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DDRR 457 IPS

**AGENCY FOR INTERNATIONAL DEVELOPMENT**  
**PROJECT DATA SHEET**

**1. TRANSACTION CODE**  
 C A = Add  
 C = Change  
 D = Delete  
**Amendment Number** 7  
**DOCUMENT CODE** 3

**2. COUNTRY/ENTITY**  
Africa Regional

**3. PROJECT NUMBER**  
698-042\*

**4. BUREAU/OFFICE**  
AFR 06 Africa Child Survival Initiative

**6. PROJECT ASSISTANCE COMPLETION DATE (PACD)**  
MM DD YY  
09 30 93

**7. ESTIMATED DATE OF OBLIGATION**  
(Under "B." below, enter 1, 2, 3, or 4)  
 A. Initial FY 79 B. Quarter 3 C. Final FY 93

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

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	475	475	475	115,261	-	115,261
(Grant)	( 475 )	( 475 )	( 475 )	( 115,261 )	( - )	( 115,261 )
(Loan)	( - )	( - )	( - )	( - )	( - )	( - )
Other U.S.						
1. Mission Buy-ins				35,739		35,739
2.						
Host Country						
Other Donor(s)						
<b>TOTALS</b>	475	475	475	151,000	-	151,000

**9. SCHEDULE OF AID FUNDING (\$000)**

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) HE				49,904				49,904	
(2) SDP				527				527	
(3) CS				12,173				12,173	
(4) SS				50,676		27,432		88,396	
<b>TOTALS</b>				113,280		27,432		151,000	

**10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)**  
514 589

**11. SECONDARY PURPOSE CODE**

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

A. Code

B. Amount

**13. PROJECT PURPOSE (maximum 480 characters)**

Increase life-of-project funding from \$123,568,000 to \$151 million, a \$27,432,000 increase in the project authorization. The PACD is also extended by two years.

**14. SCHEDULED EVALUATIONS**  
 Interim MM YY MM YY Final MM YY  
 02 91

**15. SOURCE/ORIGIN OF GOODS AND SERVICES**  
 000  001  Local  Other (Specify)

**16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a page FP Amendment.)**

\*625-6967 (Oral Rehydration)

**17. APPROVED BY**  
 Signature: Richard Cobb  
 Title: Director, AFR/TR  
 Date Signed: MM DD YY

**18. DATE DOCUMENT RECEIVED IN AID/FW, OR FOR AID/FW DOCUMENTS, DATE OF DISTRIBUTION**  
 MM DD YY

**AFRICA CHILD SURVIVAL INITIATIVE  
COMBATTING CHILDHOOD COMMUNICABLE DISEASES PROJECT**

**AMENDMENT**

**MARCH 1991**

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## I. EXECUTIVE SUMMARY

The Africa Child Survival Initiative - Combatting Childhood Communicable Diseases (ACSI-CCCD) project is the Agency's primary vehicle for promoting child survival in Africa. By strengthening African nations' capacity to provide immunizations, to treat dehydrating diarrheas with oral rehydration therapy and to use appropriate drugs for malaria treatment and prevention, ACSI-CCCD aims to reduce childhood mortality by 25%. Project strategies include policy development and advocacy, training, epidemiological surveillance and health information systems development, health education and health care financing.

ACSI-CCCD along with its partner agencies has brought child survival to the forefront of government and health agendas throughout Africa. In ten participating countries between 1984 and 1989, more than 11 million infants were immunized against each of six killer diseases. It can be estimated that more than 14.5 million cases of measles, whooping cough and polio have been prevented. Deaths prevented during this same six year period from these same three diseases are estimated at over 300,000. Case management of two major causes of death, diarrhea and malaria, has been greatly improved. The introduction of oral rehydration therapy has reduced the number of inpatient diarrhea deaths by half and decreased costs per case by at least a third.

Through ACSI-CCCD, more than 75,000 thousand clinic, mid-level and senior health professionals have been trained in primary health care services delivery and management. As a result, the caliber of national health leadership and quality of health services provided in Africa has improved significantly.

The challenge project countries now face is to sustain their child survival achievements within the larger development context. Partly as a result of child survival successes, most ACSI-CCCD country missions are developing bilateral health projects. While many of the child survival activities will be incorporated, these projects will be country-specific and operate within the framework and priorities of individual Country Development Strategy Statement Action Plans.

The purpose of this project amendment is to facilitate the shift from regional to bilateral funding of child survival activities. The amendment will provide countries with the additional time (up to two years) and ceiling authorization (\$27.43 million) required to ensure continuation of child survival activities through the authorization and implementation of new bilateral projects.

The extension period will involve major changes in the management and funding of project activities. After 9/30/91, missions will use their operating year budgets to pay for all country-specific technical assistance and support. Core funding for the project will decrease dramatically between FY90 and FY92. During FY92, the Bureau will complete the process of shifting management responsibility to the missions.

## II. PROJECT OVERVIEW

### A. Project Description

The purpose of ACSI-CCCD is to strengthen African country capability to improve child health. The overall objective is to reduce under five mortality by 25% through increased immunization for children and women, treatment of dehydrating diarrheal diseases with oral rehydration therapy and the use of appropriate drugs for malaria treatment and prevention. Project strategies include policy development and advocacy, epidemiological surveillance and the development of health information systems, health education, training and health care financing.

At the regional level, the project works with a variety of agencies to provide child survival leadership, policy guidance, advocacy and intercountry training. Country-specific projects have been developed in 13 countries and are currently operating in: Burundi, the Central African Republic, Cote D'Ivoire, Guinea, Lesotho, Nigeria, Swaziland, Togo and Zaire. In these countries, national project agreements set forth targets for coverage and disease reduction and a project implementation plan for achieving these objectives.

The management seat of the ACSI-CCCD project currently resides in the Health, Population and Nutrition Division of the Office of Technical Resources in the Bureau for Africa (AFR/TR/HPN).

### B. Project Progress

#### Overview

ACSI-CCCD along with its partner agencies has brought child survival to the forefront of government and health agendas throughout Africa. In ten of the project's participating countries during the six year period between 1984 and 1989, 11,155,031 infants were immunized against diphtheria, tetanus, pertussis (whooping cough) and polio and 12,020,310 infants were immunized against measles. Based on the epidemiology of these diseases in Africa, field studies of vaccine efficacy and surveillance data collected on disease incidence, cases prevented are estimated at six million for pertussis, 8.5 million for measles and 45,000 for paralytic polio. Deaths prevented during this six year period are estimated at 60,000 for pertussis, 255,000 for measles and 4,500 for polio. Case management of two major causes of death, diarrhea and malaria, has been improved. The introduction of oral rehydration therapy in the treatment of moderate and severe dehydration caused by diarrhea has reduced the incidence of inpatient diarrhea deaths by half and decreased costs per case by at least one third.

## Mortality Reduction

As part of an overall strategy to monitor impact, Mortality and Use of Health Services surveys were carried out in regions of Liberia and Zaire. Under-five mortality in these two sentinel areas decreased 21% between the base-line studies conducted in 1984/5 and the follow-up studies of 1988/89. These reductions were associated with project interventions, including increased immunization (both countries), increased use of oral rehydration therapy in Zaire and increased availability of essential drugs in Liberia. These and other studies indicate that mortality reduction achieved by measles immunization is effective in increasing child survival.

## Training

An estimated 75,000 clinic, mid-level and senior health officials have been trained using ACSI-CCCD inputs. Of great importance has been the introduction of quantitative approaches to assess quality of health services delivery. Facility needs assessments have been carried out in eight countries. These data are being utilized to strengthen in-service and supervisory training programs. Health workers' use of a sterile needle for immunization injections has increased from 60 to over 90 percent. In Swaziland, a field assessment of 35 graduates of a training course on diarrhea case management documented 90% compliance with assessment and treatment guidelines.

Through an agreement with the World Health Organization Africa Regional Office (WHO/AFRO), ACSI-CCCD has supported intercountry training for program managers. These courses have served to spread the child survival initiative throughout the region. The targeted interventions are now given high priority by most Ministries of Health and the technologies and approaches used have been standardized.

## Health Information Systems (HIS) Development

The introduction of microcomputer technology (hardware, software, system design and training) has significantly upgraded national capacity to assess health needs, design strategies and plan and evaluate intervention strategies. In Togo, the lag time between collection and availability of analyzed data has been reduced from three years to three months.

Availability of current data has generated a demand for data and their increased use in decision making. In Zaire, data documenting a high incidence of measles in the first year of life led to the testing of high-potency measles vaccine which can be administered at six months of age, three months earlier than the standard vaccine.

## Health Education

Regional training in health education has been institutionalized at the Africa Regional Health Education Center in Ibadan, Nigeria (anglophone) and at the University of Kinshasa School of Public Health in Zaire (francophone). Training for health workers in patient-oriented communication practices is being conducted in several countries. Mass media and primary school education are also being used to promote behavior change.

Focus group and key informant interviews and surveys have been utilized in Guinea, Togo, Lesotho and Swaziland to assess public understanding of diseases, their prevention and treatment. These data have been used in the development of health communication messages for diarrhea, malaria and immunization. In Liberia, one study documented the effectiveness of using traditional leaders and traditional birth attendants to help increase the community's utilization of immunization services.

## Applied Research

ACSI-CCCD funds have been used to solve operational problems through two mechanisms: research grants to African investigators and CDC directed research on regional health issues. In Nigeria, the Nigerian Research Review Committee has approved over 30 studies. Regional research has documented the emergence of multiple drug-resistant Shigella in Burundi and the impact of malaria on pregnancy and infant birth weight in Malawi. ACSI-CCCD sponsored studies have developed approaches to malaria prevention (Malawi); to acute respiratory infection (Lesotho); to measles immunization in densely populated urban areas (Zaire); and to reduce missed immunization opportunities (Togo).

## Health Care Financing

New national financing schemes or policies have been developed in the Central African Republic and Liberia, Guinea and Nigeria. Prior to the civil war, Liberia had a well functioning drug revolving fund system. One study revealed that health centers and posts had an average cash balance of \$930 at the end of 1989. In Guinea, the cost recovery system supported 40% of essential drug costs in its first year. Cost effectiveness studies have reinforced the importance of vaccinating at every opportunity and using ORT as the first line treatment for diarrhea.

## Immunization

Host country national governments with assistance from ACSI-CCCD, UNICEF, WHO, and private voluntary agencies especially Rotary International, have improved the quantity and quality of immunization. Immunization coverage of the high-risk African infant has increased from 10 to 50 percent. An estimated 20

million doses of vaccine were administered during 1989 among 7.5 million children.

In the six countries where surveillance is adequate to assess trends in disease incidence (Burundi, Cote d'Ivoire, the Central African Republic, Lesotho, Swaziland and Togo) governments have achieved their target of reducing measles incidence by 50 percent. Polio incidence has been decreased by 75% in three countries with national surveillance (Burundi, the Central African Republic and Togo).

#### Diarrhea

Oral Rehydration Therapy (ORT) is a safe, cost effective and appropriate way to prevent the 10-20% of child deaths due to diarrhea-caused dehydration. In eight countries, diarrhea training/treatment units have been established to provide hands-on experience to health workers. Approximately 80% of health facilities in the project area are now utilizing ORT. Cost effectiveness studies in Malawi and Lesotho have documented 30% reductions in both mortality and in costs. Progress in improving home case management have been slower. Alternative strategies including the sale of oral rehydration salts by village health workers (Lesotho) and use of home available fluids (CAR) are being tested.

#### Malaria Control

The spread of chloroquine resistant malaria across Africa has caused a major setback to child health improvement. Africa wide, an estimated 750,000 children die annually of malaria. ACSI-CCCD has developed national capacities in eight countries to monitor changes in drug sensitivity and to utilize these data in the setting and modification of national treatment policies. In Guinea, this training was carried out by trained staff from Zaire. Training and supervision are being utilized to upgrade the quality of case management. Despite these efforts, malaria mortality has increased (e.g., in Togo the percent of childhood deaths due to malaria/anemia in one national hospital has doubled from 20 to 40%). Alternative strategies of prevention (e.g., insecticide impregnated bed nets) and treatment (e.g., alternative drugs) are being tested.

#### Control of Acute Respiratory Tract Infections (ARI)

Surveillance data have identified ARI as a major contributor to infant and child mortality. At the request of the Lesotho government, anthropologic studies (to assess mothers perceptions and response to respiratory illness) and clinical studies were carried out to provide data for an intervention strategy. This strategy is currently being implemented in two health service areas with a preliminary evaluation scheduled during FY91.

## Policy Impact

ACSI-CCCD has influenced changes in more than 55 different health policies at the national level. For example, all project countries have adopted policies for promoting donor coordination, setting annual work plans, priorities and budgets, requiring adequate sterilization practices for immunization, eliminating the use of intravenous fluids for mild and moderate diarrhea and monitoring resistance to anti-malaria drugs.

At a broader level, ACSI-CCCD in collaboration with WHO and UNICEF have driven the regional focus away from curative care towards preventive child survival efforts, especially immunization and oral rehydration. These are appropriate, low-cost technologies that have saved the high costs associated with childhood death and the treatment of preventable diseases.

## Sustainability

Sustainability was formally introduced as a project element in 1988 with the sixth project amendment. However, in Malawi and Rwanda where ACSI-CCCD terminated in 1988, many project accomplishments continue. For example, the health information and supervision system established in Rwanda continues to operate and has been used recently as a model for other projects.

Since 1988, a sustainability strategy has been developed and refined for use in project management, evaluation and the design of follow on activities. Although input for the strategy was obtained from a wide range of sources, including many missions, it has not yet been utilized in country.

## Dissemination of Information

ACSI-CCCD has as a major objective the sharing of experience and knowledge among participating countries and collaborating organizations. Biennially, consultative meetings are held in Africa at which time technical information and country experience are shared in an open, scientific forum. Meetings have been marked by increased leadership and participation of Africans.

Country data are summarized in an ACSI-CCCD annual report. This report is prepared in French and English and is distributed to the district level of all participating countries. New knowledge is made available to Africa and the global community through publication in the scientific literature. The most recent annual report documents 65 such articles.

For a more detailed regional and country-specific discussion of recent project progress and implementation, please refer to the attached 1989-90 ACSI-CCCD Annual Report.

### C. Project Organization

The project has an LOP ceiling authorization of \$123.57 million for ten years and a PACD of September 30, 1991. Project management is located in AFR/TR/HPN. The direct-hire Project Officer is supported by a Technical Advisor for AIDS and Child Survival (TAACS) and a Resources Support Services Agreement (RSSA) assignee.

The project is implemented in collaboration with various types of agencies for a wide range of activities. Collaborative activities include the following:

- \* Through a Participating Agency Services Agreement (PASA) with CDC, the project provides technical assistance for capacity building in the provision of immunizations, the control of diarrheal diseases and the appropriate treatment of malaria. In a few countries, the project also supports efforts to control acute respiratory tract infections. These disease interventions are strengthened by five support strategies: the development of health information and epidemiologic surveillance systems, training, health education, operational research and health care financing.
- \* Grants to WHO/AFRO support intercountry and national training in management and delivery of the three disease interventions and epidemiology, the development of an epidemiological bulletin, and participation in ACSI-CCCD country evaluations.
- \* Global and country-level collaboration with UNICEF in programming and policy issues. Two grants to UNICEF to provide support for immunization programs in seven countries, including substantial support for the Nigeria program.
- \* Training and assignment of Peace Corps Volunteers and their host country counterparts to strengthen health education activities and health care service delivery in four to five countries.
- \* Collaboration with projects in the Bureau for Science and Technology (S&T) includes HealthCom for health education in three countries, PRITECH for diarrheal disease control in the Sahel, REACH for health care financing in four countries and Nutricom for nutrition education in four countries.

### D. Follow-on Regional Activities

A new follow-on HPN project is being developed. The Africa Public Health and Population Support Project (APHP), is scheduled to be authorized during 1991.

#### E. Project Implementation

ACSI-CCCD has been operational in 13 countries since project inception. Rwanda and Congo closed out their child survival activities in 1988. Malawi developed a large bilateral child survival project and continues to work on malaria control with the CDC through a country-level PASA arrangement. In 1990, Liberia's activities were interrupted by civil war. The mission in Lesotho plans to close out ACSI-CCCD in May 1991 and de-emphasize child survival after that time. Plans for a follow-on project in Guinea are doubtful. The remaining seven countries (Burundi, the Central African Republic, Cote D'Ivoire, Nigeria, Swaziland, Togo and Zaire) plan to continue with child survival activities in the form of bilateral projects.

#### F. Project Evaluation

ACSI-CCCD has followed a strict and extensive monitoring and evaluation schedule. More than 60 internal and external country-level evaluations have been conducted and six have been held at the regional level.

In 1989, a review team synthesized all ACSI-CCCD internal and external monitoring and evaluation reports. Major accomplishments documented consistently by these evaluations include: the reduction of polio and measles due to increased immunization coverage, a high level of use of ORT in health care facilities, the establishment of plans and policies for malaria with an emphasis on preventing childhood deaths, large numbers of health workers trained, strong coordination with WHO/AFRO in training activities and the development of computerized health information systems.

During FY91, a regional evaluation of the project's core components was conducted. Although the report is not yet finalized, it does reconfirm the project impacts cited above. Broader findings of this evaluation include that:

- (1) the project has allowed A.I.D. to launch its child survival strategy vigorously and rapidly,
- (2) successful operational service delivery networks now exist in over ten countries where they did not function adequately or exist before, and
- (3) certain aspects of sustainable capacities have been established in all project countries on several aspects of primary health care, including in the areas of political and community support for immunization and, medical skills transferred at an operational level in the ministries of health.

### III. PROPOSED AMENDMENT

#### A. Amended Project Description

This amendment will neither alter ACSI-CCCD's purpose nor its objectives. The project will continue to strengthen African country capability to improve child health with an overall objective of reducing child mortality by 25%. This project extension will allow for greater capacity building and institutionalization while ensuring a smooth transition from ACSI-CCCD to new bilateral projects.

The need for this amendment is twofold. The additional time and transitional approach will allow for an orderly shift from regional to bilateral funding of country-level child survival activities. The extension period will also permit continued pursuit of sustainability through application of the project's sustainability strategy, training and management development.

Annex A is based on currently available information from the missions and outlines the estimated time frame for new project development in ACSI-CCCD countries. Based on mission requests, a period of overlap for transition between ACSI-CCCD and new bilateral projects has been taken into account.

#### Extension Design

The project will have a revised PACD of 9/30/93 with a new funding authorization of \$151 million. The new PACD will allow country-specific projects to extend individual PACDs as necessary for continuity of country-level child survival activities during the transition period. Two-thirds of the increase in LOP authorization will be used for mission funding ACSI-CCCD. The remaining third of the new authorization will be project monies used at the regional level for limited analysis and coordination. No additional pass-through buy-ins for S&T projects are anticipated. Tables 1-5 in Annex B outline the obligation schedule and new LOP ceiling authorization.

The country-level PACDs will vary. Where missions intend to de-emphasize child survival (Lesotho), the projects will be terminated as planned during FY91. During FY92, the missions in Swaziland and Togo will be starting up new bilateral projects which incorporate ACSI-CCCD activities. The missions in Burundi, the Central African Republic, Cote D'Ivoire, Nigeria and Zaire plan to develop bilateral health projects. However, it is not anticipated that these bilateral projects will be authorized and implemented before FY93. These five missions will maintain ACSI-CCCD through FY93 by which time they should have either (1) started bilateral projects, (2) made arrangements to access other resources, or (3) successfully transferred activities to their host country governments.

## B. Project Implementation

AFR will continue to manage the regional components of ACSI-CCCD. However after 9/30/91, countries will have to use their operating year budgets to purchase services they now receive gratis via the CDC PASA. As missions begin to pay for the direct and indirect costs of technical assistance, the regional PASA funding level will drop from \$7 million to \$2 million and will be used to carry out management and coordination. Technical assistance for the interventions and support strategies will be supported by the mission. Analytical work, applied research, epidemiological surveillance and the development of health information systems that are country-specific will be supported by the project until these activities can be incorporated into bilateral programs. Analysis and research that is non-country specific or Bureau-wide will be phased into the new APHP Project during FY92. In Annex B, Tables 1A and 1B provide a line item breakdown of the regional budget during the extension period.

In some countries, new activities will be piloted under the ACSI-CCCD project as part of the design of new projects. For example, in Cote D'Ivoire and Swaziland family planning is being introduced into the ACSI-CCCD project. This will lay the groundwork for new integrated, bilateral health and population projects being developed in these two countries.

During the extension period, the development of detailed transitional implementation plans will be completed jointly by the missions, CDC and AFR.

## C. Project Management

Bureau management is described above. To date, the International Health Program Office (IHPO) of the CDC has had responsibility for implementing ACSI-CCCD activities in the project countries. During the extension period, USAIDs will take on complete management responsibility for all country-level project activities. A detailed transition statement is attached as Annex C. The general division of labor can be summarized as follows:

AFR<sup>1</sup> has responsibility for the overall coordination of the ACSI-CCCD project in Africa.

USAIDs are delegated all project management responsibilities for country-specific activities and bilateral child survival projects using the ACSI-CCCD PASA or their own PASA. Design, evaluation,

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<sup>1</sup> With the reorganization of the Bureau for Africa, it is anticipated that after 9/30/91, the project will be managed in the office of Operations and New Initiatives (AFR/ONI).

procurement and other functions previously handled by AFR/TR are being shifted to the missions.

The ACSI-CCCD PASA with CDC is to provide for the coordination of all technical assistance to country-specific programs as requested and to implement project components of analysis, epidemiologic support, operational research, health information systems development, training and health education, as agreed to in the annual program and budget for the PASA. Funds are provided for this purpose through mission buy-ins. Annex C outlines the administrative details of this arrangement.

Peace Corps is responsible for placement and training of volunteers and their host country counterparts to provide country-level technical assistance to the project.

WHO/AFRO carries out the policy-level advocacy for child survival in all African countries through (1) its regional committees, (2) intercountry training, (3) publication of an Epidemiological Bulletin, and (4) participation in country-level evaluations.

UNICEF plays a major role in the child survival implementation and policy making. UNICEF is a major partner with AID and the ACSI-CCCD project. In each country, there is an inter-agency coordinating committee which includes the Ministry of Health, UNICEF, WHO, AID and ACSI-CCCD field staff. UNICEF has replaced ACSI-CCCD in the procurement of vaccines, commodities and equipment for national immunization and diarrheal disease programs and shares responsibility for assistance in programming and policy development.

#### D. Project Evaluation

Between FY91 and FY93, country-level reviews will be conducted as part of the design activities of those missions planning to continue in child survival. In Guinea, a final evaluation is scheduled for FY91.

### IV. PROJECT FINANCING

#### A. Proposed Budget

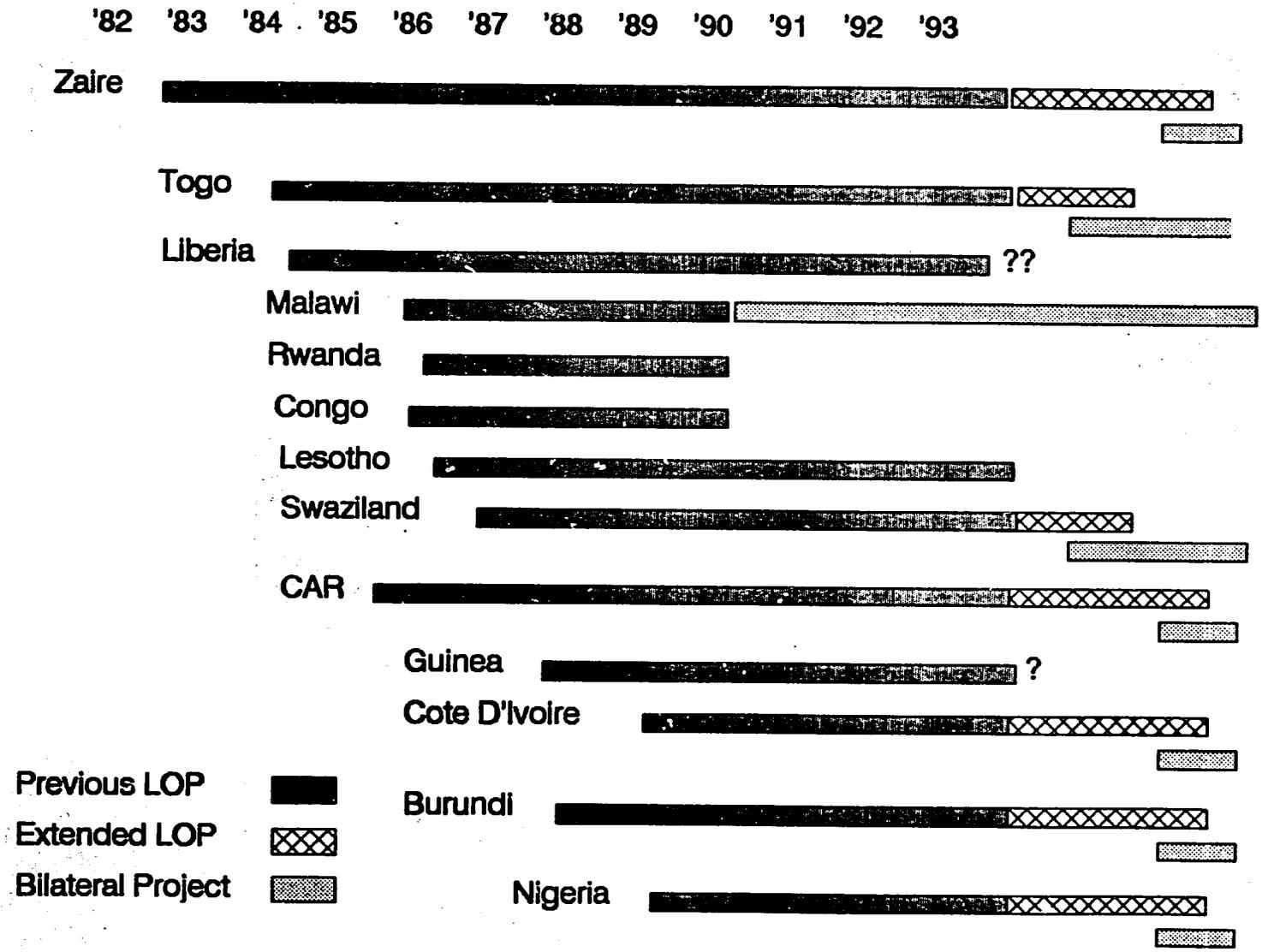
It is proposed that the LOP for ACSI-CCCD be increased by \$27.43 million from the current level of \$123.56 million. Annex B including tables 1-4 is a pipeline analysis of the project at the close of FY90 and an outline of estimated obligations through FY93.

Based on certain assumptions, budget projections were done as follows:

- \* Regional AFR activities and CDC support - This represents a much reduced regional component than the project has at present. The major line items relate to coordination, including a minimal technical and administrative staff in Atlanta and AID/W, and country-specific research and analysis.
- \* Projections for mission participation were developed in collaboration with USAIDs. Costs to support the country programs were based on expected types of activities being conducted. Project pipelines were taken into account in determining the amount of new money to be obligated.

The extension period will be used to ensure continuity of child survival activities and successful start-up of bilateral HPN projects. This project amendment raises the existing project authorization level from \$123,568,000 to \$151 million (Annex B Table 4), to cover country-specific and regional ACSI-CCCD needs discussed in this paper. Based on previous experience with the Development Fund for Africa in which mission funding has exceeded Annual Budget Submission estimates by up to 200%, a contingency factor has been added to the projected level of mission participation.

**Current and Proposed Country ACSI-CCCD Project  
Time Line (Fiscal Years)**



Previous LOP   
 Extended LOP   
 Bilateral Project 

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### ACSI-CCCD PROJECT PIPELINE ANALYSIS

Calculations based on the PAIS report of 9/30/90, the FACS report of 12/31/90 and a CDC PASA report of 1/18/91, reveal an overall project pipeline of \$26,739,000. Of this amount, \$10,391,000 (39%) is regional funding and \$16,348,000 (61%) is mission funding.

The regional pipeline is presented in table one. The major line items are grants to WHO and UNICEF, which account for 62% of the total amount. Another 15% can be attributed to the CDC PASA. The PASA pipeline has been reduced by more than half in the last two fiscal years. It is expected that all three of these line items will be fully expended by 9/30/93. Of the remaining monies, \$1,053,000 is located in active accounts which have a planned completion date of 9/30/91. Another \$175,000 rests in expired contracts and can be de-obligated immediately. The remaining \$1,167,000 of regional pipeline consists of two buy-ins into S&T projects. It is anticipated that both buy-ins will be fully expended by 9/30/93.

Regional funding will drop from \$10.6 million in FY91 to \$6 million in FY92 and nothing in FY93.

Of the mission pipeline, 87% rests in current or former ACSI-CCCD project countries as outlined in table two. With the new buy-in transitional strategy for CCCD, we expect that all pipeline funds will be fully expended by 9/30/93. The possible exceptions that may require future de-obligations are Guinea (may not extend project), Liberia (due to civil war) and Zaire (dependent on the new legislative restrictions for spending money). De-obligations that can be made immediately include \$216,000 from former CCCD countries and from Lesotho which terminates in May 1991.

After 9/30/91, missions will be required to pay for all country-specific activities. The obligation figures presented in table two represent the missions' anticipated needs between now and the start up of their bilateral projects.

Table three outlines mission buy-ins from countries without CCCD projects. These buy-ins to various S&T projects account for 13% of the pipeline. Pass-through buy-ins were authorized under the DFA and are not the responsibility of ACSI-CCCD project management. They are tracked by the respective S&T projects. We are certain that in six countries, activities are completed and the monies (\$185,000) can be de-obligated. Expenditure plans in the other countries must be further investigated. No pass-through buy-ins are anticipated after FY91 from non-project countries. They will be authorized on a limited basis under APHP for countries without bilateral projects. It is expected that countries with bilateral projects will deal directly with S&T.

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Based on the above, table four is a calculation of the new required ceiling LOP authorization. It is estimated that an additional \$27.43 million will be required for a new total of \$151 million.

TABLE 1A  
ACSI-CCCD PROJECT PIPELINE ANALYSIS

REGIONAL FUNDS (\$000)

LINE ITEM	PIPELINE PER FACS 12/30/90	PLANNED OBLIGS FY91	PLANNED OBLIGS FY92	EXPECTED EXPEN- DITURES BY 9/30/93	POSSIBLE DEOBS
<b>PASAs and Grants:</b>					
CDC PASA1	2146	5600	3200	10946	0
UNICEF	4300	3600	0	7900	0
WHO	1550	200	300	2050	0
P. Corps	127	40	200	367	0
<b>Personnel:</b>					
OIH	321	0	350	671	0
JHU	86	0	200	286	0
USDA	75	0	50	125	0
PSCs	0	180	0	180	0
<b>Evaluations:</b>					
TvT	252	20	0	272	0
ARC	18	200	0	218	0
URC	6	0	0	6	0
Other	0	140	0	140	0
<b>Buy Ins:</b>					
AED	469	0	0	469	0
MSH	698	0	0	698	0
Healthcom	0	150	0	150	0
<b>Other:</b>					
Pragma	73	0	0	6	67
Sclavo	95	0	0	95	0
DOS	0	170	0	170	0
Analysis2	0	200	950	1150	0
Training	0	100	0	100	0
Sustain 2	0	0	750	750	0
Expired Contracts	175	0	0	0	175
<b>Sub-Total</b>	<b>10391</b>	<b>10600</b>	<b>6000</b>	<b>26749</b>	<b>242</b>

1 Source is CDC administrative office. Pipeline level as of 3/31/91 will be \$500,000.

2 It is anticipated that part of these obligations may be shifted to APHP during FY92.

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**TABLE 1B  
ACSI-CCCD REGIONAL BUDGET PROJECTIONS**

<b>LINE ITEM</b>	<b>TOTAL</b>
<b><u>PASAs and Grants:</u></b>	
CDC PASA	3,200
WHO Grant	
Inter-country training [ <u>integrated management</u> ]	
Dissemination of information [ <u>epidemiological bulletin</u> ]	300
Peace Corps PASA	200
<b><u>Personnel:</u></b>	
OIH for TAACS, RSSA	350
JHU for Child Survival Fellow	200
USDA RSSA (support)	50
<b><u>Analysis:</u></b>	
Malaria, ORT, Immunization, ARI and Behavioral Sciences in Child Survival	950
<b><u>Sustainabil:</u></b>	
Health care financing and Field testing and use of the Sustainability Strategy	750
<b>GRAND TOTAL:</b>	<b>6,000</b>

\* All obligations for the transition period (FY92 and FY93) will be made during FY92. No obligations will be made during FY93.

\*\* It is anticipated that part of these obligations may be shifted to APHP during FY92.

TABLE 2  
ACSI-CCCD PROJECT PIPELINE ANALYSIS

PROJECT COUNTRY PARTICIPATION  
\$(000)

PROJECT COUNTRIES	PIPELINE PAIS * 9/30/90	PLANNED OBLIGS FY91	PLANNED OBLIGS FY92	EXPECTED EXPEN- DITURES BY 9/30/93	POSSIBLE DEOBS
Burundi	555	0	245	800	0
CAR	818	0	1200	2018	0
Congo	20	0	0	0	20
Cote D'I.	620	0	1405	2025	0
Guinea	687	0	0	687	0
Lesotho	339	0	0	214	125
Liberia	541	0	0	541	0
Malawi	39	0	0	0	39
Nigeria	4054	3000	4250	11304	0
Rwanda	32	0	0	0	32
Swaziland	340	0	0	340	0
Togo	738	622	0	1360	0
Zaire	5426	3000	0	8426	0
Contingency		0	6000	6000	0
Sub Total	14209	6622	13100	33715	216

\* Additional information on pipeline and anticipated obligations was obtained through cables from the missions.

TABLE 3  
ACSI-CCCD PROJECT PIPELINE ANALYSIS  
PASS-THROUGH BUY-INS  
\$(000)

	PIPELINE PAIS 9/30/90	PLANNED OBLIGS FY91	PLANNED OBLIGS FY92	EXPECTED EXPEN- DITURES* BY 9/30/93	POSSIBLE DEOBS
OTHER COUNTRIES					
Burkina	1	0	0	0	1
Cameroon	320	250	0	570	0
Chad	100	0	0	0	100
Eq. Guinea	0	400	0	*	*
Gambia	206	0	0	206	0
Ghana	14	0	0	0	14
Mali	882	300	0	1182	0
Niger	494	300	0	794	0
S. Leone	18	0	0	0	18
Sudan	80	0	0	0	80
Uganda	0	300	0	*	*
Zimbabwe	-28	0	0	0	-28
Redso/WCA	52	80	0	132	0
Sub-Total	2139	1630	0	2884	185

\* The anticipated expenditure rates are not readily available as these accounts are tracked by various projects in S&T/H.

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TABLE 4  
ACSI-CCCD PROJECT  
NEW LOP OBLIGATIONS AND AUTHORIZATION  
\$ 000

FY90 Obligations (carried in PAIS of 9/30/90)		112,800
FY91 Obligations Projected		18,852
Regional	7,000	
UNICEF	3,600	
Missions	8,252	
FY92 Obligations *		19,100
Regional	6,000	
Missions	13,100	
	Sub-total:	150,752
-----		
New LOP Ceiling Authorization:		151,000
Current LOP Ceiling Authorization:	123,568	
Additional Ceiling:	27,432	

\* FY92 obligations will cover activities undertaken in FY92 and FY93. No obligations will be made during FY93.

AFRICA CHILD SURVIVAL INITIATIVE  
COMBATting CHILDHOOD COMMUNICABLE DISEASES  
ACSI-CCCD PROJECT (698-0421)

TRANSITION STATEMENT

**BACKGROUND:**

Over the last nine years, the standard package of ACSI-CCCD activities has been funded with regional monies from a PASA between AID/W and CDC. Long term in-country personnel, administrative support and technical assistance (TA) have all been supported through this PASA.

Today, there is an increasing effort within the Africa Bureau to decentralize its projects and management responsibility. More and more countries are developing bilateral projects and the proposed regional African Public Health and Population (APHP) Support Project will not fund any country-specific activities.

The ACSI-CCCD transition will involve the "transfer of management technology" from the Africa Bureau and CDC to the missions. By working in close collaboration with the Bureau and CDC during the transition period, missions will reap the benefit of lessons learned in project management. Successful transfer of management responsibility is already underway in the areas of project design, evaluation and commodity procurement.

**ASSESSMENT OF THE CURRENT SITUATION:**

As part of the phase over process from ACSI-CCCD to new bilateral projects, assessments of country-level needs and plans have been conducted by AFR/TR/HPN and CDC/IHPO. Project countries can be separated into three categories as follows:

- 1) Complete phase outs: One country (Lesotho) plans to de-emphasize child survival after FY91. The mission will be focusing on other sectors in the future. The Lesotho project will close out officially in May 1991.
- 2) Development of bilateral projects: Seven ACSI-CCCD countries (Burundi, the Central African Republic, Cote D'Ivoire, Nigeria, Swaziland, Togo and Zaire) are in different stages of developing bilateral projects that include child survival. Many of the activities currently provided through ACSI-CCCD will be incorporated into these bilateral projects. To bridge the gap between 9/30/91 and the implementation of new bilateral projects, missions will transfer operating year budget (OYB) funds to the regional PASA with CDC for country specific support. Table

two outlines the projected level of participation by the seven countries. Actual schedules and buy-ins may be modified as missions develop specific and detailed work plans.

- 3) Uncertainty: Plans in Guinea had been to phase out of child survival after FY91. However, the new Mission Director has decided to reassess the HPN portfolio before taking a final decision. Due to civil war, the future of child survival is uncertain in Liberia.

Currently, our focus is on the seven countries developing bilateral projects. These countries will require some type of transitional support and regional authorization until their new bilateral projects are authorized. The strategy outlined below to meet the transitional needs of these seven countries could also provide for future bilateral participation from other countries that may desire CDC TA and support.

#### THE PROPOSED STRATEGY FOR TRANSITION:

During FY91, regional support will continue for all project countries through May when Lesotho closes out. In the remaining countries, transitional work plans will be developed jointly by the missions, Ministries of Health, CDC and the Bureau.

As of 10/1/91 major changes will be made in both the management and financing of project activities. Missions will begin to pay for all desired country-level ACSI-CCCD services. Mission OYB funds will be transferred to the regional project for obligation. Project funds will be used to provide the minimal administrative support required to maintain a knowledgeable and experienced staff actively working to provide coordination, analysis, integration and oversight of all TA and project activities.

Beginning in FY92, missions will be expected to pay from their OYB:

- \* the salaries, benefits and change of station costs of their Technical Officers and Epidemiologists. They would also pay for two person months per year of program support per country per year (eight months for Nigeria),
- \* local support costs for the assignee, including non-taxable allowances; entitlement travel; transport; communications, rent, and utilities; printing, contractual personnel and repairs; supplies; residence and office furniture and equipment; and vehicle (USAID direct disbursement),

- \* the salaries, travel and per diem of technical consultants for country-specific activities for their time in-country and Atlanta-based salary costs in a proportion of a half day Atlanta time for each working day in the field,
- \* a portion of the administrative staff salaries and benefits for work done related to country assignments (including budget and fiscal, travel, personnel, procurement and miscellaneous support), TA travel and communication,
- \* travel and tuition for national participants at intercountry training, and for travel and per diem of third country nationals providing TA.
- \* Country-specific research and analysis.

In sum, missions will pay for the entire package of direct and indirect costs incurred to provide the country-specific TA they desire.

In addition to mission participation, a modest amount of project money (\$4.2 million in FY92 and \$1.8 million in FY93) will be used to support:

- Coordination of the buy-in process, including the refinement of administrative procedures as needed,
- Advocacy for child survival and donor coordination,
- Dissemination of information on project progress and regional analytical concerns through publications and consultative meetings, and
- Shifting responsibility for regional analysis, child survival databases and disease surveillance to APHP project.

The budget (please refer to tables 1A and 1B) will include the following line items:

- \* limited number of personnel in the Africa Bureau to assist the Project Officer in carrying out and overseeing the functions listed above,
- \* a portion of the salary and benefits of a small management, administrative and technical staff in Atlanta to contribute to the core functions
- \* transitional support of regional research and activities, including the malaria work in Mangochi district of Malawi and consultative meetings until these are picked up by the new APHP project.

- \* limited transportation, equipment, supplies and support services required for headquarters and regional level activity.

#### ADMINISTRATION:

Under the current system, CDC/IHPO receives authorization to expend PASA funds directly from AID/W to finance this regional project. In turn, CDC/IHPO submits vouchers to AID/W claiming reimbursement for funds expended against an approved budget. Country-level obligations and sub-allocations are budgeted and tracked by CDC/IHPO with input from field staff. With few exceptions (Mali, Niger) funding is regional and USAIDs are minimally involved in the country budgets. As outlined below, the new decentralized system will require a more country based administration.

#### Missions:

For country-specific support from CDC, missions will transfer funding to the ACSI-CCCD project. However, in order to accurately prepare the project budget, USAIDs desiring to participate must make a commitment to do so by a certain deadline (May 30). Missions would provide a budget and a scope of work for the funds transferred.

It is currently envisioned that project funds would be administered much as the current CCCD PASA is. Based upon an agreed-upon number of countries participating in the program, CDC would prepare a budget that would provide for central funding for the regional items previously described. A PASA amendment incorporating this budget and the country budgets would be prepared in the AID/W contracts office. CDC billings against the budget would be submitted direct to AID/W as they currently are.

Most countries have expressed their desire to continue a technical relationship with CDC after the ACSI-CCCD project has ended. Therefore, it is anticipated that these countries will enter into a direct PASA with CDC as a part of their new bilateral projects. The steps required for entering into and utilizing the PASA are quite similar to those of the buy-in procedures, except that the PASA would be signed by an overseas contracting officer. If the particular post does not have a contracting officer, a regional contracting officer or an AID/W contracting officer could sign the PASA.

Careful planning and budgeting, including definitive information about which items the mission will fund, and those expected from the core is essential.

There is one major change from the existing program concerning local support. Under the new arrangement, local support is to be provided directly from the mission. The standard package of support made available to USDH employees is to be provided for CDC assignees. This includes such items as non-taxable allowance payments; in- and intercountry travel; rent, communications and utilities; printing, contractual personnel and repairs; supplies; residence and office furniture and equipment and vehicles. Furthermore, expenditures not in direct support of the assignee, such as travel and tuition costs of nationals attending training courses, conferences, STCs of third country nationals requested to provide TA and special studies carried out in the country will be USAID financed.

History has shown however, that timely access to a sub-allocation processed by CDC and held in country has allowed many valuable activities to be carried out. At mission request, funds could be included in the OYB transfer to continue this practice.

**CONCLUSION:**

With an extension for transition activities in seven countries, the capacity of missions to plan and manage their project activities and future bilateral projects will be enhanced. In addition, the transition period will allow time for both AID/W and CDC to work out some of the more complicated details of this new mission-based system.

**PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK**

**Project Title: AFRICA CHILD SURVIVAL INITIATIVE - COMBATting CHILDHOOD COMMUNICABLE DISEASES**

NARRATIVE SUMMARY	OBJECTIVES/VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Goal: To improve the health of the pediatric population of sub-Sahara Africa.</p>	<p>50% reduction in disease specific mortality rates for diseases preventable by immunizations, diarrhea disease and malaria in the age groups 0-5, reduction by 75% of disability from polio and an overall reduction in infant and childhood mortality by 25%.</p>	<p>Serial mortality studies in a sample of countries and lameness surveys.</p>	<p>Adequate baseline data will be available or will be collected by special surveys.</p> <p>Participating gov'ts will support the development and maintenance of data collection systems.</p>
<p>Purpose: Strengthen the Africans' ability to control:</p> <ul style="list-style-type: none"> <li>-Six childhood communicable diseases (measles, polio, tuberculosis, diphtheria, pertussis and tetanus through the Expanded Program for Immunization (EPI).</li> <li>-Diseases of local importance such as yellow fever and yaws.</li> <li>-Provide simple treatment for the Control of Diarrheal Diseases (CDD), and malaria.</li> </ul>	<p>Conditions that will indicate purpose has been achieved:</p> <p>End of project status:</p> <p>80% of target population in AID supported countries fully immunized against the six EPI diseases.</p> <p>90% of cases of acute diarrhea and fevers effectively treated in facilities.</p>	<p>Immunization coverage surveys, diarrhea and malaria treatment practice surveys and facility case treatment reports.</p>	<p>Participating countries will continue to place a high priority on CDD and developing PHC programs and will provide adequate resources to support these activities. WHO and other regional organizations will continue to provide support and training in developing country-specific health care programs. Participating countries will actively seek participation in CDD programs.</p>

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Outputs:

- |   |  |   |  |
|---|--|---|--|
| <ol style="list-style-type: none"> <li>1. Number of countries with ACSI-CCCD projects.</li> <li>2. Trained personnel.</li> <li>3. Health education programs.</li> <li>4. Health information systems.</li> <li>5. Operations research projects.</li> <li>6. Sustained programs.</li> <li>7. Bilateral projects.</li> </ol> | <ol style="list-style-type: none"> <li>1. 30 countries with CDA supported ACSI-CCCD projects, 14 with A.I.D. support</li> <li>2. 20,000 upper, mid and peripheral health personnel trained.</li> <li>3. Health education campaigns completed in 14 countries.</li> <li>4. ACSI-CCCD health information systems operational in 14 countries.</li> <li>5. Operations research projects completed in 15 countries.</li> <li>6. Maintenance of project accomplishments after life of project.</li> <li>7. Implementation of bilateral health projects in 9 countries.</li> </ol> | <ol style="list-style-type: none"> <li>1. ACSI-CCCD management information system.</li> <li>2. Evaluations.</li> <li>3. International databases.</li> <li>4. New project authorizations.</li> </ol> | <p>Participating countries will make adequate and appropriate personnel available for participant training, health information systems. Alternative financing systems will be piloted.</p> |
|---|--|---|--|

Inputs:

	(\$000)
1. Technical Assistance	55,500
2. Training	27,400
3. Health Information Systems	12,350
4. Health Education	8,900
5. Operational Research	6,100
6. Commodities	36,750
7. Special HIV/AIDS fund	4,000
<b>Total</b>	<b>151,000</b>

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. ACSI-CCCD management information systems.</li> <li>2. Evaluations</li> <li>3. Quarterly implementation reports.</li> </ol> | <p>MOH's develop ways and means of distributing and utilizing:</p> <ol style="list-style-type: none"> <li>a. Oral rehydration salts.</li> <li>b. Health promotion materials.</li> </ol> <p>Participating country has ability to provide personnel, building space and other support. T/A personnel can be recruited and assigned to project as</p> |
|--|--|

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INITIAL ENVIRONMENTAL EXAMINATION

AMENDMENT

Project Country: Africa Regional  
Project Titles: Africa Child Survival Initiative  
                          Combatting Childhood Communicable  
                          Diseases Project No. 698-0421  
Funding: FY 1981 - FY 1993 \$ 151,000,000  
IEE Prepared By: AFR/TR/HPN, J. Shepperd  
Environmental Action Recommended: Categorical Exclusion

This amendment meets the criteria for Categorical Exclusion under the terms of the original Project Paper; of Regulation 16, Section 216.2 (c) (2) (viii) and is excluded from further review. This amendment increases the amount of funding by \$27 million (LOP increased from \$124 million), and extends the Project Assistance Completion Date (PACD) to 09/30/93 (from 09/30/91).

Implementation components include the following:

- Health Information Systems Development
- Training (Management, Technical, Financial)
- Health Communication, and
- Logistical Support

APPROVED: \_\_\_\_\_ ✓

DISAPPROVED: \_\_\_\_\_

DATE: 22/2/91

Concurrence: (John Gaudet, AFR/TR/ANR,  
Bureau Environmental Officer) John Gaudet

CLEARANCE: GC/AFR [Signature]  
Date 4/5/91

## 5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A includes criteria applicable to all projects. Part B applies to projects funded from specific sources only: B(1) applies to all projects funded with Development Assistance; B(2) applies to projects funded with Development Assistance loans; and B(3) applies to projects funded from ESF.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 1990 Appropriations Act Sec. 523; FAA Sec. 634A. If money is to be obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified? Yes. CN submitted on 3/14/91.
2. FAA Sec. 611(a). Prior to an obligation in excess of \$500,000, will there be: (a) engineering, financial or other plans necessary to carry out the assistance; and (b) a reasonably firm estimate of the cost to the U.S. of the assistance? Yes.
3. FAA Sec. 611(a)(2). If legislative action is required within recipient country with respect to an obligation in excess of \$500,000, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance? N/A

4. FAA Sec. 611(b); FY 1990 Appropriations Act Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.)  
N/A
  
5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the project effectively?  
N/A
  
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.  
ACSI-COCD is a regional project.
  
7. FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to:  
(a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.  
A. No  
B. Yes  
C. No  
D. Yes  
E. No  
F. No
  
8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).  
N/A

9. FAA Secs. 612(b), 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.

Project agreements require host country assumption of local currency costs. U.S. dollar is used primarily for foreign exchange costs.

10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?

No.

11. FY 1990 Appropriations Act Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?

No.

12. FY 1990 Appropriations Act Sec. 547. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel?

No.

13. FAA Sec. 119(g)(4)-(6) & (10). Will the assistance: (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other

No.

wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas?

14. FAA Sec. 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)?

N/A

15. FY 1990 Appropriations Act, Title II, under heading "Agency for International Development." If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government?

N/A

16. FY 1990 Appropriations Act Sec. 537. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.?

N/A

17. FY 1990 Appropriations Act Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has the President consulted with and provided a written justification to the House and Senate Appropriations Committees and has such obligation been subject to regular notification procedures?

N/A

18. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision). N/A
19. Trade Act Sec. 5164 (as interpreted by conference report), amending Metric Conversion Act of 1975 Sec. 2 (and as implemented through A.I.D. policy). Does the assistance activity use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? Will A.I.D. specifications use metric units of measure from the earliest programmatic stages, and from the earliest documentation of the assistance processes (for example, project papers) involving quantifiable measurements (length, area, volume, capacity, mass and weight), through the implementation stage? No.
20. FY 1990 Appropriations Act, Title II, under heading "Women in Development." Will assistance be designed so that the percentage of women participants will be demonstrably increased? Yes. The project targets women of childbearing age for protection against disease. Women health professionals are trained through the project.

21. FY 1990 Appropriations Act Sec. 592(a).  
If assistance is furnished to a foreign government under arrangements which result in the generation of local currencies, has A.I.D. (a) required that local currencies be deposited in a separate account established by the recipient government, (b) entered into an agreement with that government providing the amount of local currencies to be generated and the terms and conditions under which the currencies so deposited may be utilized, and (c) established by agreement the responsibilities of A.I.D. and that government to monitor and account for deposits into and disbursements from the separate account?

N/A

Will such local currencies, or an equivalent amount of local currencies, be used only to carry out the purposes of the DA or ESF chapters of the FAA (depending on which chapter is the source of the assistance) or for the administrative requirements of the United States Government?

Has A.I.D. taken all appropriate steps to ensure that the equivalent of local currencies disbursed from the separate account are used for the agreed purposes?

If assistance is terminated to a country, will any unencumbered balances of funds remaining in a separate account be disposed of for purposes agreed to by the recipient government and the United States Government?

**B. FUNDING CRITERIA FOR PROJECT**

**1. Development Assistance Project Criteria**

a. FY 1990 Appropriations Act Sec. 546 (as interpreted by conference report for original enactment). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities: (1) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (2) in support of research that is intended primarily to benefit U.S. producers?

N/A

b. FAA Sec. 107. Is special emphasis placed on use of appropriate technology (defined as relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

N/A

c. FAA Sec. 281(b). Describe extent to which the activity recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government.

The project responds to local needs for disease prevention. Local human and material resources are used in implementing a substantial portion of the project, thereby strengthening in-country capacity and expertise in the promotion and delivery of primary health care services.

d. FAA Sec. 101(a). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?

Yes

e. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will: (1) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (2) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental institutions; (3) support the self-help efforts of developing countries; (4) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (5) utilize and encourage regional cooperation by developing countries.

The project increases the scope and quality of health care services provision in the poor, rural areas of African countries. The project promotes primary health care education to help the poor, especially women, prevent communicable diseases and seek appropriate medical treatment when necessary. The project improves the health status of women and children making them more productive current and future members of the national workforce.

f. FAA Secs. 103, 103A, 104, 105, 106, 120-21; FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA." Does the project fit the criteria for the source of funds (functional account) being used?

Yes. Source of funding is DFA.

g. FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA." Have local currencies generated by the sale of imports or foreign exchange by the government of a country in Sub-Saharan Africa from funds appropriated under Sub-Saharan Africa, DA been deposited in a special account established by that government, and are these local currencies available only for

N/A

use, in accordance with an agreement with the United States, for development activities which are consistent with the policy directions of Section 102 of the FAA and for necessary administrative requirements of the U. S. Government?

h. FAA Sec. 107. Is emphasis placed on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

N/A

i. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?

Yes.

j. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?

Yes.

k. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

See B.1.c.

l. FY 1990 Appropriations Act, under heading "Population, DA," and Sec. 535. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?

No.

Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations?

No.

Are any of the funds to be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization?

No.

Will funds be made available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services?

Yes.

In awarding grants for natural family planning, will any applicant be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning?

No.

Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?

No.

m. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?

Yes.

n. FY 1990 Appropriations Act Sec. 579. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 40 percent of the students are Hispanic Americans, and

With respect to core funding, efforts are made to use 8A firms for most of the short term contracts and evaluations. These activities represent approximately 15% of non-P.A.S.A. core activities.

private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?

o. FAA Sec. 118(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (1) stress the importance of conserving and sustainably managing forest resources; (2) support activities which offer employment and income alternative to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (3) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (4) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (5) help conserve forests which have not yet been degraded by helping to increase production on lands already cleared or degraded; (6) conserve forested watersheds and rehabilitate those which have been deforested; (7) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (8) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (9) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a

A categorical exclusion has been granted.

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condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (10) seek to increase the awareness of U.S. Government agencies and other donors of the immediate and long-term value of tropical forests; and (11) utilize the resources and abilities of all relevant U.S. government agencies?

p. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project: (1) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (2) take full account of the environmental impacts of the proposed activities on biological diversity?

N/A

q. FAA Sec. 118(c)(14). Will assistance be used for: (1) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (2) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas?

No.

r. FAA Sec. 118(c)(15). Will assistance be used for: (1) activities which would result in the conversion of forest lands to the rearing of livestock; (2) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undergraded forest lands; (3) the

No.

colonization of forest lands; or (4) the construction of dams or other water control structures which flood relatively undergraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development?

s. FY 1990 Appropriations Act Sec. 534(a). If assistance relates to tropical forests, will project assist countries in developing a systematic analysis of the appropriate use of their total tropical forest resources, with the goal of developing a national program for sustainable forestry?

N/A

t. FY 1990 Appropriations Act Sec. 534(b). If assistance relates to energy, will such assistance focus on improved energy efficiency, increased use of renewable energy resources, and national energy plans (such as least-cost energy plans) which include investment in end-use efficiency and renewable energy resources?

N/A

Describe and give conclusions as to how such assistance will: (1) increase the energy expertise of A.I.D. staff, (2) help to develop analyses of energy-sector actions to minimize emissions of greenhouse gases at least cost, (3) develop energy-sector plans that employ end-use analysis and other techniques to identify cost-effective actions to minimize reliance on fossil fuels, (4) help to analyze fully environmental impacts (including impact on global warming), (5) improve efficiency in production, transmission, distribution, and use of energy, (6) assist in exploiting nonconventional renewable energy resources, including wind, solar, small-hydro, geo-thermal, and advanced

biomass systems, (7) expand efforts to meet the energy needs of the rural poor, (8) encourage host countries to sponsor meetings with United States energy efficiency experts to discuss the use of least-cost planning techniques, (9) help to develop a cadre of United States experts capable of providing technical assistance to developing countries on energy issues, and (10) strengthen cooperation on energy issues with the Department of Energy, EPA, World Bank, and Development Assistance Committee of the OECD.

u. FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA"

(as interpreted by conference report upon original enactment). If assistance will come from the Sub-Saharan Africa DA account, is it: (1) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (2) being provided in accordance with the policies contained in section 102 of the FAA; (3) being provided, when consistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa; (4) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take

Yes.

into account, in assisted policy reforms, the need to protect vulnerable groups; (5) being used to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the renewable natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?

v. International Development Act Sec. 711, FAA Sec. 463. If project will finance a debt-for-nature exchange, describe how the exchange will support protection of: (1) the world's oceans and atmosphere, (2) animal and plant species, and (3) parks and reserves; or describe how the exchange will promote: (4) natural resource management, (5) local conservation programs, (6) conservation training programs, (7) public commitment to conservation, (8) land and ecosystem management, and (9) regenerative approaches in farming, forestry, fishing, and watershed management.

N/A

w. FY 1990 Appropriations Act Sec. 515. If deob/reob authority is sought to be exercised in the provision of DA assistance, are the funds being obligated for the same general purpose, and for countries within the same region as originally obligated, and have the House and Senate Appropriations Committees been properly notified?

N/A

2. Development Assistance Project Criteria  
(Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest.

N/A

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest?

N/A

c. FAA Sec. 122(b). Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities?

N/A

3. Economic Support Fund Project Criteria

a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA?

N/A

b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes?

N/A

c. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made?

N/A

REFERENCES

1. ACSI-CCCD Project Paper
2. ACSI-CCCD Sixth Amendment
3. ACSI-CCCD Project Committee Meeting Memo 11/16/90
4. Foster S, Shepperd J, Davis J, and Agle A, Working with African Nations to Improve the Health of their Children, JAMA 1990:24:3303-3305
4. PAIS Report 09/30/90
5. FACS Report 12/31/90
6. CCCD Financial Assessment (September 1990)
7. CABLES:

Origin	Number	Date
Abidjan	24851	11/28/90
Abidjan	01879	01/29/91
Bangui	04637	11/21/90
Bangui	00546	02/12/91
Banjul	00199	01/18/91
Bujumbura	04570	11/08/90
Bujumbura	05203	12/19/90
Bujumbura	00537	02/12/91
Kigali	05028	12/13/90
Kinshasa	00400	01/09/91
Kinshasa	01212	01/25/91
Kinshasa	02748	02/22/91
Lagos	18641	11/21/90
Lagos	01739	02/04/91
Lome	06328	12/14/90
Lome		
Maseru	00283	01/28/91
Mbabane	07102	12/12/90
Mbabane	00682	02/07/91
State	383184	11/11/90
State	383185	11/11/90
State	383193	11/11/90
State	388995	11/16/90
State	401522	11/28/90
State	401523	11/28/90
State	401524	11/28/90
State	407809	12/03/90
State	005662	01/08/91

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ACRONYMS

ACSI-CCCD	Africa Child Survival Initiative - Combatting Childhood Communicable Diseases Project
AED	Academy for Educational Development
AID	Agency for International Development
AFR	Bureau for Africa
AFRO	African Regional Office (of the World Health Organization)
APHP	African Public Health and Population Support Project
ARC	Atlantic Resources Corporation
ARI	Acute Respiratory Tract Infections
CDC	The United States Centers for Disease Control
DOS	Department of State
FAAS	Foreign Affairs Administrative Support
FACS	Financial Accounting System
FP	Family Planning
HIS	Health Information Systems
HPN	Office of Health, Population and Nutrition
IHPO	International Health Program Office (at CDC)
JHU	John's Hopkins University (Child Survival Fellows)
LOP	Life of Project
LSGA	Limited Scope Grant Agreement
MSH	Management Sciences for Health
ORT	Oral Rehydration Therapy
OIH	Office of International Health (TAACS)
OYB	Operating Year Budget
PACD	Project Assistance Completion Date
PAIS	Project Accounting Information System
PASA	Participating Agencies Services Agreement
PRITECH	Technologies for Primary Health Care
PSCs	Personal Services Contracts
PVOs	Private Voluntary Organizations
REACH	Resources for Child Health
RSSA	Resource Support Services Agreement
S&T	Bureau for Science and Technology
STC	Short Term Consultancy
TA	Technical Assistance
TAACS	Technical Advisor for HIV/AIDS and Child Survival
TR	Division of Technical Resources
UNICEF	United Nation's Children's Fund
URC	University Research Corporation
USAIDs	United States Agencies for International Development (missions)
USDA	United States Department of Agriculture (RSSA)
USDH	United States Direct Hire
WHO	World Health Organization