

Project Year 3 Work Plan
Boston University OVC-CARE Project

**Orphans and Vulnerable Children Comprehensive
Action Research (OVC-CARE) Task Order
Year 3 Work Plan
October 1st 2010 to July 31st 2011**

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Center for Global Health and Development
Boston University School of Public Health
Boston, Massachusetts, USA

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USAID | **Project SEARCH**
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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BPE	Basic Program Evaluation
BU	Boston University
CABA	Children Affected by HIV/AIDS
CGHD	Center for Global Health and Development
CIHD	Center for International Health and Development
CBCO	Community-Based Care for OVC
CBO	Community based organization
CSI	Child Status Index
COTR	Contracting Officer's Technical Representative
FABRIC	Community Faith Based Initiative for OVC
FBO	Faith-based organization
IP	Implementing Partner
IQC	Indefinite Quantity Contract
IRB	Institutional Review Board
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NACO	National AIDS Control Organization
NGO	Non-Governmental Organization
OHA	Office of HIV/AIDS
OVC	Orphans and Vulnerable Children
OVC-CARE	Orphans and Vulnerable Children Comprehensive Action Research
PEPFAR	US President's Emergency Plan for AIDS Relief
PHE	Public Health Evaluation
PLHA	People living with HIV/AIDS
SEARCH	Supporting Evaluation and Research to Combat HIV/AIDS
SLA	Saving and Loan Associations
TO	Task Order
TWG	Technical Work Group
USAID	United States Agency for International Development
USG	United States Government

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1. Introduction and Overview

The Orphans and Vulnerable Children Comprehensive Action Research Project (OVC-CARE) is a three year task order funded by the United States Agency for International Development (USAID) awarded under the Project SEARCH Indefinite Quantity Contract (USAID/BU IQC No. GHH-I-00-07-00023-00 Task Order No.1). The purpose of the Project is to improve coverage and quality of Orphans and Vulnerable Children (OVC) programming in developing countries through applied research. The project will fill critical gaps in the OVC research evidence base in order to guide cost-effective programming of OVC resources; guide alignment of OVC programs to complement national-level responses, frameworks, and Plans of Action for OVC; and identify strategies and approaches that will improve the coverage, quality, effectiveness, and impact of OVC programs.

The second year of the Project signaled a transition from reviews and situational analyses to a focus on robust evaluative research activities in the field. This work was both core- and mission-funded. The Project has focused on a set of key questions that underpin the programming of OVC services: 1) Costing of services; 2) Evaluating OVC wellbeing; 3) Capacity building of service delivery organizations at the community level; 4) Capacity building of research institutions; and, 5) Program evaluation. In addition, the Project has addressed several specific areas of special interest for evaluative research: Children of commercial sex workers and injecting drug users; Secondary school education; Household economic strengthening; and Psychosocial support and sexual vulnerability.

The decision that the Project will not undertake additional research in the final year, or build on the work already completed has resulted in a much reduced set of core activities for year 3. Each of the three core-funded activities in this year was begun in year 2 and has research protocols and instruments finalized and submitted to ethical review committees. Year 3 will consist of field work, data collection, analysis and reporting.

Activity C1 – Evaluation of household economic strengthening (HES) interventions on OVC wellbeing and households.

Activity C2 – Children of MARPs Project Documentation

Activity C3 – Evaluation of the effectiveness of educational block grants to OVC

Activity C4 – Technical oversight, project management, administration, and close-out

Activity C5 – Project dissemination

In addition to the core-funded activities the Project will undertake three field-supported activities. Two of these began in year 2 and are continuing into year 3, while one is a new activity being added for the duration of year 3. Because of delays in the field with the PHE activity and the Mozambique cohort study, the Project will be seeking a no-cost extension until

July 31st, 2012 for both these activities. We are currently awaiting feedback from the PHE review committee and information from the Mozambique mission, but anticipate making a formal costed proposal for NCE in Quarter II of the project (January 2011) in order to ensure successful continuation of activities beyond the original end date of July 2011.

Activity F1 – Mozambique applied research, evaluation and capacity building program

Activity F2 – Understanding and reducing sexual vulnerability of adolescent OVC in Namibia and Ethiopia

Activity F3 – India applied research, evaluation and capacity building program

2. Key Deliverables and Timelines

Specific Activity	To be delivered by
Activity C1: Final report on impact of HES program	July 31 st , 2011
Activity C2: Detailed research report on children of MARPS	April 15 th , 2011
Activity C3: Final report on effectiveness of educational grants	June 15 th , 2011
Activity C4: Project mid-term report	March 30 th , 2011
Activity C4: End of Project report	July 31 st , 2011
Activity C5: Project OVC Conference	May 31 st , 2011
Activity F1: Mozambique baseline final report	July 31 st , 2011
Activity F1: Mozambique program assessment tool submitted	June 30 th , 2011
Activity F1: Mozambique capacity building report	December 31 st , 2010
Activity F2: Approved PHE Protocol	December 31 st , 2010
Activity F2: Cross-sectional and Baseline study report	July 31 st , 2011
Activity F3: India situation analysis report for 4 states	July 31 st 2011
Activity F3: India evaluation report of OVC interventions in 4 states	July 31 st 2011
Activity F3: India report on the NACO pilot scheme	July 31 st 2011

3. Summary Year 3 Workplan

Boston University: OVC-CARE Activities (CORE)				Year 2 obligation	Year 2 actual expenses	Total year 3 budget				Budget			
				\$2,561,198	\$1,759,522	\$802,676							
Activities		Corresponding Indicator		Sub activities (Individual tasks are shown on the detailed Gantt charts)		Timeline by Quarter							
						1 st	2 nd	3 rd	4 th				
C1	Evaluation of household economic strengthening (HES) interventions on OVC wellbeing and households	C1.1 Obtaining ethical approval	Formal IRB approvals from BU and Kenya	BU IRB							\$275,067		
				Kenya IRB									
		C1.2 Piloting instruments and Qualitative study	Revised survey instruments	Key informant interviews and focus group discussions									
				Revised survey instruments									
		C1.3 Field data collection	Complete data set collected	Data collection in Kenya									
				Field data entry									
		C1.4 Data entry, cleaning and analysis	Fully compiled data base and analysis report	Data cleaning									
				Joint field/BU analysis									
		C1.5 Final report and manuscript outline for publication	Final Report	Production of final report									
				Manuscript outline									
C2	Children of MARPs Project Documentation	C2.1 Field data collection in Zambia, Vietnam & Ukraine	Individual field reports	Field trip to Zambia							\$65,994		
				Field trip to Vietnam									
				Field trip to Ukraine									
		C2.2 Preparation of Comprehensive Report	Comprehensive Report	Preparation of final report									
				Preparation of technical brief									
		C2.3 Preparation of case studies and paper for publication	Three Case Studies	Zambia case study									
				Vietnam case study									
						Ukraine case study							
						Manuscript preparation							

C3	Evaluation of the effectiveness of educational block grants to OVC	C3.1 Obtaining ethical approval	Formal IRB approvals from BU, Tanzania, and Uganda	BU IRB					\$244,486
				Tanzania IRB and Ministry					
				Uganda IRB and Ministry					
		C3.2 Piloting instruments and training data collectors	Finalized field instruments	Translation to Swahili					
				Field tests in two countries					
				Train in two countries					
		C3.3 Field data collection	Complete data set collected	Data collection in Tanzania					
				Data collection in Uganda					
		C3.4 Data entry, cleaning and analysis	Fully compiled data base and analysis report	Field data entry					
				Boston Data cleaning					
				Joint field/BU analysis					
		C3.5 Drafting report and stakeholder review	Verbal and written stakeholder reviews	Internal Review					
				TWG review					
				Stakeholder review Tanz.					
Stakeholder review Uganda									
C3.6 Final report and paper for publication	Final Report	Production of final report							
		Manuscript preparation							
C4	Technical oversight, project management, administration, and close-out	C4.1 Monthly financial reports and budget projections	Financial report submitted each month	BU financials for field and core				\$111,546	
				Budget and LOE projections					
		C4.2 Tracking of deliverables, benchmarks, and indicators	Monthly update to COTR on progress	Tracking sheet showing progress prepared monthly					
				C4.3 Bi-weekly status updates and COTR calls	Bi-weekly status updates submitted on time	Status updates prepared by Wednesday morning			
		COTR call on Thursday pm							
		C4.4 Mid-year report	Mid-year report on March 30 th	Report submitted after 5 months.					
C4.6 End of Project Report	End of Project Report Submitted	Report submitted on July 31 st							
C5	Project dissemination	C5.1 Stakeholders presentation of research findings	Stakeholder presentations with presentation of final report	Presentation in Kenya				\$104,875	
				Presentation Tanzania					
				Presentation in Uganda					
				Presentation in Mozambique					
				Presentation in South Africa					

		C5.2 Production of technical briefs and/or case studies	Development of ten technical briefs or case studies	3 Cases from children of MARPS					
				2 Cases from Kenya HES					
				3 Cases from Block Grants					
				2 Cases TBD					
		C5.3 Preparation of peer-reviewed articles	Preparation of five articles from year 2 work and five articles from year 3 work	Two CSI manuscripts					
				Three FABRIC manuscripts					
				Two Block grants manuscripts					
				Two HES manuscripts					
				One MARPS manuscript					
		C5.4 OVC Conference	Presentations of Project findings at the conference	TBD					
		C4.5 Publications not covered under year 3 research	Four publications produced	CSI publication					
				FABRIC Costing publication					
				FABRIC OVC status publication					
				FABRIC capacity publication					

Boston University: OVC-CARE Activities (FIELD)				Year 2 obligation	Year 2 actual expenses	Total year 3 budget				Budget		
				\$800,000	\$311,574	\$488,426						
Activities			Corresponding Indicator	Tasks to be Executed				Timeline by Quarter				
								1 st	2 nd	3 rd	4 th	
F1	Mozambique applied research, evaluation and capacity building program	F1.1 Establish an OVC Cohort to evaluate the effectiveness and impact of OVC interventions over time and conduct a cross-sectional and baseline study	Baseline study complete	Revision of protocols for BU IRB								\$488,426
				Local IRB and ethical approvals								
				Obtain final MMAS approval								
				Conduct data training								
				Collect and analyze data								
				Prepare final report								
	F1.2 Develop Program Assessment tools	New set of program assessment tools submitted to USAID and MMAS	Complete inventory									
			Complete needs assessment									
			Obtain MMAS approval for SOW									
			Prepare draft tools									
			Field test tools									
	F1.3 Conduct a targeted national research and evaluation capacity building program	One workshops conducted	Develop materials									
Conduct first workshop												

Boston University: OVC-CARE Activities (FIELD)				Year 2 Commitment	Year 2 actual expenses	Total year 3 budget				Budget		
				\$1,500,000	\$136,791	\$801,995						
Activities			Corresponding Indicator	Tasks to be Executed				Timeline by Quarter				
								1 st	2 nd	3 rd	4 th	
F2	Understanding and reducing sexual vulnerability of	F2.1 Protocol development and approval	Detailed protocol with IRB approvals	Submit protocol to PHE review and IRBs								\$801,995
				Obtain approval from Ministries								
	F2.2 Subcontract development	Data collection instruments	Contract with In-country partners									

	adolescent OVC in Namibia and Ethiopia	and field preparation		Conduct training				
		F2.3 Data collection	Cross-sectional and cohort baseline report	Interviews with key-informants				
				Cross-Sectional study				
				Cohort Round 1				
In-depth interviews								

Boston University: OVC-CARE Activities (FIELD)				Year 2 obligation	Year 2 actual expenses	Total year 3 budget				Budget
				N/A	N/A	\$750,000				
Activities		Corresponding Indicator		Tasks to be Executed		Timeline by Quarter				Budget
						1st	2nd	3rd	4th	
F3	India applied research, evaluation and capacity building program	F3.1 Situational Analysis on OVC in selected districts/states in India	Completed situational analysis	TBD following finalization of SOW with USAID and NACO in October						\$750,000
		F3.2 evaluation of the effectiveness and impact of OVC interventions and models of Care in selected districts/states	Evaluation report							
		F3.3 Conduct the process documentation of the USAID supported NACO's pilot scheme on OVC/CABA implementation in 10 districts	Detailed report of the NACO pilot scheme							
		F3.4 Provide Technical Assistance to NACO and USG priority SACS on OVC Quality improvement strategies	Capacity building workshop report							

4. Detailed Activities

a. Core-Funded Activities (C)

Activity C1 - Evaluation of household economic strengthening (HES) interventions on OVC wellbeing and households.

Project Lead: Bruce Larson

Background:

In year 2 of the OVC-CARE Project, Boston University carried out a costing analysis of household economic strengthening (HES) interventions. The analysis focused on the Community-Based Care for OVC (CBCO) program implemented by Christian Aid in Kenya with funding through USAID/PEPFAR as well as its own resources. This costing analysis was designed as the first step in a two-part cost-outcome study. The final costing report will be completed as scheduled by September 30th, 2010.

The outcomes portion of the cost-outcomes analysis is designed to evaluate the impact of the CBCO HES interventions on the economic status of the households participating in the CBCO program. The outcome study will be implemented in collaboration with Christian Aid and its Kenyan implementing partners (BIDII and IDCCS).

In general, any action (such OVC program support) that improves a guardian's budget constraint improves a household's economic situation. A household's cash budget constraint is defined as:

Consumption expenditures = (income) + (credit) – (savings).

Time is also a constraint (i.e. of working-aged adults) on households. OVC programs that provide direct material support to OVC and their households (nutrition support, education fees, etc.) directly affect the "consumption" side of budget constraints (as does any subsidy on consumption). OVC HES programs directly affect the 'income' side of budget constraints through improved access to credit, new or more productive agricultural opportunities, and non-farm income activities. It is important to note that when OVC programs alter both sides of the budget constraint (e.g. income generating activities and school fees and supplies), the overall program contributes to household economic strength, not just the income generating activity.

The core HES activity within the CBCO program is the support of village "saving and loan associations" (SLAs). As of 2009, there were 108 SLA groups (52 with BIDII and 56 with IDCCS in the program, with participation from over 2,500 OVC household representatives (typically a female household head who is the primary guardian or "caregiver" for OVC she takes on, as well as her own children). These households included over 7000 OVC.

An SLA involves representatives from OVC households (usually an OVC guardian). These guardians form a group through which they are able to save small amounts of money regularly, take small loans from the amounts saved (after the group has been in operation for some time), and engage in additional self-help initiatives (group income generating activities as well as other types of support to members). Credit is used to meet basic needs (e.g. to purchase medicine) as well as for very small scale individual income generating activities (e.g. trading small amounts of food stuffs). The CBCO program also uses the SLA structure (e.g. weekly meetings) to provide additional information and training to SLA members related to business, agriculture, and OVC welfare. SLA members also volunteer as 'mentors' for visiting OVC within their SLA households. These mentors essentially serve as informal social workers in their communities.

The original 5-year period for the CBCO program (a track 1 PEPFAR program) in Kenya ended on June 30, 2010. USAID provided additional funds to Christian Aid for continued implementation of the CBCO program for approximately 9 months (July 2010 – March 2011), after which the next phase of OVC funding (with different prime recipient organizations) will begin in Kenya.

Therefore, this outcomes study is timely both for evaluating impacts of the CBCO program on household economic strength at the end of the original CBCO program as well as providing important baseline data for future USAID program partners implementing OVC programs in these locations in Kenya.

Overarching Goal:

The goal of this activity is to document key domains of household economic strength for CBCO program participants and explore the impacts of the CBCO program on these domains. These domains include:

- Household assets;
- Household level of cash savings;
- Household access to and use of credit;
- Household food security;
- Cash earnings from individual activities (e.g. daily labor);
- Cash earnings from group income generating activities; and
- Level and type of participation in social groups (e.g., SLA, other forms of savings groups, church groups, people living with HIV/AIDs support groups, group income generating activities not related to SLAs, etc.).

Detailed Objectives:

- 1) What are basic demographic characteristics of SLA member households as compared to non-SLA households? (See methods discussion below for information on a comparison group).

- 2) For the domains above, what are the differences in key outcomes within each domain between SLA member households and non-SLA member households?
- 3) Using appropriate statistical methods for identifying program impact with cross-sectional data, what are the impacts of the CBCO program on the outcomes within each domain of household economic strength?

Methods:

Data for this study will be developed through a random sample of CBCO SLA members (guardians of OVC) and a random sample of other household heads in similar geographic locations who are not members of the CBCO program SLAs (the non-CBCO comparison group). Since SLA members are primarily women who are also household heads, the non-CBCO group will sample from female-headed households. In preparation for fielding the survey, key informant interviews (e.g. SLA facilitators and SLA members) and focus groups discussions with SLA members will be used to develop and refine the survey instrument.

Key Sub-Activities and Tasks:

- Ethical reviews at BU and at a country level
- Pilot and field test instrument
- Train data collection teams
- Data collection
- Data analysis

Deliverables:

Final report on outcomes of CBCO program will be due on *July 31st, 2011*

Budget:

The total estimated budget for this activity is \$275,067. Full details are to be found in Annex 1.

Timeline:

See Gantt chart below

Activity (Benchmark)	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Indicator of Completion	Due Date
	O	N	D	J	F	M	A	M	J	J				
Protocol Submission and Approval													All ethical approval obtained	2/28/11
Respond to BU IRB														
Submit protocol to KEMRI IRB Board														
Approval of protocol from BU														
Respond to KEMRI IRB review														
Approval of Protocol from KEMRI IRB Board														
Preparation for Survey Implementation														
Interviews and FGDs													Completed trip report	12/15/10
Revise survey instruments													Instruments finalized	1/31/11
Design database in CSPro													Completed CSPro database	1/31/11
Complete subcontract to Christian Aid (CA)													Finalized BU-CA subcontract	12/31/10
Preparation for survey participants														
Implementation of Survey													Completed data set	5/31/11
Field survey														
Quality control on completed surveys														
Milestone – All field work completed													All field work completed	5/31/11
Data Management, Analysis, and Final Report													Completed final report	7/31/11
Data cleaning and quality control														
Data analysis														
Final report														
Deliverable – draft manuscript for publication													Draft manuscript submitted for feedback	7/31/11

Activity C2 - Children of MARPs Project Documentation Activity

Project Lead: Jennifer Beard

Background:

Interventions for sex workers, drug users, and men who have sex with men (also known as most-at-risk populations or MARPs) tend to focus on the needs of adults, with the objective of reducing their risk for HIV through prevention, behavior-change education, and risk-reduction strategies. But, to date, little attention has been paid in the published literature to the vulnerabilities faced by their children or to interventions focused on keeping these potentially vulnerable families together, improving the wellbeing of both parents and children, and reducing the risk of both generations for becoming infected with or transmitting HIV.

In a recent review of the published literature on the children of MARPs in lower resource countries, Boston University researchers found that, while many adults who are most-at-risk for HIV are also parents, little is known about their children. We did, however, find several examples of interventions providing services to these often fragile families. Staff implementing these support programs proved to be the most fruitful source of information on both the vulnerabilities faced by these children and the types support they need. The interventions that we identified all started with a focus on adults but expanded their services as parents sought care for their children. Documentation of the initiation and scale up of interventions, services provided, observed needs of children of MARPs, and challenges to service implementation is minimal. Documenting existing services is a critical first step toward sharing information between programs and with a wider audience, assessing opportunities for program evaluation, developing and disseminating best practices, and scaling up and adapting successful interventions to new contexts.

Overarching Goals:

- Draw attention to the unique needs of children of MARPs in developing and middle-income countries with both concentrated and generalized HIV epidemics
- Share experiences of program implementers with a global audience that includes other service providers, donors, and researchers
- Contribute to global knowledge on best practices for interventions providing family-centered services to MARPs and their children.

Detailed Objectives:

Partner with organizations providing services to children of MARPs in order to:

- Document history of program (including initiation and scale up of services)
- Document program activities
- Document, from the perspective of service providers, the needs of MARP families
- Document program implementation challenges

- Document promising practices
- Assess potential for future evaluation of these interventions.

Methods:

- In-depth interviews with partner program personnel (including implementing partner staff)
- Key-informant interviews with donor representatives (where relevant)
- Key-informant interviews with other local stakeholders who work with MARP populations and their children
- Review of program and donor reports and available program data
- Review of other data and documents relevant to focus countries: national HIV data, MARP and OVC published and gray literature, government documents, etc.

Work Plan:

Program Partners:

- Family Health International (Vietnam)
- HealthRight International/Mama+ for IDU (Ukraine)
- Tasintha (Zambia)

Preparation:

- Plan field visits with partner organizations via telephone and email
- Review literature relevant to focus countries
- Revise semi-structured questionnaire to be administered to program staff based on input from USAID
- Consult with relevant key informants for input on and analysis of key information as it comes up during site visits (relevant key informants may include government officials)

Site Visits and Data Collection:

(Purpose of site visits will be to administer semi-structured questionnaire to key informants, observe project activities, and interview other relevant key informants. Number of interviews and other data gathering activities TBD in conjunction with program staff.)

September-October 2010:

- Tasintha: 7 day site visit to Zambia (Beard)

November-December 2010:

- HealthRight International: 7 day site visit to Ukraine (Beard)

December 2010-March 2011

- Family Health International: 7 day site visit to Vietnam (Sabin)

Local key informants will be consulted informally during field visits and via email and telephone when necessary during data analysis phase. Key informants will include USAID and other donor personnel, government officials and civil servants, local and other expert researchers, program staff working with children of MARPs in other local and international organizations, advocates, etc.

Deliverables:

To be submitted to USAID by April 15, 2011

- Comprehensive report detailing findings from 3 programs, analyzing best practices and challenges, and offering recommendations for future program development and potential research (15-20 pages). Audience: program implementers, USAID and other donors, and researchers.
- Technical brief containing overview of findings and recommendations for next steps (3 pages). Audience: program implementers.

In addition to the formal deliverables, we plan to produce the following:

To be submitted to partner programs and shared with USAID by July 31 2011

- 3 Program Case Studies (6-10 pages): One for each partner summarizing information and analysis specific to their program.

To be submitted to journal for publication July 31 2011

- 1 article outline (approximately 3000 words)

Budget:

The total estimated budget for this activity is \$65,994. Full details are to be found in Annex 1.

Activity Time Line:

See Gantt chart below

Activity (Benchmark)	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Indicator of Completion	Due Date
	O	N	D	J	F	M	A	M	J	J				
Field Data Collection to Zambia (Beard)													Completed trip report	10/28/10
Plan visit with Tasintha														
Review literature relevant to Zambia														
Revise questionnaire														
Consult key informants in the field														
Conduct data collection														
Field Data Collection to Ukraine (Beard)													Completed trip report	12/20/10
Plan visit with Health Right Intl.														
Review literature relevant to Ukraine														
Revise questionnaire if necessary														
Consult key informants in the field														
Conduct data collection														
Field Data Collection to Vietnam (Sabin)													Completed trip report	3/31/11
Plan visit with FHI														
Review literature relevant to Vietnam														
Revise questionnaire if necessary														
Consult key informants in the field														
Conduct data collection														
Benchmark – All field work completed						0								3/31/11
Preparation of comprehensive report														
Deliverable – Comprehensive report													Completed & accepted report	4/15/11
Preparation of technical brief														
Preparation of Program Case Study Zambia														
Preparation of Program Case Study Ukraine														
Preparation of Program Case Study Vietnam														
Draft of a paper for peer-review publication														
Draft manuscript for publication													Draft manuscript submitted for feedback	7/31/11

Activity C3 – Evaluation of the effectiveness of educational block grants to OVC

Project Lead: Malcolm Bryant

Background:

Many factors contribute to children's access to education in developing countries, including: gender, health status, family structure, poverty, distance to school, and perceived value of education. Being orphaned or made vulnerable can also play a role in whether a child goes to school. Studies have indicated that OVC world-wide have lower rates of enrollment, attendance and school performance than non-orphaned and less vulnerable children. Equally troubling is that Africa has one of the lowest education completion rates in the world. In one out of four African countries, half the children enrolled at the end of primary school do not continue to the secondary level. The low transition rate into secondary schools is partially a result of caregivers not being able to afford to pay for a child's education. Secondary schools are rarely free and students must pay for tuition as well as other school related expenditure such as books, uniforms, and examination fees.

Various mechanisms of funding are applied by USAID and other development partners to support the education of orphans and vulnerable children. These include scholarships and block grants. Scholarships are individual payments made to, or on behalf of, a child to pay for part or all of their education. Block grants are fixed-sum grants to local or regional educational systems or institutions that give the recipient organization broad flexibility to design and implement designated programs. While both mechanisms have been used in various developing countries, their relative impact on both the quantity and quality of education for OVC has not been evaluated. It is also not clear when it is appropriate to apply one or the other. The goal of the research is to compare access to educational services as indicated by attendance, retention, and performance among OVC for the two approaches in secondary schools.

Beginning in 2005, many large Non Governmental Organizations (NGOs) were awarded grants by the United States Agency for International Development (USAID) under "Track One" funding to provide core services to OVC in PEPFAR focus countries. However, PEPFAR was an emergency response to the AIDS epidemic with the intention of reaching the maximum number of children as quickly as possible. Direction was broad in terms of options for educational access interventions with the result that numerous models of support emerged. At the same time, monitoring and evaluation of educational support programs focused largely on numbers of OVC served with insufficient data collected to ascertain the effectiveness of different approaches in achieving specific educational outcomes and impact. The funding for these programs was ended on June 30, 2010. Therefore it is timely and important to study the programs and their impact to inform the development of policies and programs for the future, for both the US and the international community of donors.

Overarching Goal:

The research will identify the effectiveness of different approaches to supporting OVC at secondary school in two countries:

- What was the effect of the approaches in improving access to secondary education
- What was the effect of the approaches in improving student performance
- What was the effect of the approaches in improving school performance.

Detailed Objectives:

- 1) What are the characteristics of OVC chosen to receive educational and vocational support as opposed to OVC who did not receive support?
- 2) What are the characteristics of schools chosen to receive block grant support?
- 3) What are the differences between a block grant approach and an individual scholarship approach in achieving educational outcomes for OVC?
- 4) What are the differences among various block grant approaches in achieving educational outcomes for OVC?
- 5) What are the costs per child of each approach to providing educational and vocational support?
- 6) Does the provision of block grants have an impact on educational outcomes for children beyond the specifically targeted OVC?

Methods:

This is a mixed methods study which adopts both qualitative and quantitative approaches to research. The qualitative components will draw on interviews, focus groups, observational techniques, and document analysis to learn about individual educational interventions and their context from the point of view of the primary participants and other stakeholders who are knowledgeable about the OVC block grants programs.

The quantitative components of the study take three forms. The first addresses how well the OVC fared under the block grant and scholarship programs over time as compared to their OVC peers and non-OVC peers who did not receive any targeted benefit. The second quantitative component addresses how individual schools that have received financial assistance through block grants have fared over time as compared with a matched set of schools that did not receive any form of block grants. The matches will be based on school size, class grade level, locale, and SES characteristics. The third quantitative component of the study examines the relative cost effectiveness of different models of disbursing the funding to schools to aid OVC

Key Sub-Activities and Tasks:

Overall activities:

- Finalization of ethical reviews at BU and at a country level
- Pilot and field test all instruments

- Train data collection teams

Qualitative Study:

- Focus groups with selected OVC at schools
- Structured interviews with school teachers and/or headmasters
- Focus groups with community groups
- Structured interviews with NGOs

QUANT 1

- Data collection at individual schools

QUANT 2

- Data collection from national records

QUANT 3

- Data collection from NGOs delivering educational support

Deliverables:

Final report on effectiveness of educational grants *June 15th, 2011*

Budget:

The total estimated budget for this activity is \$244,486. Full details are to be found in Annex 1.

Timeline:

See Gantt chart below

Activity (Benchmark)	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Indicator of Completion	Due Date
	O	N	D	J	F	M	A	M	J	J				
Finalize Ethical Approvals (Bryant)													All ethical approvals received	10/31/10
Responses to BU IRB														
Responses to Uganda IRB														
Responses to Tanzania IRB														
Benchmark – All ethical approvals received		◊											Receipt of ethical approvals	
Pilot instruments in the field (subcontractors)													All instruments finalized	11/30/10
Translate tools into Swahili														
Test tools on representative sample														
Modify tools according to pilot														
Training of data collectors (Bryant & Brooks)													All teams trained	02/15/11
Selection of data collection teams														
Travel to Tanzania for training of teams														
Travel to Uganda for training of teams														
Field Data Collection(Bryant & subcontractors)													Complete data set for TZ & UG	03/28/11
Work at National level														
Field visits														
District visits														
Benchmark – All field data collected						◊							Complete data set available	
Data Entry and Cleaning (Brooks and subs)													Fully compiled database	04/31/11
Field data entry and transmission														
Validation and cleaning in Boston														
Data analysis (Bryant, Shann, Brooks)													Completed data report	04/31/11
Draft of report													First draft of final report	04/30/11
Internal review														
TWG review														
Stakeholder review													Trip reports & reviews	05/31/11
Preparation of final report based on reviews														
Travel to Tanzania to present to stakeholders														
Travel to Uganda to present to stakeholders														
Deliverable - Final Report													Final research report	06/15/11
Manuscript for publication													Manuscript in journal ready form	07/31/11

Activity C4 – Technical oversight, project management, administration, and close-out

Activity lead: Malcolm Bryant

BU's plan for providing technical oversight and project management for the Project will provide experienced, talented leadership, effective communications, and a breadth and depth of technical skills and experience to support the ongoing applied research and evaluation activities outlined in the Year 3 Work Plan.

During year 2, the management approaches, templates, and processes for the Project were completely revised and redeveloped, with much improved efficiency and effectiveness. These same processes will continue into year 3 and will be refined as needed.

Communications and Reporting:

Regular and effective communication among project personnel at CGHD and partner organizations, as well as between CGHD and USAID Headquarters and Field Missions is crucial to meeting the objectives of the work plan and the project as a whole. Our plans for each of these channels of communication are as follows:

- a. Financial reporting and budget projections: monthly financial reports will be submitted from the BU system as required. However, in order to put these in context of project activities, accruals, and plans, a separate projection sheet will also be prepared on a monthly basis. Financial reports and projections for the different activities will be prepared in advance to discuss with COTR during the second call of each month.
- b. Tracking of deliverables, benchmarks, and indicators will be done on a monthly basis and shared with the COTR, technical staff, and field teams.
- c. Regular written and telephone communication with the COTR at USAID/Washington will continue the pattern developed during year 2: a bi-weekly status report will be prepared by all activity leads by Wednesday morning and shared with the COTR; A teleconference on the following day between the COTR, Project Director, Deputy Project Director, and Senior Program Manager will allow for discussion and action to be taken should there be problems.
- d. Quarterly face-to-face meetings between the COTR and the Project Director or Deputy Project Director will take place in Boston or in Washington DC.
- e. Monthly administrative meetings will be held for all project staff to enable rapid updates and communication of Project activities.
- f. Monthly technical meetings will be held for all project staff (on alternative two-weeks to the administrative meetings) to raise technical challenges, share insights, and solve problems.

- g. Regular contact and communication with USAID Missions who have provided field support to the project will be maintained. COTR will take lead in coordinating quarterly conference calls with OVC-CARE Deputy Director, Technical Lead, Program Manager, and USAID Mission staff to discuss status and issues related to field-funded projects.

Monitoring and Evaluation:

BU-CGHD will revise the Performance Monitoring Plan (PMP) to take into account changes that have taken place during the first years of the Project and to reflect the lack of new research activities in year 3. The following summarizes the key monitoring activities for the project:

i) **Internal Monitoring:**

To ensure that activities are carried out on schedule, and that the deliverables are being achieved and are of high quality, the following are in place:

- **Management Oversight:**

The Project Director and Deputy Project Director will continue to hold weekly review meetings to assess progress on various activities, and make changes where necessary. The Deputy Project Director will continue to hold weekly review meetings with the program managers to review progress and make changes where necessary.

- **Monthly progress reports and review meetings:** The senior program manager will produce monthly progress reports which will be discussed at scheduled monthly meetings attended by all project management staff.
- **Quarterly technical review meetings:** At the end of each project quarter, there will be a Project Review meeting attended by all staff involved on the Project. Any recommendations from these meetings will be used to make improvements to the implementation of the project. These recommendations will be sent to the COTR for consideration.

ii) **Reporting to USAID.** BU will submit the following plans and reports according to the following time schedules:

- *Mid-year Report by March 31st, 2011*
- *End of Project Report by July 31st, 2011*
- *Trip reports for OVC-CARE funded technical assistance; within thirty days of arrival back to work in Boston.*

Project close-out:

As the Project comes to a close the intensity of financial monitoring will increase to ensure that the budget remains accurate and that there are no under- or over- expenditures. Monitoring of deliverables will ensure that activities are adjusted to meet deadlines and that no core-funded activities continue beyond July 31st.

Because of the nature of the PHE activity in Namibia and Ethiopia, activities will continue in those countries if a no-cost extension is granted. There is also interest within the Mozambique Mission to extend the project beyond the July 31st end date. We anticipate initiating the no-cost extension process for the Mozambique, Namibia, and Ethiopia activities in Quarter II of the project (January 2011) in order to ensure successful continuation of activities beyond the original end date of July 2011. We will work closely with the COTR and Mission staff to ensure that the no-cost extension complies with the appropriate USAID mechanisms and regulations.

Activity C5 – Dissemination of Project Learning and Experience and Project OVC Conference

Project Lead: Bram Brooks

In addition to the production of the final report, the Project will produce a final brochure which highlights the main research findings of the Project which can be shared with OVC policy and program decision-makers.

The most important contribution of the Project however, will be the way in which the findings of the research activities are presented and used to change policy making and program design. This will require active dissemination strategies:

1. In each country where the project is working in Year 3, the final report will be presented in person to the relevant policy and programming stakeholders in-country.
2. Technical briefs or case-studies will be produced from each of the field studies to be distributed throughout the OVC community.
3. Peer-reviewed journal articles will be prepared from each of the research activities for year 3 and made available through open source journals. Costs associated with journal articles fees are contingent upon acceptance for publication.
4. Oral presentations will be prepared on all research activities through the entire project to be presented at the planned research conference on OVC in 2011.
5. A technical consultation will be held in Boston after the first draft reports are complete from the HES and Block Grant studies with the COTR and Technical Advisor (and other members of the TWG if indicated).
6. Peer-reviewed journal articles will be prepared from the CSI study (two articles) FABRIC study (three articles), HES study (two articles), MARP project (one article), and Block Grant Evaluation (two articles) to rapidly make those results available to the broader OVC and development community.

Organizing an OVC Research Conference:

The Project will work with partners who engage in OVC research such as the Population Council, Futures Group, Tulane University, Save the Children, CARE, UNICEF, World Bank, UNAIDS, and others to put on a research conference in 2011. Given the mutual interest of all these groups to share applied research and how it affects policy and programming, we will work with and through the TWG to engage the partners and leverage their intellectual and financial resources to put on this scientific forum in the spring or early summer of 2011. The Project will dedicate

management and technical resources for liaison with other partners, determining appropriate sessions and topics, and working with presenters to ensure that papers meet an acceptable level of quality. Papers will be solicited from each group to create a series of panels and each group will contribute from their own project or organizational funds for the development of the papers and participation in the conference. The Project will seek to use space in Washington, DC that is available through USAID, or through another Project as no incremental cost to the OVC-CARE.

Specific deliverables will be set at a later date, but will include topics such as:

- The CSI validation study results and the implications for monitoring and evaluation of OVC;
- Costing of OVC services from the FABRIC study;
- Health outcomes for OVC from the FABRIC study; and
- Capacity strengthening from the FABRIC study.
- An OVC Research conference held in the Spring of 2011

b. Field Activities (F)**Activity F1 – Mozambique applied research, evaluation and capacity building program**

Project Lead: Godfrey Biemba

Background:

As of March 31, 2009 USG, PEPFAR-funded Implementing Partners in Mozambique reported 122,777 Orphans and Vulnerable Children (OVC) receiving between one and six essential services. All but one of the implementing partners are international NGOs which implement activities through local community-based organizations. While partners report routine process data (i.e. number of OVC receiving services) to USG and to Government of Mozambique, there no existing quantitative baseline measures or data on needs, program outcomes, impact, or quality of care.

While some situational analyses (using secondary data), and qualitative analyses have been implemented and findings published, overall there is inadequate understanding of the long-term quantifiable impacts (or lack thereof) of programs on OVC populations in Mozambique.

The Ministry of Women and Social Action is currently in the process of defining the standards of care that all service providers (Government of Mozambique, Implementing Partners and other service providers) are required to provide to OVC populations. In addition, while the package of care has been expanded to encompass a wider range and improve quality of services, the focus has also moved away from individual children in households to multiple children within a household and the household itself.

In order for the Ministry to make effective programming and policy decisions with the new focus towards OVC, the need to have good quality data upon which to base decision-making is paramount. At the same time, the Ministry is aware that they lack both the tools to evaluate OVC programs, and the capacity to conduct and interpret operations and applied research.

This activity has seen considerable delays in implementation because various bottlenecks in Mozambique. The last major hurdle was overcome in July when MMAS gave written approval for the project to go ahead, however, recent events such as the civil unrest in Maputo and the lack of time for MMAS staff to focus on the Project priorities has led to further delays in the implementation schedule.

There is interest by the Mozambique Mission to extend this project beyond the July 31st 2011 end date. As a result, we will initiate the no-cost extension process in Quarter II (January 2011) in order to ensure successful continuation of activities beyond the original end date of July 2011.

Overarching Goals:

This activity addresses the three specific needs areas identified by the Ministry of Women and Social Action in Mozambique:

1. Carry out targeted research and evaluation capacity building training for M&E and OVC program officers;
2. Conduct a cohort study to evaluate the effectiveness of OVC programs in Mozambique;
3. Develop Program Assessment Tools suitable for monitoring and evaluation of OVC programs in Mozambique.

Detailed Objectives:

- To equip OVC program officers in the MMAS and selected local NGOs with basic skills in Monitoring and Evaluation and research methods.
- To provide MMAS with tools suitable for its use in assessing OVC programs. At the time of preparing this work plan further consultations with USAID/Mozambique and MMAS were ongoing through the local coordinator, Eduardo Mondlane University, to clarify the scope of work for this activity.
- To understand the local concepts, beliefs and practices associated with orphans and other vulnerable children as well as concepts of household asset ownership and poverty. The latter information would help us understand the local communities' definition of poor households who require targeting for specific economic strengthening support.
- To identify and document challenges facing OVC at the household level by conducting a detailed census of 40,000 households in four districts. To collect detailed baseline data on the wellbeing of OVC and their households that can be used by policy and programming decision-makers.

Methods:

The activity will use a mix of methods to achieve the research objectives. Mixed teaching approaches will be used to build capacity. Program officers will receive classroom, practical, and one-on-one mentoring to build the skills they need. A training of trainers' methodology will be applied, so that trained program officers will subsequently train and mentor others. A desk review and key informant interviews will be used to address the adaptation of program assessment tools, while the baseline study will involve a formative qualitative data collection, a detailed household census, and random sampling accompanied by both quantitative and qualitative data collection through key informant interviews, focus group discussions, and questionnaires.

Key Sub-Activities and Tasks:

1. Carry out a Targeted Research and Evaluation Capacity Building Program

A capacity building workshops will be held in October/November of 2010. This activity will be undertaken jointly by BU Faculty and staff and their counterparts from Eduardo Mondlane University.

2. Design a tool to meet the needs of Mozambique's Monitoring and Evaluation of OVC programs.

For this activity, we will continue to engage USAID Mozambique and MMAS through the coordination of Professor Nair Teles to ensure that we have clarity on MMAS needs with regard to program assessment tools. Once clarity is obtained, we will revise the scope of work submitted to USAID Mozambique and carry out the activity. We anticipate that the ongoing consultations will be concluded by November 30, 2010 and the scope of work revised by January 31, 2011. Our local research partner is working with us to ensure that we meet this timeline.

3. Work with selected implementing partner's service populations to develop a Cohort to evaluate the effectiveness and impact of OVC interventions over time

In collaboration with GSC Research and Eduardo Mondlane University we will complete the following key sub-activities under this activity:

- a) Complete revision of the Protocol and get final approval from BU IRB.
- b) Submit Protocol and Instruments to Mozambique Research Ethics Committee for approval.
- c) Seek Approval from Authorities in the Districts where the study will be implemented.
- d) Revise the Protocol and Instruments based on comments from MMAS and Mozambique Research Ethics Committee.
- e) BU team and GSC to prepare training materials for data collectors.
- f) BU team to travel to Mozambique to work with GSC in training data collectors and pilot test the instruments.
- g) Revise the Instruments based on the Pilot testing.
- h) BU team to travel to Mozambique to work with GSC in overseeing the start of data collection.
- i) GSC to carry out data collection.
- j) GSC to carry out data entry and data cleaning with Quality checks by BU team.
- k) BU to carry out data analysis in collaboration with GSC. BU team in collaboration with GSC to produce evaluation report.

More details on Trips (see summary in Gantt chart below):

October 2010 Trip:

- a) Who is travelling Godfrey Biemba – Technical Lead/PI, training workshop facilitator, Candace Miller – Co-Investigator, training workshop facilitator, Jacqueline Stone - M&E independent consultant/training workshop facilitator
- b) Scope of Work
 - To prepare for and conduct Monitoring and Evaluation Training Workshop
 - To Follow up on Cohort IRB application processing

- To follow up with USAID and MMAS regarding the way forward on development of program assessment tools

February 2011 Trip:

- a) Who is travelling: Godfrey Biemba and Candace Miller or Yolanda Banda; depending on availability at the time. Yolanda Banda is a Data Manager at the Zambia BU office.
- b) Scope of Work:
 - Plan the sampling process and data collection
 - Facilitate training of data collectors
 - Pre-test data collection instruments
 - Oversee start of data collection

July 2011 Trip:

- a) Who is travelling
Godfrey Biemba and Candace Miller
- b) Scope of Work
 - To carry out more detailed qualitative and quantitative data analysis and data quality checks and draft the report in full consultation and with the participation of the Mozambique research team

Deliverables:

- *Capacity building report by December 31st, 2010*
- *A set of Program Assessment Tools by June 30th, 2011*
- *Baseline Study Reports (formative qualitative study, household listing study, and cohort baseline report) by July 31st, 2011*

Budget:

The total estimated budget for this activity is \$488,426. Full details are to be found in Annex 1.

Timeline:

See Gantt chart below

Activity (Benchmark)	Q 1			Q 2				Q 3		Q 4			Indicator of Completion	Due Date
	O	N	D	J	F	M	A	M	J	J				
ESTABLISH AN OVC COHORT														
Complete revision of the Protocol/Get final BU IRB approval												IRB Approval Letter	10/31/2010	
Submit to Mozambique Ethics Committee for approval												REC Approval Letter	11/30/2010	
Approval from authorities in implementation Districts														
Revise protocol and instruments based on feedback														
Milestone - Obtain MMAS final Approval of the Protocol		◇											11/30/2010	
Conduct field data collection														
Prepare training materials for data collectors														
Travel to Mozambique by project lead and one other BU faculty or staff (for data collection)												Completed Trip Report	2/28/2011	
Train data collectors														
Pilot testing of instruments														
Revise the Instruments based on the pilot testing														
Baseline data collection														
Data entry and data cleaning														
Travel to Mozambique (BU Lead and Candace or Yolana) for data analysis												Completed Trip Report	7/15/2011	
Data analysis														
Milestone - Data Collection, cleaning and analysis complete											◇		7/15/2011	
Deliverable - Baseline Report												Final Report	7/31/2011	
DEVELOP PROGRAM ASSESSMENT TOOL/S	O	N	D	J	F	M	A	M	J	J				
Obtain final MMAS approval for tool assessment												MMAS Approval letter	12/31/2010	
Complete Consultations on development of Tools														
Obtain final MMAS Guidance on way forward														
Revise SOW in consultation with MMAS														
Obtain sign-off from USAID on revised SOW												USAID-Moz Approval letter	1/31/2011	
Implement SOW														
Data analysis														
Milestone – All field work completed									◇				5/31/2011	

Activity (Benchmark)	Q 1			Q2				Q 3		Q 4			Indicator of Completion	Due Date
	O	N	D	J	F	M	A	M	J	J				
Deliverable - Program Assessment Tool (s) Report													Final Assessment Tool Report	6/30/2011
CAPACITY BUILDING														
Develop Capacity building materials													Completed Training Manual	10/31/2010
First capacity building workshop														
Trip to Mozambique to conduct first workshop													Completed Trip Report	11/30/2010
Conduct Capacity Building Workshop														
Milestone – Workshop Conducted		Ø												11/30/2010
Deliverable- Capacity building report													Completed Capacity Building Report	12/31/2010

Activity F2 – Understanding and reducing sexual vulnerability of adolescent OVC in Namibia and Ethiopia

Project Lead: Lisa Messersmith

Currently this is an approved PHE for implementation in Namibia and Ethiopia.

Note: This section will be updated as programs with various USAID missions develop.

In order to complete this study, (which has been delayed in its first year of implementation because of bottlenecks in the field), this activity is requesting a no-cost extension to enable completion.

Research Questions:

- Q1. What are the social and economic determinants of sexual vulnerability of OVC?
- Q2. Which types of interventions or groups of interventions are more effective in reducing vulnerability among this population?

Study Design:

A cross-sectional study, followed by a longitudinal cohort study. The cross-sectional study will identify the determinants of sexual vulnerability among adolescent OVCs in Namibia and Ethiopia. We will conduct the cross-sectional study with OVC in three age groups (13/14, 15/16, 17/18) as vulnerability likely changes across ages and it has not been described in Namibia these two countries. The longitudinal cohort will be followed over the three year period of the study, with data collection once a year involving OVC and non-orphans. Using a matched neighbor comparison population, we will enroll a cohort of 1500 OVC at age 13/14 in each country and follow them over 3 years to determine their contact with programs (intensity and duration) in the community, their risk behaviors, and their sexual vulnerability. Some of the children involved in the cross-sectional study may be part of the cohort, but that will not be an inclusion criteria.

Activity Description:

The main goals of this study are to understand the social and economic determinants of sexual vulnerability to HIV of adolescent OVC and to determine which types of interventions or groups of interventions are more effective in reducing vulnerability to HIV among this population.

Project Year 3 – October 1, 2010 – July 31, 2011:

First quarter of Year 3 (October 1 – December 30, 2010), BU will:

- Obtain approval from the Ministry of Gender Equity and Child Welfare in Namibia, and the Ministry of Women's Affairs in Ethiopia to engage in the research
- Submit the joint PHE protocol to the PHE review committee, to the local IRBs, and finally to the BU IRB to receive ethical clearance

- Identify in-country research partners and execute subcontracts

Second quarter of Year 3 (January 1 – March 30, 2011), BU and local partners will:

- Conduct training workshop and pilot testing of the instruments with qualitative and quantitative data collectors
- Revise the instruments as needed based on the pilot test
- Conduct in-depth interviews with key informants including community political and religious leaders, women's groups, youth groups, staff of NGO and government services
- Conduct focus group discussions with OVC and non-orphans to help formulate questions for the survey questionnaire
- Map existing program and service sites using GPS
- Implement the cross-sectional portion of the study in Ethiopia and Namibia

Third quarter of Year 3 (April 1 – June 30, 2011), BU and local partners will:

- Complete the data collection for the cross-sectional study
- Identify the cohort of adolescents in each country and initiate the first round of data collection for the cohort study
- Engage a sub-sample of OVC and non-orphans in in-depth interviews

Fourth quarter of Year 3 (July 1 – September 30, 2011), BU and local partners will:

- Complete the first round of data collection for the cohort study
- Complete in depth interviews with a sub-sample

Extension Year 1 – August 1, 2011 – July 31, 2012

First quarter of extension year 1 (August 1, 2011 – July 31, 2012), BU will:

- Perform data cleaning and analysis of the cross-sectional data
- Perform data cleaning and analysis of the first round of the cohort data

Second quarter of extension year 1 (November 1, 2011 – January 30, 2012), BU and local partners will:

- Produce report on the findings of the cross-sectional study results, and the first round of the cohort data collection

Third quarter of extension year 1 (April 1 – June 30, 2012), BU and local partners will:

- Present results to Ministries, USAID missions and partner organizations
- Conduct refresher training of the data collectors
- Collect the 2nd round of data for the cohort study
- Engage a sub-sample of OVC and non-orphans in in-depth interviews

Fourth quarter of extension year 1 (July 1 – September 30, 2012), BU and local partners will:

- Analyze the data from the second round of the cohort
- Prepare a final report on the finding from the cohort study to disseminate

Study Sites: Namibia and Ethiopia

Study Duration: Two Years

Deliverables:

Project year 3: Detailed protocol with IRB approvals; data collection instruments;
Extension year : Cross-sectional and cohort final report of findings

Budget:

The total estimated budget for this activity is \$1.5 million, of which \$136,791 has already been spent. Full details are to be found in Annex 1.

Timeline:

The timeline is dependent on the PHE protocol approval and the local and BU IRB approvals. A delay in these approvals will result in delays in all other program activities and deliverables. See Gantt chart below.

CORE Project Year 3 (October 1, 2010 – July 31, 2011)														
Activity (Benchmark)	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Indicator of Completion	Due Date
	O	N	D	J	F	M	A	M	J	J				
Protocol Development and Approval														
Submit Protocol for PHE review	◊													
Submit protocol to local IRBs		◊												
Submit protocol to BU IRB		◊												
Obtain approvals from Ministries													Protocol Approved by PHE review committee, IRBs, and Ministries	12/31/10
Subcontract with Local Organizations														
Process subcontracts with local research institutions														
Data Collections														
Conduct training for data collectors													Data collectors trained	2/1/11
Map program and services sites with GPS														
Pre-test instruments													Instruments finalized	2/1/11
Modify instruments as needed														
Interview key informants														
Cross-sectional study data collection													Cross-sectional data complete	4/30/11
In-depth interviews with OVC														
Baseline cohort data collection													Cohort data complete	7/31/11

No-Cost Extension Year 1 (August 1, 2011 – July 30, 2012)														
Activity (Benchmark)	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Indicator of Completion	Due Date
	A	S	O	N	D	J	F	M	A	M	J	J		
Data analysis and dissemination														
Perform data cleaning and analysis of the cross-sectional data	■	■	■											
Perform data cleaning and analysis of the first round of the cohort data	■	■	■											
Produce report on cross-sectional findings and cohort baseline				■	■	■							Report on cross-sectional and cohort round 1	1/30/12
Present results to Ministries and mission								■						
Data Collections														
Conduct refresher training for data collectors								■						
Round 2 cohort data collection								■	■				Round 2 cohort complete	4/31/12
In-depth interviews with OVC								■	■					
Data analysis of 2 nd round of cohort data										■	■	■		
Preparation of round 2 report												■	Round 2 report	7/31/12

Activity F3 – India applied research, evaluation and capacity building program

Project Lead: Jon Simon

Note: At the request of the India mission because of the sudden change in leadership of NACO, the project will develop the specific response to this scope of work during the visit to India on October 1st. This plan reflects a preliminary allocation of resources and timeline for the four activities and the deliverables outlined in the scope below.

Background:

India is the second most populous country in the world and has 2.27 million people living with HIV/AIDS (PLHA). Of this total, 39% are women and 3.5% are children. With a national HIV prevalence of 0.29%, India continues to have a concentrated epidemic. The national prevalence of HIV among pregnant women attending antenatal clinic (ANC) is 0.48%. However 200 districts have been identified as HIV high burden districts, with HIV prevalence in ANC attendees of more than 1%. It is estimated that India has 3-4 million children who are affected by HIV/AIDS, of which 95,000 are living with HIV. Mother to child transmission is the most significant route of HIV transmission in children below 15 years of age in India and accounts for 4.3% of HIV transmission. Accurate, timely and valid data on orphans is not available in India. In 2003, an estimated 35 million children in India under the age of 18 had lost one or both parents due to all causes, approximately 9% of all children. Major causes of orphan hood include emergency situations such as natural disasters, terrorist activities, and illness, including HIV/AIDS. The impact of AIDS is most apparent in the high burden districts.

Under the leadership of the National AIDS Control Organisation (NACO), the third phase of the National AIDS Control Plan (NACP-III, 2007-2012) aims to halt and reverse the epidemic in India over the next five years. In addition to a focused prevention program, provision of care, support and treatment to a large number of PLHA, including children infected and affected by HIV/AIDS, is well articulated in the plan. In the long term, NACO's goal is to achieve the highest quality of life for HIV-infected and affected children and their families through delivery of a comprehensive package of services.

USAID has been leading the OVC policy and advocacy efforts at the national level in collaboration with UNICEF, NACO, Family Health International (FHI), International HIV/AIDS Alliance, Clinton Foundation and Francois Xavier Bagnoud (FXB). The National Task Force team has developed the state and district level operational guidelines for children affected by HIV/AIDS.

USAID, along with UNICEF, have supported NACO in developing the national scheme for children affected by HIV/AIDS. This scheme has been approved by the Director General NACO and the first phase of piloting this scheme in ten districts is ongoing in ten districts across six states in the country. The purpose of this National Scheme is to ensure access to all the essential services by children affected by HIV/AIDS through coordination and the establishment of linkages with various existing service providers at all levels.

USAID partners in the state of Karnataka, Maharashtra, Delhi and Tamil Nadu have been implementing OVC programs in selected districts. The USG Samarth project developed a life skills toolkit in collaboration with NACO and MWCD to respond to the needs of USG supported NGOs who are working with children who are infected and affected by HIV/AIDS. The USAID supported OVC care programs have made significant progress in providing essential services to over 6,000 OVC in focus states.

However there is lack of accurate data for understanding the magnitude of the problems facing OVC and for planning at national and state levels. While India has estimate of orphans the number of AIDS orphans data is lacking at state and national level.

Statement of Work:

The OVC programming area is still evolving in India and there is an urgent need for OVC related research in India. The key tasks to be carried out by Boston University (BU) are:

1. Conduct Research for Situational Analysis on OVC in selected districts/states in India

This Research will collate information on the number of OVC in selected districts in the states of Karnataka, Maharashtra, Tamil Nadu and Delhi. The activity will include review of state specific policies, programs and interventions designed and implemented at state level. BU will also assist USAID in publications of the research findings in international journals.

2. Conduct evaluation of the effectiveness and impact of OVC interventions and models of Care in selected districts/states

The impact of OVC interventions will be conducted for USAID –OVC programs in one district in the states of Karnataka, Maharashtra, Delhi and Tamil Nadu. Based on the findings of these assessments OVC programming will be redesigned and made more cost effective.

3. Conduct the process documentation of the USAID supported NACO's pilot scheme on OVC/CABA implementation in 10 districts

BU will conduct the process documentation of the NACO –pilot scheme on CABA with the objective of identifying the good and promising programmatic practices that are sustainable, replicable and enhance integration approach of service delivery for OVC programming.

4: Provide Technical Assistance to NACO and USG priority SACS on OVC Quality improvement strategies

BU will organize a national level consultation of evidence based -OVC quality improvement strategies for NACO and State AIDS Control Societies in the HIV high burden states. BU will provide technical assistance to promote quality along with scale up of the OVC programming at district and state level, foster compliance with OVC program standards and guidelines and help to optimize the allocation of resources.

The assignment will commence on October 1st, 2010 and end on 30th July 2011. The period of intensive work at field, state and national level will be 10 months. USAID India is seeking international expertise (Consultants) in the field of OVC research and would not entertain any local level expertise that BU offers in- country. (See Gantt chart below for proposed activity timeline)

Team composition:

As the time period is limited, USAID India would look forward to having a high quality, international experts' team working on the 5 key activities. The BU team led by the Principle investigator /Team leader will develop a draft plan prior to initiation of the assessments.

Deliverables:Expected Results:

1. Situational Assessments of OVC/CABA conducted in one district in the states of Karnataka, Maharashtra, Tamil Nadu, Andhra Pradesh and Delhi.
2. Evaluation reports of the USAID –OVC interventions in one district of the states of Karnataka, Maharashtra, Tamil Nadu and Delhi.
3. Key strategies developed for quality programming for children affected by AIDS at national and state level.
4. Technical Assistance provided to NACO and SACS in the states of Karnataka, Maharashtra, Tamil Nadu, Andhra Pradesh and Delhi for quality improvement of programming for children affected by AIDS.
5. Process documentation report of the NACO-pilot scheme implementation prepared and printed.

Budget:

The budget for this activity is \$750,000

Timeline:

See Gantt chart below

NOTE: All activities are illustrative at this point and will be finalized following the trip to India on October 1st and consultation with USAID & NACO

Activity (Benchmark)	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Indicator of Completion	Due Date
	O	N	D	J	F	M	A	M	J	J				
Field Visit to finalize scope of work)	■												Field trip in first week of Project	10/07/10
Team leader moves to India		■												
Situational Analysis														
Draft study protocol and instruments		■												
Obtain appropriate approvals		■												
Analysis team travels to India			■											
Conduct analysis in the field (4 districts)			■	■										
Analyze data					■	■								
Prepare report							■							
Stakeholder presentations and review							■							
Analysis team returns from India							■							
Finalize report								■	■					
Evaluation of USAID programs														
Draft study protocol and instruments			■											
Obtain appropriate approvals			■											
Evaluation team travels to India				■										
Conduct evaluation in the field (4 districts)				■	■									
Analyze data						■	■							
Prepare report								■						
Stakeholder presentations and review								■						
Evaluation team returns from India								■						
Finalize report									■	■				
Process Documentation														
Desk review of available documents			■	■										
Interviews with NACO						■								
Site visits to pilot sites							■	■						
Prepare report									■					
Stakeholder presentation and review									■					
Finalize report										■				
Provide Technical Assistance to NACO														
Preparation and consultation with NACO					■									
Conduct work shop on capacity building						■								
Follow up visits with NACO to reinforce							■	■	■	■				
Activity Final Report Produced										■				

Appendix 1: Detailed Budgets

CORE Activities

BOSTON UNIVERSITY, CENTER FOR INTERNATIONAL HEALTH AND DEVELOPMENT PROJECT SEARCH OVC TASK ORDER BUDGET - CORE FUNDING FOR YR3: HES Impact Study				
	YEAR 3 (10/01/10-07/31/11)			
	\$/UNIT	UNIT	MONTHS	TOTAL
A. SALARIES & WAGES				
Technical Activities				
Deputy Project Director (Malcolm Bryant)		month	1.0	
Program Manager (Bram Brooks)		month	1.5	
Technical Lead (Bruce Larson)		month	5.5	
Data Manager (Julia Rohr)		month	5.0	
Subtotal-Salaries			13.0	102,239
B. FRINGE BENEFITS				
Fringe Benefits			25.60%	26,173
Subtotal-Benefits				26,173
C. TRAVEL & TRANSPORTATION (Management meetings/conferences/dissemination)				
Domestic Travel (Nairobi-Kisumu)				
Airfare	\$250	RdTrip	1	250
Ground Transport	\$100	RdTrip	1	100
Foreign Travel				
Airfare	\$2,500	RdTrip	5	12,500
Per Diems-Transit	\$150	Day	10	1,500
Per Diems-In Country	\$150	Day	50	7,500
Ground Transport	\$250	RdTrip	5	1,250
Subtotal-Travel				23,100
D. FIELD PROGRAM COSTS				
Subcontract to Implementing Partner (Christian Aid) - under \$25K	\$25,000	country	1	25,000
Subcontract to Implementing Partner (Christian Aid) - over \$25K	\$37,785	country	1	37,785
In-Country Dissemination Meeting	\$1,000	country	1	1,000
Subtotal-Field Activities				63,785
E. EQUIPMENT (under \$5000)				
Computer	\$3,000	computer	1	3,000
Subtotal- Equipment				3,000
F. OTHER DIRECT COSTS				
Communications (phone, fax, courier, postage)	\$100	Country	1	100
Printing / Dessimation	\$200	Year	1	200
Passport & Visa Costs	\$50	Trip	5	250
Medex Evacuation Insurance	\$300	Year	1	300
Subtotal-ODC				850
SUBTOTAL DIRECT COSTS				219,147
G. ADMINISTRATIVE COSTS				
TOTAL DIRECT COSTS				219,147
MTDC (modified total direct cots)				181,362
F & A (calculated from MTDC)			26.00%	47,154
FIXED FEE			4.00%	8,766
GRAND TOTAL				275,067

OVC-CARE Household Economic Strengthening (HES) Impact Study

Budget Justification**A. Salaries**

Bruce Larson, Project Principal Investigator, providing overall Technical and Management Oversight of the Project and will ensure that all the deliverables are of high quality and are delivered on time. He will communicate and discuss with USAID/Kenya and USAID/Washington on all issues related to the planning and execution of the project. He will work with the team in Boston execute the approved scope of work and provide guidance and supervision to the subcontractors to ensure quality products. Bruce will devote 55% of his time for the next 10 months (total LOE of 5.5 months) to ensure that all deliverables are completed.

Malcolm Bryant, OVC-CARE Project Deputy Director, will work with Bruce to ensure that the project proceeds on schedule and the products are of the highest quality. He will have responsibility for making strategic decisions; providing scientific, operational, and compliance oversight; monitoring progress on activities; reviewing results and products of the work; and ensuring that project activities are carried out at the highest level of quality. This includes project planning, reviewing budgets, scopes of work and protocols, communicating with the USAID COTR and keeping both Washington and Mission personnel apprised of the project's progress. He will provide technical and administrative guidance as necessary. Malcolm will devote 10% of his time to the project for the next 10 months (total LOE of 1 month).

Bram Brooks, Program Manager, will provide continuous administrative and logistical support to the BU based Research Team; including arranging travel, procuring supplies, organizing meetings, and preparing subcontracts for field work. Bram will also help in recruiting consultants and graduate students as needed. He will devote 15% of his time on this project for the next 10 months (total LOE of 1.5 months).

Julia Rohr, Data Analyst, will work closely with the Principal Investigator to create and maintain the CSPro database and conduct the necessary data analyses. She will facilitate with the training of data collectors necessary to maintain high quality training and data collection. Julia will devote 50% of her time on this project for the next 10 months (total LOE of 5 months).

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%.

C. Travel & Transportation

International Travel: A total of five international trips are planned at an average of 10 days per trip. The estimated international roundtrip airfare is \$2,500 which assumes an economy class ticket, based on flights from Boston to Nairobi via Amsterdam, Netherlands. An in country per diem rate of \$150 is utilized which averages the maximum per diem rates of Nairobi and Kericho. Ground transportation is budgeted at \$250/trip to cover local transportation cost in Kenya. This cost includes airport pickups. The following trips have been planned for this activity in YR3:

Trip 1 (Bruce – Oct 2010): Meeting with relevant stakeholders (CA, BIDII, IDCCS, USAID, etc) to discuss study implementation plans.

Trip 2 & 3 (Bruce and Julia – Mar 2011): Training of field team, conduct pilot study, and implementation of survey work.

Trip 4 (Julia – May 2011): Data cleaning and initial data analysis with field team.

Trip 5 (Bruce – July 2011): Disseminate key findings to relevant stakeholders (CA, BIDII, IDCCS, USAID, Ministry representatives, etc).

D. Field Program Costs**Christian Aid**

For this survey activity, Christian Aid (CA) will implement the survey in collaboration with Benevolent Institute of Development Initiatives (BIDI) and Inter Diocesan Christian Community Services (IDCCS), whose services CA will support through this subcontract. CA will liaise with USAID/Kenya so that they remain informed of the activity on a regular basis. In addition, CA will complete the set of activities specified in the subcontract, which includes specific deliverables and a planned time schedule:

- Work closely with the BU CGHD team to recruit and train data collectors.
- Oversee the data collection for the cross-sectional and qualitative data collection.
- Ensure that data is stored in a safe and secure location.
- Christian Aid staff will be responsible for inputting raw data into the CSpro database.
- Work with the BU CGHD team to ensure that the protocol is followed precisely, and that any adverse events are reported as required.
- Maintain frequent communication with BU CGHD to ensure that timelines and deliverables are met, and that BU CGHD meets its contractual obligations.

As per BU regulation, only the first \$25,000 of a subcontract will be charged overhead.

In-Country Stakeholder Dissemination Meeting:

We have budgeted \$1,000 for one dissemination meeting in Kenya. We will invite representatives from USAID, World Bank, UNICEF, Government ministries, and in-country NGOs to present key findings from the study and discuss relevant policy implications of the results. Logistics will be coordinated with in-country research partners (Christian Aid).

E. Equipment

One laptop budgeted at \$3,000 will be purchased for Julia Rohr to conduct CSPro training and analysis of data both in the field and main office. The laptop will be equipped with all the necessary software for data analysis (SAS)

F. OTHER DIRECT COSTS

Passport and Visa: We have budgeted \$50/trip for Kenyan visa on arrivals fees.

MedEx: MedEx is budgeted at \$300 for the data manager that will be travel with Bruce to conduct the data collection training and dissemination of results.

Printing and Telephone Costs: We have budgeted \$300 for printing and communication for the entire project.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4% of direct costs.

BOSTON UNIVERSITY, CENTER FOR INTERNATIONAL HEALTH AND DEVELOPMENT				
PROJECT SEARCH OVC TASK ORDER BUDGET - CORE FUNDING FOR YR3: MARP Program Documentation Project				
	YEAR 3 (10/01/10-07/31/11)			
	\$/UNIT	UNIT	MONTHS	TOTAL
A. SALARIES & WAGES				
Technical Activities				
Technical Lead (Jen Beard)		month	2.0	
Technical Lead (Lora Sabin)		month	1.5	
Program Manager (Abanish Rizal)		month	1.0	
Boston University Students				
Research Assistants		month	0.0	
Subtotal-Salaries			4.5	29,032
B. FRINGE BENEFITS				
Fringe Benefits			25.60%	7,432
Subtotal-Benefits				7,432
C. TRAVEL & TRANSPORTATION (Management meetings/conferences/dissemination)				
Domestic Travel (In-country travel in Vietnam)				
Airfare	\$500	Trip	2	1,000
Ground Transport	\$100	Trip	2	200
Foreign Travel				
Airfare	\$2,500	RdTrip	2	5,000
Per Diems-Transit	\$50	Day	2	100
Per Diems-In Country	\$250	Day	20	5,000
Ground Transport	\$250	RdTrip	2	500
Subtotal-Travel				11,800
D. FIELD PROGRAM COSTS				
Local translator	\$1,000	country	2	2,000
Subtotal-Field Activities				2,000
F. OTHER DIRECT COSTS				
Communications (phone, fax, courier, postage)	\$100	Year	1	100
Passport & Visa Costs	\$200	Trip	2	400
Subtotal-ODC				500
SUBTOTAL DIRECT COSTS				
				50,764
G. ADMINISTRATIVE COSTS				
TOTAL DIRECT COSTS				50,764
MTDC (modified total direct costs)				50,764
F & A (calculated from MTDC)				13,199
FIXED FEE				2,031
GRAND TOTAL				65,994

OVC-CARE Children of Most at Risk Populations (MARPs) Documentation Project**Budget Justification****A. Salaries**

Jennifer Beard, Principal Investigator, has coauthored several publications focusing on populations most at-risk for HIV. Her most recent work in this area looks at the children of sex workers, drug users, and men who have sex with men in low and middle-income countries.

During the next few months, Jen will contact organizations in Zambia, Ukraine and Vietnam and secure their agreement to partner on this project. Next, Jen will interview key informants both during field visits to Zambia and Ukraine and via email and telephone when necessary during data analysis phase. Key informants will include USAID and other donor personnel, government officials and civil servants, local and other expert researchers, program staff working with children of MARPs in other local and international organizations, advocates, etc. Jen will take on the role of Principal Investigator at 20% level of effort for the next 10 months (total LOE of 2 months).

Lora Sabin is a co-investigator on the project. She will travel to Vietnam to interview key informants that include USAID and other donor personnel, government officials and civil servants, local and other expert researchers, program staff working with children of MARPs in other local and international organizations, advocates, etc. Lora will also provide input on revising the semi structured questionnaires and will work with Jen during the data analysis phase to ensure that all the deliverable are met. Lora will devote 15% of her time to the project for the next 10 months (total LOE of 1.5 months).

Abanish Rizal, Program Manager, will provide continuous administrative and logistical support to the BU based Research Team; including arranging travel, organizing meetings and conference calls and liaising with the USAID field Mission to prepare for BU team visits. Abanish will also help in recruiting the local consultant in Ukraine and Vietnam. He will devote 10% of his time on this project for the next 10 months (total LOE of 1 month).

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%.

C. Travel & Transportation

International Travel: A total of two international trips are budgeted planned at an average of 10 days per trip. Jen will travel to Zambia and Lora will travel to Vietnam to interview key informants that include USAID and other donor personnel, government officials and civil servants, local and other expert researchers, program staff working with children of MARPs in other local and international organizations, advocates, etc. The estimated international roundtrip airfare is \$2,500 which assumes an average economy class ticket, based on average flight costs from Boston to, Zambia and Vietnam.. A third trip is anticipated to Ukraine, which, in-line with previous discussions, will be covered by funds from the Center for Global Health and Development. Ground transportation is budgeted at \$250/trip to cover local transportation per international trip. This cost includes airport pickups.

In-Country Travel: There will be two in-country trips associated with the Lora's trip to Vietnam: one flight from Hanoi to Ho Chi Minh, another from Ho Chi Minh to Hai Phong. We have budgeted each in-country travel at \$500/trip.

D. Field Program Costs

Local consultant in Ukraine, Zambia, and Vietnam: A sum of \$1,000/trip has been budgeted to cover the costs of a local consultant to work with the BU researcher while in-country. This individual will be familiar with MARPS

programming in each country, act as a local liaison and technical resource while at the same time providing input and support into the research process in each country.

F. OTHER DIRECT COSTS

Communications: Communication is budgeted at \$100 for the project. We will save costs by using Skype when possible.

Passport and Visa: We have budgeted \$200/trip for processing visas through our BU Vendor.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4% of direct costs.

BOSTON UNIVERSITY, CENTER FOR INTERNATIONAL HEALTH AND DEVELOPMENT				
PROJECT SEARCH OVC TASK ORDER BUDGET - CORE FUNDING FOR YR3: Block Grant Evaluation (continuation from YR2)				
	YEAR 3 (10/01/10-04/30/11)			
	\$/UNIT	UNIT	MONTHS	TOTAL
A. SALARIES & WAGES				
Technical Activities				
Deputy Project Director / Technical Lead (Malcolm Bryant)		month	2.5	
Program Manager / Co-Investigator (Bram Brooks)		month	3.0	
Co-Investigator (Mary Shann)		month	2.0	
Boston University Students				
Research Assistants		month	1.0	
Subtotal-Salaries			8.5	48,551
B. FRINGE BENEFITS				
Fringe Benefits			25.60%	11,753
Subtotal-Benefits				11,753
C. TRAVEL & TRANSPORTATION (Management meetings/conferences/dissemination)				
Foreign Travel (Boston-Entebbe-Dar es Salaam)				
Airfare	\$3,000	RdTrip	3	9,000
Per Diems-Transit	\$100	Day	3	300
Per Diems-In Country	\$200	Day	42	8,400
Ground Transport	\$100	RdTrip	3	300
Subtotal-Travel				18,000
D. FIELD PROGRAM COSTS				
Subcontract to Implementing Partner (Makerere) - under \$25K	\$25,000	country	1	25,000
Subcontract to Implementing Partner (Makerere) - over \$25K	\$25,487	country	1	25,487
Subcontract to Implementing Partner (CESTRE) - under \$25K	\$25,000	country	1	25,000
Subcontract to Implementing Partner (CESTRE) - over \$25K	\$45,590	country	1	45,590
In-Country Dissemination Meeting	\$1,000	country	2	2,000
Subtotal-Field Activities				123,077
F. OTHER DIRECT COSTS				
Communications (phone, fax, courier, postage)	\$100	Year	1	100
Printing / Dessimation	\$200	Year	1	200
Passport & Visa Costs	\$100	Trip	3	300
Medex Evacuation Insurance	\$300	Year	1	300
Subtotal-ODC				900
SUBTOTAL DIRECT COSTS				202,282
G. ADMINISTRATIVE COSTS				
TOTAL DIRECT COSTS				202,282
MTDC (modified total direct cots)				131,205
F &A (calculated from MTDC)				26.00% 34,113
FIXED FEE				4.00% 8,091
GRAND TOTAL				244,486

OVC-CARE Block Grant Evaluation**Budget Justification****A. Salaries**

Malcolm Bryant, Project Principal Investigator and OVC-CARE Project Deputy Director, will provide technical assistance and guidance to this project. He will have responsibility for making strategic decisions; providing scientific, operational, and compliance oversight; monitoring progress on activities; reviewing results and products of the work; and ensuring that project activities are carried out at the highest level of quality. This includes project planning, reviewing budgets, scopes of work and protocols, communicating with the USAID COTR and keeping both Washington and Mission personnel apprised of the project's progress. Malcolm will devote 25% of his time to the project for the next 10 months (total LOE of 2.5 months).

Mary Shann, Co-Investigator, Professor at the Boston University School of Education, will provide technical assistance to this project. She will participate in the data analysis of the main results and will participate in writing the final reports and manuscripts for publication. Mary will devote 20% of her time throughout the entire life of this project (total LOE of 2 months). Due to salary regulations from the School of Education, Mary has been paid in advance for her contributions to this project and will not be getting paid for her work during this year of the project.

Bram Brooks, Program Manager, will provide continuous administrative and logistical support to the BU based Research Team; including arranging travel, procuring supplies, organizing meetings, and preparing subcontracts for field work. Bram will also be the data manager for this project, creating the instruments and databases, and analyzing the data. He will devote 30% of his time on this project for the next 10 months (total LOE of 3 months).

Boston University Research Assistants, a doctoral level student from the BUSPH with documented statistical analysis skills will be engaged for a period of approximately 1 month to assist with the data analysis once field data collection is complete. This student will work in the CGHD office in Boston.

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%.

C. Travel & Transportation

Domestic Travel: One domestic trip is planned for a stakeholder meeting in Washington DC. The estimated roundtrip airfare is \$500 which assumes an economy class ticket, based on flights from Boston to Washington DC. Per diem rates for Washington DC will be applied. Ground transportation is budgeted at \$100/trip to cover local transportation costs to and from the airport.

International Travel: A total of three international trips are planned at an average of 10 days per trip. The estimated international roundtrip airfare is \$3,000 which assumes an economy class ticket, based on flights from Boston to Dar es Salaam, Tanzania and Entebbe, Uganda. An in country per diem rate of \$200 is utilized which averages the maximum per diem rates of Kampala and Dar es Salaam. Ground transportation is budgeted at \$100/trip to cover local transportation cost in Uganda and Tanzania. This cost includes airport pickups. The following trips have been planned for this activity in YR3:

Trip 1 & 2 (Malcolm and Bram – Jan/Feb 2011): Training of field team, conduct pilot study, and implementation of data collection.

Trip 3 (Malcolm – June 2011): Disseminate key findings to relevant stakeholders in Uganda and Tanzania (USAID, UNICEF, Ministry representatives, in-country NGOs, etc).

D. Field Program Costs

Subcontracts:

Two subcontracts will be issued to research partners in the field: Makerere University in Uganda (\$50,487), and Centre for Strategic Research and Development in Tanzania (\$70,590). As per BU regulation, only the first \$25,000 of a subcontract will be charged overhead.

Makerere University and Centre for Strategic research and Development (CESTRE)

Research partners will work closely with the BU CGHD team to recruit and train data collectors, oversee the data collection for the quantitative and qualitative data collection, and ensure that data is stored in a safe and secure location. Field staff will be responsible for inputting raw data into the CSpro database. They will work with the BU CGHD team to ensure that the protocol is followed precisely, and that any adverse events are reported as required. They will maintain frequent communication with BU CGHD to ensure that timelines and deliverables are met, and that BU CGHD meets its contractual obligations.

In-Country Stakeholder Dissemination Meeting:

We have budgeted \$1,000 for one dissemination meeting in Uganda and one in Tanzania. We will invite representatives from USAID, World Bank, UNICEF, Government ministries, and in-country NGOs to present key findings from the study and discuss relevant policy implications of the results. Logistics will be coordinated with in-country research partners (Makerere University in Uganda, and CESTRE in Tanzania).

F. OTHER DIRECT COSTS

Passport and Visa: We have budgeted \$200/year for Ugandan and Tanzanian visa on arrival fees.

MedEx: MedEx is budgeted at \$300 for the Program Manager that will be travelling with the Principal Investigator to conduct the data collection training.

Printing and Telephone Costs: We have budgeted \$300 for printing and communication for the entire project.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4% of direct costs.

BOSTON UNIVERSITY, CENTER FOR INTERNATIONAL HEALTH AND DEVELOPMENT PROJECT SEARCH OVC TASK ORDER BUDGET - CORE FUNDING FOR YR3: Management				
	YEAR 3 (10/01/10-07/31/11)			
	\$/UNIT	UNIT	MONTHS	TOTAL
A. SALARIES & WAGES				
Project Management				
Project Director (Jon Simon)		month	1.5	
Deputy Project Director (Malcolm Bryant)		month	2.5	
Program Manager (Bram Brooks)		month	2.0	
Financial Manager / Travel Specialist (Mary Dangora)		month	1.0	
Subtotal-Salaries			7.0	66,803
B. FRINGE BENEFITS				
Fringe Benefits			25.60%	17,102
Subtotal-Benefits				17,102
C. TRAVEL & TRANSPORTATION (Management meetings/conferences/dissemination)				
Domestic Travel (Boston-Washington D.C.)				
Airfare	\$500	RdTrip	2	1,000
Per Diem	\$71	Day	2	142
Max Lodging	\$229		2	458
Ground Transport	\$100	RdTrip	2	200
Subtotal-Travel				1,800
E. OTHER DIRECT COSTS				
Communications (phone, fax, courier, postage)	\$100	Year	1	100
Subtotal-ODC				100
SUBTOTAL DIRECT COSTS				
				85,805
F. ADMINISTRATIVE COSTS				
TOTAL DIRECT COSTS				85,805
MTDC (modified total direct costs)				85,805
F & A (calculated from MTDC)			26.00%	22,309
FIXED FEE			4.00%	3,432
GRAND TOTAL				111,546

OVC-CARE Management**Budget Justification****A. Salaries**

Jon Simon, OVC-CARE Project Director, will provide both administrative and technical backstopping and support to the project. He will deal with any contractual issues that require high level intervention with both USAID and the subcontractors. Jon will devote 15% his time on the project for the next 10 months (total LOE of 1.5 months).

Malcolm Bryant, OVC-CARE Project Deputy Director, will work with Jon to ensure that the project proceeds on schedule and the products are of the highest quality. He will have responsibility for making strategic decisions; providing scientific, operational, and compliance oversight; monitoring progress on activities; reviewing results and products of the work; and ensuring that project activities are carried out at the highest level of quality. This includes project planning, reviewing budgets, scopes of work and protocols, communicating with the USAID COTR and keeping both Washington and Mission personnel apprised of the project's progress. He will provide technical and administrative guidance as necessary. Malcolm will devote 25% of his time to the project for the next 10 months (total LOE of 2.5 months).

Bram Brooks, Program Manager, will provide continuous administrative and management support to the OVC-CARE project. He will devote 20% of his time on this project for the next 10 months (total LOE of 2 months).

Mary Dangora, Financial Manager, will provide financial support to the project making sure that we comply with BU and USAID financial reporting requirements. Mary will devote 10% of her time to the project for the next 10 months (total LOE of 1 month).

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%.

C. Travel & Transportation

Domestic Travel: A total of two domestic trips are planned at an average of 1 day per trip to meet with the COTR or TWG in Washington DC. The estimated roundtrip airfare is \$500 which assumes an economy class ticket, based on flights from Boston to Washington DC. Per diem rates for Washington DC will be applied. Ground transportation is budgeted at \$100/trip to cover local transportation costs to and from the airport.

F. OTHER DIRECT COSTS

Communication Costs: We have budgeted \$100 for communication costs for the entire project.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4% of direct costs.

BOSTON UNIVERSITY, CENTER FOR INTERNATIONAL HEALTH AND DEVELOPMENT				
PROJECT SEARCH OVC TASK ORDER BUDGET - CORE FUNDING FOR YR3: Dissemination Activities				
	YEAR 3 (10/01/10-07/31/11)			
	\$/UNIT	UNIT	MONTHS	TOTAL
A. SALARIES & WAGES				
Project Management				
Project Director (Jon Simon)		month	0.5	
Deputy Project Director (Malcolm Bryant)		month	0.5	
Program Manager (Bram Brooks)		month	0.5	
Technical writing staff (Lora Sabin -CSI)		month	0.5	
Technical writing staff (Candace Miller - CSI + FABRIC)		month	1.0	
Technical writing staff (Nancy Scott - FABRIC)		month	1.0	
Technical writing staff (Melissa Pfaff - FABRIC)		month	1.0	
Subtotal-Salaries			5.0	35,319
B. FRINGE BENEFITS				
Fringe Benefits			25.60%	9,042
Subtotal-Benefits				9,042
C. TRAVEL & TRANSPORTATION (Management meetings/conferences/dissemination)				
Domestic Travel (Boston-Washington D.C.)				
Airfare	\$500	RdTrip	8	4,000
Per Diem	\$71	Day	8	568
Max Lodging	\$229		8	1,832
Ground Transport	\$100	RdTrip	8	800
Foreign Travel (Lusaka-Washingto D.C.)				
Airfare	\$2,500	RdTrip	1	2,500
Per Diems-In Country	\$71	Day	3	213
Ground Transport	\$100	RdTrip	1	100
Subtotal-Travel				10,013
E. OTHER DIRECT COSTS				
Communications (phone, fax, courier, postage)	\$100	Year	1	100
Journal Publications Fees	\$2,000	Article	10	20,000
Final OVC-CARE Report Production	\$5,000	Year	1	5,000
Food for OVC Research Conference	\$1,000	Year	1	1,000
Food for internal technical discussion w/ USAID	\$200	Year	1	200
Subtotal-ODC				26,300
SUBTOTAL DIRECT COSTS				80,673
F. ADMINISTRATIVE COSTS				
TOTAL DIRECT COSTS				80,673
MTDC (modified total direct cots)				80,673
F &A (calculated from MTDC)			26.00%	20,975
FIXED FEE			4.00%	3,227
GRAND TOTAL				104,875

OVC-CARE Dissemination Activities**Budget Justification****A. Salaries**

Candace Miller and **Lora Sabin** will spend 50% LOE for 1 month each (total LOE of .5 month each) to write two articles from the results of the CSI validation study. **Nancy Scott** and **Melissa Pfaff**, will spend 100% LOE for 1 month each (total LOE of 1 month each) to write 3 articles from the results of the FABRIC evaluation. **Candace Miller** will also spend 50% LOE for 1 month to provide technical assistance associated with writing the FABRIC evaluation manuscripts. In order to accommodate salary coverage from other supporting activities that faculty and staff may have support from, salary coverage associated with this activity will be spread equally throughout the 10 month time period.

We have also set aside management time for **Jon Simon**, **Malcolm Bryant**, and **Bram Brooks** to coordinate this event at 0.5 month LOE each.

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%.

C. Travel & Transportation

Domestic Travel: A total of eight domestic trips are planned at an average of 1 day per trip for BU staff members to participate in the OVC Conference. The estimated roundtrip airfare is \$500 which assumes an economy class ticket, based on flights from Boston to Washington DC. Per diem rates for Washington DC will be applied. Dissemination activities will be conducted towards the end of the project when main results from the different OVC-CARE activities can be widely disseminated to key stakeholders. Ground transportation is budgeted at \$100/trip to cover local transportation costs to and from the airport.

International Travel: One international trip is planned for Godfrey Biemba to participate in the OVC Conference to present research findings from Mozambique. The estimated roundtrip airfare is \$2,500 which assumes an economy class ticket, based on flights from Lusaka to Washington DC. Per diem rates for Washington DC will be applied.

F. OTHER DIRECT COSTS

Communication Costs: We have budgeted \$100 for communication costs for the entire project.

Journal Publication Fees: Five articles will be published from year 2 results of the OVC-CARE project: 2 articles for the CSI study, and 3 articles for the FABRIC evaluation. We also hope to publish five additional articles from year 3 of the project: 2 articles from the HES study, one article from the MARP project, and two articles from the Block Grant Evaluation. We anticipate paying \$2,000 per manuscript to pay for publication fees associated with open source journals. Costs associated with journal publication fees are contingent upon acceptance for publication.

Final OVC-CARE Report Production: Costs associated with production of final report and other dissemination activities. The Project will produce a final brochure which highlights the main research findings of the Project which can be shared with OVC policy and program decision-makers. Technical briefs or case-studies will be produced from each of the field studies to be distributed throughout the OVC community.

Food for OVC Research Conference: We have budgeted \$1,000 for food and expect matching contributions from other participating organizations.

Food for Internal Technical Discussion with USAID: We have budgeted \$200 for food associated with internal technical meetings at CGHD. We suggest having these technical meetings at CGHD as it will be more cost effective for USAID personnel to travel to Boston to meet with OVC-CARE technical and management teams.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4% of direct costs.

FIELD Activities

BOSTON UNIVERSITY, CENTER FOR INTERNATIONAL HEALTH AND DEVELOPMENT PROJECT SEARCH OVC TASK ORDER BUDGET - MOZAMBIQUE OVC RESEARCH PROJECT YR3				
	YEAR 3 (10/01/10-07/31/11)			
	\$/UNIT	UNIT	MONTHS	TOTAL
A. SALARIES & WAGES				
Technical Activities				
Godfrey Biemba		month	5.0	
Candace Miller		month	3.0	
Malcolm Bryant		month	1.5	
Program Manager (Abarish Rizal)		month	4.0	
Consultants				
Jacquie Stone		day	20.0	
Nair Teles		day	60.0	
Subtotal-Salaries				114,250
B. FRINGE BENEFITS				
Fringe Benefits			25.60%	
Subtotal-Benefits				29,248
C. TRAVEL & TRANSPORTATION (Management meetings/conferences/dissemination)				
Domestic Travel (Nampula and Beira)				
Airfare	\$500	RdTrip	4	2,000
Ground Transport	\$100	RdTrip	4	400
Foreign Travel				
Airfare	\$2,500	RdTrip	7	17,500
Per Diems-Transit	\$140	Day	7	980
Per Diems-In Country	\$216	Day	84	18,144
Ground Transport	\$250	RdTrip	7	1,750
Subtotal-Travel				40,774
D. FIELD PROGRAM COSTS				
PDA	\$200	each	50	10,000
GPS	\$200	each	50	10,000
Subtotal-Field Activities				20,000
E. Sucontracts				
EMU				45,425
GSC				147,128
Subcontract Total				192,553
F. OTHER DIRECT COSTS				
Translator	\$1,000	Trip	7	7,000
Passport & Visa Costs	\$157	Trip	7	1,098
Medex Evacuation Insurance	\$300	Year	1	300
Dissemination cost	\$6,000	dissemination	1	6,000
Publication cost	\$1,500	paper	2	3,000
Subtotal-ODC				17,398
SUBTOTAL DIRECT COSTS				
				414,222
G. ADMINISTRATIVE COSTS				
TOTAL DIRECT COSTS				414,222
MTDC (modified total direct costs)				221,670
F & A (calculated from MTDC)				57,634
4% Fee				16,569
GRAND TOTAL				488,426

OVC-CARE Mozambique Research Project**Budget Justification****A. Salaries**

Godfrey Biemba, Project Principal Investigator, will be providing overall Technical and Management Oversight of the Project and will ensure that all the deliverables are of high quality and are delivered on time. He will communicate and discuss with USAID/Mozambique and USAID/Washington on all issues related to the planning and execution of the project. He will work with the team in Boston execute the approved scope of work and provide guidance and supervision to the subcontractors to ensure quality products. Godfrey will devote 50% of his time for the next 10 months to ensure that all deliverables are completed.

Candace Miller is a co-investigator on the project. She will provide technical input into the cohort data analysis plan and the final data analysis and reporting. Candace will provide specific technical leadership on the development of the OVC Program Assessment Tool, working with Godfrey and Global Surveys Cooperation (GSC) in Mozambique. She will also provide technical input into the development of tools for the Capacity building needs assessment, the needs assessment plan and the implementation of the capacity building program; working with Godfrey and EMU. Candace will devote 30% of her time to the project for the next 10 months.

Malcolm Bryant, the OVC-CARE Project Deputy Director, will work with Godfrey to ensure that the project proceeds on schedule and the products are of the highest quality. He will have responsibility for making strategic decisions; providing scientific, operational, and compliance oversight; monitoring progress on activities; reviewing results and products of the work; and ensuring that project activities are carried out at the highest level of quality. This includes project planning, reviewing budgets, scopes of work and protocols, communicating with the USAID COTR and keeping both Washington and Mission personnel apprised of the project's progress. He will provide technical and administrative guidance as necessary. Malcolm will devote 15% of his time to the project for the next 10 months.

Abanish Rizal, Program Manager, will be responsible for the monitoring and amending the existing sub-contracts with Eduardo Mondlane University and GSC Research as well as monitoring and tracking the budget, to ensure that deliverables are met. He will also provide continuous administrative and logistical support to the BU based Research Team; including arranging travel, procuring supplies, organizing meetings and conference calls and liaising with the Mozambique subcontract team and USAID Mozambique Mission to prepare for BU team visits. Abanish will also help in recruiting consultants and graduate students as needed. He will devote 40% of his time on this project for the next 10 months.

Jacque Stone, is an independent M&E Consultant who has been hired to help with the capacity building training workshop. Ms. Stone will facilitate data analysis sessions including the use of CSPRO and database management. Ms. Stone LOE is expected to work 20 days, including the time she spends facilitating the Capacity Building Workshop. Ms. Stone has previously consulted with the Clinton AIDS foundation where she designed and implemented training for 20 trainers from 8 implementing partners in out patient therapeutic program management and conducted M&E for children with severe acute malnutrition in Abuja, Nigeria. In addition, Ms. Stone conducted a situational analysis on existing institutional support mechanisms for orphans and vulnerable children (OVC) in collaboration with Social Welfare Department (SWD) in Tanzania and also developed the first National Action Plan for OVC in Zanzibar.

Nair Teles, will be contracted as a consultant in Mozambique to organize and carry out consultative meetings work with USAID Mozambique, MMAS and relevant OVC partners on the development Program Assessment Tools in close collaboration with GSC. Together with GSC, she will present the Cohort study Protocol to the MMAS Council. In addition Nair, will provide liaison and communication link between BU CGHD and the local GSC and other key stakeholders in Mozambique. And work MMAS and GSC to introduce the Cohort study to the District Directors and local authorities where the study will be carried out. Nair will also facilitate the local research approval processes

as needed; including IRB approval and reporting for the studies and provide logistical support to BU faculty when visiting Mozambique. Professor Teles's LOE is expected to be 60 days for the duration of this project.

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%.

C. Travel & Transportation

International Travel: A total of seven international trips are planned at an average of 12 days per trip (9 days in Maputo, 3 days in transit). The estimated international roundtrip airfare is \$2,500 which assumes an economy class ticket, based on flights from Boston to Mozambique via Johannesburg, South Africa. The first trip has been taken by Godfrey, Candace and Jacquie (Monitoring and Evaluation consultant) in October 2010 to conduct the first Capacity Strengthening Workshop. Godfrey and Candace will take the next trip in February 2011 to carry out the pre testing of the instruments and oversee data collection. Both Candace and Godfrey are expected to make trips to Nampula and Beira so we have budgeted for two domestic roundtrips for each traveler. Candace and Godfrey will also take a trip to Mozambique in July 2011 to oversee the data analysis and ensure that all deliverables are met. Ground transportation is budgeted at \$250/trip for all trips to cover local transportation cost in Mozambique. This cost includes airport pickups.

D. Field Program Costs

GPS

We shall use GPS for geo-location of households during the mini-census part of the Cohort study and the baseline. The cost is estimated at US\$200 and we plan to purchase 50 units to cover 4 sites; that is ten per site (= 40), with ten on standby to cover for loss or malfunctioning.

PDA's

Data Collectors will use PDA's to input data in the field during the mini-survey and download the data onto data entry desk tops to facilitate data entry. The PDA's will also be used throughout that baseline and follow up surveys. The cost is estimated at US\$200 per unit, and we plan to buy 50 Units to cover the 4 sites.

E. SUBCONTRACTS

Eduardo Mondlane University (EMU)

EMU completes its final activity in this contract during the Month of October with the first capacity building workshop. Further work to support the project will be done through professor Nair Teles as an independent consultant, with financial and logistic arrangements being managed through Global Surveys Corporation..

Global Surveys Corporation (GSC)

Global Surveys Corporation (GSC) will develop a Program Assessment Tool (PAT) for OVC Programs and also develop a cohort to evaluate the effectiveness and impact of OVC interventions over time. GSC will work closely with the BU CGHD team to ensure that the PAT is carried out to meet the priority needs of the Government of Mozambique. GSC will maintain frequent communication with BU CGHD and with Professor Nairs from Eduardo Mondlane University (EMU) to ensure that contractual obligations are met.

F. OTHER DIRECT COSTS

Translators in Mozambique: This will cover oral translation costs for BU Faculty while in Mozambique at a rate of \$1,000/trip.

Passport and Visa: We have budgeted \$157/trip for processing visas through our BU Vendor.

MedEx: MedEx is budgeted for an M&E consultant that will be travel with Godfrey to conduct the first capacity strengthening workshop

Dissemination Cost: We have budgeted \$6,000 to support the targeted dissemination our Research results to support use by local policy makers and program implementers as well as international agencies. Specific activities will depend on the research findings, but could include support for preparing reports and scientific writing, posters, or other presentation materials.

Publication Cost: We are anticipating submitting 2 papers for publication and have budgeted \$1,500 per publication.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4% of direct costs.

BOSTON UNIVERSITY CENTER FOR INTERNATIONAL HEALTH BUDGET FOR OVC Namibia Project									
	Year 3 of CORE project (10/1/10 - 7/31/11)				NCE Year 1 (8/1/11-9/30/12)				Grand Total
	\$/UNIT	UNIT	# UNITS	TOTAL	\$/UNIT	UNIT	# UNITS	TOTAL	
A. SALARIES (BU EMPLOYEES)									
Boston									
Lisa Messersmith		Months	2.00	20,921		Months	2.40	26,110	47,031
Katherine Semrau		Months	1.50	10,473		Months	1.80	13,071	23,544
Malcolm Bryant (Deputy Project Director)		Months	0.50	6,717		Months	0.60	8,382	15,099
Data Manager		Months	0.00	0		Months	0.00	0	0
Sarah Hurlburt		Months	1.50	5,863		Months	1.80	7,317	13,180
Student Assistant		Months		700		Months		700	1,400
Subtotal-Salaries			6	44,674			7	55,580	100,254
C. BENEFITS									
Fringe Benefits			25.60%	11,257			25.60%	14,049	25,307
Consultants Fringe (909 only)			8.00%	0			8.00%	0	0
Subtotal-Benefits				11,257				14,049	25,307
E. TRAVEL & PER DIEM									
Foreign Travel									
Airfare	\$3,000	RdTrip	4	12,000	\$3,120	RdTrip	4	12,480	24,480
Per Diem	\$232	Day	40	9,280	\$241	Day	40	9,651	18,931
Ground Transport	\$100	RdTrip	4	400	\$104	RdTrip	4	416	816
Subtotal-Travel				21,680				22,547	44,227
G. SUBCONTRACTS									
Subcontracts (under \$25,000)		grant		25,000		grant		0	25,000
Subcontracts (over \$25,000)		subcontract		190,000		subcontract		85,000	275,000
Subtotal-Subcontracts				215,000				85,000	300,000
H. EQUIPMENT (under \$5000)									
Computer	\$2,500	computer	0	0	\$2,600	computer	0	0	0
Nvivo Licenses	\$595	License	3	1,785	\$619	License	0	0	1,785
Nvivo Student Licenses	\$240	License	0	0	\$250	License	0	0	0
Teleform License	\$9,600	License	0	0	\$1,600	Maintenanc	1	1,600	1,600
Teleform Scanner	\$4,000	Scanner	0	0	\$4,160	Scanner	0	0	0
GIS Mapping Software	\$0	License			\$0	License			0
GIS Devices	\$84	Device	7	588	\$87	Device	0	0	588
Subtotal- Equipment				2,373				1,600	3,973
J. OTHER DIRECT COSTS									
Courier/Shipping Services (FedEx, DHL, Nippon)	\$100	Month	10	1,000	\$104	Month	12	1,248	2,248
Photocopy/printing (large jobs)	\$100	Month	10	1,000	\$100	Month	12	1,200	2,200
Books/periodicals		Month		0	\$0	Month		0	0
Communications (long distance phone, travel use)	\$100	Month	10	1,000	\$104	Month	12	1,248	2,248
Sponsored Project Supplies	\$100	Month	10	1,000	\$104	Month	12	1,248	2,248
Medex Evacuation Insurance	\$63	Trip	4	252	\$66	Trip	4	262	514
Visa fees	\$150	Visa	4	252	\$156	Visa	4	624	876
Subtotal-ODC				4,504				5,830	10,334
TOTAL DIRECT COSTS									
MTDC (modified total direct costs)				299,488				184,606	484,094
OVERHEAD (calculated from MTDC)			26.00%	28,467			26.00%	25,898	209,094
EQUIPMENT (Over \$5000)		Vehicle		0		Vehicle		0	54,365
TOTAL				327,955				210,504	538,459
4% Fee				11,980				7,384	21,538
GRAND TOTAL				339,935				217,888	559,997

OVC-CARE Namibia Sexual Vulnerability Research Project**Budget Justification****Introduction**

The attached project budget is divided into two years, with the first year occurring in the 10 months of the final year of the OVC Core activities. The project team is requesting a 1 year no cost extension in the project period (from August 1, 2011 – July 31, 2012) in order to complete the cross-sectional study, qualitative data collection, and 2 rounds of the cohort study. The overall budget reflects a carry-over of \$260,000 of currently obligated funds, and an additional \$300,000 in obligated funds, for a total of \$560,000.

A. Salaries

Lisa Messersmith, Project Principal Investigator, providing overall Technical Oversight of the Project and ensuring that all the deliverables are of high quality and are delivered on time. She will communicate and discuss with USAID/Namibia on all issues related to the planning and execution of the project. She will work with the team in Boston to provide technical expertise, negotiate sub-contracts, develop the study protocol and study instruments and other relevant project documents. She will provide guidance and supervision to the sub-contractors to ensure quality products. Lisa will devote 20% of her time in each year of the project to this activity. She will travel to Namibia to conduct the training of data collectors, in conjunction with the staff from Survey Warehouse, and will also travel to present the findings of each phase of data collection to the USAID Mission, Ministries, and partner organizations.

Katherine Semrau, co-investigator, will provide substantial input into the study design and the reparation of the protocol. She will provide technical input into the data analysis plan and the final data analysis and reporting. Katherine will be responsible for the analysis of the quantitative data collection in the cross-sectional and cohort study. Katherine will devote 15% of her time to the project in each year.

Malcolm Bryant, OVC-CARE Project Deputy Director, will work with Lisa to ensure that the project proceeds on schedule and the products are of the highest quality. He will review all important documents, including budgets, scopes of work, protocols, and reports related to the project. He will provide technical and administrative guidance as necessary. He will communicate with the USAID COTR; keeping Washington apprised of the project's progress. Malcolm will devote 5% of his time to the project each year.

Sarah Hurlburt, Program Manager, will be responsible for the development and execution of the sub-contracts as well as preparation and administration of the budget. She will also provide continuous administrative and logistical support to the BU based Research Team; including arranging travel and liaising with the Namibia team to prepare for BU team visits. She will devote 15% of her time to the project each year.

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%

C. Travel & Transportation

International Travel: A total of four international trips are planned for each year of the project. Lisa and Katherine will travel to Namibia to conduct the training of data collectors, and will travel again at the completion of the analysis of the data to present findings and re-train the data collectors for the next round. If the project requires it, it is possible that a member of the project staff will travel to Namibia to facilitate data collection, in which case only Lisa would travel to present findings.

E. SUBCONTRACTS

Survey Warehouse

Survey Warehouse will work closely with the BU CGHD team to recruit and train data collectors, oversee the data collection for the cross-sectional, cohort, and qualitative data collection, and ensure that data is stored in a safe and secure location. Survey Warehouse staff will be responsible for scanning the completed Teleforms© using the provided scanner, laptop, and software, and performing data cleaning. They will work with the BU CGHD team to ensure that the protocol is followed precisely, and that any adverse events are reported as required. They will maintain frequent communication with BU CGHD to ensure that timelines and deliverables are met, and that BU CGHD meets its contractual obligations.

In the first year of the subcontract, Survey Warehouse will be responsible for a substantially larger scope of work, given the multiple types of data collection (in-depth interviews, GPS mapping, cross-sectional data collection, and the cohort data collection). As a result, the subcontract budget will be significantly higher in the first year than in the subsequent two years.

F. EQUIPMENT

Computer and printer

We have budgeted for 3 Nvivo licenses and 7 GPS devices in the first year. The Teleforms© software, which has already been purchased, requires annual maintenance (rather than full license renewal), which costs \$1600 each year. Other required supplies (Teleforms© scanner and laptop) have already been purchased.

H. OTHER DIRECT COSTS

Postage/Courier/Delivery: A total of \$100/month is budgeted for FedEx courier services to ship important documents or supplies to Namibia and postage costs for mailing small documents.

Photocopy/printing: A total of \$100/month is budgeted for photocopying and printing. This includes training materials that will be hand carried to Namibia, report production costs, and printing of instruments.

Communications: \$100 per month is budgeted to cover the cost of communications for overseas calls and project-related calls during travel.

Sponsored Project Supplies: There is \$100/month budgeted for miscellaneous project supplies

Visa: We have budgeted \$150/trip for processing visas through our BU Vendor.

Medical Evacuation Insurance: \$63 per trip is budgeted to purchase medical evacuation insurance.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4%.

Inflation Factor – Salaries: We included an inflation factor of 4% on the salaries of current Boston University employees in year 2, consistent with BU's policy of annual merit increases for faculty and staff.

Inflation Factor – Other: We assumed an inflation factor of 4% in year 2.

BOSTON UNIVERSITY CENTER FOR INTERNATIONAL HEALTH BUDGET FOR OVC Ethiopia Project									
	YEAR 1				YEAR 2				Grand Total
	\$/UNIT	UNIT	# UNITS	TOTAL	\$/UNIT	UNIT	# UNITS	TOTAL	
A. SALARIES (BU EMPLOYEES)									
Boston									
Lisa Messersmith		Months	2.00	20,117		Months	2.40	25,105	45,222
Katherine Semrau		Months	1.50	10,070		Months	1.80	12,568	22,638
Malcolm Bryant (Deputy Project Director)		Months	0.50	6,458		Months	0.35	4,702	11,160
Data Manager		Months	0.00	0		Months	1.20	5,512	5,512
Sarah Hurlburt		Months	2.00	7,517		Months	2.40	9,381	16,897
Student Assistant		Months	1.00	1,280		Months	1.00	1,331	2,611
Subtotal-Salaries				45,442				58,599	104,041
C. BENEFITS									
Fringe Benefits			25.60%	11,633			25.60%	15,001	26,634
Consultants Fringe (909 only)			8.00%	0			8.00%	0	0
Subtotal-Benefits				11,633				15,001	26,634
E. TRAVEL & PER DIEM									
Foreign Travel									
Airfare	\$3,000	RdTrip	6	18,000	\$3,120	RdTrip	6	18,720	36,720
Per Diem	\$378	Day	84	31,752	\$393	Day	84	33,022	64,774
Ground Transport	\$100	RdTrip	6	600	\$104	RdTrip	6	624	1,224
Subtotal-Travel				50,352				52,366	102,718
F. WORKSHOPS/MEETINGS									
Data Analysis Workshop	\$5,600	workshop	1	5,600	\$5,824	workshop	1	5,824	11,424
Meeting		workshop		0		workshop		0	0
Subtotal-Workshops				5,600				5,824	11,424
G. SUBCONTRACTS									
Subcontracts (under \$25,000)		grant		25,000		grant		0	25,000
Subcontracts (over \$25,000)		subcontract		245,000		subcontract		150,000	395,000
Subtotal-Subcontracts				270,000				150,000	420,000
H. EQUIPMENT (under \$5000)									
Computer	\$2,500	computer	1	2,500	\$2,600	computer	0	0	2,500
Nvivo Licenses	\$595	License	3	1,785	\$619	License	0	0	1,785
Nvivo Student Licenses	\$240	License	1	240	\$250	License	1	250	490
Teleform License	\$9,600	License	1	9,600	\$1,600	Maintenance	1	1,600	11,200
Teleform Scanner	\$4,000	Scanner	1	2,100	\$4,160	Scanner	0	0	2,100
GIS Mapping Software	\$0	License		0	\$0	License		0	0
GIS Devices	\$84	Device	5	420	\$87	Device	0	0	420
Subtotal- Equipment				16,645				1,850	18,495
J. OTHER DIRECT COSTS									
Courier/Shipping Services (FedEx, DHL, Nippon)	\$100	Month	10	1,000	\$104	Month	12	1,248	2,248
Photocopy/printing (large jobs)	\$100	Month	10	1,000	\$100	Month	12	1,200	2,200
Books/periodicals		Month		0	\$0	Month		0	0
Communications (long distance phone, travel use)	\$100	Month	10	1,000	\$104	Month	12	1,248	2,248
Sponsored Project Supplies	\$100	Month	10	1,000	\$104	Month	12	1,248	2,248
Medex Evacuation Insurance	\$63	Trip	6	378	\$66	Trip	6	393	771
Visa fees	\$150	Visa	6	378	\$156	Visa	6	936	1,314
Subtotal-ODC				4,756				6,273	11,029
TOTAL DIRECT COSTS				404,431				289,916	694,347
MTDC (modified total direct costs)				159,431				139,916	299,347
OVERHEAD (calculated from MTDC)			26.00%	41,452			26.00%	36,378	77,830
EQUIPMENT (Over \$5000)		Vehicle		0		Vehicle		0	0
TOTAL				445,883				326,294	772,177
4% Fee				16,177				11,597	27,774
GRAND TOTAL				462,060				337,891	799,951

OVC-CARE Ethiopia Sexual Vulnerability Research Project**Budget Justification****Introduction**

The attached project budget is divided into two years, with the first year occurring in the final year of the OVC Core activities. The project team is requesting a 1 year no cost extension in the project period (from August 1, 2011 – July 31, 2012) in order to complete the cross-sectional study, qualitative data collection, and 2 rounds of the cohort study. The overall budget reflects a carry-over of \$400,000 of currently obligated funds, and an additional \$400,000 in obligated funds, for a total of \$800,000.

A. Salaries

Lisa Messersmith, Project Principal Investigator, providing overall Technical Oversight of the Project and ensuring that all the deliverables are of high quality and are delivered on time. She will communicate and discuss with USAID/Ethiopia on all issues related to the planning and execution of the project. She will work with the team in Boston to provide technical expertise, negotiate sub-contracts, develop the study protocol and study instruments and other relevant project documents. She will provide guidance and supervision to the sub-contracts to ensure quality products. Lisa will devote 20% of her time in each year of the project to this activity. She will travel to Ethiopia to conduct the training of data collectors, in conjunction with the staff from Addis Continental Institute of Public Health, and will also travel to present the findings of each phase of data collection to the USAID Mission, Ministries, and partner organizations.

Katherine Semrau, co-investigator on the project, will provide substantial input into the study design and the reparation of the protocol. She will provide technical input into the data analysis plan and the final data analysis and reporting. Katherine will be responsible for the analysis of the quantitative data collection in the cross-sectional and cohort study. Katherine will devote 15% of her time to the project in each year.

Malcolm Bryant, the OVC-CARE Project Deputy Director, will work with Lisa to ensure that the project proceeds on schedule and the products are of the highest quality. He will review all important documents, including budgets, scopes of work, protocols, and reports related to the project. He will provide technical and administrative guidance as necessary. He will communicate with the USAID COTR; keeping Washington apprised of the project's progress. Malcolm will devote 5% of his time to the project each year.

Sarah Hurlburt, Program Manager, will be responsible for the development of the sub-contracts as well as preparation and administration of the budget. She will also provide continuous administrative and logistical support to the BU based Research Team; including arranging travel and liaising with the Ethiopia team to prepare for BU team visits. She will devote 20% of her time to the project each year.

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%

C. Travel & Transportation

International Travel: A total of six international trips are planned for each year of the project. Lisa and Katherine will travel to Ethiopia to conduct the training of data collectors, and will travel again at the completion of the analysis of the data to present findings and re-train the data collectors for the next round. If the project requires it, it is possible that a member of the project staff will travel to Ethiopia to facilitate data collection.

D. Data Collectors Training Workshop/Dissemination Meeting

This budget item covers the estimated costs associated with the Data Analysis Workshop to be held in Ethiopia. It includes hire of venue, local transport, and food for participants.

E. SUBCONTRACTS**Addis Continental Institute of Public Health**

Addis Continental Institute of Public Health will work closely with the BU CGHD team to recruit and train data collectors, oversee the data collection for the cross-sectional, cohort, and qualitative data collection, and ensure that data is stored in a safe and secure location. Addis Continental Institute of Public Health staff will be responsible for scanning the completed Teleforms© using the provided scanner, laptop, and software, and performing data cleaning. They will work with the BU CGHD team to ensure that the protocol is followed precisely, and that any adverse events are reported as required. They will maintain frequent communication with BU CGHD to ensure that timelines and deliverables are met, and that BU CGHD meets its contractual obligations.

In the first year of the subcontract, Addis Continental Institute of Public Health will be responsible for a substantially larger scope of work, given the multiple types of data collection (in-depth interviews, GPS mapping, cross-sectional data collection, and the cohort data collection). As a result, the subcontract budget will be significantly higher in the first year than in the subsequent two years.

F. EQUIPMENT**Computer and printer**

We have budgeted for 1 laptop, 3 Nvivo licenses, 1 student Nvivo license, 1 Teleforms© software license, 1 Teleforms© scanner, and 5 GPS devices in the first year. The Teleforms© software requires annual maintenance (rather than full license renewal), which costs \$1600 each year.

H. OTHER DIRECT COSTS

Postage/Courier/Delivery: A total of \$100/month is budgeted for FedEx courier services to ship important documents or supplies to Ethiopia and postage costs for mailing small documents.

Photocopy/printing: A total of \$100/month is budgeted for photocopying and printing. This includes training materials that will be hand carried to Ethiopia, report production costs, and printing of instruments. There is \$200/month budgeted for printing in the final year for production of the final project report.

Communications: There is \$100 per month is budgeted to cover the cost of communications for overseas calls and project-related calls during travel.

Sponsored Project Supplies: There is \$100/month budgeted for miscellaneous project supplies

Visa: We have budgeted \$150/trip for processing visas through our BU Vendor.

Medical Evacuation Insurance: \$63 per trip is budgeted to purchase medical evacuation insurance.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4%.

Inflation Factor – Salaries: We included an inflation factor of 4% on the salaries of current Boston University employees in year 2, consistent with BU’s policy of annual merit increases for faculty and staff. We also included a 4% inflation on other direct costs.

Inflation Factor – Other: We assumed an inflation factor of 4% for travel and other direct costs in year 2.

BOSTON UNIVERSITY, CENTER FOR INTERNATIONAL HEALTH AND DEVELOPMENT PROJECT SEARCH OVC TASK ORDER BUDGET - CORE FUNDING FOR YR3: India OVC Project					
	YEAR 3 (10/01/10-07/31/11)				
	\$/UNIT	UNIT	LOE	MONTHS	TOTAL
A. SALARIES & WAGES					
Boston Office					
Project Director (Jon Simon)		month	15%	10.0	
Deputy Project Director (Malcolm Bryant)		month	20%	10.0	
Program Manager (TBD)		month	40%	10.0	
Delhi Office					
Technical Field Lead (TBD)		month	100%	6.0	
Local Field Assistant (TBD)		month	100%	6.0	
Analysis Team					
Associate Technical Lead (TBD)		month	100%	3.0	
Assistant Technical Lead (TBD)		month	100%	2.0	
Research Associate (TBD)		month	100%	2.0	
Evaluation Team					
Associate Technical Lead (TBD)		month	100%	3.0	
Assistant Technical Lead (TBD)		month	100%	2.0	
Research Associate (TBD)		month	100%	2.0	
Process Documentation					
Associate Technical Lead (TBD)		month	100%	2.0	
Research Assistant (TBD)		month	100%	3.0	
Technical Assistant					
Associate Technical Lead (TBD)		month	100%	1.5	
Assistant Technical Lead (TBD)		month	100%	1.0	
Subtotal-Salaries			12.8		312,292
B. FRINGE BENEFITS					
Fringe Benefits			25.60%		77,387
Subtotal-Benefits					77,387
C. TRAVEL & TRANSPORTATION (Management meetings/conferences/dissemination)					
Domestic Travel (US: Boston-Washington DC)					
Airfare	\$500	RdTrip	2		1,000
Per Diem	\$71	Day	2		142
Max Lodging	\$229		2		458
Ground Transport	\$100	RdTrip	2		200
Foreign Travel (Boston-Delhi)					
Airfare	\$2,500	RdTrip	12		30,000
Per Diems-Delhi	\$150	Day	120		18,000
Ground Transport	\$100	RdTrip	12		1,200
Domestic Travel (India)					
Airfare	\$400	RdTrip	20		8,000
Per Diems-Other	\$216		140		30,240
Ground Transport	\$100	RdTrip	20		2,000
Subtotal-Travel					91,240
D. FIELD PROGRAM COSTS					
Subcontract to Implementing Partner (field team) - under \$25K	\$15,000	states	4		60,000
Subcontract to Implementing Partner (field team) - over \$25K	\$25,000	country	0		0
Subtotal-Field Activities					60,000
E. EQUIPMENT (under \$5000)					
Computer	\$2,000	computer	6		12,000
Subtotal- Equipment					12,000
F. OTHER DIRECT COSTS					
Communications (phone, fax, courier, postage)	\$7,500	Year	1		7,500
Printing / Dessimination	\$6,000	Year	1		6,000
Passport & Visa Costs	\$200	Trip	20		4,000
Medex Evacuation Insurance	\$300	Year	8		2,400
Journal Publications Fees	\$2,000	Article	2		4,000
Subtotal-ODC					23,900
SUBTOTAL DIRECT COSTS					576,818
G. ADMINISTRATIVE COSTS					
TOTAL DIRECT COSTS					
MTDC (modified total direct cots)					576,818
F &A (calculated from MTDC)			26.00%		149,973
FIXED FEE			4.00%		23,073
GRAND TOTAL					749,864

OVC-CARE India OVC Project**Budget Justification**

NOTE – All budgets and explanations are illustrative until the SOW is finalized

A. Salaries

Jon Simon, OVC-CARE Project Director and Principal Investigator. He will be actively engaged in the technical work of the Project. He has been a member and the research team that has conducted the FABRIC evaluation, costing, and capacity building study, and provides technical oversight for the entire project. He will conduct the initial site visit to India to meet with USAID and NACO, and will continue to be actively engaged with the work and supervise the Technical Field Lead. Jon is budgeted at 15% level of effort for the next 10 months.

Malcolm Bryant, OVC-CARE Project Deputy Director, will work with Jon to ensure that the project proceeds on schedule and the products are of the highest quality. He will have responsibility for making strategic decisions; providing operational, and compliance oversight; monitoring progress on activities; reviewing results and products of the work; and ensuring that project activities are carried out at the highest level of quality. This includes project planning, reviewing budgets, scopes of work and protocols, communicating with the USAID COTR and keeping both Washington and Mission personnel apprised of the project's progress. He will provide technical and administrative guidance as necessary. Malcolm will devote 20% of his time to the project for the next 10 months.

Program Manager (TBD) will be responsible for the monitoring and amending the sub-contracts as they are developed, as well as monitoring and tracking the budget, to ensure that deliverables are met. He/she will also provide continuous administrative and logistical support to the BU based Research Team; including arranging travel, procuring supplies, organizing meetings and conference calls and liaising with the India subcontract team and USAID India Mission to prepare for BU team visits. He/she will also help in recruiting consultants and graduate students as needed. He/she will devote 40% of his time on this project for the next 10 months.

Delhi office

An expatriate technical field lead will work in New Delhi on an almost full-time basis during the course of this study, which will enable them to work with faculty to design the various research elements, and then oversee the day-to-day implementation of field activities in the districts and conduct data analysis and report writing. They will represent Boston University to NACO and USAID, and will operate out of BU's existing offices to maximize efficiency. He/she will work at 60% level of effort.

A local hire field assistant will be hired to provide logistic and technical support to the expatriate team leader. This will also be at 60% level of effort

Analysis team

The team will be led by a BU faculty associate professor, who will dedicate 30% of their time to this work in both field and home office time. They will be specialized in needs assessments. Accompanying the Associate to the field will be an assistant professor and a research assistant, who will participate in data collection, analysis and report writing. These will work at a 20% level of effort

Evaluation team

The team will be led by a BU faculty associate professor, who will dedicate 30% of their time to this work in both field and home office time. They will be specialized in needs evaluation. Accompanying the Associate to the field will be an assistant professor and a research assistant, who will participate in data collection, analysis and report writing. These will work at a 20% level of effort

Process documentation

This activity will be led by an associate professor who will dedicate 20% of their time to both desk review and field work. A research assistant will work at 30% level of effort to augment the capacity to do the desk review.

Technical Assistance

The capacity building workshop will be conducted by an associate and an assistant professor, who will provide 15% and 10% level of effort respectively.

B. Fringe Benefits

The fringe benefit rate for the Boston University Medical Campus for Federal awards is budgeted at 25.6%.

C. Travel & Transportation**Domestic travel**

Two round trips are budgeted for the Project Director and Field technical lead to meet with the COTR and present results in Washington. Each trip is expected to last two days.

International Travel:

12 round-trips are budgeted for travel for the Project Director, field team lead (two trips each), and for the members of the analysis, evaluation, process documentation, and technical assistance teams. (10 trips in total). Per-diems in New Delhi will be kept low by renting a house for the duration of the project (approximately \$1,000 per month), and providing a small meal allowance to each traveler while in Delhi.

Domestic travel (India)

20 round trips are budgeted for internal travel for: each member of the analysis and evaluation teams to visit each district (12 trips); the process documentation lead to visit two districts (2 trips), and the field technical lead to visit the districts (6 trips). Each trip is anticipated to last 7 days and is budgeted at the India (Other) per-diem.

Ground transportation is budgeted at \$100/trip to cover local transportation cost India. This cost includes airport pickups.

D. SUBCONTRACTS

We anticipate four subcontracts with local institutions to facilitate data collection in the four districts. This will be for both the analysis and evaluations. \$15,000 is budgeted for this.

E. EQUIPMENT

It is anticipated that we would purchase six laptop computers. One would be for the Program Manager, one for the field technical lead, while the remaining four would be for individual faculty traveling to India and to the districts.

F. OTHER DIRECT COSTS

Communications: We have budgeted a lump sum of \$7,500 to cover cell phone usage and communications between Boston and India

Passport and Visa: We have budgeted \$200/trip for processing visas through our BU Vendor.

MedEx: MedEx is budgeted for all travelers.

Dissemination Cost: We have budgeted \$7,500 to support the targeted dissemination our Research results to support use by local policy makers and program implementers as well as international agencies. Specific activities will depend on the research findings, but could include support for preparing reports and scientific writing, posters, or other presentation materials.

Publication Cost: We are anticipating submitting 2 papers for publication and have budgeted \$2,000 per publication.

I. FACILITIES & ADMINISTRATIVE COSTS

Boston University's negotiated indirect cost rate is 26% for off-campus projects. The F&A is calculated based on the approved NICRA formula of the modified total direct costs.

Fixed Fee

Boston University has budgeted a fixed fee of 4% of direct costs.



December 30, 2010

Re: Year Three Work Plan Approval – OVC –CARE *Contract No. GHH-I-00-07-00023-00*,

Dear Mr. Bryant and Mr. Simon:

Thank you for your timely submission of the Boston University Orphans and Vulnerable Children Comprehensive Action Research Project's year three work plan and attention to our suggested revisions. I am prepared to approve the workplan, as amended, at this time. Recognizing the discussions surrounding field-funded projects (specifically the funding allocated to Namibia and Ethiopia, originally for the purpose of a PHE) is still under discussion, we will consider the field project sections of the work plan as *draft*, and amendable upon a future date.

We look forward to working with your team to ensure successful implementation of the final year for this project.

Sincerely,

Andrea Halverson
Contracting Officer Technical Representative

cc: Christine Adamczyk, Alternate COTR
cc: Gretchen Bachman, OVC TWG co-chair