to Charts A and B on the following pages for clarification of the subgrant submission process.

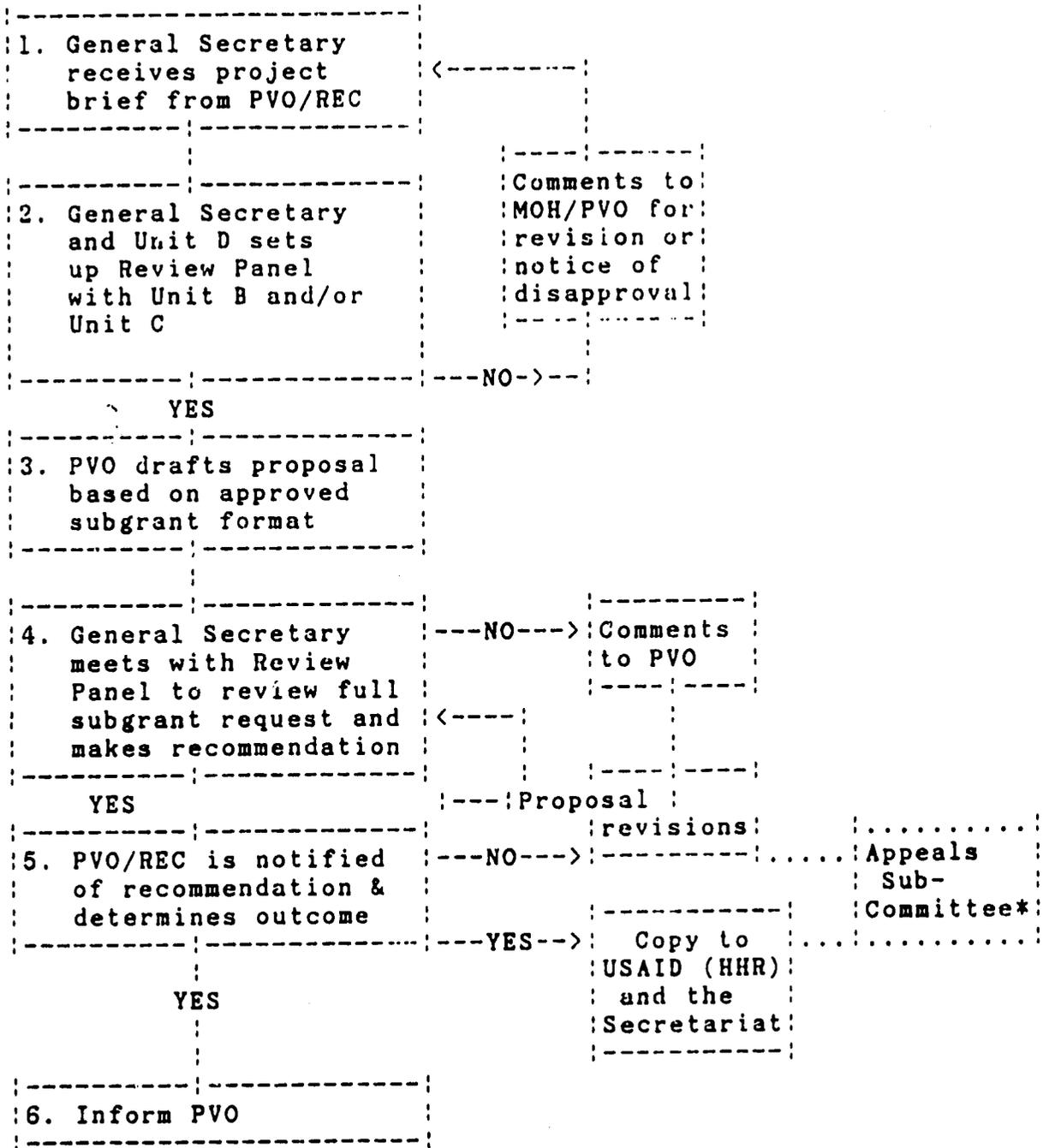
CHART A: PVO/REC ADMINISTRATIVE STRUCTURE



- Unit A = Administration
- Unit B = Technical Assistance in multi-sectoral and community development activities\*\*
- Unit C = Technical Assistance in Health
- Unit D = Programming and Evaluation

\* The project specific activities must be health related.  
 \*\* Unit B to be activated at a later date.

**CHART B: REVIEW AND APPROVAL PROCESS FOR FUNDING AND TECHNICAL ASSISTANCE**



Steps 2 and 4 involve the Secretariat Programming Review Panel (SPRP) which consists of a representative from: USAID, General Secretary, MOH, SAVE, UNICEF, Asongs, and UNIT D.

\*Appeals Sub-Committee is comprised of a Representative from MOH, USAID, and the PVO/REC Spokesperson.

To begin the process of subgrant submission, the applicant must submit a Proposal Brief (PB) to any member of the PVO/REC who forwards the profile to the Secretariat within seven days see CHART A). As presented in CHART B, the review process is:

STEP 1: is completed after the PB has been received by the General Secretariat.

STEP 2: involves the General Secretary, the Programming and Evaluation Unit, along with the Technical Assistance Unit who review the PB for completeness and soundness within ten days of receiving the profile. If the PB meets the criteria presented in Section E.1, the process proceeds to the next phase.

If the profile does not meet the standard criteria, the PVO is advised of the requested revisions or the Committee's rejection within a 7-day period. If revisions are requested, obviously it is to the advantage of the PVO to respond within a reasonable time frame to the request.

STEP 3: in which the PVO is requested to prepare a detailed subgrant proposal and resubmit the proposal within 60 days.

STEP 4: The Secretariat Programming Review Panel (SPRP) meets and reviews the subgrant request within 30 days of receiving the proposal. Members of the SPRP visit the project field site of the potential subgrantee to identify subproject design gaps as well as possible needs in TA for project design and the preparation of the final proposal. If the SPRP determines that the subgrant proposal is inadequate, the PVO is advised, and in selected cases, the SPRP may request revisions on the proposal.

STEP 5: The subgrant project profile and the detailed proposal are submitted to the PVO/REC and advised of the Panel's recommendation. The PVO/REV makes the final decision within a 14-day period regarding the proposal's acceptance by either requesting additional revisions in the proposal, or accepting the proposal and forwarding a copy of the final document to the Office of Health and Human Resources (HHS) as well as the Secretariat.

STEP 6: The PVO/REC advises the PVO of the decision to fund the subproposal within 7 days.

As noted above, STEP 1 through STEP 3 requires less than 30 days to complete. The PVO has been provided 60 days in which to prepare a proposal based on the accepted Project Brief. The completion of STEP 4 depends on the PVO's decision to revise the PB, but the initial review of the subproposal requires only 30 days. STEP 5 will be completed when the PVO/REC meets for one of its bi-monthly meetings (within 14 days) and then notifies the PVO of its decision within seven days. Depending on the number of revisions the subproposal requires, the maximum time from STEP 1 to STEP 6 is four months.

The Appeals Sub-Committee is a safety catch for proposals that either shouldn't have been approved by the PVO/REC but was, or was not approved but should have. Any member of the PVO Network, SPRP, or USAID may request a review of the funding decision. The Appeals Sub-committee has the final decision on the status of the project approval.

All approved subgrants will include a start-up period of three to six months. During this period, funds will be released to cover the costs of baseline surveys, needed TA, and core administrative costs. Following the submission of the results from an "acceptable" baseline study, additional funds will be released to the subgrantee.

The Secretariat is responsible for the day-to-day administration of CS.PVO.N-1, in addition to the project and fiscal monitoring of the subgrants and the mid and final subproject evaluation.

5. PVO Contributions and Sustainability: This Project requires that all PVOs and/or subgrant recipients contribute either in cash or in kind, twenty-five percent of the subproject costs, excluding TA. In addition, all subproject profiles, must have addressed the question of post-grant financing of the recurrent costs. For this reason, criteria presented in the Section Subgrantee Criteria includes the financial viability of the PVO.

Thus, each PVO will be required to contribute 25%

of the total subgrant. Attributable overhead project costs may be used as part of the match.

As mentioned earlier, the subject proposal must include estimated figures for annual recurrent and post-grant costs and how the PVO proposes to meet these obligations following the life of the subgrant. The proposal must specifically provide the identification of the alternative funding mechanisms.

Subgrantee contributions will be reflected at a sum for the entire subproject, and not for separate line items. Preference will be given to funding subprojects with a higher contribution to recurrent costs as well as the subprojects proposing an increasing contribution to recurrent costs over the life of the subproject.

The PVOs recent past performance as an organization, its financial soundness and solvency, and the size of the subproject in relation to its other activities will be considered when determining the eligibility of the subgrant proposal.

The Project will support TA and/or training for PVO staff and counterparts in both subproject management, fund raising, and basic concepts of fiscal management.

Additional sources of counterpart funding will be sought. Possible assistance in meeting the 25% match may come from Title III funds (see PL-480 letter of support), the Emergency Social Fund, or by crediting the Project for costs incurred for the hiring and placing of a CS Secretary in HHR to coordinate communications through CS.PVO.N-1, or by waiving the match for activities implemented in conjunction with a local PVO or the MOH.

6. Contracting Arrangements: All subgrants will be monitored and audited annually by a local agency of certified accountants.

Following a survey of local and international organizations and individuals capable of providing TA, the TA Units will prepare a handbook outlining the procedures for contracting and paying for these services. The scope of TA

would include proposal development, subproject design, information systems, as well as strategies for sustaining the subproject activities.

The mid-project and end-of-project evaluations will be contracted by USAID directly and include members of the MOH, and the PVO community.

#### IV. PROJECT BUDGET AND FINANCIAL PLAN

##### A. General

The Project will have a total life project budget of \$1,669,500 (see Table 1). Of this AID will provide 1,669,500 and the GOB and the PVO will contribute in cash and kind, \$275,000. The legal responsibility for disbursement of funds, accounting, recordkeeping, and auditing will be the charge of SAVE. Project funds will be managed separately and placed in a separate account from any other funds overseen by SAVE.

Disbursement of funds will be approved by the PVO/REC after presentation of requests by the Secretariat. The General Secretary will prepare monthly financial reports for the PVO/REC and USAID.

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TABLE 1

Summary of Cost Estimate -- By Source and Component

| Components                            | US Grant    | PVO/GOB   | Total       |
|---------------------------------------|-------------|-----------|-------------|
| Subgrants                             | 600,000     | 150,000   | 750,000     |
| Technical Assistance                  | 500,000     | 125,000   | 625,000     |
| Equipment, Materials,<br>and Supplies | 60,000      | 0         | 60,000      |
| Project Monitoring<br>and Evaluation  | 100,000     | 0         | 100,000     |
| Project Administration                | 315,000     | 0         | 315,000     |
| Project Recovery                      | 94,500      | 0         | 94,500      |
| TOTAL                                 | \$1,669,500 | \$275,000 | \$1,944,500 |

-----

##### B. Project Costs

Under each approved subgrant, the Secretariat will initially advance to the recipient an amount equal to approximately six months requirements to each subgrantee. The subgrantee will submit to the Secretariat on a quarterly basis a statement showing the :

a) opening balance of advance,

- b) actual expenditures during that quarter;
- c) the balance of advance available;
- d) requirements of the next month;
- e) additional advance requested, which will be d) minus c)

The Secretariat will prepare a consolidated statement of actual expenses of all the subgrantees during the reporting period and forward it to AID through SAVE/Westport.

It is estimated that five subgrants will be approved during the first project year and fifteen subgrants during the following year. Table 2 shows projected expenditures under the project components beginning in YEAR 1 of the Project - January 1988. The projected expenditures are vague and are subject to the actual number and size of subgrants approved during the three years of this Project.

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TABLE 2

Estimated Annual Project Costs

| Component                             | \$(000) |         |       | TOTAL   |
|---------------------------------------|---------|---------|-------|---------|
|                                       | 1888    | 1989    | 1990  |         |
| Subgrants                             | 187.5   | 562.5   | 0     | 750     |
| Technical Assistance                  | 140     | 262     | 223   | 625     |
| Equipment, Materials,<br>and Supplies | 38      | 10      | 12    | 60      |
| Project Monitoring and<br>Evaluation  | 4.5     | 37.5    | 58    | 100     |
| Project Administration                | 96      | 105     | 114   | 315     |
| Project Recovery                      | 31.5    | 31.5    | 31.5  | 94.5    |
| TOTAL                                 | 497.5   | 1,008.5 | 438.5 | 1,944.5 |

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C. Audits

The Secretariat will maintain separate records and books for the grant funds. These shall provide adequate records of the activities financed under the Project related to the administration, monitoring, and evaluation of the Project. All records and books will be available for audit by USAID.

Each recipient of a subgrant will be required to maintain a separate, non-interest bearing bank account as well as separate books and records for the subproject showing information similar to that needed by the Secretariat. All subgrantee's books and records will be audited by a registered accountant each project year.

## V. IMPLEMENTATION PLAN

### A. Administrative Structure

1. The Rotating Executive Committee: This currently existing structure will be responsible for the overall policy determination and guidance of the Project as well as the final decision of all subgrant requests.

Currently the PVO/REC meets on a monthly basis and calls general PVO Council meetings when warranted. The funding of this Project will create the need to meet twice a month to discuss general procedural matters and review subgrant requests.

2. The Secretariat: This assemblage is comprised of a General Secretary and four UNITS that oversee subgrant projects and provides TA to agencies working in CS. In addition, this body will forward to the PVO/REC, a recommendation to approve or deny the subgrant proposal, monitor and evaluate the subgrant activities, directly and/or by contract, and will be responsible for the reporting and administration of Project funds.

This administrative body is directed by a General Secretary who is responsible to the PVO/REC and will:

- identify and strengthen Bolivian institutions capable of providing TA to health delivery systems and stimulate their role as a resource to the PVO network;
  - initiate and maintain a periodic system of information exchange among the MOH and the PVOs working in CS;
  - develop and direct a monthly reporting system on the financial, programmatic, and progress status of the Project to USAID/Bolivia and other interested parties;
  - initiate and maintain institutional development activities which include the development of unified health education messages and materials, as well as training curricula.
- a. Unit A - Administration - will be completing all aspects of financial monitoring and

reports submitted to USAID/Bolivia and the PVO/REC as well as oversee the reports of the subgrants. This UNIT will work with SAVE/Bolivia's accountant to provide oversight on Project financial reports. This UNIT also serves as TA to Subgrantees requesting information on USAID's accepted financial procedures.

The UNIT will be administered by a qualified applicant with successful experience in USAID sub-grant reporting requirements and working with PVOs.

- b. Unit B - Technical Assistance in Multi-sectoral and Community Development Activities - This UNIT will support the strengthening and stimulation of approved innovative approaches to health care by community groups and PVOs working in CS. The UNIT's objectives will be supported through subgrant proposals which will include in their design the development, study, and testing of innovative activities.

Specific provisions for measuring the impact of the subproject site will not be restricted to a single method and will measure both the effectiveness of the approach and level of community participation.

UNIT B will be administered by a qualified applicant with successful experience in developing community-oriented small businesses or community-development related experiences tied into community health improvement schemes. It is anticipated that the successful candidate will be a Bolivian national who will become an integral part of the MOH's Regional planning services.

This UNIT will support PVO and Bolivian community activities seeking to include new or expanded outreach activities through innovative approaches that will adequately support community health care systems. Such activities will receive the UNIT's support through counselling, home/village visits, and community-based group committees or cooperatives. The UNIT will stimulate the use of community women's groups, school teachers, family level

volunteers, MOH community workers, and organized cooperatives. Possible activities conducted by UNIT B include:

- overseeing the purchase of equipment and the construction of village water systems jointly supported by a latrine program;
- collaborating with agricultural cooperatives whose services can be directly linked to improvement of community health, e.g., construction of a health center, a water system, home gardens, training of paid village health workers;
- forming village-level committees using cooperative procedures for rotating pharmaceutical supplies; or
- providing TA for simple community managerial systems for maintenance and administration of health facilities, water systems, and other components of community health outreach services.

- c. Unit C - Technical Assistance in Health - will support the strengthening and establishment of services to CS activity beneficiaries in a framework of primary health care as undertaken by PVOs and rural community groups. The objectives will be supported by subgrant proposals that stimulate health and nutrition activities through the active involvement of PVOs, the Regional health authorities, and community members.

The UNIT will originally be administered by a Johns Hopkins CS Fellow who will encourage and oversee activities including training, research, and the exchange of health information systems. A Bolivian national will later be hired to participate in institutional development activities including training, development of coordinated curricula, review of relevant training materials, and overall professional development. This individual will eventually become UNIT Administrator.

In order to support the sustainability of subgrant funded activities, this UNIT's activities will include:

-strengthening of CS interventions, e.g. ORT, growth monitoring and nutrition, immunization, MCH,

- coordinating action-oriented investigations for program modification,

- coordinating HIS, and providing TA in information feedback to communities for the purpose of generating community education and participation.

- d. Unit D - Programming and Evaluation - will monitor and evaluate subproject activities as described in the subgrant proposal. The overall objective of the UNIT is to impart technical and managerial know-how, assist in the design and management of baseline surveys, stimulate community management of health projects, and encourage the active two-way flow of information between the community and PVO.

This UNIT will be administered by a qualified applicant with successful experience in health care delivery systems, community development programming or other delivery systems, and community development activities, preferably in the rural areas. It is anticipated that the UNIT Administrator will be a Bolivian national who will eventually be absorbed into the MOH's planning and programming sector.

The UNIT will support PVO and Bolivian community participation with the objective of strengthening the capacity of local groups to work with PVOs engaged in CS activities. Possible activities conducted by UNIT D include:

- conducting training seminars at the community level, through the use of focus groups and informal training sessions;

- investigating approaches to assess subproject and project impact;

- conducting subproject mid-term and final evaluations, and

- being an active participant of the Secretariat Programming Review Panel.

3. The Secretariat Programming Review Panel (SPRP): is responsible for reviewing the PB and the final proposal and then providing the PVO/REC with a recommendation. The SPRP will be comprised of a representative from the MOH, USAID/Bolivia, SAVE, the General Secretary, and the members of Unit D, along with Unit C or B as necessary.
4. The Appeals Sub-Committee: This Committee decreases the likelihood that the PVO/REC makes a decision based on issues not related to the merits of a proposal and thus, will be activated if and when the needs arises.

|               | APPROVED   | DENIED     |
|---------------|------------|------------|
| Good Proposal | No concern | Of concern |
| Poor Proposal | Of concern | No concern |

As shown below, when a good proposal is approved and when a poor proposal is rejected, there is no need to activate the Appeals Sub-Committee. However, if a good proposal is denied or a poor proposal is approved by the PVO/REC, upon the request of USAID, SPRP, a PVO, or the MOH, the Appeals Sub-Committee will be activated. A decision made by the Committee cannot be appealed and overrides the earlier decision of the PVO/REC.

#### B. Project Oversight

1. USAID: The PVO/REC will have access to USAID/Bolivia through the Project Officer assigned to CS.PVO.N-1 and the Administrative Secretary hired by the PVO/REC to oversee the communications between the PVOs and USAID. The Administrative Secretary will monitor PVO/REC waiver requests that are approved by USAID/Bolivia.

The main USAID management and monitoring responsibility will be with the staff of the Office of Health and Human Resources (HRR). USAID's role in project monitoring will include:

- participation in the subgrant appraisal and approval process via his/her participation in the Secretariat Programming Review Panel;

- participating in field visits to the subgrant implementation sites either individually or as a member of the monitoring team;
  - review reports of the monitoring visits to each subgrant implementation site by the staff of the Secretariat;
  - review the quarterly progress reports submitted by each subgrant recipient along with the financial report;
  - review the Secretariat semi-annual project status reports submitted to USAID;
  - review the results of the mid-term and final evaluations of each subgrant
  - review and possibly participate in the mid-term evaluation of the CS.PVO.N-1 project;
  - participate in the annual subgrantee meetings and/or workshops;
  - have periodic contact with the TA contractors; and
  - oversee the Johns Hopkins University Child Survival Fellow's assignment with the PVO/REC.
2. **GOB/MOH:** The PVO/REC will communicate with the MOH at the National level through the staff of the Secretariat. A MOH person from the National level will be a voting member of the SPRP. This person will also serve as a backstop for Department level MOH personnel requesting TA or clarification on policy and procedures as they relate to a subproject.
  3. **Subgrant Financial Monitoring:** the Secretariat will conduct financial assessment visits to the subgrant recipient to establish that correct financial record keeping is in place and then conduct a follow-up visit to the recipient to review and verify that the recipient is maintaining adequate records and internal controls, and is complying with USAID procedures.
  4. **Subgrant Project Monitoring:** the Secretariat will determine the members of the Teams conducting the pre-implementation visit to each subproject implementation site. The primary responsibility for monitoring the subgrants is

vested in UNIT D of the Secretariat. UNIT D will work closely with UNITS B and C to conduct site visits of 3-4 days per subgrant per year. The purpose of the visits is to review overall subproject progress against the project plan and to identify possible areas of concern to be resolved, as well as to determine possible TA needs. The members of the Monitoring Teams will be comprised of staff from UNITS B, C, and D, in conjunction with representatives from the MOH at the Departmental levels.

5. Subgrant Evaluation: each subgrant will have a mid-term and end-of-project evaluation conducted by a Team designated by the Secretariat. The Evaluation Teams will consist of members of UNIT D, the MOH at the National and/or Departmental levels, the respective PVO(s), and USAID.

C. The First Year of Project (1988)

1. Initial Six Months: Following the signing of the Project Agreement in late 1987, a six-month period will be required for the completion of other legal administration actions before the first subgrant application can be solicited. However, during this period:
  - the Project Agreement will be signed;
  - the General Secretary and other personnel of the Secretariat will be hired;
  - representatives to the SPRP from USAID and the MOH will be designated;
  - procedures for the Secretariat will be developed by the PVO/REC;
  - the PVO/REC and the Secretariat will prepare subgrant appraisal criteria;
  - the Secretariat and the PVO/REC will develop the subgrant application forms and a Project information brochure. The PVO/REC will oversee the printing and distribution of the Project literature;
  - the PVO/REC and the Secretariat will issue guidelines for the quarterly progress reports of the subgrantees;
  - contractors will be identified to provide TA in subproject and baseline survey design;

- workshops, meetings and conferences will be developed.

2. Second six-month period:

- the Secretariat will prepare revised guidelines for monitoring and evaluation reports and submit them to the PVO/REC;

- subproject application procedure becomes active;

- potential subgrantee applications that have progressed to Step 4, will experience an appraisal visit from member(s) of the Secretariat;

- the PVO/REC will advance funds to the five approved PVO subgrant recipients;

- subgrantee meeting and/or workshop is held;

D. The Second Project Year (1989)

- approximately fifteen subgrants are approved;

- the mid-project evaluation is completed;

- subgrantee meeting and/or workshop is held;

- monitor and evaluate the five subgrants from Year 1.

E. The Third Project Year (1990)

- monitor and evaluate the fifteen subprojects from Year 2;

- the final evaluation is conducted;

- subgrantee meeting and/or workshop is held;

F. The Implementation Schedule:

| ACTIVITY   | Month of Project - YR 1 |   |   |   |   |   |   |   |   |    |    |    |
|--|-------------------------|---|---|---|---|---|---|---|---|----|----|----|
|  | 1                       | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 1. Sign grant agreement  | *                       |   |   |   |   |   |   |   |   |    |    |    |
| 2. Estimate first year expenses                                      | *                       |   |   |   |   |   |   |   |   |    |    |    |
| 3. Open separate bank account for the project                        | *                       |   |   |   |   |   |   |   |   |    |    |    |
| 4. Determine Secretariat procedures                                  | *                       |   |   |   |   |   |   |   |   |    |    |    |
| 5. Hire Secretariat personnel  | *                       |   |   |   |   |   |   |   |   |    |    |    |
| 6. Determine MOH and USAID representatives                           |                         |   |   |   |   | * |   |   |   |    |    |    |
| 7. Determine subgrant application procedures                         |                         |   |   |   |   |   | * |   |   |    |    |    |
| 8. Print brochures about the subgrant procedures                     |                         |   |   |   |   |   |   | * |   |    |    |    |
| 9. Advertise the grant program                                       | *****                   |   |   |   |   |   |   |   |   |    |    |    |
| 10. Schedule YR-1 workshop   |                         |   |   |   |   |   | * |   |   |    |    |    |
| 11. Prepare subgrant appraisal criteria                              |                         |   |   |   |   |   |   | * |   |    |    |    |
| 12. Prepare guidelines for quarterly financial and narrative reports |                         |   |   |   |   |   |   | * |   |    |    |    |
| 13. Prepare revised monitoring and evaluation guidelines             |                         |   |   |   |   |   |   |   | * |    |    |    |
| 14. Develop criteria for contracting TA                              |                         |   |   |   |   |   |   |   | * |    |    |    |
| 15. Receive first set of PBs   |                         |   |   |   |   |   |   |   | * |    |    |    |
| 16. Review and ranking of PBs  |                         |   |   |   |   |   |   |   | * |    |    |    |
| 17. Field visit appraisals   |                         |   |   |   |   |   |   |   |   | *  |    |    |
| 18. Review of revised proposals                                      |                         |   |   |   |   |   |   |   |   | *  |    |    |
| 19. Approval of first set of subprojects                             |                         |   |   |   |   |   |   |   |   | *  |    |    |

| Activity  | 1988 - 1990            | Number      | Time Schedule           |
|---|------------------------|-------------|-------------------------|
| 1. No. of additional projects to be reviewed, appraised, and approved |                        | 15          | 1989                    |
| 2. No. of subprojects to be monitored                                 |                        | 5<br>15     | 1988<br>1989            |
| 3. No. of workshops and training courses to be held                   |                        | 2<br>2<br>2 | 1988<br>1989<br>1990    |
| 4. No. of mid-term evaluations to be conducted                        |                        | 5<br>15     | late 1988,<br>mid 1989  |
| 5. Overall mid-term evaluation of the CS.PVO.N-1 Project              |                        |             | early 1989              |
| 6. No. final evaluations of subgrants                                 |                        | 5<br>15     | late 1989,<br>late 1990 |
| 7. Overall final evaluation of the Project                            |                        |             | late 1990               |
| 8. Provision of TA to subprojects                                     | -----(continuous)----- |             |                         |

G. Future Plans

1. The PVO/REC: It is expected that as the Project develops and prospers, the role of the PVO/REC will evolve into one where it
  - evolves into a legally recognized PVO by the Bolivian Government;
  - facilitates inter-institutional coordination and collaboration amongst the US Government approved organizations receiving CS funding or support with possible future collaboration with Bolivian PVOs and the MOH, as well as assistance from other governments and multi-lateral institutions funding health activities in Bolivia.
  - provides input into USAID/Bolivia's CS policy, resource distribution, and overall strategy; and
  - provides additional input to USAID/Bolivia's recommendations to AID/Washington on all future CS funding requests.
2. The CS.PVO.N-1: Throughout the three-year life of this Project, the General Secretary will be actively seeking alternative sources of funding so that dependency on continuing funding from USAID may be avoided.

## VI. CONDITIONS PRECEDENT TO DISBURSEMENT

### A. Conditions Precedent to Disbursement

Prior to the initial disbursement of funds under the Grant, the Grantee will furnish the following to the USAID Mission in Bolivia:

- a legal opinion from an acceptable counsel that the Agreement has been fully authorized and that it constitutes a legally binding obligation of the Grantee (SAVE/headquarters) in accordance with US laws;
- a written communication from SAVE headquarters that they are willing to receive only six percent from the total USAID grant in payment for stateside administrative costs; and
- a written statement providing the name of SAVE's local representative.

## VII. EVALUATION ARRANGEMENTS

### A. Overall Project Evaluation

During the three-year life of the Project, two independent evaluations will be conducted - a mid-term evaluation during the middle of the second year of the Project (1989) and a final evaluation in late 1989. The Evaluation Teams will be contracted directly by USAID and be comprised of probably four people. The actual composition of the teams and their Terms of Reference (TOR) will be determined in conjunction with the MOH. However, a likely team would be comprised of a representative from the MOH, a PVO specialist, a finance/management specialist, and the team leader who is a community health specialist.

1. The Mid-term Evaluation - will assess progress toward the achievement of project objectives and determine if project implementation is on schedule. Barriers and constraints to project achievement will be identified and corrective action will be recommended.
2. The Final Project Evaluation - will focus on the impact of the Project. Problems of project design and implementation will be identified and suggestions for corrective measures will be provided. In addition, the final evaluation will recommend any identified health needs of the MOH and the PVO community, as well as donor support for health PVOs in the future, with financial implications and obligations clearly spelled out.

### B. Evaluation of Subgrants

Each subgrant will be formally evaluated during the midterm and end-of-project evaluations. The same evaluation objectives mentioned above will apply for the subgrant evaluations. Report formats and TOR for the mid-term and final evaluations will be developed by Unit D of the Secretariat. These will be submitted to the PVO/REC for review and approval before being implemented.

APPENDIX 1

Save the Children Approval Cable

Empres

ENTEL BOLIVIA  
Empresa Nacional de Telecomunicaciones

Empresa Nacional de Telecomunicaciones



Empres

2557 CRITUR BV  
4750020SAVCHLD  
TEXT

ATTN: BRUCE HARPIS

TLX: 88744 OF 9/24

THIS IS TO AUTHORIZE BRUCE HARRIS, FIELD OFFICE DIRECTOR, SCF BOLIVIA TO SIGN LOCAL MISSION OPG ON BEHALF OF SCF. WE CONFIRM USE OF 6-0/0 OVERHEAD RATE FOR HOME OFFICE (WESTPORT) MGMT AND DIRECT COSTS AS SPECIFIED BY OUR FIELD OFFICE IN BOLIVIA.

PAUL MC CLEARY

APPENDIX 4  
PROCESSING OF SUBGRANT APPLICATIONS

- A. Application Brochure: During the first six months of the project, the Secretariat, in conjunction with the PVO/REC will develop a brochure to explain the following elements:
- 1) Grant description
  - 2) Institutional eligibility criteria
  - 3) Subproposal selection criteria
  - 4) Application procedure
  - 5) Application format
  - 6) Necessary subgrant supporting documents
  - 7) Guidelines for developing a subproposal
  - 8) A letter of understanding (Bond) to be signed by the applicant
- B. Publicity about the Grant Program and Subproposal Search: Eligible PVOs will be advised of the subgrant requirements and procedures by way of the PVO/REC newsletter, or if necessary by organizing a one day national and/or regional workshops for key representatives of the MOH and PVO communities.
- C. Subgrant Applications: PVOs interested in applying for a subgrant will prepare a Project Brief (PB) and submit this to the PVO/REC. Generally speaking, the PB will briefly describe the institution's current activities, the goal and purposes of the proposed project, proposed activities, and a budget summary.
- D. Selection Criteria: Sub-proposals most likely to be funded are those that:
- supplement or complement existing MOH plans;
  - clearly describe how expanded and improved activities will be sustained in the post-grant period;
  - include at least a 25% contribution from the applicant;
  - provide the outline of the baseline survey,
  - propose to expand health services into areas currently underserved;
  - are implemented in conjunction with the MOH or an indigenous PVO; and that
  - are innovative in its approach in health promotion.

APPENDIX 5

Potential Sources of Technical Assistance

- Communication for Child Survival (HEALTHCOM).....
- Primary Health Care Operations Research (PRICOR-II).....
- Technology for Primary Health Care  
PRITECH.....
- REACH.....
- MEDEX Support.....
- Diagnostic Technology for Community Health (DIATECH).....
- Oral Rehydration Therapy-Health Education  
and Long-Term Planning (ORT-HELP).....
- Water and Sanitation for Health (WASH).....
- Symposium on Rural Water Supply and Sanitation in Africa ..
- Vector Biology and Control.....
- Asia/Pacific Public Health Management.....
- Child Survival Action Program - SUPPORT (CSAP-SUPPORT).....
- National Council for International Health.....
- Project SUPPORT.....
- Linkages in Medical Education .....
- Milwaukee International Health Training Center.....
- Health Dev., Plan. and Management (HDPM).....
- Demographic Health Surveys.....
- HHS Resource Support.....
- Indefinite Quantity Contracts (IQCs).....

RESEARCH INITIATIVES

- Tropical Disease Research.....
- Diarrheal Disease Research Program.....
- Pediatric Chronic Diarrheal Disease Research Training.....
- Vaccine Development and Health Research.....
- Applied Diarrheal Disease Research.....
- Malaria Immunity and Vaccine Research.....
- Americares.....
- Global AIDS Control and Prevention Program.....

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