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A.I.F. Project 519-0179

PROJECT
GRANT AGREEMENT
BETWEEN
EL SALVADOR
AND THE
UNITED STATES OF AMERICA
FOR
RURAL HEALTH AIDES PROJECT

DATED: August 30, 1978

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A.I.D. PROJECT No. 519-0179

PROJECT GRANT AGREEMENT

August 30, 1973

Between:

El Salvador, C. A. ("Grantee")

and:

The United States of America, acting through the Agency for International Development ("A.I.D.")

Article 1: The Agreement

The purpose of this Agreement is to set out the understandings of the parties named above ("Parties") with respect to the undertaking by the Grantee of the Project described below, and with respect to the financing of the Project by the Parties.

Article 2: The Project

SECTION 2.1. Definition of the Project. The Project, which is further described in Annex I, will consist of activities to assist the Government of El Salvador (GOES) Ministry of Health (MOH) to extend, improve and integrate the delivery of health, nutrition and family planning services to the rural poor by developing, expanding and improving the community-based Rural Health Aide system. Annex I, attached, amplifies the above definition of the Project. Within the limits of the above definition of the Project, elements of the amplified description stated in Annex I may be changed by written agreement of the authorized representatives of the Parties named in Section 8.2 without formal amendment to this Agreement.

Article 3: Financing

SECTION 3.1. The Grant. To assist the Grantee to meet the costs of carrying out the Project, A.I.D., in furtherance of the Alliance for Progress and pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this Agreement not to

exceed six hundred fifty two thousand United States ("US") (\$652,000) dollars ("Grant"). The Grant may be used to finance foreign exchange costs, as defined in Section 6.1, and local currency costs, as defined in Section 6.2, of goods and services required for the Project.

Section 3.2. Grantee Resources for the Project

(a) The Grantee agrees to provide or cause to be provided for the Project all funds, in addition to the Grant, and all other resources required to carry out the Project effectively and in a timely manner.

(b) The resources provided by Grantee for the Project will be not less than the equivalent of one million fourteen thousand and three hundred and sixty three U. S. Dollars (\$1,014,363), including costs borne of an "in-kind" basis.

SECTION 3.3. Project Assistance Completion Date

(a) The "Project Assistance Completion Date" (PACD), which is February 29, 1980, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all services financed under the Grant will have been performed and all goods financed under the Grant will have been furnished for the Project as contemplated in this Agreement.

(b) Except as A.I.D. may otherwise agree in writing, A.I.D. will not issue or approve documentation which would authorize disbursement of Grant for services performed subsequent to the PACD or for goods furnished for the Project, as contemplated in this Agreement, subsequent to the PACD.

(c) Requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, are to be received by A.I.D. no later than nine (9) months following the PACD, or such other period as A.I.D. agrees to in writing. After such period, A.I.D. giving notice in writing to the Grantee, may at any time or times reduce the amount of the Grant by all or any part thereof for which requests for disbursement, accompanied by necessary supporting documentation prescribed in Project Implementation Letters, were not received before the expiration of said period.

Article 4: Conditions Precedent to Disbursement

SECTION 4.1. First Disbursement. Prior to the first disbursement under the Grant, or to the issuance by A.I.D. of documentation pursuant to which disbursement will be made, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

(a) A statement of the name of the person holding or acting in the office of the Grantee specified in Section 3.2 and of any additional representatives, together with a specimen signature of each person specified in such statement.

(b) Evidence that the Ministry of Health has issued a directive assigning one vehicle in each region of El Salvador for use in the monitoring, supervising, and general backstopping of the Project;

(c) The final detailed description by specific component of the Financial Plan which appears as Attachment A to Annex I of this Agreement.

SECTION 4.2. Additional Disbursement. Prior to additional disbursement or the issuance of any documents under the Project Agreement after January 1, 1979, the Grantee will, except as the Parties may otherwise agree in writing, furnish to A.I.D. in form and substance satisfactory to A.I.D.:

(a) Evidence that the Ministry of Health has included in its budget request for 1979, funds for the provision of one vehicle per region for assignment to the support and supervision of the Rural Health Aide program.

(b) Evidence that the Ministry of Health has taken appropriate action acceptable to A.I.D. to initiate administrative and management improvements to ensure continuing support of the Rural Health Aides program, including, but not limited to, a plan showing how the Rural Health System will be strengthened in terms of financial, logistical and administrative support.

SECTION 4.3. Notification. When A.I.D. has determined that the conditions precedent specified in Section 4.1 have been met, it will promptly notify the Grantee.

SECTION 4.4. Terminal Dates for Conditions Precedent.

(a) If all of the conditions precedent specified in Section 4.1 have not been met within 30 days from the date of this Agreement, or such later date as A.I.D. may agree to in writing, A.I.D., at its option, may terminate this Agreement by written notice to Grantee.

(b) If all of the conditions specified in Section 4.2 have not been met within 150 days from the date of this Agreement, or such later date as A.I.D. may agree to in writing, A.I.D., at its option, may cancel the then undisbursed balance of the Grant, to the extent not irrevocably committed to third parties, and may terminate this Agreement by written notice to the Grantee.

Article 5: Special Covenants

SECTION 5.1. Project Funding. Except as A.I.D. may otherwise agree in writing, the Grantee will covenant and agree that:

(a) It will utilize, as necessary, funds made available by the initial disbursement to cover operational costs during the period from the signature of the Project Agreement to December 31, 1978, and as soon as possible after that date will account to A.I.D. for any funds which remain unexpended. The initial disbursement from A.I.D. will be received upon completion by the Ministry of Health of the conditions precedent to initial disbursement (see Section 4.1).

(b) It will present in its 1979 Budget Submission a request to establish a rotating fund with Grantee resources at the level deemed necessary by the Ministry of Health to cover recurring Project costs.

(c) It will assume all costs of salaries, equipment, medicines, expendable and printed materials for Rural Health Aides and Supervisors trained under the Project during 1978.

(d) It will assume all costs of salaries, equipment, medicines, expendable and printed materials for Rural Health Aides and Supervisors trained under the Project in 1979.

(e) It will provide training staff and facility costs not financed with A.I.D. funds required to train Rural Health Aides and Supervisors during 1978 and 1979.

(f) It will assure that all individuals participating in family planning programs (whether involving distribution of contraceptives or sterilization, or both), supported in whole or in part by funds provided hereunder, do so on the basis of an informed consent voluntarily given with knowledge of the benefits, risks, principal effects and available alternatives; and assure that no individual is coerced to practice methods of family planning inconsistent with his or her moral, philosophical, or religious beliefs.

(g) It will use no part of the funds provided hereunder for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions.

(h) It will use no part of the funds provided hereunder to pay for the performance of involuntary sterilizations as a method of family planning or to coerce or provided any financial incentive to any person to practice sterilization.

SECTION 5.2. Project Evaluation. The Parties agree to establish an evaluation program as part of the Project. Except as otherwise agreed in writing, this evaluation program will include, during, the implementation of the Project and at one or more points thereafter:

(a) evaluation of progress toward attainment of the objectives of the Project;

(b) identification and evaluation of problem areas or constraints which may inhibit such attainment;

(c) assessment of how such information may be used to help overcome such problems; and

(d) evaluation to the degree feasible, of the overall development impact of the Project.

(Annex I, Attachment C further describes the Evaluation Plan)

Article 6: Procurement Source

SECTION 6.1. Foreign Exchange Costs. Disbursements pursuant to Section 7.1 will be used exclusively to finance the costs of goods and services required for the Project having their source and origin in the United States (Code 000 of the A.I.D. Geographic Code Book as in effect at the time orders are placed or contracts entered into for such goods or services) ("Foreign Exchange Costs"), except as A.I.D. may otherwise agree in writing, and except as provided in the project Grant Standard Provision Annex, Section C.1 (b) with respect to marine insurance.

SECTION 6.2. Local Currency Costs. Disbursement pursuant to Section 7.2 will be used exclusively to finance costs of goods and services required for the Project having their source and, except as A.I.D. may otherwise agree in writing, their origin in the Central American Common Market ("Local Currency Costs").

Article 7: Disbursement

SECTION 7.1. Disbursement for Foreign Exchange Costs. After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for the Foreign Exchange Costs of goods or services required for the Project in accordance with the terms of this Agreement, by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters: (a) requests for reimbursement for such goods or services, or (b) requests for A.I.D. to procure commodities or services in Grantee's behalf for the Project.

SECTION 7.2. Disbursement for Local Currency Costs.

(a) After satisfaction of conditions precedent, the Grantee may obtain disbursements of funds under the Grant for Local Currency Costs required for the Project in accordance with the terms of this Agreement, by submitting to A.I.D., with necessary supporting documentation as prescribed in Project Implementation Letters, requests to finance such costs.

(b) The local currency needed for such disbursements may be obtained by acquisition by A.I.D. with U.S. dollars by purchase.

The U.S. dollar equivalent of the local currency made available hereunder will be, in the case of subsection (b) above, the amount of U.S. dollars required by A.I.D. to obtain the local currency.

SECTION 7.3. Other Forms of Disbursement. Disbursement of the Grant may also be made through such other means as the Parties may agree to in writing.

SECTION 7.4. Rate of Exchange. Except as may be more specifically provided under Section 7.2, if funds provided under the Grant are introduced into El Salvador by A.I.D. or any public or private agency for purposes of carrying out obligations of A.I.D. hereunder, the Grantee will make such arrangements as may be necessary so that such funds may be converted into currency of El Salvador at the highest rate of exchange which, at the time conversion is made, is not unlawful in El Salvador.

Article 8: Miscellaneous

SECTION 8.1. Communications. Any notice, request, document or other communication submitted by either Party to the other under this Agreement will be in writing or by telegram or cable, and will be deemed duly given or sent when delivered to such party at the following addresses:

To the Grantee:

Mail Address: Mr. Minister
Ministry of Public Health and Social
Assistance
Calle Arce
San Salvador, El Salvador, C. A.

To A.I.D.:

Mail Address: Director
U.S.A.I.D. Mission to El Salvador
c/o American Embassy
San Salvador, El Salvador, C.A.

All such communications will be in English, unless the Parties otherwise agree in writing. Other addresses may be substituted for the above upon the giving of notice. The Grantee, in addition, will provide the U.S.A.I.D. Mission with a copy of each communication sent to A.I.D.

SECTION 3.2. Representatives. For all purposes relevant to this Agreement, the Grantee will be represented by the individual holding or acting in the office of the Minister of Public Health and Social Assistance and A.I.D. will be represented by the individual holding or acting in the office of Director, U.S.A.I.D. Mission to El Salvador, each of whom, by written notice, may designate additional representatives for all purposes other than exercising the power under Section 2.1 to revise elements of the amplified description in Annex I. The names of the representatives of the Grantee, with specimen signatures, will be provided to A.I.D., which may accept as duly authorized any instrument signed by such representatives in implementation of this Agreement, until receipt of written notice of revocation of their authority.

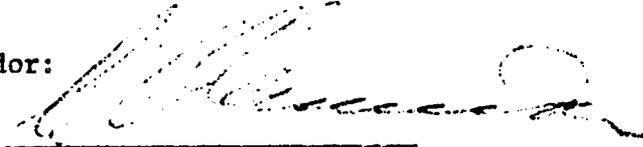
SECTION 3.3. Standard Provisions Annex. A "Project Grant Standard Provisions Annex" (Annex II) is attached to and forms part of this Agreement.

SECTION 3.4. Language of Agreement. This Agreement is prepared in both English and Spanish. In the event of ambiguity or conflict between the two versions, the English language will control.

IN WITNESS WHEREOF, The Grantee and the United States of America, each acting through its duly authorized representative, have caused this

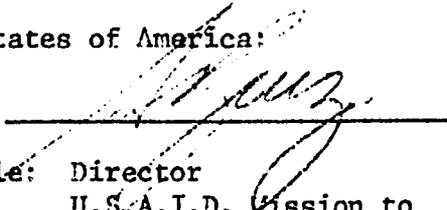
Agreement to be signed in their names and delivered as of the day and year first above written.

El Salvador:

By: 

Title: Minister of Public Health
and Social Assistance

United States of America:

By: 

Title: Director
U.S.A.I.D. Mission to
El Salvador

ANNEX I

PROJECT DESCRIPTION

I. Background

In response to the GOES development strategy for increasing rural social and development services, the Ministry of Public Health and Social Assistance (MOH), in 1976, initiated a Rural Penetration Program to improve the quality, availability, and accessibility of nutrition, family planning, and health services. The component of that program to be supported by the Grant is the Rural Health Aide activity, designed to provide integrated basic health services on an outreach basis to the salvadoran rural poor not adequately covered by present GOES health services.

The feasibility of using a system relying on community based para-medical workers to meet these health service needs has been demonstrated in a USAID-sponsored "pilot project" activity carried out with Title X funding under the Population and Family Planning Project. A total of 140 RHAs have been trained and deployed to date under that project, with an additional 88 scheduled to complete training in August 1978. Prior to the development of this pilot project, an extensive evaluation of the training and work experience of the first forty aides, trained in September-October 1976, was conducted by the MOH. The results of that evaluation were used as a basis for substantial modification of the curriculum, training methodology and administrative/management systems.

II. Project Design

The Rural Health Aide (RHA) program is the pivotal component of the Government's Rural Penetration Program to extend health, family planning and nutrition services to the rural, largely unserved areas of El Salvador. To this end, the RHA program focuses on the training and placement of community-based, polyvalent paramedical workers through two major activities: a) the design and implementation of a standardized training program relevant to the community health needs and anticipated functions of the aides; and b) development of the health system's operational, management and administrative and evaluative capacity to provide care to the rural population.

The RHAs through their outreach activities will increase the contact rate between the populace and the formal health system, and through their referrals are expected to improve the utilization rates of existing rural MOH facilities including health posts. Despite the fact that an extensive health network now exists, with 124 health posts widely dispersed on a nationwide basis, contacts of rural people with the health care delivery system are minimal. The new health worker, the RHA, will be the formal link between the community and the MOH health facilities, providing an accessible and culturally compatible point of entry into the national health system.

Under the program, the MOH in cooperation with the community from which the workers are to be chosen, will select, train and place cohorts of RHAs in selected areas throughout the country. Concurrently, the MOH infrastructure to support this rural health delivery system will be expanded and strengthened through improvements in the administrative and logistical systems and development of a management information and evaluation system to assure quality of care and provide a basis for measurement of coverage and impact.

The four-fold objective of program as set forth by the MOH is:

- 1) to increase the utilization of existing health services through broader community knowledge of: a) the need for, and b) the existence of health care;
- 2) to improve the health status of the rural family through health education, latrinification, and family planning advice;
- 3) to offer continuous and systematic health care including first aid, elimination of parasites, and to provide contraceptives to rural people within their own community; and
- 4) to improve the nutritional status of rural communities through provision of information on food preparation and child nutrition.

This project, jointly supported by the MOH and A.I.D., will implement and develop the following activities during 1978-79:

1. Training and support of 412 new Rural Health Aides and 99 Supervisor/ Evaluators according to the following estimated time schedule:

<u>Dated Courses Begin</u>	<u>#RHAs</u>	<u>#Supervisor/Evaluators</u>
18 Sept. 78	112	32
5 Mar. 79	120	29
4 June 79	121	26
3 Sept. 79	59	12

2. Provision of supplies, equipment and materials for 412 new Rural Health Aides.

3. Two-week refresher course given yearly to all previously trained Rural Health Aides and Supervisors.

4. Development by the MOH of an information management system which will be used as a basis for: a) informed decision making in day-to-day operation of program; and b) evaluation of the RHA program.

Through the above described training and support of personnel the MOH expects to provide health services on an outreach basis to 41,200 families who were not previously served by the national health system.

III. Responsibilities

A. AID

AID will provide financing for:

1. Salaries and benefits, equipment, medicines, supplies, instructional materials and training for 412 new Rural Health Aides and 99 Supervisors during the year in which training occurs.
2. Technical assistance for the Rural Health Aides program evaluation (Sept.-Dec. 73); development of an information management system; and revision of the training curriculum.

B. The Government of El Salvador (GOES)

The GOES will provide financing for:

1. Implementation, development, supervision and evaluation of all activities planned in this project, under the direct responsibility of the MOH.
 2. Vehicular support for the project as described in Sections 4.1 and 4.2.
 3. Maintenance of all equipment provided under this Project Agreement.
 4. Administrative and personnel costs, supplies and equipment in accordance with the 1973/79 Illustrative Budget in Attachment A of this Annex and with the Special Covenants described in Article 5 of this Agreement.
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ANNEX I

ATTACHMENT A

FINANCIAL PLAN OF THE PROJECT

ILLUSTRATIVE BUDGET

	1978		1979		TOTAL	
	GOES	AID	GOES	AID	GOES	AID
I. Salaries (including benefits)	\$ 6,528	\$32,482	\$683,075	\$250,327	\$699,603	\$283,309
II. Technical Assistance		15,000		50,633		65,633
III. Mgt./Administration (in kind)	38,380		120,000		158,380	
IV. Equipment/Supplies						
A. Medical Supplies		5,125	148,920	46,159	148,920	51,234
B. Office and Visual Aids Supplies		1,060		2,551		3,611
C. RFA Supplies		5,107		13,630		18,737
D. Audio-Visual Equipment		9,008				9,008
V. Training Costs						
A. Subsistence		37,491		108,292		145,733
B. Teaching	3,560	520	13,400	1,964	16,960	2,534
VI. Other Costs						
A. Printing		9,559				9,559
B. Invitational Travel		1,000		2,000		3,000
VII. Inflation		12,045		47,347		59,392
TOTALS	\$48,068	\$128,497	\$965,395	\$523,503	\$1,014,563	\$652,000

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Estimated GOES Budget Contribution
(Equiv. in US \$ - C2.50 = US\$1.00)

	<u>1978</u>	<u>1979</u>
I. Salaries	\$6,520 (21 RHA supervisors x 2 months at \$1,865 p.a.)	\$683,075 (RHA--340 x \$1,466 p.a.; supervisors- 99 x \$1,865 p.a.)
II. Technical Assistance -- N.A.		
III. Management/Administration (person-year average cost \$8,000)	\$33,380 (4.86 p.y.)	\$120,000 (15 p.y.)
A. <u>Personnel</u>		
1. Maternal Child Health Division including Chief, social workers, physicians, and secre- taries 3 p.y. annually	(1 p.y.)	(3 p.y.)
2. Operative Division in- cluding Chief, secre- taries, 2 p.y. annually	(.66 p.y.)	(2 p.y.)
3. Regional Health Offices including Chiefs, Health Educators, sanitarians, secretaries - 2p.y. per region annually	(2.6 p.y.)	(3 p.y.)
4. Administrative Divisions including Chief, secre- taries -- 2 p.y. annually	(.3 p.y.)	(1 p.y.)
5. Statistics Division - 1 p.y. annually	(.3 p.y.)	(1 p.y.)
B. <u>Transportation</u>		
C. <u>Office Equipment</u>		
IV. Equipment		\$148,920
Expendable materials		
\$150 x 340 aides (supplies)		
\$288 x 340 aides (medicines, etc.)		

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	<u>1978</u>	<u>1979</u>
V. Training Costs -- 2 full time Staff per regional training center and 35 hours of contract help at \$4 per hour per course for each region -- 4 courses in 1978 and 10 courses in 1979	\$ 3,560	\$13,400
VI. Other Costs	NA	NA
VII. Contingency	NA	NA
VIII. Inflation		
<u>TOTALS</u>	<u>\$48,968</u>	<u>\$965,395</u>

ANNEX I

ATTACHEMENT B

IMPLEMENTATION PLAN

IMPLEMENTATION PLAN

Description	Responsible Party	Date
Funds available for project implementation	AID/W	August 25, 1978
PIO/C's prepared for project purchase.	USAID/MOH	August 30, 1978
Project Agreement and PIO/T's and C's signed	USAID/MOH	August 30, 1978
Detailed plan for September-November 1978 RHA program evaluation by MOH completed	MOH	September 15, 1978
112 RHAs and 32 Supervisors begin training	MOH	September 18, 1978
Joint MOH/USAID project implementation evaluation review meeting.	USAID/MOH	September 20, 1978
112 RHAs have completed training and are working in their communities.	MOH	November 10, 1978
Arrival of Technical Assistance for analysis of RHA system evaluation.	USAID	November 5, 1978
32 Supervisors have completed training and are supervising RHAs.	MOH	November 17, 1978
MOH evaluation of RHA program completed.	MOH	November 30, 1978
Two weeks in-service training courses completed by all RHAs trained in previous years. (4 in Oriental Region, 2 in each of other 3 Regions).	MOH	December 3, 1978
Submission of MOH plan to improve logistical and administrative support to RHA program.	MOH	December 3, 1978
USAID approval of above plan.	USAID	December 22, 1978

Arrival of Technical Assistance for implementation of improved system for defining, gathering, handling, processing, analyzing and interpreting data needed for RHA program operation, evaluation, and expansion (four person-weeks)	USAID	January 3, 1979
Arrival of Technical Assistance in health auxiliary worker training and curriculum revision (four person-weeks).	USAID	January 3, 1979
Curriculum evaluation completed for use in revising RHA and Supervisors courses.	MOH	January 31, 1979
Joint MOH/USAID project implementation/evaluation review meeting.	MOH/USAID	February 23, 1979
120 RHAs and 29 Supervisors begin training.	MOH	March 5, 1979
120 RHAs have completed training and are working in their communities.	MOH	May 13, 1979
29 Supervisors have completed training and are supervising RHAs.	MOH	May 25, 1979
121 RHAs and 26 supervisors begin training.	MOH	June 4, 1979
121 RHAs have completed training and are working in their communities.	MOH	August 17, 1979
26 Supervisors have completed training and are supervising RHAs.	MOH	August 24, 1979
Joint MOH/USAID project implementation/evaluation review meeting.	MOH/USAID	August 31, 1979
59 RHAs and 12 Supervisors begin training.	MOH	September 5, 1979
59 RHAs have completed training and are working in their communities.	MOH	November 3, 1979
12 Supervisors have completed training and are supervising RHAs.	MOH	November 16, 1978
Two weeks in-service training courses completed for all RHAs trained in previous years. (4 courses in Oriental Region, 2 in each of the other 3 Regions).	MOH	November 30, 1979

End-of-Project review meeting has been held, and report completed on final evaluation and recommendations of RHA project.

MOH/USAID

February 1, 1980

Final evaluation of RHA program's contributions to health sector goals. (Mission T.A., Central and GOES funds).

MOH/USAID

July 1, 1980

ANNEX I

ATTACHMENT C

EVALUATION PLAN

EVALUATION PLAN

The Project will be evaluated periodically (see Implementation Plan, Attachment B) during implementation through joint MOH/U.S.A.I.D. reviews of implementation status. These reviews will consider progress in project implementation, comparing actual accomplishments to those scheduled in the Implementation Plans in the Project Agreements, and considering progress toward accomplishment of overall project objectives. Joint reports, to be issued after each such meeting, will summarize project status, progress and problems, and changes or remedial actions being considered or carried out. The evaluations will be held at points in time keyed to major project events and to schedules for production by the MOH of data and reports as a result of the MOH's own evaluations of the program which this project supports.

The first joint review of the project is to be held in September 1978 to consider:

- process and results of MOH evaluation of RHA supervisory system for the first half of 1978.
- final plans of the MOH for the September-November 1978 performance evaluation of RHA's and supervisors trained in 1976 and 1977, including review of indicators and data needed for evaluation of the project and means of assuring their availability. The final evaluation design, resulting from that review, will be elaborated in a Project Implementation Letter (PIL).

Evaluation indicators selected will measure impact of the RHA activity as reflected by behavioral change on the part of the target population, utilization of the health system and health status. In view of the difficulties of measuring the latter within the project's time frame and of controlling for the effect of other health and development activities on health status, emphasis will be placed on selection of indicators that measure the first two dimensions of impact. Key health status indicators, however, such as infant mortality, birth rates, and nutritional status are being monitored both within the project and through other COES registration and surveillance systems providing a check on reliability of these systems and a basis to trace at some future time their relationship to RHA activities.

Indicators of behavioral change in the population essentially measure the effectiveness of coverage, the primary objective of the project as stated in the Logical Framework. These indicators reflect the extent to which contact with the aides leads to health-promoting actions on the part of the target population. Possible indicators would include contraceptive acceptance or prevalence registration of pregnant women in ante-natal classes, births attended by trained midwives referred by RHA's, and latrines constructed.

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The degree to which utilization of the health system is more rational would be reflected by indicators of the appropriateness of referrals made by the aides in terms of facility level to which a patient is referred, timeliness of contact with the RHA as well as the effect of the referral on the functioning of the health system.

In addition to these measurements of impact of the RHA program on project objectives, the evaluation will include measurement of RHA activity level in health, nutrition, and family planning, and the effectiveness of administrative, technical and logistical support to the RHA program.

A second joint review, to take place in February and March 1979, will constitute a full scale analysis and evaluation of progress to date toward meeting the objectives of the project, based particularly on the RHA evaluation to be conducted from September to November 1978. The following specific topics will be considered:

- Process and results of September-November 1978 RHA and supervisor training.
- Results of MOH performance evaluations of RHA's and supervisors trained in 1976 and 1977, which will have been carried out during the last six months of 1978.
- Results of MOH analysis and evaluation of RHA program information for the last six months of 1978.
- Completed or planned improvements in, or studies of, the gathering, handling and use of information for management and evaluation in the RHA program.
- Status of MOH plans for training, absorbing, and supporting (financially, administratively, and technically) the 1550 RHA's to be trained by 1982.
- Periodic MOH reports on the project submitted to date.

Two further joint reviews, one in September 1979 and one in early 1980, will be timed so as to allow adequate consideration of on-going training efforts; improvements in the MOH support of RHA's; improvements in information handling and use; and MOH plans for support to the 1550 RHA's to be trained and absorbed by the MOH by 1982.

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In the early 1980 joint end-of-project review meeting, the final report on activities under this project will be reviewed (in draft form if not yet completed), with emphasis on verification of the "End of Projects Status" indicators (as indicated in the Project's Logistical Framework) and on MOH plans for continuation of the activities carried out under the project. This end-of-project review will evaluate the specific contributions of the project to GOES and U.S.A.I.D. Health Sector goals.

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