

PDKAW567

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UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
Washington, D. C. 20523

NICARAGUA

PROJECT PAPER

FAMILY PLANNING EXPANSION AND
REGIONALIZATION PROJECT

AID/LAC/P-674

PROJECT NUMBER: 524-0312

UNCLASSIFIED

APPENDIX 3A, Attachment 1
Chapter 3, Handbook 3 (TM 3:43)

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT DATA SHEET

1. TRANSACTION CODE: **A** (A = Add, C = Change, D = Delete)
Amendment Number: _____ DOCUMENT CODE: **3**

COUNTRY/ENTITY: **NICARAGUA** 3. PROJECT NUMBER: **524-0312**

4. BUREAU/OFFICE: **USAID/Nicaragua** 5. PROJECT TITLE (maximum 40 characters): **Family Planning Expansion and Regionalization**

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): **03/31/96** 7. ESTIMATED DATE OF OBLIGATION (Under "3" below, enter 1, 2, 3, or 4):
A. Initial FY: **91** B. Quarter: **3** C. Final FY: **98**

8. COSTS / \$000 OR EQUIVALENT \$1 =

A. FUNDING SOURCE	FIRST FY 91			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AD Appropriated Total (Grant)	1,000		1,000	5,000		5,000
(Loan)						
Other U.S. 1. IPPF (USG)	230		230	1,145		1,145
2. _____						
Host Country Grantee		134	134		672	672
Other Donors) IPPF, AVSC	311		311	1,231		1,231
TOTALS	1,541	134	1,675	7,376	672	8,048

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) ES	440	440				500		500	
(2) PH	440	440				500		4,500	
(3)									
(4)									
TOTALS						1,000		5,000	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): **460 410**

11. SECONDARY PURPOSE CODE: _____

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

A. Code	BWW	RPOP	PVON	TNG
B. Amount	5,000	650	4,100	339

13. PROJECT PURPOSE (maximum 480 characters):

To expand and strengthen the delivery of family planning services in Nicaragua.

14. SCHEDULED EVALUATIONS: Interim **09/93** Final **09/95**

15. SOURCE/ORIGIN OF GOODS AND SERVICES: 000 941 Local Other (Specify) **Nicaragua**

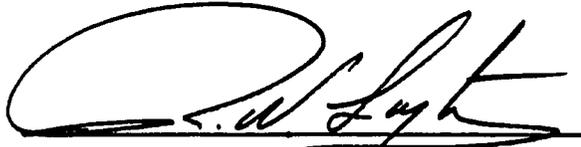
16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment)

17. APPROVED BY: **Janet C. Ballantyne**
 Title: **Director, USAID/Nicaragua**
 Date Signed: **04/24/91**

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: _____

REF: FAMILY PLANING AND REGIONALIZATION Project
Project No. 524-0312. (PROFAMILIA)

This PP-like document complies with current Agency Guidance on methods of financing and has provided for adequate audit coverage in accordance with the Payment Verification Policy Implementation Guidance.

A handwritten signature in black ink, appearing to read "R. W. Layton", written over a horizontal line.

Richard W. Layton
CONTROLLER
USAID/NICARAGUA

PROJECT AUTHORIZATION

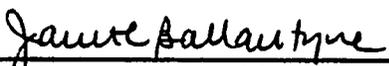
Name of Country: Nicaragua

Name of Project: Family Planning Expansion and Regionalization

Number of Project: 524-0312

1. Pursuant to Sections 104 and 531 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Family Planning Expansion and Regionalization Project for Nicaragua involving planned obligations not to exceed Five Million United States Dollars (\$5,000,000) in grant funds over a five year period from the date of authorization, subject to the availability of funds in accordance with the AID/OYB allotment process, to help in financing foreign exchange and local currency costs for the project. The planned life of the project is five years from the date of initial obligation.

2. The project consists of one, a \$4.1 million Operational Program Grant (OPG) with the Asociacion Pro-Bienestar de la Familia (Profamilia), a Nicaraguan Private Voluntary Organization; two, a \$250,000 Personal Services Contract for a Nicaraguan citizen to manage all implementation aspects of the project for USAID/Nicaragua; and three, the OYB transfer by USAID/Nicaragua of \$650,000 to A.I.D.'s Central Commodity Support Project to purchase contraceptive commodities for use by Profamilia in support of the activities funded by this project.



Janet C. Ballantyne
Mission Director
USAID/Nicaragua

PROPOSAL FOR
FAMILY PLANNING EXPANSION AND REGIONALIZATION PROJECT

(524-0312)

MARCH 1991

**PROPOSAL FOR FAMILY PLANNING EXPANSION
AND REGIONALIZATION PROJECT**

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EXECUTIVE SUMMARY

Nicaragua has an estimated annual population growth rate of 3.2% to 3.5%, the highest in the western hemisphere. This rapid growth has serious consequences for both maternal and child health, and undermines development efforts by expanding the population faster than services can be expanded. This leads to either a growing erosion in, or at least constrains the expansion of, social and economic well being.

The Family Planning Expansion and Regionalization Project (524-0312) will address this problem through three mechanisms. First, a \$4.1 million, five-year Operational Program Grant will be made to the Asociacion Pro-Bienestar de la Familia (Profamilia), a Nicaraguan Private Voluntary Organization. Second, A.I.D. will procure approximately \$650,000 of contraceptives through the Central Commodity Procurement Project for use by Profamilia. These funds, part of USAID/Nicaragua's OYB, will be transferred to the central project; they will not be granted to Profamilia. Finally, \$250,000 of the total \$5.0 million A.I.D. Life-of-Project contribution to this activity will fund the services of an FSN Personal Services Contractor to manage the project for USAID/Nicaragua. Implementation will begin in the second quarter of Calendar Year 1991; the Project Assistance Completion Date will be five years from the date of authorization.

The project's goal is to harmonize Nicaragua's population growth rate with the country's socio-economic development. Its purpose is to expand and strengthen the delivery of family planning services in Nicaragua. Achievement of this purpose will be evidenced by an increase from 62,000 to 168,000 in the number of Couple Years of Protection provided annually by Profamilia activities. An important result of achieving this purpose will be increased birth spacing leading to reduced infant and child morbidity and mortality.

To move toward these objectives, the project will:

- o Expand and regionalize PROFAMILIA's family planning service delivery network to encompass 400 Community Based Distribution (CBD) posts backstopped by four regional and two satellite Centers in five of Nicaragua's six regions.
- o Provide regular and low-dose oral contraceptives, condoms, and spermicides at a price equivalent to U.S.\$0.10 per one month supply.

- o Help create a Social Communication Unit within PROFAMILIA to emphasize the benefits of family planning and birth spacing in terms of improved family health and well-being. This unit will expand community development activities already carried out by PROFAMILIA's Managua staff on a smaller scale. These will include maternal and child health education; family planning education; sex education for adolescents; design, testing, and publication of new materials to support the CBD program; and other promotional activities.

- o Train 370 volunteer CBD distributors; 90 physicians and 180 nurses from the Ministry of Public Health; 250 social workers; and 1,250 community leaders.

- o Include an Evaluation and Investigation component. In association with this component, the U.S. Public Health Service's Centers for Disease Control (CDC) will conduct baseline and endline contraceptive prevalence and maternal/child health surveys to provide reliable data on the prevalence of contraceptive use in Nicaragua. The initial survey will be financed with \$300,000 in central Population funds administered by the Bureau for Science and Technology's Office of Population (S&T/Pop). Funds from this grant to Profamilia will be used to carry out an endline survey in the fifth and final project year to measure changes in these variables over the life of this project.

- o Develop a program strategy to foster the development of alternative family planning service delivery systems.

To support these efforts, the A.I.D. contribution will finance personnel and other local costs; short term technical assistance; renovation of facilities; procurement of contraceptives, equipment, and medical supplies; observation visits and local training; a small mass media campaign; and ongoing studies and surveys (including the contraceptive prevalence and maternal & child health survey). Profamilia will contribute over \$522,000 of its own funds (largely garnered through user charges) to these efforts. The association will also make an in-kind contribution of approximately \$150,000, which represents the rental value of the clinical facilities it owns or will purchase.

Two other donors will also contribute to the project. The International Planned Parenthood Federation (IPPF) will contribute \$1,150,000 of its own funds, and \$1,145,000 in U.S. Government funds, to support personnel and other local costs and the procurement of additional contraceptives. Additionally, the Association for Voluntary Surgical Contraception (AVSC) will contribute over \$81,000 from non-U.S. Government sources to support the efforts of medical personnel involved in Profamilia's surgical contraceptive activities.

LIST OF ACRONYMS AND ABBREVIATIONS

AVSC	Association for Voluntary Surgical Contraception
CBD	Community Based Distribution
FP	Family Planning
FPA	Family Planning Association
GON	Government of Nicaragua
INSSBI	Instituto Nicaraguense de Seguridad Social y Bienestar
IPPF	International Planned Parenthood Federation
IPPF/WHR Inc.	International Planned Parenthood Federation, Western Hemisphere Region Inc.
IUD	Intra-Uterine Device
MINSA	Ministry of Health (Nicaragua)
PROFAMILIA	Asociacion Pro-Bienestar de la Familia Nicaraguense
PVO	Private Voluntary Organization
USAID (AID)	United States Agency for International Development
USAID/NICARAGUA	USAID Mission to Nicaragua

**PROPOSAL FOR FAMILY PLANNING EXPANSION
AND REGIONALIZATION PROJECT**

A. PROJECT OBJECTIVES

1.- Project Goal and Purpose

The project goal is to harmonize Nicaragua's population growth rate with the country's socio-economic development. Its purpose is to expand and strengthen the delivery of family planning services in Nicaragua.

2.- Conditions Expected at End of Project

- o The number of Couple Years of Protection (CYPs) provided by PROFAMILIA will have expanded from 62,000 to 168,000 per year.
- o Average time between births will have been expanded.
- o PROFAMILIA's family planning service delivery infrastructure will have been expanded and regionalized to encompass a network of 400 Community Based Distribution (CBD) Posts, backstopped by 4 Regional Centers (RC) and 2 Satellite Centers (SC).
- o PROFAMILIA's National Training Center at headquarters in Managua will have successfully developed and completed the training of:
 - 370 CBD Volunteers (distributors);
 - Its own staff (managerial, medical, paramedical and other technical) in service at the Managua Headquarters and throughout the country;
 - 90 physicians and 180 Nurses from the Ministry of Health (MINSa);
 - 250 social workers of the Nicaraguan Social Security Institute (INSSBI);
 - 1,250 community leaders.
- o Survey data will have been collected to show changes in the knowledge of, positive attitudes towards, and improved practices regarding reproductive health, family planning, birth spacing, and population and development among the population at large and public opinion leaders.
- o A program strategy to foster the development of alternative/complementary family planning service delivery systems will have been developed.

B. PROJECT BACKGROUND

1.- Family Planning in Nicaragua

Nicaragua has one of the fastest growing populations in Latin America. The rapid population growth has serious consequences for both maternal and child health, and undermines development efforts by expanding the number of poor, needy and economically dependent individuals faster than services can be expanded. This leads to either a growing erosion in social and economic well being or, at the least, to a slowing of the expansion of social and economic well being to the population.

Nicaragua has an estimated population growth rate of 3.2% to 3.5% per year (Smith, 1990), the highest rate in the hemisphere (Population Reference Bureau, 1990). Nicaragua's annual population growth compares to 2.2% for Latin America as a whole and to 2.9% for Central America (UNICEF, 1990). The Total Fertility Rate in Nicaragua (i.e. the average number of children borne by a woman during her reproductive life) is 5.5. This compares to 3.8 for Latin America and 4.8 for Central America (UNICEF).

The principal proximate means of reducing fertility and population growth rates is contraceptive use. Actual levels of contraceptive use in Nicaragua are unknown. PROFAMILIA quotes MINSA as fixing the level of contraceptive use at 27% (presumably of women in fertile age), of which 23% use "modern" methods. Smith states that the confirmed rate, based on PROFAMILIA and MINSA data, is only about 9%. This excludes services being provided by the private sector. Whatever the real rate, it is significantly lower than the Latin American average of 40%.

Of no less importance is the relationship of birth spacing to infant mortality. Throughout the world it has been proven that babies born to women over the age of thirty-five years or under the age of eighteen years, babies born less than two years after their immediately older sibling, or babies with four or more older siblings are more likely to die during infancy. Since contraception is the only feasible strategy for regulating conception, almost every developing country with a child survival strategy has identified the provision of birth spacing/family planning services as one of its priorities.

In most countries reproductive health needs are met by the complementary efforts of the three main sectors: the public, the private commercial (or non-subsidized), and the private non-profit (or subsidized). In marketing terms, this division of labor responds to the segmentation of the demand on the basis of the client's ability to pay for services and contraceptives.

During the last decade, the worsening of socio-economic conditions in Nicaragua gradually diminished the availability of family planning services and information for everyone in the country. The importation of contraceptives for the commercial sector was virtually stopped, reproductive health did not fall within the public sector's priorities, and the non-profit sector became seriously affected by the reduction of financial aid flowing into the country from the traditional international family planning (FP) donor community.

In 1991, the situation not only remains critically linked to the harsh socio-economic conditions which currently prevail in Nicaragua, but it is likely to remain so for the next five years.

The public sector priorities are placed elsewhere (see Section 3 below). Pharmacies are already making contraceptives available (restrictions on importation have been lifted), but both the private physician's services and the commercially distributed contraceptives are, and will likely remain, out of reach for the vast majority of the population due in large part to limitations in purchasing power and disposable income.

2.- PROFAMILIA's Experience

The "Asociacion Pro-Bienestar de la Familia Nicaraguense - PROFAMILIA" (founded in 1971) has established itself as a leading non-profit institution in the health field. A member affiliate of the International Planned Parenthood Federation, Western Hemisphere Region Inc. (IPPF/WHR), PROFAMILIA filed an application for registration as a Private Voluntary Organization (PVO) with USAID/Nicaragua on September 21, 1990.

The organization was able to overcome the critical conditions which prevailed in the country for more than a decade, and survived as a viable and independent PVO. By 1988, the association began (with technical assistance from IPPF/WHR) a comprehensive strategic planning process that culminated in 1989 in a thorough revision of its statutes, a change in name (from the original Asociacion Demografica Nicaraguense - ADN - to PROFAMILIA), and the inauguration of modern headquarters facilities.

PROFAMILIA's role and its program strategies were also revised. These new strategies enabled PROFAMILIA to establish itself as a respected partner of the Ministry of Health, to train community agents of the Neighborhood Defense Committees (this was essential to the survival of PROFAMILIA's own community development activities under the Sandinista regime), to provide technical assistance and contraceptives to other PVOs (women's groups, rural communities etc.) and to become a leading voice in the promotion of reproductive health in Nicaragua.

Currently, PROFAMILIA is viewed with respect by all political sectors because of its commitment and ability to preserve its own autonomy and non-partisan allegiance even when involved in active cooperation with the previous and the current administrations.

3.- Activities of Other Donors

PROFAMILIA's current strategic plan was conceived with a "modular approach". IPPF funding made possible the creation of the Association and has financed its core management and program operations ever since. It is anticipated that the main thrust of IPPF support will remain to assure the long term viability of the institution as a legitimate and autonomous PVO.

Donor assistance, including that from USAID/Nicaragua, will relate to specific program and management components within the master strategic plan. The most important objective of this approach is to minimize the impact that variances in any given donor's funding may have on the program strategy as a whole.

It is obvious, though, that the dependability of PROFAMILIA's services will be directly proportional to the commitments made by the donor community as a whole. PROFAMILIA is cognizant of this financial reality and will continue its policy of diversifying sources of funding, recovering service costs (to the extent feasible under current socio-economic conditions), and seeking ways to strengthen the sustainability of its activities.

IPPF

PROFAMILIA was able to fare relatively well during the periods of national turmoil due to the steady financial and technical support it received from the IPPF. Although IPPF funding cannot be legally guaranteed beyond the approved year (most donors to the IPPF obligate their respective contributions on a yearly basis), the Federation's planned support (\$1.15 million from non-US Government sources for the period January 1991/December 1995) to PROFAMILIA is expected to at least remain constant and be provided in five regularly spaced remittances per year. IPPF does not plan to support any other group or organization in Nicaragua.

AVSC

The Association for Voluntary Surgical Contraception (AVSC) was also able to provide continued financial and technical support to PROFAMILIA during the 1980s. AVSC's current commitment is \$81,300 from non-US Government sources from January 1, 1990 through June 30, 1991.) It is anticipated that AVSC will continue to support the male and female VSC procedures performed at the Managua clinics. Furthermore, AVSC specialized technical assistance will be essential to the establishing of VSC facilities in the four RCs.

According to its headquarters in New York, AVSC plans to contribute \$30,000 per year to Profamilia for this purpose between July 1, 1991 and June 30, 1994 from its centrally funded A.I.D. grant. Additionally, AVSC plans to grant \$50,000 per year to MINSA over the same period to assist the Ministry in developing its VSC capabilities.

United Nations Family Planning Association (UNFPA)

UNFPA's program for Nicaragua (1989-1992) is the largest in the Central American Region. UNFPA plans to devote \$12.2 million to (1) demographic data collection (i.e., a census); (2) a Maternal and Child Health (MCH) and family planning effort in which the most important family planning component will be the provision of oral contraceptives and condoms for the public sector; (3) information, education, and communications efforts (IEC); and (4) women, population and development programs.

UNFPA should be able to contribute to PROFAMILIA efforts in youth, reproductive health education, and women, population and development, provided that the association is able to obtain a non-objection endorsement from the GON. It is difficult to project the actual level of financing from this source, but PROFAMILIA is confident of its ability to obtain any required clearance in order to receive funding for program components in the above mentioned areas.

Additional Sources

The Governments of Finland, Norway and the Netherlands have expressed their intention to cooperate with the GON through multilateral and bilateral arrangements (including UNFPA). IPPF has made a case to these potential donors for support to PROFAMILIA. IPPF will make similar representations to other Governments and private sources in the United States and elsewhere.

4.- GON Family Planning Activities

Nicaragua's MINSA has identified family planning as a major component of its child survival strategy as set forth in the "Campana Nacional por la Defensa de la Vida del Nino" in 1988. Family planning is a major component of MINSA's maternal and child health program. Program norms, according to Smith in his "The Nicaraguan Health Sector: A Preliminary Analysis", call for the distribution of oral contraceptives and condoms by auxiliary nurses at the health post level. In theory, then, MINSA should as a matter of policy offer family planning services in the majority of its health facilities.

In actuality, the deterioration that is apparent in all aspects of MINSA's infrastructure is also reflected in the deficient availability of family planning services. From a mere quantitative perspective, it is unlikely that, given its current staff training needs and the acute care demand pressures put on its service delivery network, the GON will be able to respond to existing demand for family planning. Even if MINSA were to provide oral contraceptives and condoms, as stated above, from a "qualitative" standpoint, minimum standards for informed choice and quality of care will not be met under present conditions.

5.- AID's Policy/Strategy in Family Planning

A.I.D. has provided financial and technical support to family planning programs since 1965. Some of the earliest A.I.D.-funded family planning programs were in the Latin American Region; e.g. Colombia and Jamaica. A.I.D.'s support is intended to increase access to family planning information and safe, effective, and voluntary contraceptive services.

The Bureau for Latin American and the Caribbean (LAC), with significant input from the affected missions, is currently designing a Central American strategy to provide programming direction for A.I.D. support through the end of the decade. The draft strategy includes a rationale for continued support for family planning to improve the health of women and the economic and social indicators of the region. Concurrently, the draft regional environmental strategy also includes a rationale for reducing the birth rate in order to slow degradation of the environment. In other words, the linkages between health, environment, and economic growth have as their common underpinning a reduced population growth rate.

A.I.D. policy endorses the provision of safe and effective family planning methods to all who desire them. A.I.D. also recognizes that most if not all family planning activities cannot become financially sustainable in the near to medium-term, and that recipient family planning associations (FPAs) such as PROFAMILIA will require continued donor support during and after the life of project. A.I.D. therefore focuses its efforts on building the institutional capacity of those FPAs, while simultaneously encouraging them to begin to move toward financial sustainability through means such as the collection of user fees.

A.I.D. policy prohibits any form of coercion in A.I.D.-funded family planning programs. All A.I.D.-funded family planning programs are required to provide accurate and objective information about all available contraceptive methods. The use of A.I.D. funds for abortion, or promotion of abortion is strictly prohibited.

The proposed grant to PROFAMILIA conforms with these policies, strategies, and regulations of A.I.D. This grant will provide open and voluntary access to all who desire family planning services. No coercion is involved, and no funds will be used for abortion or for the promotion of abortion. While USAID/Nicaragua recognizes that the proposed activities will not become financially sustainable during the life of this project, and that PROFAMILIA will still require donor assistance after this grant is completed, PROFAMILIA will continue to move toward financial sustainability by maintaining its policy of charging reasonable user fees based on the ability of its clients to pay. At the same time, the project will build PROFAMILIA's management capacity, and thus contribute significantly to the institutional sustainability of family planning activities in Nicaragua.

C. PROJECT ELEMENTS

The proposed project represents a managerial and programmatic strategic plan for the period January 1991 through December 1995.

The core components of PROFAMILIA's management structure, as well as its on-going programs, will continue by-and-large to function with financial support from the IPPF. To the extent that they have been successfully carried out by PROFAMILIA for a number of years, on-going activities can be safely used as "demonstration or pilot" projects for the ones proposed for USAID/Nicaragua support. Therefore, they will be used, to the extent possible, to illustrate what is to be done, for whom, by whom, how, when and where.

1. Community Based Distribution

a) Existing component:

The CBD program attempts to provide easy access to low technology contraceptive methods to women of fertile age who freely and spontaneously wish to space or limit births.

The program currently operates in the departments of Managua, Leon, Masaya and Carazo. It provides approximately 24,000 Couple Years of Protection (CYPs) to 30,000 to 35,000 women each year. New sites are identified by a team of educators who visit villages and urban barrios and provide seminars on women's health issues over a span of several days. If by the close of the seminar the community has expressed an interest in family planning and birth spacing, the women choose a community member to be a volunteer CBD distributor. The CBD supervisor then visits the selected person and gives her additional training and provides her with initial stocks of contraceptives. These contraceptives include regular and low dose oral contraceptives, condoms and spermicides. These are sold at the price of US\$ 0.10 per one month supply, of which the distributor keeps 50%.

There are currently about 200 CBD posts and 35,000 users for an average of 175 users per post. The supervisor visits each new post monthly for the first three months. Thereafter visits continue on a monthly basis if road conditions permit. If not, then the post is visited as frequently as possible, but at least every three months.

The nurse/supervisor also provides on-the-job training to the distributor. Twice per year selected distributors attend refresher and skills up-grading courses in Managua. Although there are MINSA facilities in the areas served by the project, specialized family planning medical support for CBD acceptors is scarce outside Managua. Similarly, any client opting for IUD or VSC must travel to PROFAMILIA facilities in Managua.

b) Proposed Expansion:

Under this component CBD posts will be expanded from the current 200 in the four Pacific Coast departments to 400 in twelve departments, including five in the mountainous central region. The number of users per post will average 150. (This reduction in the average is a conservative approach to goal setting, taking into account that some of the new areas will be harder to reach and/or more sparsely populated.) PROFAMILIA anticipates that by the end of the project, its 400 CBD posts will provide an annual total of 52,000 Couple Years of Protection.

This expansion will be closely related to the rehabilitation of new regional centers as discussed below under component two. Each regional center will serve the same functions in the expanded program as the Managua office serves in the current program. A supervisor with a car and driver as well as two social workers who will do the initial community work will be based at each center. Fifty new posts will be established in Region II (Leon and Chinandega), twenty-five in Region IV (Masaya, Granada and Rivas), fifty in Region V (Boaco and Chontales) and seventy-five in Region VI (Matagalpa, Jinotega and Esteli). The opening of CBD posts will be according to the following schedule:

REGION	1991	1992	1993
II (Leon and Chinandega)		50	
IV (Masaya, Granada y Rivas)			25
V (Boaco y Chontales)		50	
VI (Matagalpa, Jinotega and Esteli)	75		

2.- Clinical Services

a) Existing Component

At the moment PROFAMILIA offers family planning and complementary gynecological services at its two clinics in Managua. The two clinics provide attention to some 80 patients daily and 19,000 per year. These services include 2,000 voluntary surgical sterilizations per year, the placing of 300 IUDs, family planning and birth spacing counselling, and the early detection of uterine cervical cancer ("pap smear"). The two clinics were responsible for 30,000 CYPs in 1989, over 50% of PROFAMILIA's total, and will continue to operate with counterpart funds (local income, IPPF & AVSC) during the life of the project.

b) Proposed Expansion

To increase the availability of clinical and surgical contraceptive services, PROFAMILIA will establish four new clinics (RCs) with one operating room each. In addition, two small clinical facilities (satellite clinics - SCs - with no operating room) will be created to provide clinical support to the CBD program. By the end of the project, these new clinics, in combination with PROFAMILIA's existing facilities in Managua, will provide an overall annual total of 116,000 CYPs.

The new regional centers will be in Matagalpa (Region VI), Granada (Region IV), Chinandega (Region II) and Juigalpa (Region V). These centers will offer voluntary surgical sterilization as well as MCH education programs, complementary gynecological services, family life education and family planning/responsible parenthood counselling.

PROFAMILIA will purchase the facilities for the RC and will rent small houses for the SC. The adaptability of any given facility to function as an administrative and clinical facility will be a major factor in deciding for its purchase. It is anticipated, however, that refurbishing of the facilities to create an operating room and pre/post surgery rest areas will require substantial renovations. In the case of the SC, only minor renovations (e.g. sanitary facilities) are expected to be needed.

PROFAMILIA has the in-house management capacity and the proven track record needed to carry out this remodelling effort. In 1989, a private business school in Managua was identified and transformed into a multiple use facility (integrated training - medical/surgical - administrative - warehouse - and garaging for its vehicles) that currently houses PROFAMILIA's headquarters. This work was carried out by a contractor working on PROFAMILIA's behalf during the U.S. embargo, when the scarcity of construction materials and labor were rampant, in a timely manner.

PROFAMILIA will undertake the renovation work funded by this grant in the same manner. It will hire local construction contractors at each site using its established contracting procedures. As with the work done in Managua in 1989, PROFAMILIA will solicit competitive offers from a reasonable number of qualified contractors. None of the anticipated renovation contracts will exceed \$100,000 in value. PROFAMILIA will assume full responsibility for overseeing these renovations as an essential component of the implementation plan. To help it carry out this responsibility, PROFAMILIA will (as it has in the past) use the services of a local architectural and engineering firm.

Each RC will be managed by a regional director whose main duties and responsibilities will be both managerial and programmatic. This person should have solid managerial skills and a deep understanding of (and/or professional background in) substantive program areas (i.e. social communications, public health, etc...). Local staff at each of these RCs will include a secretary/receptionist, janitor, launderer, watchman, two social workers, a driver, a physician, one professional nurse and one auxiliary nurse. Furthermore, each center will be supplied with audio-visual equipment and teaching materials.

The two SCs will offer all full range information and contraceptive services (except VSC). They will be established in Esteli and Boaco. These SC will have a small staff of one physician, one professional nurse, one receptionist, a cleaning person and a watchman.

The schedule for the purchase and renovation of the RCs and SCs follows:

REGION	1991	1992	1993
II (Chinandega)		1 RC	
IV (Granada)			1 RC
V (Juigalpa and Boaco) / * Boaco SC will be opened Jan 1, 1994. Opening may be advanced to 1993 if feasible.		1RC	1 SC*
VI (Matagalpa and Esteli)	1 RC		1 SC

3.- Public Information and Education

a) Existing services

Currently, all PROFAMILIA's information and education services are provided by Managua-based staff. PROFAMILIA's promotional efforts emphasize the face-to-face Community Development Strategy. This includes the following Community Development activities linked to the CBD network and the referral of clients to the clinical/surgical services:

o Maternal Child Health and Family Planning Education (EMIPLAFA). Under EMIPLAFA, PROFAMILIA has been offering an average of 24 workshops for 800 women per year within the areas covered by the CBD network. This is essentially a basic instructional program on MCH care, including family planning. These women are expected to act as multipliers within their respective communities. From their ranks, CBD distributors are selected.

o Collaboration in Woman's Development (CODEMU). This program offers orientation on family planning within the context of health issues, and provides training in home/vegetable gardening and the planting of fruit trees. Approximately 16 courses are held annually with some 500 participants. This is also a program feeding potential CBD distributors and helpful to build PROFAMILIA's image within the rural communities.

o Family and Family Life and Sex Education for Adolescents.

b) Proposed Expansion

A.I.D. support will permit the creation of a Social Communication Unit. This unit will consolidate and expand the functions previously carried out by the Project Support unit. The Social Communication Unit will also provide technical and supervisory support to the National Training Center (see Section C.4.b. below).

Regionalization of Profamilia's operations (scheduled to be in full effect as an operational management structure by January 1994) will facilitate the implementation of an additional 24 new EMIPLAFA workshop-seminars per year, with an average of 35 women (from communities in each region) participants per event.

Thus, by the end of the project, a total of 3,360 participants will have been trained with combined IPPF (Managua Region) and USAID (expanded/Regional offices) support.

CODEMU and adolescent related activities will continue under IPPF support. As the RCs become established, the CODEMU teams could travel to the regions to complement and integrate their efforts with the field staffs.

Also under this component, new materials will be designed, tested, published and distributed to support the CBD program. This will include 400 flip charts (for CBD distributors) and 50,000 pamphlets.

The Public Information component will use mass media and other modalities to conduct small support campaigns as the RCs begin to expand the presence of PROFAMILIA's program in a given region.

A women's forum, leadership education efforts and other promotional activities will be also undertaken by the Social Communication unit, with assistance from limited but well timed and effective outside technical assistance.

4.- National Training Center

a) Existing component

The introduction and promotion of family planning in any given country, by means of providing and/or facilitating the training of professionals, para-professionals and community leaders, has been a mainstream activity for almost all Family Planning Associations in the world. PROFAMILIA has been a typical case that illustrates the point.

In 1988, while designing the long term strategic plan for PROFAMILIA, it became clear that the local environment, unmet family planning needs, and the most efficient use of scarce resources called for (among other things) assigning program priority to the provision of training for key individuals in the public and private sectors.

Thus the creation of a National Training Center at the Association's Managua headquarters was planned. The selection of PROFAMILIA's current headquarters and its renovation were made with that goal in sight. The first formal training activity was carried out in January 1990. PROFAMILIA staff, and a limited number of outside specialists, are used as trainers.

b) Proposed Expansion

The Center will fall within the jurisdiction of the new Social Communication Unit, which should provide the technical and supervisory support in all relevant areas: curriculum design, training strategies, coordination of technical input by specialist, logistics & support.

Training will be provided to the following groups:

i) PROFAMILIA's own Staff

The details of this training are presented in section D.3 below.

ii) MINSA's Personnel

The main purpose of training this group is to form a cadre of MINSA professionals who will have a basic but complete view of family planning. They will gain an understanding of the need for family planning and the issues at stake (public health, MCH/risk analysis, etc.), and will receive theoretical and practical instruction in contraceptive technology (including VSC). All of this will be presented with an emphasis on quality of care and informed choice. The participants will be chosen from all over the country, so that by the end of the project, at least one team (each team will be composed of one MD and two nurses) will be in place in at least 60 major MINSA health facilities.

Ninety physicians and 180 nurses will receive a two week course during the first phase of the training (30 MDs and 60 nurses per year) in Years I, II & III of the project. From those 90/180 trainees, 60/120 will be selected for a the second phase training during Years IV & V of the project. The courses will also be two weeks long, to update, refresh and provide an additional in-depth look at the same issues, this second time with the perspective of the participants' own experience in family planning.

Some of the physicians may become part of a network of private service providers receiving technical support and contraceptives from PROFAMILIA to stimulate the active incorporation of family planning in their private practice. In the sparsely populated Atlantic region, these private physicians will serve as PROFAMILIA's reproductive health agents, in which case some form of support may be added to ensure that the indigent population receives the full benefit of subsidized family planning information and contraceptive services.

iii) Social Workers from the INSSBI

The purpose of reaching this group is to enable the participants to work with potential family planning acceptors. They should become qualified to orient them and refer those potential clients to service/supply sites.

250 social workers will be trained (yearly average 50) on the basics of family planning (informed choice, contraceptive methods, etc.) and other relevant social issues as these relate to family planning (for example, women's issues, child bearing and employment, etc.).

iv) CBD Distributors

The CBD distributors are the most important actors in the provision of information and contraceptive services. Many of the program acceptors will never contact a PROFAMILIA staff member or even visit a PROFAMILIA facility. Therefore, it is essential that the distributors, who are volunteers, gain a simple but solid understanding of the importance of family planning and birth spacing, the methods and services available, and particularly of the issues of freedom associated with practicing contraception and with choosing a particular method. Selection, motivation and initial training to distributors is initially provided in their respective communities by PROFAMILIA's Community Development staff (EMIPLAFA, CODEMU and CBD supervisor). Formal training (a two day workshop in Managua) is provided for everyone within one year of joining the network.

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The schedule of training for new CBD distributors will be based on the opening of new posts. Since the turnover rate for CBD distributors has consistently remained at about 5% (yearly), PROFAMILIA anticipates training an equivalent to 10% of the already established posts, on any given year. The higher percentage is based on the training strategy of inviting some of the best performers (CBD distributors) to participate and share some of their experiences with the new recruits.

v) Community leaders

The politicization process that took place in Nicaragua during the last decade brought about the development of community activists. PROFAMILIA identified the need and expediency of training these socially and politically active leaders. The workshops offered to them pursue two concurrent goals. First, these workshops give them basic knowledge on family planning, birth spacing, reproductive health and male involvement/women's issues. Second, the workshops sensitize them about matters that are subject to misinformation and manipulation, hence defusing potential obstacles if unfounded accusations against PROFAMILIA, family planning or the institution's program in their communities are raised.

Workshops offered under the auspices of this project will continue to stress these themes. An average of 250 community leaders per year will be trained, for an estimated total of 1,250 over the life of the project.

5.- Evaluation and Investigation

a) Existing Component

With IPPF support and in relation to the on-going program, PROFAMILIA has maintained a one person evaluation unit to meet basic program monitoring and management information needs.

b) Proposed expansion

The Evaluation and Investigation Component of this project will focus on program evaluation and the development of new information to assist in programming and monitoring. The quality of both teaching and content of educational programs, the quality of patient attention in PROFAMILIA clinics, and proper surgical techniques will be some of the areas evaluated.

The most significant investigations will be two contraceptive prevalence and maternal/child health surveys conducted by the U.S. Public Health Service's Centers for Disease Control (CDC). The first of these will be carried out in 1991 using central Population funds administered by the Bureau for Science and Technology's Office of Population (S&T/Pop). Funds from this grant to Profamilia will then be used for an endline contraceptive prevalence and maternal/child health survey in 1995, the final project year. This endline survey will measure changes in these variables over the life of this project. These investigations will provide the first reliable data in the last decade on the real prevalence of contraceptive use in the country.

6.- Alternative Distribution Systems

In 1994, PROFAMILIA will hire an additional professional who will work (within the evaluation and investigation unit) with PROFAMILIA's internal "Task Force on Forward Look Program Alternatives - TFFLPA" (see Section F.2.b below) to explore the development of alternative distribution systems, utilizing existing resources of the Nicaraguan public and private sectors. Additionally, the TFFLPA will explore methods to increase cost recovery.

PROFAMILIA has trained and will continue to train MINSA personnel in family planning methodology. The TFFLPA will collaborate with MINSA in seeking to expand family planning services through better use of the PROFAMILIA trained personnel and MINSA physical infrastructure. The TFFLPA will also look for opportunities to increase cost recovery from the training activities and other collaborative approaches to increase government involvement in family planning.

The TFFLPA will oversee marketing feasibility studies; demand studies, etc., in order to establish an overall direction for PROFAMILIA, and a methodology for increasing cost recovery.

An additional example of the TFFLPA work plan in this area could be an initiative to improve the qualitative and quantitative aspects of the non-subsidized private commercial sector (pharmacists, private physicians etc.).

At the end of this five year grant, the TFFLPA will have established the feasibility of a marketing strategy and, if appropriate, proposed a specific program strategy with elements that will increase the service delivery capacity of PROFAMILIA while strengthening the financial aspects of family planning through more effective cost-recovery.

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D. **IMPLEMENTATION PLAN**

1.- **Technical Assistance Plan**

The IPPF/WHR Inc. in New York has been established among other purposes to provide technical assistance, to facilitate and coordinate the exchange of experience, and to mobilize whatever human expertise is required by its member affiliates. The ability to serve the FPAs is based on a sound assessment of regional (WHR) needs and priorities. Therefore, in cases such as Nicaragua when there were no other sources of funding, priority was given to the provision of TA in all relevant areas. The main objective was to assist PROFAMILIA in developing an adequate strategic plan and an improved core infrastructure that would make the institution eligible (and able) to absorb substantial funding from other donors for program expansion.

With funding from the proposed project, PROFAMILIA expects to continue its rewarding relationship with IPPF/WHR through which it receives technical assistance and coordination services for the exchange of experience, training, etc.

Once the technical assistance plan outlined below is approved by USAID, PROFAMILIA and IPPF/WHR will work out specific details on a yearly basis and will make all necessary logistic arrangements. In observance of all applicable A.I.D. regulations, PROFAMILIA will regularly submit requests for concurrence to USAID. These requests will specify the objectives to be accomplished, the scope of work to be carried out, and the intended dates. PROFAMILIA and IPPF/WHR's accounting department will handle the fund transfers after the satisfactory completion of every technical assistance mission.

This project will benefit from a certain level of person/month of effort from IPPF that IPPF will support with its own resources. When A.I.D. funds granted to PROFAMILIA are used for technical assistance, PROFAMILIA will seek (and IPPF/WHR will assist with the identification and/or mobilization of) the best available expertise in any given field.

Similarly, PROFAMILIA will not be bound or grant an exclusive commitment or preferential treatment to any specific consultant and/or TA provider. In sum, PROFAMILIA will, as required by the Standard Provisions of the planned Operational Program Grant (OPG) from A.I.D. and by its own internal procurement procedures, seek technical assistance from the best qualified and most competitive sources.

The following information is provided as "an indicative planning estimate" subject to annual revision when the actual work plan and budget for each year is submitted to USAID for approval. This flexibility is of the essence. The process in itself involves several steps that can be substantially modified as small operations research findings, logistic bottlenecks and other feedback-producing elements alter the initial (global) needs assessment.

PROFAMILIA has identified the following areas in which it may need technical assistance.

- o OVERALL MANAGEMENT INFRASTRUCTURE
 - a) Compilation, review, and revision of all internal methods, norms, and procedures so that management, and hence all operations, are standardized to make regionalization feasible.
 - b) Management Information System (MIS). The process of developing this system began in 1990 with IPPF support. The results of a complete needs assessment are due in early 1991.
 - c) Review and improvement of financial planning and accounting systems and procedures so that they are in optimal condition for application of the MIS (computerization). This effort also began in 1990.
 - d) International procurement of contraceptives and commodities, including review and expansion of the existing contraceptive management system and liaison with the A.I.D.'s Central Contraceptive Procurement Project (936-3057). This is implicit in, and related to, points a, b, and c above.

- e) Program design and operations. This will involve design of an exchange of experience program by which key PROFAMILIA staff members visit other Family Planning Associations in Central America to understand and acquire hands-on experience in regionalization and substantive areas of family planning.

- o RESEARCH AND EVALUATION

Technical assistance and an exchange of experience program will have to be provided for the new Social Communication (IEC) unit. This should include training of trainers, curriculum development, production of IEC materials (e.g. use of desktop publishing capability), etc.

- o CLINICAL AND SURGICAL CONTRACEPTION

Technical assistance and exchange of experience will have to be provided in consultation with AVSC and IPPF. Substantive areas such as counselling, quality of care standards, patient flow analysis, infection control, and up-to-date contraceptive technology are particularly important. This know-how and experience will have to be transferred through a special training of trainers strategy, since PROFAMILIA will be the instrument to pass along technical assistance to MINSA staff and other cooperating organizations.

- o OVERALL PROGRAM MANAGEMENT AND IMPLEMENTATION

PROFAMILIA will request assistance and support from the IPPF/WHO program, finance, and technical assistance team to reinforce and monitor overall strategic planning while ensuring coordination with IPPF and consistency with the Federation's standards.

2.- Commodity Procurement Plan

PROFAMILIA will seek through competitive solicitation the services of a procurement agent to assist in the procurement and shipment of offshore commodities. In purchasing these commodities, PROFAMILIA will utilize its own procurement procedures and practices consistent with the standard provisions of the proposed OPG. These procedures will afford the advantages of competitive purchasing power and assure strict compliance with applicable U.S. Government rules and regulations

A.I.D. will provide contraceptives to PROFAMILIA on an in-kind basis through A.I.D.'s Central Contraceptive Procurement Project.

In addition, IPPF/WHR will provide additional technical assistance (see above) to PROFAMILIA so that warehousing, inventory controls, and overall management of commodities and contraceptives are also carried out in full compliance with applicable U.S.G. regulations.

The sequencing of the commodity procurement process is expected to be as follows. PROFAMILIA will include the actual schedule in its proposed workplan and budget for each project year.

- o USAID/Nicaragua will draw up Contraceptive Procurement Tables (CPTs) with assistance from either CDC or John Snow International. This assistance will be funded from A.I.D. sources outside this project. IPPF/WHR will assist PROFAMILIA in revising those tables.
- o Contraceptives will then be procured through A.I.D.'s Central Contraceptive Procurement Project 936-3057 (for contraceptives funded by A.I.D.) and through IPPF/WHR's established procurement procedures (for contraceptives funded by IPPF/WHR). Per standard A.I.D. procedures, the purchase of the A.I.D.-funded contraceptives will be financed with funds transferred from USAID/Nicaragua's OYB to the central project. These funds will remain outside this grant to Profamilia, although they will be considered part of A.I.D.'s contribution to the project. See Annex VI for details of which contraceptives will be procured using A.I.D. funds and which will be procured using IPPF/WHR funds.
- o IPPF/WHR's Regional Supplies Coordinator will assist PROFAMILIA in bringing up to date the list of non-contraceptive commodities to be ordered, in timing procurement to correspond with the work plan, and in monitoring costs to assure that these remain within the approved budget. A list of all commodities to be funded by this project is set forth in Annex VI.
- o PROFAMILIA will contract a Procurement Services Agent to begin actual procurement (quotations, ordering, shipping timetables and instructions, etc.) and delivery of commodities.
- o Technical assistance will be provided to ensure compliance with A.I.D. regulations concerning facilities, control systems, etc.
- o As a recognized Nicaraguan PVO, PROFAMILIA is exempt from GON import duties. In the past, there have been no bottlenecks or delays with the importation of foreign goods.

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For subsequent years, this cycle will be repeated as needed. Procurement, ordering, and shipping will be coordinated to facilitate the process of regionalization. IPPF/WHR will adhere to its long-standing policy of carrying out implementation plans in a timely manner so as to prevent cost overruns. This is particularly relevant to the procurement of medical and surgical equipment, an industry which has shown unpredictable price changes above and beyond U.S. inflation rates.

3.- Training Plan

Training activities will take place on the following general schedule.

Type and Number of Trainees:	Description:
YEAR ONE (CY 1991)	
CBD Distributors (95)	3 workshops of 2 days each
MD/Nurses (30/60)	2 weeks per each MD/Nurse team
Social Workers (50)	2 workshops of 2 days each
Community Leaders (250)	12 workshops of 2 days each
PROFAMILIA Staff (40)	2 Group Exercise/Indiv. Prog.
YEAR TWO (CY 1992)	
CBD Distributors (130)	4 workshops of 2 days each
MD/Nurses (30/60)	2 weeks per each MD/Nurse team
Social Workers (50)	2 workshops of 2 days each
Community Leaders (250)	12 workshops of 2 days each
PROFAMILIA Staff (40)	2 Group Exercise/Indiv. Prog.
YEAR THREE (CY 1993)	
CBD Distributors (65)	2 workshops of 2 days each
MD/Nurses (30/60)	2 weeks per each MD/Nurse team
Social Workers (50)	2 workshops of 2 days each
Community Leaders (250)	12 workshops of 2 days each
PROFAMILIA Staff (40)	2 Group Exercise/Indiv. Prog.

YEAR FOUR (CY 1994)

CBD Distributors	(40)	2 special workshops
MD/Nurses*	(30/60)	Reinforcement Training
Social Workers	(50)	2 workshops of 2 days each
Community Leaders	(250)	12 workshops of 2 days each
PROFAMILIA Staff	(60)	2 central/4 regional exercises

YEAR FIVE (CY 1995)

CBD Distributors	(40)	2 special workshops
MD/Nurses*	(30/60)	Reinforcement Training
Social Workers	(50)	2 workshops of 2 days each
Community Leaders	(250)	12 workshops of 2 days each
PROFAMILIA Staff	(60)	1 central/4 regional exercises

*MD/Nurses selected from the 90/180 trained in Years 1-3.

Training workshops will be evenly distributed throughout the year to take into account PROFAMILIA's staff work load, availability of staff and facilities, work load of participants, holiday, etc. PROFAMILIA will include the training schedule in its proposed workplan and budget for each project year. Actual dates will be set on a quarterly basis. Special evaluation tools will be designed to monitor process, content, and impact of all training activities.

4.- Administrative and Logistical Support

The essence of the regionalization process lies in the principle that the locus for operational decision making must be placed as close as possible to those involved in or affected by the decisions.

With assistance from this grant, PROFAMILIA's overall staff will expand from 41 to 108 positions. Annex VII to this proposal sets forth the planned organizational chart for this expanded staff. All new staff will be paid in accordance with PROFAMILIA's standard wage schedule. No salary supplements will be paid to these individuals, and they will be employees of PROFAMILIA, not of A.I.D. PROFAMILIA's headquarters staff will remain responsible for overall executive, supervisory and administrative duties of the program as a whole. In addition, they will be responsible for managing the program components in the Managua Region.

The senior staff will constitute a permanent technical advisory committee (TAC), chaired by the Executive Director. This TAC will periodically compile, review and update the internal norms and rules (Internal Methods and Procedures) that are to be used within the organization to ensure consistency in the type and quality of operations and outputs. The TAC members, senior specialists in their respective fields of expertise, will provide initial and on-the-job training for the field staffs. The Director for Regional Coordination will be in charge of overseeing the flow of administrative, technical and logistic support to field operations.

Supplies and commodities (including contraceptives) will be ordered (and purchased, whenever applicable) through the headquarters. The bulk of supplies and commodities will be stored in Managua. Stocks to ensure adequate resupply of CBD distributors as well as to maintain a steady level of regional operations will be kept in each RC.

Regular supervisory and technical support visits by TAC members to the RC will be scheduled. At least two annual general staff meetings will be held in Managua for planning, coordination, team building and updating knowledge on substantive program & managerial areas. All regional functions, programmatic, administrative and financial will be handled at the RC.

Each regional Director (RD) will be the CEO in his/her respective region and will report to the Director of Regional Coordination at headquarters. The Director for Regional Coordination will be a member of the TAC and will report to PROFAMILIA's Executive Director.

E. MONITORING, EVALUATION AND AUDIT PLAN

1.- IPPF Requirements

As a grantee of the IPPF, PROFAMILIA is required to meet international program management standards such as the implementation of a Planning-Programming-Budgeting and Reporting (three year) cycle. This is an strategic planning tool. The reporting component of the cycle includes the obligation to collect complete, accurate, and verifiable data about all program activities for reporting to the donor in a regular and timely manner.

These are strict standards that call for suspension of funding if reports are past due. PROFAMILIA has a proven record of compliance both in terms of the quality and timeliness of submission for all required reports.

Strict monitoring is also carried out by IPPF and donors such as AVSC to ensure that VSC procedures are observed. Proper counselling and documentation on informed consent must be kept by PROFAMILIA for evaluation purposes.

The expansion and regionalization to be carried out will be subject to compliance and strict adherence to all program and financial reporting requirements of the IPPF which (as already established through similar IPPF projects with A.I.D. elsewhere in Central America and worldwide) are fully acceptable to A.I.D.

2. - Output Monitoring

Output monitoring will answer the key question of what specific, concrete changes or activities have occurred as a consequence of A.I.D.'s decision to provide resources in support of family planning activities in Nicaragua. The project anticipates the following outputs during five years of activity:

- o PROFAMILIA Community Based Distribution (CBD) efforts active in 400 communities by the end of the project.
- o Four new regional centers and two new satellite clinics established.
- o Knowledge of and positive attitudes toward family planning and birth spacing increased among both the general public and opinion leaders.
- o Expansion of the technical and managerial capacities of family planning workers from both the public and private sectors.
- o Realistic baseline demographic and maternal and child health data available.
- o Increased knowledge of the potential feasibility of alternative distribution systems.

Verification of most of these outputs will be relatively simple. Establishing the existence of the new CBD posts and clinics, for example, will require only that evaluators check project records and undertake site visits. The availability of realistic baseline data will be evidenced by completion of the CDC's contraceptive prevalence and maternal/child health survey. Similarly, the increase in knowledge about alternative distribution systems will be demonstrated by the reports that PROFAMILIA staff will prepare on this subject. The monitoring of qualitative outputs - positive attitudes towards family planning and expansion of the technical and managerial capacities of project-funded trainees -- will be carried out by using specific evaluation tools such as small surveys, spot interviews, verification of client satisfaction, and trainee follow up. Therefore, reliable output level monitoring will not become a disproportionate or unmanageable aspect of this grant.

3. - Purpose Level Monitoring

The purpose of this project is to expand and strengthen the delivery of family planning services in Nicaragua. Achievement of this purpose will be evidenced by an increase from 62,000 to 168,000 in the total number of Couple Years of Protection provided by PROFAMILIA activities. As at the Output level, monitoring of progress toward this purpose will be straightforward. Sample data from selected service delivery centers (clinics and CBD posts) will enable project managers and evaluators to estimate the number of CYPs provided as implementation proceeds.

4 - Goal Level Monitoring

The project goal is to harmonize Nicaragua's population growth rate with the country's socio-economic development. USAID and PROFAMILIA do not, of course, hold this project alone responsible for achieving this goal, which can be reached only through a combination of many A.I.D. and non-A.I.D. funded initiatives in this and other sectors. Accordingly, USAID and PROFAMILIA will not evaluate the project at this level. Project monitors and evaluators should, however, be able to obtain data from various sources (e.g. the project-funded contraceptive prevalence survey, the national census that UNFPA plans to support, etc.) that will provide a more accurate estimate of the true level of population growth in Nicaragua than has heretofore been available. When compared with national income statistics published by multilateral donors, this data should provide a rough picture of the extent to which Nicaragua has "harmonized" population growth with economic growth.

It is worth noting that similar goals have been achieved with similar projects over significant periods of time elsewhere in the world. The availability of family planning services contributes to reducing population growth rates, and hence to reducing socio-economic pressures (additional housing, schools, hospitals, employment, impact on the environment, etc.). Therefore, the project's goal is achievable and realistic. Monitoring progress toward it will depend on the availability of accurate national socio-economic indicators in combination with the health demographic data that this project expects to collect.

5.- Evaluation and Audit Plan

A comprehensive monitoring plan reduces but does not eliminate the need for project evaluations. Accordingly, the following evaluations will be conducted during the life of the project:

- o A mid-term evaluation in the third year of the project. It will focus on progress made toward the output and purpose level indicators described above, and will examine critically PROFAMILIA's performance in overseeing new regional activities. The evaluators will be asked to make recommendations for any mid-course corrections that may be necessary.
- o A final evaluation in the fifth project year. This evaluation will provide a comprehensive assessment of results which may, if appropriate, feed into the design of a follow-on project in this sector. The evaluators will devote particular attention to assessing progress made in identifying and laying the groundwork for expansion of alternative distribution systems.

Finally, two types of audits will ensure that project funds are appropriately utilized:

- o An IQC accounting firm will carry out a limited pre-award survey prior to execution of the planned OPG to certify PROFAMILIA's capacity to manage planned activities.
- o A concurrent audit will review progress under this project on an ongoing basis.

These non-Federal audits will be financed with funds from the Contingency line item set forth in Annex V, "Cost Estimate and Expenditure Projections," and/or with A.I.D. funds from outside this project.

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6.- FSN Personal Services Contractor

To assist the mission in coordinating, facilitating implementation of, and monitoring this project, USAID/Nicaragua will execute a direct A.I.D. Personal Services Contract with a Nicaraguan professional. This Project Coordinator will work within USAID's General Development Office (GDO), and will report to the General Development Officer or her designee. Funds for this position are included in the overall Life-of-Project authorization for the A.I.D. contribution, but will not be granted to PROFAMILIA. A suggested Scope of Work for this position is set forth in Annex IX to this Project Paper-like document.

ACTION: AID INFO: AFB DCM ADMIN

ANNEX I

VZCZCM00295
 PP RUEHQT
 DE RUEHC #5135/01 3420107
 ZNR UJUUU ZZH
 P 032105Z DEC 90
 FM SFCSTATE WASHDC
 TO AMEMBASSY MANAGUA PRIORITY 4433
 BT
 UNCLAS SECTION 01 OF 02 STATE 415135

03-DEC-90

TOR: 14:15
 CN: 14559
 CERG: AID
 DIST: AIDA
 ADD:

AIDAC

E.O. 12355: N/A

TAGS:

SUBJECT: NPD REVIEWS -- PRIVATE AGRICULTURAL SERVICES
 (524-0315); PVO COFINANCING (524-0313); FAMILY PLANNING
 EXPANSION AND REGIONALIZATION (524-0312); EXPANDED
 PROGRAM OF IMMUNIZATION (524-0321)

1. ON NOVEMBER 23, 1990, LAC STAFF REVIEWED SUBJECT
 NPD'S. AID/W GUIDANCE AND DECISIONS RELATING TO EACH
 PROJEC ARE PROVIDED BELOW.

2. PRIVATE AGRICULTURAL SERVICES (524-0315)

A) LAC GRANTS PROGRAM CONCURRENCE FOR THE MISSION TO
 PROCEED WITH FURTHER DEVELOPMENT OF THIS PROJECT AND THE
 MISSION DIRECTOR IS HEREBY DELEGATED AUTHORITY TO
 APPROVE THE PID IN THE FIELD.

B) SINCE THIS PROJECT WILL FINANCE THE DELIVERY OF
 PRIVATE AGRICULTURAL SERVICES FOR ONLY FIVE YEARS,
 SELECTION CRITERIA TO BE APPLIED TO THE ALLOCATION OF
 PROJECT FUNDS SHOULD BE DESIGNED IN SUCH A WAY AS TO
 FAVOR PRIVATE AGRICULTURAL ORGANIZATION (PAO) ACTIVITIES
 WHICH PRESENT THE GREATEST POTENTIAL FOR COSTRECOVERY

AND SUSTAINABILITY: THE PID/PP SHOULD ANALYZE THE
 SUSTAINABILITY POTENTIAL OF PAO SERVICES AND PROJECT
 BENEFICIARIES SHOULD ASSUME NO FURTHER SUPPORT BEYOND
 THE PACD.

C) AID/W UNDERSTANDS THAT PAO MEMBERSHIP (AND THEREFORE
 PROBABLE PROJECT BENEFICIARIES) WILL BE BETTER
 IDENTIFIED THROUGH THE COURSE OF FURTHER PROJECT
 DESIGN. BASED ON THE RESULTS OF THIS CLARIFICATION, IT
 MAY BE APPROPRIATE FOR PROJECT DESIGN TO INCORPORATE
 PRIVATE PRODUCERS WHO ARE NOT CURRENTLY ACTIVE PAO
 MEMBERS. THE MISSION SHOULD ENSURE THAT POORER FARMERS
 AND NON-TRADITIONAL PRODUCERS MIGHT ACCESS NECESSARY
 SERVICES FINANCED THROUGH THIS PROJECT AND THAT
 BENEFICIARIES ARE NOT LIMITED TO THE LARGER MORE
 INFLUENTIAL PRODUCERS:

3. PVO COFINANCING (524-0313)

Date Recd:		
12/13/90		
C & R Section		
USAID/Costa Rica		
	Act.	Info.
MDIN		
DDIN		
EXD		
DNO		
ADP		
PDO		
PROG		
GDO		
TD		
RTACII		
EAO		
CONT		
RLA		
OPS		
ROO	/	
RAJO		
ROCAP		
CHRON		/
RF		/
Due date: 12/13/90		
Action taken:		
Initials:		

A) LAC GRANTS PROGRAM CONCURRENCE FOR THE MISSION TO PROCEED WITH FURTHER DEVELOPMENT OF THIS PROJECT. DUE TO THE RELATIVELY SIMPLE DESIGN OF THIS UMBRELLA PROJECT AND ITS SIMILARITY TO OTHER INITIATIVES ALREADY BEING IMPLEMENTED THROUGHOUT THE REGION, THE MISSION DIRECTOR IS HEREBY DELEGATED AUTHORITY TO AUTHORIZE THE PROJECT USING NON-STANDARD DOCUMENTATION. SPECIFICALLY, THE MISSION MAY PROCEED DIRECTLY TO THE DEVELOPMENT OF THE PROJECT PAPER WITHOUT AN INTERMEDIATE PROJECT IDENTIFICATION DOCUMENT.

B) IF THE PROJECT IS TO BE OBLIGATED BY MEANS OF A BILATERAL GRANT AGREEMENT WITH A GOV MINISTRY, THE PP SHOULD CLEARLY SPECIFY THE ROLE AND RESPONSIBILITIES OF THAT MINISTRY IN THE SELECTION AND COORDINATION OF PVO ACTIVITIES.

C) AID/W UNDERSTANDS THAT, INITIALLY, ONLY U.S.-BASED PVO'S WILL RECEIVE FINANCING THROUGH THIS PROJECT; THEREAFTER, AS THE INSTITUTIONAL CAPACITIES OF LOCAL PVO'S ARE DEVELOPED AND THESE PVO'S ARE REGISTERED WITH USAID, THEY TOO WILL BE LIKELY RECIPIENTS OF A.I.D. RESOURCES.

D) WHILE AID/W UNDERSTANDS THAT PVO ACTIVITIES WILL BE SELECTED THROUGHOUT THE LOP, THE PROJECT PAPER SHOULD OUTLINE THE PROJECTED PROGRAM LEVEL IMPACTS OF LIKELY ACTIVITIES TO BE FINANCED (E.G. INCREASED INCOME LEVELS,

EMPLOYMENT GENERATED, HEALTH INTERVENTIONS, ETC.).

4. FAMILY PLANNING EXPANSION AND REGIONALIZATION (524-2512)

LAC GRANTS PROGRAM CONCURRENCE FOR THE MISSION TO PROCEED WITH FURTHER DEVELOPMENT OF THIS PROJECT AND DELEGATES AUTHORITY TO THE MISSION DIRECTOR TO APPROVE THE PID IN THE FIELD.

5. EXPANDED PROGRAM OF IMMUNIZATION (524-2321)

A) LAC GRANTS PROGRAM CONCURRENCE FOR THE MISSION TO PROCEED WITH FURTHER DEVELOPMENT OF THIS PROJECT: IN RECOGNITION OF THE URGENCY OF IMPLEMENTING THIS PROJECT AND DUE TO THE FACT THAT THE OBLIGATION MECHANISM WILL BE A BUY-IN TO AN ONGOING REGIONAL PROJECT WITH PAHO (AND A SUBSEQUENT BUY-IN TO A FOLLOWON PAHO PROJECT), THE MISSION DIRECTOR IS HEREBY DELEGATED AUTHORITY TO AUTHORIZE THE PROJECT USING NONSTANDARD DOCUMENTATION.

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SPECIFICALLY, THE MISSION MAY PROCEED DIRECTLY TO THE DEVELOPMENT OF A PROJECT PAPER/IBOJAN INTERMEDIATE PROJECT IDENTIFICATION DOCUMENT.

B) PRELIMINARY PROJECT DESIGN ENVISIONS A BJTIN TO A MULTIDONOR PAFO ACTIVITY AND INCLUDES A.I.D. FUNDING FOR VEHICLES. UNDER A SUCH AN ARRANGEMENT, PAFO WOULD NORMALLY APPLY ITS OWN PROCUREMENT PROCEDURES. THIS COULD RESULT IN THE PROCUREMENT OF NON-U.S. VEHICLES WITH A.I.D. FUNDS. WE DO NOT WANT TO FINANCE THE PROCUREMENT OF NON-U.S. VEHICLES FOR THIS PROJECT EXCEPT UNDER EXCEPTIONAL CIRCUMSTANCES (WHICH WOULD RESULT IN USAID ISSUING A WAIVER). TO AVOID PROCUREMENT OF NON-U.S. VEHICLES WITH A.I.D. FUNDS, USAID SHOULD EITHER PICK UP OTHER PROJECT COSTS LEAVING OTHER DONORS TO FUND VEHICLES, PROCURE THE VEHICLES DIRECTLY INSTEAD OF THROUGH PAFO, OR ENSURE THAT PAFO BUYS ONLY U.S. VEHICLES UNLESS USAID ISSUES A WAIVER.

S. CONGRESSIONAL NOTIFICATIONS ARE CURRENTLY BEING PROCESSED FOR THE FAMILY PLANNING EXPANSION AND REGIONALIZATION (524-3312) AND THE EXPANDED PROGRAM OF IMMUNIZATION (5242321) PROJECTS. LAC/DPP WILL NOTIFY MISSION VIA FAX WHEN CN'S HAVE GONE TO CONGRESS AND VIA CABLE WHEN THE CN'S HAVE EXPIRED: PAIER

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UNCLASSIFIED STATE 415135/02

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS:
<p>Goal:</p> <p>To harmonize Nicaragua's population growth rate with the country's socio-economic development.</p>	<p>Population growing at 3.2% per year or less and real per capita GDP growing by at least 2.0% per year.</p>	<p>1. Demographic Health Survey. 2. IBRD and GOM data on change in Nicaragua's GDP.</p>	(Goal to Supergoal)
<p>Project Purpose:</p> <p>To expand and strengthen the delivery of family planning services in Nicaragua.</p>	<p>Couple Years of Protection (CYP's) provided by Profamilia increased from 62,000 to 168,000 per year by 1995.</p>	<p>Survey of records of Profamilia clinics & community distributors.</p>	(Purpose to Goal)
<p>Outputs:</p> <p>1. Profamilia community-based distribution (CBD) efforts expanded.</p> <p>2. Profamilia clinics operating in 5 of Nicaragua's 6 regions.</p> <p>3. Knowledge of and positive attitudes toward family planning increased among both general public and opinion leaders.</p> <p>4. Technical & managerial capacities of family planning workers from both public and private sectors expanded.</p> <p>5. Realistic baseline demographic & maternal & child health data available.</p> <p>6. Strategy to foster the development of alternative family planning service delivery systems carried out.</p>	<p>1. Profamilia-sponsored CBD efforts underway in 400 communities.</p> <p>2.1 New regional centers established & delivering services in cities of Matagalpa, Granada, Chinandega, and Juigalpa. 2.2 Satellite clinics established in cities of Esteli and Boaco. 3.1 Sample of opinion among general public and opinion leaders reveals greater knowledge of & favorable attitude on FP. 3.2 3,360 local women attend seminars given by Social Communication Unit. 4.1 90 physicians trained 1991-1995. 4.2 180 nurses trained 1991-1995. 4.3 250 social workers trained 1991-1995. 4.4 370 CBD volunteers trained 1991-1995. 4.5 1,250 community leaders trained 1991-1995. 4.6 Profamilia's professional core staff trained. 5. Baseline and endline surveys conducted on contraceptive prevalence & maternal & child health. 6.1 Contacts established with MINSA at local & regional levels concerning public provision of FP. 6.2 Contacts established with private physicians, pharmacists, & others re possible social marketing of contraceptives.</p>	<p>1.1 Site visits 1.2 Examination of Profamilia records.</p> <p>2.1 Site visits.</p> <p>2.2 Site visits.</p> <p>3.1 Public opinion survey and survey of attitudes of selected opinion leaders. 3.2 Profamilia records.</p> <p>4.1 - 4.6 Examination of training center records; interviews with selected former trainees.</p> <p>5. Publication of results of baseline and endline surveys.</p> <p>6.1 - 6.3 Interviews with project personnel; examination of project records</p>	<p>(Outputs to Purpose)</p> <p>1. Women in regions in which Profamilia not yet active will be willing to use FP techniques if provided with information about those techniques and about the availability of services. 2. Profamilia has or can develop capacity to manage CBD efforts and clinics over larger geographic area.</p> <p>3. Potential opposition from Catholic Church and Sandinistas will not overwhelm positive message about family planning that project will convey.</p> <p>4. Trainees willing to apply skills they learn in project training activities.</p> <p>5. Availability of reliable baseline data will assist Profamilia, GOM, & other donors in designing & implementing effective, acceptable FP. 6. Increased access to FP services through non-traditional methods would increase number of acceptors.</p>

ANNEX II: LOGICAL FRAMEWORK Nicaragua Family Planning Program Expansion and Regionalization Project
 Page 2 (Profamilia, 524-0312)

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS:
Inputs:	Implementation Targets:		(Inputs to Outputs)
I. Community Based Dist.			
A. Local Staff Supervision B. Vehicle Maintenance and Operation C. Local staff per diem D. Workshop Transport & Per Diem E. Distributor's Kit	A. \$134,526 B. \$ 43,040 C. \$ 13,280 D. \$ 14,800 E. \$ 20,000	I, A-E. Profamilia financial reports; training records; site visits.	I, II. GON will permit Profamilia to assume major health role in Nicaragua.
II. Clinical Services			
A. Regional Staff B. Furniture & Equipment C. Medical Supplies D. Renovation E. Technical Assistance F. Building Maintenance, Utilities, Supplies G. Rent (Satellites)	A. \$770,534 B. \$210,125 C. \$ 94,526 D. \$265,000 E. \$ 42,400 F. \$209,811 G. \$ 17,546	II. A-E. Profamilia financial reports; training records; site visits.	
III. Public Information & Education			
A. Print Materials B. Central Personnel C. Observation Visits D. Technical Assistance E. Mass Media	A. \$100,000 B. \$175,383 C. \$ 26,000 D. \$ 62,000 E. \$100,000	III. A-E. Site visits; procurement records; interviews with participants.	III. Nicaraguan public receptive to messages conveyed through media and workshops.
IV. National Training Ctr.			
A. Central Personnel B. Per Diem for Trainees C. Conference Costs	A. \$ 45,752 B. \$259,495 C. \$ 33,501	IV. A-E. Site visits; interviews with participants.	IV. Potential trainees capable of using skills to be taught in project-funded training activities.
V. Evaluation and Investigation			
A. Studies and Surveys B. Technical Assistance C. Central Personnel D. Evaluations	A. \$310,000 B. \$ 38,000 C. \$237,323 D. \$ 65,000	V. A-D. Publication of survey and evaluation findings.	V. A-D. 1) GON will permit Profamilia to collect MCA CP data on nationwide basis. 2) GON will allow discussions with potential private sector distributors re distribution or sale of contraceptives.
VI. Contraceptives			
A. Orals B. Condoms	A. \$540,616 B. \$107,274	VI. Profamilia procurement records; site checks.	VI. Profamilia has or can develop management capacity needed to carry out contraceptive procurement on a timely basis.
VII. Administration and General Services			
A. Central Personnel	A. \$190,633	VII. Profamilia financial records; interviews with staff.	

ANNEX III: STATUTORY CHECKLIST

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 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?
Notification was sent to Congress on February 7, 1991. That Notification expired without objection on February 22, 1991.
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?
a) Yes.
b) 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?
No legislative action is required.
4. FAA Sec. 611(b); FY 1990 Appropriations Act Sec. 501. If project is for water or water-

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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.

No.

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.

The project will explore possibilities for expanding the distribution of contraceptives through sales by private commercial suppliers.

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. Profamilia will contribute over \$522,000 of its own funds (largely garnered through user charges) to the cost of these activities. The U.S. owns no Nicaraguan currency.
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 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? No.
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. FY1990 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.? Yes. USAID/N has provisionally registered Profamilia as a PVO, and has applied to AID/W for permanent registration.
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 N/A

and has such obligation been subject to regular notification procedures?"

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, areas, volume, capacity, mass and weight), through the implementation stage? Yes.
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 Yes. Women will be the principal beneficiaries of both the community-based and the clinical contraceptive distribution systems established by the project.

demonstrably increased?

21. FY 1990 Appropriations Act Sec. 322(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?

FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

- a. FY 1990 Appropriations Act Sec. 346 (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?

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)?

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.

d. FA 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

No.

The project will train 370 volunteers who will distribute contraceptives in their communities, 90 physicians and 180 nurses, 250 social workers, and 1,250 community leaders in the techniques and importance of family planning. The importance of freedom of choice, an element of the political process essential to self-government, will be a central topic of this training.

Yes. By charging user fees for its services that reflect the client population's ability to pay, Profamilia will move toward financial sustainability.

growth?

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 development 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.

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?

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 use, in accordance with an agreement with the United States, for

(1) A central output of this project will have been the expansion of Profamilia's services from the urban area of Managua to rural areas throughout Nicaragua.

(2) The project will establish some 200 community-based contraceptive distribution posts throughout Nicaragua. These will support the efforts of local communities to establish their own family planning programs, and of individuals to exercise freedom of choice.

(3) Idem.

(4) Women will be the primary beneficiaries of the project.

(5) N/A

N/A

N/A

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)?

No.

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)?

N/A

j. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or 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. Poor Nicaraguan women in small urban and rural areas of the country will be the project's primary beneficiaries.

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 Item B.1.c. above.

l. FY 1990 Appropriations Act, under heading "Population, DA" and

<p><u>Sec. 535.</u> 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?</p>	<p>No.</p>
<p>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?</p>	<p>No.</p>
<p>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?</p>	<p>No.</p>
<p>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?</p>	<p>Yes.</p>
<p>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?</p>	<p>N/A</p>
<p>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?</p>	<p>No.</p>
<p>m. <u>FAA Sec. 601(e).</u> Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?</p>	<p>Yes.</p>
<p>n. <u>FY 1990 Appropriations Act Sec. 579.</u> What portion of the funds</p>	

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 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)?

None.

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 alternatives 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,

Per A.I.D. Regulation 16, the Chief Environmental Officer for the LAC Bureau concurred in USAID/N's recommendation for a Categorical Exclusion for this project.

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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 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

No.

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?

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 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?

No.

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. FY1990 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, and self-reliant; (2) being provided in accordance with the policies contained in section 102 of the FAA; (3) being provided, when

N/A

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 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 N/A

economic resources and increase productive capacities?

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? Yes.

b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes? No.

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

ANNEX IV. PROJECT ANALYSES

A. Technical Analysis

Experience in other countries and with similar organizations which are also A.I.D. grantees have shown that in order to expand a program, it is advisable in both program and financial terms to undergo a regionalization process. This process should be characterized by two interdependent management decisions:

- o Standardization of the normative and supervisory functions at the central senior staff level (headquarters);
- o Delegation of all program (integrated) operational responsibilities to regional field units.

The rationale behind this managerial strategy is to utilize uniform norms, methods and procedures, to make them well known to all staff and monitor their consistent application so that the nature and quality of the operations throughout the organization are standardized. The delegation of all operational responsibilities to regional staffs is expected to provide the capacity for flexible and faster response to operational needs and problems.

In the case of this project, the establishment of RCs is justified by quality of care consideration that go beyond the proposed increase in family planning acceptors. The expansion of a CBD program requires that an effective clinical presence be established as close as possible to the clients, both to expand the method availability (IUDs, VSC, Implants etc...) and to provide clinical monitoring and back up. Given the atomized nature of a CBD network, the RCs also serve the purpose of strengthening the physical presence of the institution nation wide.

Therefore, as the establishment of the RCs progresses, the expansion of the CBD network takes place, the norms, internal methods and procedures are revised, the new staff are trained and the delegation of operational responsibilities is gradually shifted from the center to the regions, the new management strategy should become apparent and implemented in an orderly manner with a net increase in program and financial accountability.

Based on the existing records, past performance, the intimate knowledge of the country by PROFAMILIA's staff, the designers of this project conclude that it would be technically feasible to obtain the projected outputs over the scheduled life of the project. The CBD network has been in operation with success for several years. The new areas to be covered do not present any significant difference that will predict a variance in performance, beyond the margin of adjustment already contemplated in the proposal (150 projected average acceptors per post/per year instead of the current average of 175). Likewise, the operation of the clinics and the training at headquarters are all activities in which PROFAMILIA has shown an excellent level of performance and professional proficiency. The contraceptive interventions that PROFAMILIA will provide are precisely those that it is already offering in the Managua Region. These technologies have proven both effective and culturally acceptable.

B. Financial Analysis

This financial plan was prepared in U.S. Dollars. The expected U.S. dollar inflation rate has been used for items likely to be subject to price changes (i.e. equipment, salaries, and contraceptives - the latter only after the third year).

The total direct costs of activities described in PROFAMILIA's proposal is \$7,644,955. USAID/Nicaragua will contribute \$4,745,551, or 62.07%. A.I.D. will provide this contribution through two mechanisms. First, USAID/Nicaragua will grant \$4,097,661 to PROFAMILIA through an Operational Program Grant. Second, A.I.D. will procure on PROFAMILIA's behalf contraceptive commodities valued at \$647,890 through its Central Contraceptive Procurement Project (936-3057). These funds, though part of USAID/Nicaragua's OYB, will be transferred to the central project; they will not be granted to PROFAMILIA under this project.

The last element of the project will be an allocation of \$250,000 for funding a direct A.I.D. FSN Personal Services Contractor to assure the adequacy of all implementation aspects of this project. A Scope of Work for this position is attached as Annex IX to this Project Paper-like document.

Other donors and the grantee will provide the equivalent of \$2,899,404, or 37.9%. IPPF will provide \$1,150,000 (15.04%) of its own resources and an additional \$1,145,689 (14.99%) in U.S. Government resources; AVSC will provide \$81,300 (1.06%) from non-Federal sources through June 30, 1991¹; and PROFAMILIA will recover \$522,415 (6.83) in client/user's fees. It must be noted that a 6.8% cost recovery factor, although low in absolute terms, is remarkable under the following circumstances:

- o Nicaragua's economy is seriously deteriorated;
- o PROFAMILIA is committed to making family planning information and contraceptive services available to even to the most indigent segments of the population;
- o The project's expansion requires an initial investment in facilities, equipment and training, therefore, diminishing the relative proportion of cost recovery in relation to operational costs.

PROFAMILIA will also make an additional counterpart contribution equivalent to approximately \$150,000. This represents the rental value of the facilities that PROFAMILIA owns or will purchase, including the physical plant that houses Clinic Number Two in Managua.

The project's financial plan is presented in Annex V, "Cost Estimate and Expenditure Projections." That Annex includes the following tables:

TABLE I Summary Cost Estimated by Project Element. Breaks down funding by project element and donor contribution.

TABLE I.1 Breaks down detailed expenses of USAID contribution by project element.

TABLE II Breaks down USAID/Nicaragua contribution by project elements and year.

TABLE III Breaks down funding by input category and donor contributions.

¹ AVSC is expected to make an additional contribution to Profamilia of at least \$90,000 over the life of the project. The bulk of this contribution will likely come from A.I.D.-funded sources outside this project, and is not reflected in the attached budget tables.

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In the RC component, the changes in figures throughout the years reflect the gradual increase in each region's personnel as the regionalization proceeds (i.e. Region I, starts hiring personnel on May 1, 1991 and the RC begins operations on July 1, 1991.)

As shown in Table III, \$1,313,501 (28%) of the A.I.D. contribution will finance technical assistance and the one-time investment costs associated with the planned program expansion and regionalization. A further \$647,890 (14%) of A.I.D. funds channeled through the Central Contraceptive Procurement Project will purchase contraceptives for the new regional network. The remaining \$2,784,610 (58%) of the A.I.D. contribution will support recurrent costs (personnel and other local costs) of the new activities undertaken as part of this project. IPPF support will continue to finance the recurrent costs of PROFAMILIA's extant operations, i.e., core/central office personnel expenses, contraceptives, administration, general services and support expenses for the organization's current Managua-area network. Excluding contraceptive costs, then, A.I.D. will finance \$2,784,610 (55.5%) of the recurrent costs of PROFAMILIA's total operations (the current Managua-based network plus the new regional operations) during the life of this project, IPPF \$1,709,503 (34.1%), and PROFAMILIA \$522,415 (10.4%).

The recommended methods of implementation and financing under this project follow.

<u>Project Element</u>	<u>Method of Implementation</u>	<u>Method of Financing</u>	<u>Amount (\$'000)</u>
PROFAMILIA Grant	Direct OPG	Direct Pay	\$4,100
Contraceptive Procurement	AID/W Contract	Direct Pay	650
Coordination and Implementation	Direct AID Contract	Direct Pay	250
TOTAL:			----- \$5,000

C. Economic Considerations

Due to the impossibility of putting a value on a life saved or on the improved well-being of the population due to health and family planning projects, calculating an "economic" rate of return for these types of projects is generally considered inappropriate. Where possible, a least-cost analysis is done to compare the costs of particular health and family planning interventions across method and over time to assure the most effective use of scarce resources. Given the lack of comparative data, however, it is not possible to calculate such cost-effective

indicators for this project. PROFAMILIA will, however, calculate the cost per Couple Year of Protection provided by different contraceptive methods on an annual basis as part of the project's Evaluation and Investigation component. PROFAMILIA will use this information to make decisions on future budgeting and resource allocation. Where data is available, PROFAMILIA may also compare costs with other Central American countries. This may prove useful to the organization's budgetary decisions.

D. Social Soundness

During the last decade, worsening socio-economic conditions gradually deteriorated the availability of family planning for everyone in the country. The importation of contraceptives for the commercial sector was virtually stopped, reproductive health did not fall within the public sector's priorities, and the non-profit sector became seriously affected by the reduction of financial aid flowing into the country from the traditional international family planning donor community. In 1991, the situation not only remains critically linked to the harsh socio-economic conditions which prevail in Nicaragua, but is likely to remain so for the next five years.

The public sector priorities are placed elsewhere (see section B.4. of the attached project proposal). Pharmacies are already making contraceptives available, and restrictions on importation have been lifted. Yet both the private physician's services and the commercially distributed contraceptives are, and can be expected to remain, out of reach for the vast majority of the population due largely to limitations in purchasing power and disposable income.

The non-profit sector offers through PROFAMILIA a solid but limited core infrastructure (see section B.2. of the project proposal) with the potential to increase the availability of quality reproductive health services at subsidized prices within a reasonable span of time.

Furthermore, PROFAMILIA is committed to stimulating the involvement of the other two sectors so that within the life of the project their respective contributions towards satisfying unmet needs in family planning could be increased. As a matter of fact, it is within the traditional scope of work of family planning associations to offer family planning training for the human resources from the other two sectors (i.e health personnel, educators, community agents, pharmacists, etc..). These associations also participate in the national policy formulation process by educating public opinion leaders on population and

development related issues, and by offering a forum for the discussion of the factors that condition the marginalization of women in society.

PROFAMILIA, based on its own experience and those of other Family Planning Associations in the Central American Region and the world, anticipates facing some renewed hostility from the traditional opponents of family planning. A U.S.-based extremist group and a recent article in the Sandinista press have already attempted to stir up controversy by raising the standard opposition themes and views. These events may serve to indicate that PROFAMILIA indeed is being perceived as an active and effective organization which deserves to be confronted.

Notwithstanding the above problems, PROFAMILIA believes that its activities (and those proposed under this project) are acceptable to the social and cultural environment of Nicaragua because of the inclusion of the following cornerstones in its program strategy:

- o INFORMED CHOICE: provision of effective access to information on reproductive choices and to the necessary counseling, services and supplies to help individuals choose and use an appropriate method of family planning and birth spacing.

- o QUALITY ASSURANCE: even during the most difficult times (in terms of financial scarcity and economic embargo) PROFAMILIA continued to maintain the best possible level of quality in service provision (e.g. no significant complication for any patient after more than 7,000 VSC procedures).

- o COMMUNITY INVOLVEMENT: the demand and the support for PROFAMILIA's activities emanates from the communities themselves. For example, CBD distributors are chosen because of their individual legitimacy as leaders in the community.

- o COST RECOVERY: a modest client fee/contraceptive price system is in place because it demonstrates beyond any doubt the client's act of voluntarily accepting any service and/or contraceptive method. It further shows that PROFAMILIA's goods and services are worthwhile, and yet fee waivers are granted in cases of severe economic hardship;

- o OPEN DOOR POLICY: PROFAMILIA's inter-sectoral cooperation amounts to permitting unrestricted access to qualified individuals to the most sensitive program components (the provision of VSC). For instance, physicians and nurses from the MINSA are afforded the opportunity to become familiar

with, and even work within, the institution over a significant period of time. This means that virtually at all times, MINSA professionals are present with a "hands-on" role in PROFAMILIA model clinics.

o INTERNATIONAL STANDARDS: as a member affiliate of the IPPF (the world's largest PVO and leading family planning organization), PROFAMILIA is expected to meet program, constitutional, and financial standards as applicable to the entire institutional performance regardless of the sources of funding for the different program components.

In sum, it is expected that the best case for PROFAMILIA program will be made by its own satisfied clients, the community leaders, the professionals trained, and the institution's own performance.

E. Institutional Analysis

PROFAMILIA finds itself in an optimal position to absorb additional financial and technical support.

The political structure prescribed by the statutes of PROFAMILIA is effective and will require no modification. A General Assembly of Members (volunteers or trustees) elects a Board of Directors from its own membership. This Board in turn appoints an Executive Director or CEO. The basic premise is that there is a division of duties and responsibilities so that the Board of Directors, and the President (whenever is more effective to do so) under delegation of the Assembly's authority, are responsible for overall policy guidance and oversight. The Executive Director and his staff are responsible for the execution of the institutional programs. As result of this structure and the actual process observed (records of elections, minutes of meetings, etc.), it would appear that a valid system of checks and balances is in place.

F. Impact on Women

An implicit objective of this project is to improve the health, well-being, and status of Nicaraguan women. By increasing access to safe and effective family planning methods, Nicaraguan women will be better prepared to control their own reproductive systems. Being able to control their own fertility, Nicaraguan women will increase their economic power; their health; and their personal freedom. Indeed, feminine access to modern contraception was a foundation of the women's liberation movement. The correlation between women's status and access to family planning services is particularly obvious when comparing nations and regions (e.g. the Middle East and Northern Europe).

Maternal mortality in Nicaragua is estimated to be the highest in Central America and one of the highest in the entire Latin American Region. Family planning and child spacing are among the most effective means of saving women's lives as well as enhancing the health of mother and child.

Reduction of child-bearing and child raising responsibilities increases the opportunity for women to improve their economic status and that of their families. Increased access to education and economic systems is critical to improving the social and economic status of women, but it is largely dependent on availability and access of modern family planing methods.

Another measure of the impact of this project on women is the increased economic and social status opportunities provided. PROFAMILIA currently supports 204 community-based distributors (CBD volunteers), of whom 194 are women. The two CBD supervisors are women. By the end of the project, PROFAMILIA will be supporting more than 400 community workers with a similar male/female ratio. Additionally, PROFAMILIA will train 1,250 community leaders; 250 social workers; 300 nurses; and 150 doctors in family planning. PROFAMILIA is committed to ensuring that a significant percentage of those trained will be women.

In June 1990, key executive officers of PROFAMILIA participated in a "GENDER ANALYSIS WORKSHOP" at IPPF/WHR Inc. in New York. The purpose of the workshop was to sensitize project designers and executives to incorporate gender issues in all steps and aspects of project design and implementation. PROFAMILIA has sought to incorporate the lessons of that workshop in the design of this project.

TABLE 1.1 - SUMMARY COST ESTIMATE BY INPUT TYPE
1991-1995

INPUT CATEGORY	A.I.D.	IPPF	AVSC	LOCAL FUNDS	TOTAL	% TOTAL BUDGET
- Personnel	1,554,151	1,340,802	81,300		2,976,253	39
- Technical Assistance	142,400				142,400	2
- Real State & Renovation	265,000				265,000	3
- Equipment	210,125				210,125	3
- Contraceptives	647,890	586,186			1,234,076	16
- Medical Supplies	94,526				94,526	1
- Observation Visits	26,000				26,000	0
- Print Materials	100,000				100,000	1
- Studies & Survey	310,000				310,000	4
- Mass Media	100,000				100,000	1
- Local Costs	1,230,459	368,701		522,415	2,121,575	28
- Evaluations	65,000				65,000	1
TOTAL COSTS	4,745,551	2,295,689	81,300	522,415	7,644,955	100

TABLE 1.1
DETAIL EXPANSION AND REGIONALIZATION BUDGET BY PROJECT ELEMENT

A.I.D. CONTRIBUTION

DESCRIPTION	1991	1992	1993	1994	1995	TOTAL	% TOTAL BUDGET
I. COMMUNITY BASED DISTRIBUTION							
A. Local Staff							
Supervisor	3,480	10,962	15,347	16,114	16,920	62,822	
Driver	1,920	6,048	8,467	8,890	9,335	34,661	
Fringe Benefits	2,052	6,464	9,049	9,502	9,977	37,044	
TOTAL LOCAL STAFF	7,452	23,474	32,863	34,506	36,232	134,526	60%
B. Vehicle maintenance & Operation	2,690	8,070	10,760	10,760	10,760	43,040	19%
C. Per diem Local Staff	830	2,490	3,320	3,320	3,320	13,260	6%
D. Transportation & Perdiem (workshop)	3,800	5,200	2,600	1,600	1,600	14,800	7%
E. Basic Distributors's Kitt	20,000					20,000	9%
TOTAL COMMUNITY BASED DIST.	34,772	39,234	49,543	50,186	51,912	225,646	100%

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ANNEX V: COST ESTIMATE AND EXPENDITURE PROJECTIONS¹

PROFAMILIA - EXPANSION AND REGIONALIZATION CY 1991-1995

TABLE I - SUMMARY COST ESTIMATE BY PROJECT ELEMENT
1991-1995

PROJECT ELEMENT	A.I.D.	IPPF	AVSC	LOCAL FUNDS	TOTAL
I. Community Based Distribution	225,646	106,781			332,427
II. Regional Centers	1,609,942	234,659	81,300	522,415	2,448,316
III. Public Information and Education	465,383	715,898			1,179,281
IV. National Training Center	338,748				338,748
V. Evaluation and Investigation	650,323				650,323
VI. Contraceptives	647,890	586,186			1,234,076
VII. Administration and General Services	809,618	652,165			1,461,783
TOTAL COSTS	4,745,551²	2,295,689	81,300	522,415	7,644,955
% DONOR CONTRIBUTION	62%	30%	1%	7%	100%

TABLE II - SUMMARY COST ESTIMATE BY PROJECT ELEMENT & YEAR

A.I.D. CONTRIBUTION

PROJECT ELEMENTS	1991	1992	1993	1994	1995	TOTAL	% TOTAL BUDGET
I. Community Based Distribution	34,772	39,224	49,543	50,186	51,912	225,646	5%
II. Regional Centers	176,914	398,252	399,473	314,936	330,369	1,609,942	34%
III. Public Information and Education	94,746	90,327	98,993	88,742	90,520	463,383	10%
IV. National Training Center	62,030	66,407	67,539	69,823	72,947	338,748	7%
V. Evaluation and Investigation	52,260	74,123	105,079	90,468	326,393	650,323	14%
VI. Contraceptives	71,639	112,634	140,051	152,985	169,581	647,890	14%
VI. Administration and General Services	113,528	158,805	171,343	161,147	204,792	809,618	17%
TOTAL COSTS	605,834	939,784	1,022,021	929,290	1,248,573	4,745,551²	100%

DESCRIPTION	1991	1992	1993	1994	1995	TOTAL	% TOTAL BUDGET
II. REGIONAL CENTERS (1)							
A. Regional Staff							
1. R.C. MATAGALPA	26,114	41,130	43,186	45,346	47,613	203,389	
2. Satellite Center ESTELI	0	0	17,953	18,851	19,793	56,597	
3. R.C. JUIGALPA	0	38,232	43,186	45,346	47,613	174,377	
4. R.C. CHINANDEGA	0	38,232	43,186	45,346	47,613	174,377	
5. Satellite Center BOACO	0	0	0	18,851	19,793	38,644	
6. R.C. GRANADA	0	0	30,191	45,346	47,613	123,150	
TOTAL REGIONAL STAFF	26,114	117,594	177,702	219,086	230,038	770,534	48%
B. Furniture and Equipment							
	50,000	105,000	55,125			210,125	13%
C. Medical supplies							
	5,000			24,310	25,526	94,526	6%
D. Real estate & Renovation							
	70,000	122,000	73,000			265,000	16%
E. Technical Assistance							
	17,400	6,250	6,250	6,250	6,250	42,400	3%
F. Building maintenance, Util. & Suppl.							
	8,400	30,870	50,936	58,344	61,262	209,811	13%
G. Rent (Satellite Centers)							
			3,308	6,946	7,293	17,546	1%
TOTAL REGIONAL CENTERS	176,914	398,252	389,473	314,936	330,368	1,609,942	100%

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DESCRIPTION	1991	1992	1993	1994	1995	TOTAL	% TOTAL BUDGET
III. PUBLIC INFORMATION AND EDUCATION							
A. Print Materials	20,000	20,000	20,000	20,000	20,000	100,000	22%
B. Central level personnel							
Social Communication Director	20,000	21,000	22,050	23,152	24,310	110,512	
Secretary	3,000	3,150	3,308	3,473	3,647	16,577	
Fringe Benefits	8,740	9,177	9,636	10,117	10,623	48,294	
TOTAL CENTRAL LEVEL PERSONNEL	31,740	33,327	34,993	36,742	38,580	175,383	38%
C. Observation visits	8,000	7,000	7,000	2,000	2,000	26,000	6%
D. Technical Assistance	25,000	15,000	12,000	5,000	5,000	62,000	13%
E. Mass Media	10,000	15,000	25,000	25,000	25,000	100,000	22%
TOTAL PUBLIC INFORMATION AND EDUCATION	94,740	90,327	98,993	88,742	90,580	463,383	100%
IV. NATIONAL TRAINING CENTER							
A. Central Level Personnel							
Logistic Assistance	6,000	6,300	6,615	6,946	7,293	33,154	
Fringe Benefits	2,280	2,394	2,514	2,639	2,771	12,598	
TOTAL CENTRAL LEVEL PERSONNEL	8,280	8,694	9,129	9,585	10,064	45,752	14%
B. Per diem	47,750	51,415	51,795	52,945	55,590	259,495	77%
C. Conference Costs	6,000	6,300	6,615	7,293	7,293	33,501	10%
SUB TOTAL EXPENDITURES	62,030	66,409	67,539	69,823	72,947	338,748	100%

DESCRIPTION	1991	1992	1993	1994	1995	TOTAL	% TOTAL BUDGET
V. EVALUATION AND INVESTIGATION							
A. Studies & Survey		30,000	30,000	25,000	225,000	310,000	48%
B. Technical Assistance	15,000	5,000	4,000	7,000	7,000	38,000	6%
C. Central Level Personnel							
- Director	14,400	15,120	15,876	16,669	17,503	79,569	
- Innovated Delivery System Specialist				11,113	11,669	22,782	
- Operation and Research Assistant	9,600	10,080	10,584	11,113	11,669	53,046	
- Secretary	3,000	3,150	3,308	3,473	3,647	16,577	
- Fringe Benefits	10,260	10,773	11,312	16,100	16,905	65,350	
TOTAL CENTRAL LEVEL PERSONNEL	37,260	39,123	41,079	58,468	61,393	237,323	36%
E. Midterm Evaluation			30,000		35,000	65,000	10%
TOTAL EVALUATION AND INVESTIGATION	52,260	74,123	105,079	90,468	328,393	650,323	100%
VI. CONTRACEPTIVES							
A. Contraceptives							
Orals	57,359	96,212	119,246	128,717	139,081	540,616	83%
Condoms	14,280	16,422	20,804	25,269	30,499	107,274	17%
TOTAL CONTRACEPTIVES	71,639	112,634	140,051	153,985	169,581	647,890	100%
VII. ADMINISTRATION AND GRAL. SERVICES							
A. Central Level Personnel							
Regional Coordinator	22,000	23,100	24,255	25,467	26,741	121,563	
Secretary	3,000	3,150	3,308	3,473	3,647	16,577	
Fringe Benefits	9,500	9,975	10,474	10,997	11,547	52,493	
Total Central Level Personnel	34,500	36,225	38,036	39,937	41,935	190,633	100%
TOTAL ADMINISTRATION AND GRAL. SERVICES	34,500	36,225	38,036	39,937	41,935	190,633	100%
SUB-TOTAL COSTS	526,855	817,203	888,714	808,078	1,065,716	4,126,566	
CONTINGENCY	79,028	122,580	133,307	121,212	162,857	618,985	
TOTAL COSTS	605,884	939,784	1,022,021	929,290	1,248,573	4,745,551 ²	

1/ Does not include \$250,000 for a Direct AID FSN PSC who will ensure the timeliness and adequacy of all implementation activities under this project. For this activity \$100,000 in 1991 and \$50,000 in 1993 through 1995 has been allocated to cover the cost of a Nicaraguan public health expert capable of carrying out the duties and responsibilities outlined in Annex IX of this paper.

2/ Rounded for budgeting purposed to \$4,750,000

VIII. FOREIGN EXCHANGE VS. LOCAL CURRENCY COSTS (A.I.D. CONTRIBUTION)

Input Category: (1)	U.S. \$	Local Currency (\$ Equiv.)	Total (\$ Equiv.)
Personnel	0	1,554,151	1,554,151
Technical Assistance	142,400	0	142,400
Real Estate & Renovation	0	265,000	265,000
Equipment	105,063	105,063	210,125
Medical Supplies	94,526	0	94,526
Observation Visits	26,000	0	26,000
Print Materials	50,000	50,000	100,000
Studies and Surveys	310,000	0	310,000
Mass Media	0	100,000	100,000
Local Costs	0	1,230,459	1,230,459
Evaluation	65,000	0	65,000
TOTALS:	792,989	3,304,673 (2)	4,097,661

Notes: (1) The above table does not include the estimated \$647,890 life of project cost of contraceptives. All A.I.D.-funded purchases of contraceptives under this Project will be made in U.S. dollars through A.I.D.'s Central Contraceptive Procurement Project. The contraceptives will then be provided to PROFAMILIA on an in-kind basis. No funds will be granted or otherwise provided to PROFAMILIA for the purchase of contraceptives.

(2) All local currency costs of the project will be paid in local currency. Local currency costs expressed in this Project Paper-like proposal should be read to mean the dollar equivalent of those local currency amounts.

ANNEX VI: COMMODITY LIST

ANTICONCEPTIVOS (PRESUPUESTO 1991/1995) A.I.D.

AÑO	GESTAGENCEN ORALES		PRESERVATIVOS		TOTAL VALOR
	CANTIDAD	VALOR	CANTIDAD	VALOR	
1991	225,000	57,359.00	2,715	14,280.00	71,639.00
1992	360,450	90,112.00	4,080	22,522.00	112,634.00
1993	414,965	112,041.00	4,629	28,010.00	140,051.00
1994	422,715	122,587.00	5,233	31,398.00	153,985.00
1995	444,225	133,258.00	5,953	36,313.00	169,581.00
TOTALES	1,881,355	515,367.00	22,810	132,523.00	647,890.00

NOTA: Los preservativos son en cajas de 100

ANTICONCEPTIVOS (PRESUPUESTO 1991/1995) I.P.P.F

AÑO	GESTAGENCEN ORALES		PRESERVATIVOS		TOTAL VALOR
	CANTIDAD	VALOR	CANTIDAD	VALOR	
1991	215,639	51,537	2,506	13,193	64,730
1992	325,225	60,981	3,775	20,848	101,829
1993	372,874	100,676	4,454	26,063	126,739
1994	375,817	110,147	4,855	29,141	139,288
1995	395,153	119,745	5,551	33,864	153,610
TOTALES	1,692,708	463,087	21,182	123,099	586,186

NOTA: Los preservativos son en cajas de 100 uni.

GRAN TOTAL	3,574,063	978,454	43,992	255,622	1,234,076
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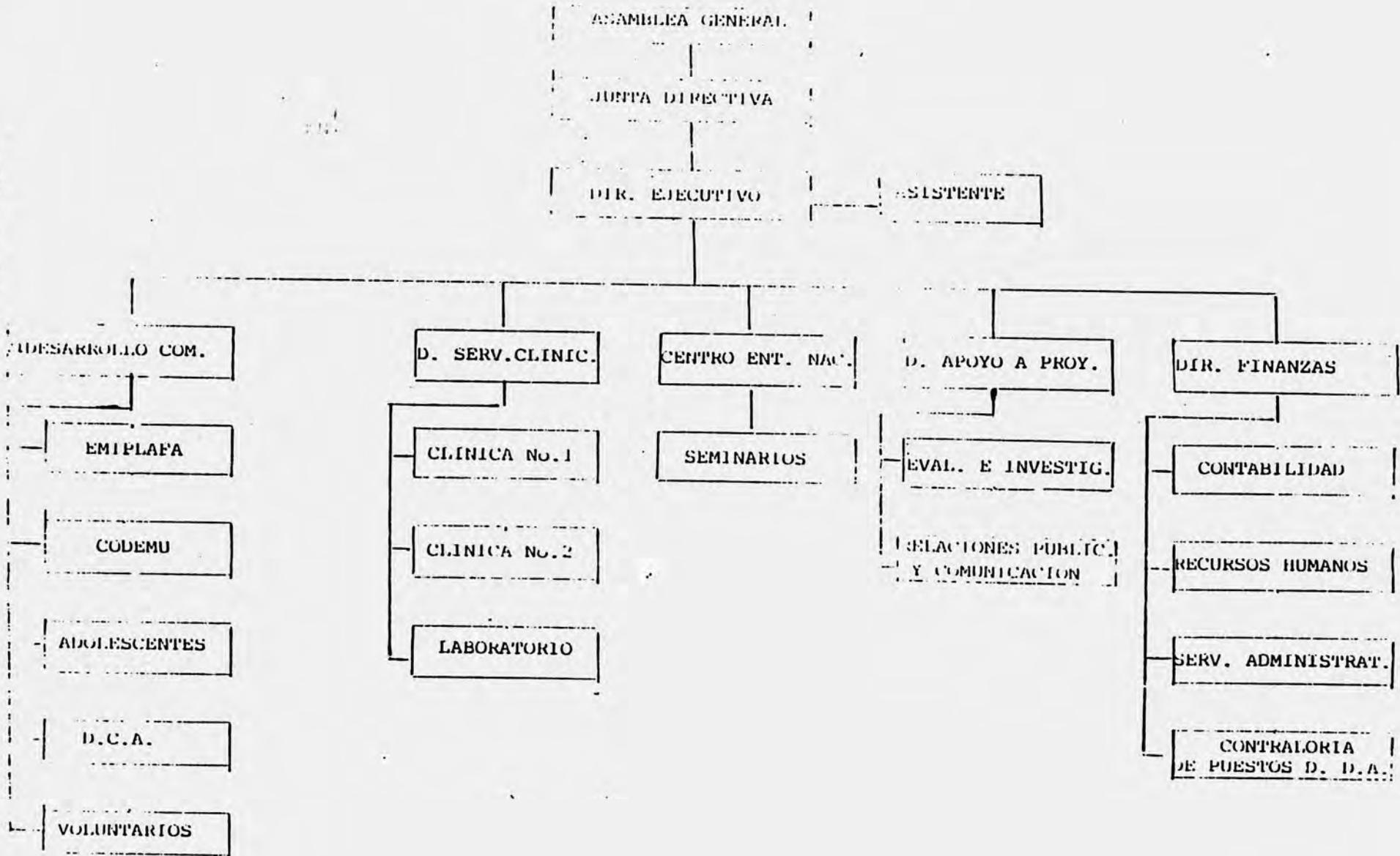
MOBILIARIO Y EQUIPO (PRESUPUESTO 1981-1985) A.1.1.0

DESCRIPCION	1981 MILLONES	1982 MILLONES	1983 MILLONES	1984 MILLONES	TOTAL MILLONES
SOLUCION DE OFICINAS		50,000.00	44,750.00	59,570.00	154,320.00
1 Escritorios/Bancos	5,000.00				5,000.00
10 Sillas - Sala de Espera	14,500.00				14,500.00
10 Sillas - Recepcion	5,000.00				5,000.00
1 Computador - Printer	4,000.00				4,000.00
1 Escritorio de - Escritas	750.00				750.00
1 Maquina de Escribir	700.00				700.00
1 Calculadora	500.00				500.00
1 Telefono - Linea	500.00				500.00
1 Fotocopiadora	2,000.00				2,000.00
1 Fax	1,000.00				1,000.00
1 Mesa Administrativa	2,000.00				2,000.00
1 Lenceria de Ofc.	500.00				500.00
1 Juegos de Oficina	500.00				500.00
EQUIPO MEDICO CLINICO		55,710.00	55,710.00	57,570.00	169,000.00
1 Cama de Hospital	1,350.00				1,350.00
1 Mesa Quirurgica	2,500.00				2,500.00
1 Mesa Quirurgica Ginecologica	1,500.00				1,500.00
1 Equipo Medico Emergencia	2,000.00				2,000.00
1 Estacion de Luzes Quirurgica	500.00				500.00
1 Mesa de Mayo	400.00				400.00
1 Cama Infantil	1,200.00				1,200.00
1 Inyeccion	500.00				500.00
1 Cama Cama	2,000.00				2,000.00
1 Generador Electrico de Emerg.	500.00				500.00
1 Lavadora	500.00				500.00
1 Secadora	500.00				500.00
1 Refrigeradora	500.00				500.00
1 Ventilador	100.00				100.00
1 Estereocamara	100.00				100.00
1 Balanza	120.00				120.00
1 Planta Electrica de Emerg.	3,500.00				3,500.00
EQUIPO AUDIOVISUAL		3,500.00	7,350.00	3,550.00	14,400.00
1 Proyector 16mm.	1,500.00				1,500.00
1 Retroproyector	500.00				500.00
1 Pantalla	500.00				500.00
1 Video Record	500.00				500.00
1 Color TV	400.00				400.00
1 Radio Cassette Port.	500.00				500.00
TOTAL MOBILIARIO Y EQUIPO		50,000.00	115,000.00	59,120.00	224,120.00

NOTA: Se considera el 5% de Inflacion por cada año.

ESTRUCTURA DE ORGANIZACION ACTUAL

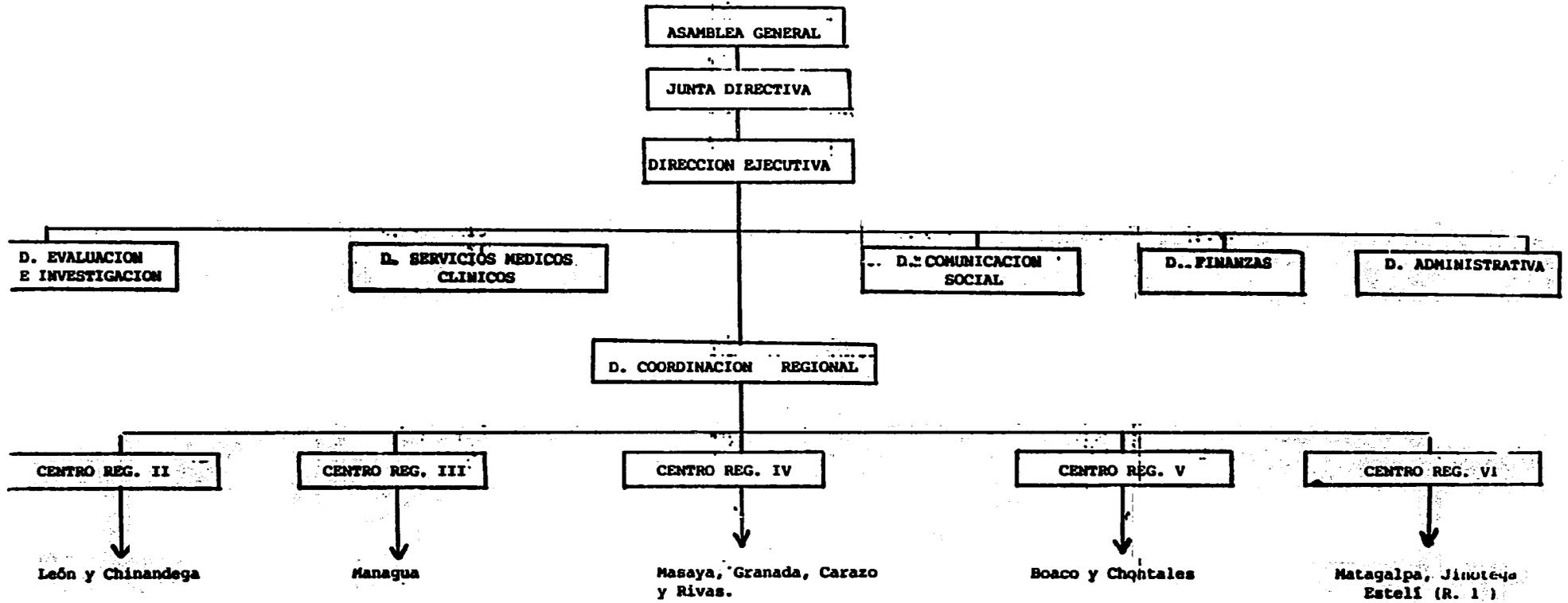
ANNEX VII: ACTUAL AND PROJECTED PROFAMILIA STAFFING PATTERN



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PROFAMILIA DE NICARAGUA

FUTURA ESTRUCTURA ORGANIZATIVA



Noviembre 6, 1990.

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AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

ANNEX VIII:

LAC-IEE-91-07

ENVIRONMENTAL THRESHOLD DECISION

Project Location : Nicaragua
Project Title : Family Planning Expansion and Regionalization
Project Number : 524-0312
Funding : \$5,000,000
Life of Project : 5 years (FY 91-95)
IEE Prepared by : Richard L. Owens
USAID/Nicaragua
Recommended Threshold Decision : Categorical Exclusion
Bureau Threshold Decision : Concur with Recommendation
Comments : None
Copy to : Janet Ballantyne, Director
USAID/Nicaragua
Copy to : Richard Owens, USAID/Nicaragua
Copy to : L.S. Waskin, USAID/Nicaragua
Copy to : Mark Silverman, LAC/DR/CEN
Copy to : IEE File

John O Wilson Date NOV 12 1990

John O. Wilson
Deputy Chief Environmental Officer
Bureau for Latin America
and the Caribbean

INITIAL ENVIRONMENTAL EXAMINATION

PROJECT LOCATION : Nicaragua
 PROJECT TITLE : Family Planning Expansion
 and Regionalization
 PROJECT NUMBER : 624-0312
 FUNDING : \$5,000,000
 LIFE OF PROJECT : 5 years (FY/91- FY/95)
 IEE PREPARED BY : Richard L. Owens (RW)
 USAID/Nicaragua

RECOMMENDED THRESHOLD DECISION:a. Project Description:

The project consists of a \$5,000,000 grant to the Nicaraguan Association for Family Well-Being (PROFAMILIA), the Nicaraguan affiliate of the International Planned Parenthood Federation (IPFF). The project goal is to reduce Nicaragua's population growth rate and to improve health among women of reproductive age and infants. The project purpose is to increase the use of contraceptives in Nicaragua and to expand the availability of basic gynecological health services. Project components will include: (1) the expansion of Community Based Distribution Services for Contraceptives; (2) Expansion of Clinical Contraceptive and Gynecological Services; (3) Provision of Public Information and Education Services; (4) Strengthening of the National Training Center; and (5) Evaluation and Research Programs.

AID resources will be used to finance operational expenses, commodity procurement, technical assistance, observation tours and training, studies, and the purchase and remodeling of existing structures to house 4 new regional centers and 2 new clinics. Construction of facilities will not be financed under this grant, either with USAID or counterpart resources.

b. Recommendation:

This project qualifies for a Categorical Exclusion under 22 CFR 216.2 (c) (2) (viii), "Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environmental (such as construction of facilities, water supply systems, waste water treatment, etc)".

Based on the fact that activities financed under this project will not directly affect the environment, it is recommended that no further environmental study be undertaken for this project, and that a "Categorical Exclusion" be approved.

Concurrence: Janet C Ballantyne
Janet C Ballantyne
Mission Director
USAID/Nicaragua

Date: Nov. 7, 1990

Annex IX: Draft Scope of Work for USAID Project Coordinator

A. Basic Function of the Position.

This individual will coordinate, facilitate implementation of, and monitor the Family Planning Expansion and Regionalization Project on behalf of USAID/Nicaragua. In this capacity, the contractor will report on and be responsible for all project implementation activities spread over the geographic areas covered by the project; provide guidance to Profamilia on commodity procurement; and critically review Profamilia's proposals for short-term technical assistance and training programs. Given that family planning is one of the priorities of the short-term Mission Strategy, that it will also be a priority of USAID's Country Development Strategy Statement, and that this grant will likely be the only major A.I.D.-funded project activity in this sector for the next several years, the performance of this contractor will play a significant role in the success of USAID's overall country strategy.

B. Location of the Position.

The Project Coordinator will work within USAID/Nicaragua's General Development Office (GDO), and will report to the General Development Officer or her designee.

C. Major Duties and Responsibilities.

1. Advise and provide guidance to Profamilia on all matters, including applicable A.I.D. regulations, pertaining to the procurement of contraceptives and other commodities, and (in consultation with USAID/GDO) take such actions as may be required to facilitate that procurement.
2. Act as a liaison between, and an ombudsman for, Profamilia and USAID, facilitating the timely completion of, and keeping USAID fully informed on, all project implementation efforts. In this capacity, the contractor will be expected to:
 - a. Visit the site of each regional and satellite clinic being established with funds from this project no less than once every three months.
 - b. In connection with these visits, call on and inspect as many as possible of the Community Based Distribution (CBD) posts serviced by these regional and satellite clinics.
 - c. Ensure the timeliness and adequacy of all activities of the Training, and Information and Education components of this project.
 - d. Take, in consultation with USAID/GDO, such actions as may be necessary to assure that the schedule and implementation targets for all activities described in Profamilia's final proposal for this project are fulfilled.

e. Submit quarterly written reports to USAID/Nicaragua (GDO) on the status of implementation of all project activities. These reports, the precise format of which will be developed in consultation with USAID/GDO, should, inter alia, identify any problems or constraints encountered and suggest solutions thereto, summarize personal work activities, and describe the activities planned by the contractor and by Profamilia for the next reporting period.

3. Draft, on behalf of USAID/Nicaragua, any required project documentation, including Semi-Annual Status Reports, Project Implementation Letters, and Project Implementation Orders.

4. Ensure the adequacy and timeliness of disbursement requests and periodic status reports from Profamilia to USAID.

5. Review, and make recommendations to USAID as to whether to approve, modify, or reject, Profamilia's proposals for short-term technical assistance and training programs.

6. Perform other project implementation function as assigned.

D. Qualifications.

The Project Coordinator must be a citizen of Nicaragua. He or she must have a Bachelor's Degree or equivalent in public health or a related field, five years of experience in the administration of family planning programs or a related field. To be considered, candidates must be fluent in English at the FSI 3+/3+ level. Candidates with professional experience with A.I.D. will be given preference.

ATTACHMENT THREE:

MEMORANDUM

FROM: Kevin Sanderson, PDIS
THROUGH: John Cloutier, PDIS
TO: See Distribution
SUBJECT: Issues Paper for the Family Planning Expansion and Regionalization Project (524-0312)
DATE: January 29, 1991

The Mission reviewed an unsolicited proposal from the Asociacion Pro Bienestar de la Familia Nicaraguense (PROFAMILIA) for expanding the Association's family planning activities in late October and approved the document for further development of a Project. On November 6, 1991, the Mission sent the Executive Director of PROFAMILIA a letter informing him of this and requested that he and his staff, with the assistance of AID staff, upgrade the proposal in a number of areas for final review and approval. This has been done and the result is a PP-like document for the Family Planning Expansion and Regionalization Project (524-0312) that will be reviewed by the Mission at 10:00 a.m. on Wednesday, January 30, 1991. The goal of the five-year, \$4.75 million Operational Program Grant to PROFAMILIA will be to harmonize Nicaragua's population growth rate with the country's socio-economic development. The purpose of the Project is to expand and strengthen the delivery of family planning services in Nicaragua. Project activities have been divided into six components as follows: 1) community based distribution; 2) clinical services; 3) public information and education; 4) national training center; 5) evaluation and investigation; and 6) alternative distribution systems. An FSN PSC will manage the Project for the Mission. Issues that need to be discussed during the review follow.

1. Project Goal

Presently the Project goal is "to harmonize Nicaragua's population growth rate with the country's socio-economic development" and the indicator for this goal is that the population growth rate be no greater than the GDP growth rate. If the Nicaraguan economy achieves even modest growth rates, the Project goal as stated will be easy to achieve, but will not address the problem. Should the Project goal and/or goal indicator be changed? Should the Project goal be made more concrete such as a reduction in the growth rate to the current average growth rate in Central America (2.9%)?

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2. Recurrent Costs and Sustainability

The proposal contains no recurrent cost analysis, but it is clear that Project activities will significantly increase the recurrent costs of PROFAMILIA's program and make the program unsustainable after the project ends. There is brief mention of the possibility of a follow-on project focusing on alternative distribution systems (p. 27), but there is no indication of how recurrent costs would be funded after the LOP. Agency guidance requires that all projects include a recurrent cost analysis and a clear indication of how such costs will be met after the LOP. There also may need to be a 611(e) certification regarding PROFAMILIA's ability to maintain and operate the facilities being purchased under the Project after the LOP. Does the proposal need to be strengthened in this area?

3. Narrow Distribution and Outreach Channels

The ability and willingness of an individual to use and buy contraceptives will depend on his/her ability to physically reach and then deal with a single community distributor (overcoming any cultural norms regarding differences in religion, ethnicity, political party, etc.). There are possible ways to broaden contraceptive distribution channels (and therefore the use of contraceptives) such as using the INSSBI social workers (p.15) for distribution as well as promotion, using PVOs with primary health care programs, etc., which could increase distribution at very little additional cost. Presently the project will only study the possibility of alternative distribution systems in the fourth year of the Project. Should the proposal provide for, or at least leave room for, broader distribution channels during the life of the Project?

4. Cost Estimates

There are no cost estimates to support the budget for training or for the purchase and rehabilitation of facilities. There may be a need for a 611(a) certification (which calls for detailed cost estimates for new construction) for the purchase and rehabilitation of the facilities. The financial analysis states that no provisions have been made for exchange rate differences given the parity of the cordoba oro with the dollar. This is not likely to continue through the life of the Project and may undermine the cost estimates. Should more detailed cost estimates be prepared for these elements and clearer provisions be made for exchange rate gains?

5. Management Issues

a. General Management of PROFAMILIA

One of the areas that the Mission requested that PROFAMILIA address in their revised proposal was the whole area of management of their significantly larger program under the Project. The proposal addresses this issue (p. 24) to some extent and there will be

technical assistance to help them with this area. The proposal does not, however, address some fundamental areas such as the expected increase in staffing or provision of a new organizational chart. Should this area be strengthened in the proposal?

b. Management and Supervision of Facilities Construction

Another management area that needs to be addressed is the ability of PROFAMILIA to properly manage and supervise rehabilitation of facilities at a cost of over \$2.4 million. The proposal mentions PROFAMILIA's conversion of a business school into a multiple use facility in 1989 as an indication that it can supervise and manage the rehabilitation. It is not clear what level of technical skills (engineering and architectural) were required for that work, but it may not have been as demanding as the proposed activities. Should there be some provision made in the Project for outside management and/or supervision of rehabilitation of the facilities? Should AID provide for a TDY or local hire engineer to make sure that the firms and/or individuals managing and supervising the construction are properly doing their jobs?

6. Funding Issues

a. Contraceptive Prevalence Survey

During PP design there was some discussion of the S&T Bureau providing the \$300,000 necessary for the contraceptive prevalence survey. Is the S&T Bureau going to provide this money? If so, how is this included in the Project budget?

b. Initial Obligation

The initial obligation for the Project is \$1 million of which \$500,000 will come from ESF. Given that the Mission will receive \$2 million in population funds next fiscal year and would like to keep from using the ESF money if possible, there is some question of the need for such a large initial obligation, particularly if S&T is funding the contraceptive prevalence survey. Can the initial obligation be reduced?

7. Counterpart Funding

a. Local Contribution

The budget contains \$522,415 to be provided from local sources. Are all of these funds the earnings from sale of AID funded contraceptives and services? If so, should we request other contributions from PROFAMILIA?

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b. Other Donor Contributions

The paper states that IPPF "will not provide support to any other group or organization in Nicaragua." Likewise, the paper assumes that present levels of support from IPPF and AVSC will remain the same during the LOP. How do we know that levels of support will remain constant and that IPPF will not support other local organizations? What will be the effect on achieving the Project outputs if this is not the case? Should we request PROFAMILIA to get a letter of commitment from the other donors?

8. Technical Analysis

One of the primary technical questions that the proposal needs to address is why the contraceptive interventions to be used (condoms, birth control pills, spermicides, and voluntary surgical contraception) were chosen and conversely why other interventions (IUDs, implants, the rhythm method) were not chosen. Are there technical and social reasons for the choices, such as levels of education and hygiene needed for use, effectiveness, cost, etc.? Should this area be addressed in the technical analysis?

9. Economic Analysis

The economic analysis simply states that an economic return rate cannot be calculated and that the project is economically beneficial because it will lead to improvements in women's health, reduce the pressure on curative medical services leading to an improvement in the quality of life. A reliable economic return rate cannot be calculated for the Project. A least cost analysis, however, may be appropriate and could be easily calculated by dividing the increase in couple years of protection by the costs of providing these and comparing these costs across methods and across countries (e.g. comparing costs of contraceptive delivery with costs in other Central American Countries). Another important issue here is the justification for a subsidy addressed from the economic perspective (unrelated to the social acceptance of contraceptives). This can be established by looking at the per capita GNP (or an income distribution table if available), the cost of the "canasta basica," and the cost of the contraceptive interventions to see what level of subsidy is needed for the population to afford contraceptives. Does the economic analysis need to be amplified to include these areas?

10. Requests from Initial Mission Review

a. Vehicles

The Mission requested that PROFAMILIA either demonstrate that it has an adequate vehicle fleet or provide for purchase of vehicles under the Project. There is no indication in the revised proposal that this issue has been resolved. Does PROFAMILIA have adequate vehicles to carry out its program, and if so, does this need to be reflected in the proposal?

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b. Legal Status of Project-Funded Employees

The Mission requested that PROFAMILIA investigate whether employees funded by the Project would legally be considered AID employees. If this were the case, they were to include some mechanism to assure that AID would not be responsible for severance pay or other similar benefits. There is no indication in the revised proposal that this issue has been resolved. Has the issue been resolved and if so, does this need to be reflected in the proposal?

11. Additional Concerns

- MINSA Involvement and Capability: The statement on MINSA's capability to provide family planning services or any kind of health services is strongly negative. Does the statement exaggerate the problem? Should the project try to work with MINSA to improve their capability in promoting and planning family planning services?
- Audits: Concern that concurrent audits for activities being funded from FY90 ESF should not cover this Project because only a small portion of funding will come from ESF. Alternative arrangements for annual audits should be made.
- Child Survival: Reference needs to be made to child survival and birth spacing in paper given funding from Child Survival Account.
- Salary Supplements: The paper needs a statement that no salary supplements are being provided through the Project.
- Fund Raising: Need to make sure that no AID funds are being used for fund raising.
- Registration of PROFAMILIA: Need to mention PROFAMILIA's registration in the paper.

Distribution:

JBallantyne, MD
KSchofield, DD
LAlalde, GDO
RBurke, OPP
JCorley, CO
RLayton, OFIN
MVelazquez, LA
LSWaskin, PDI

ATTACHMENT FOUR:

SUMMARY OF RESPONSE TO PROJECT COMMITTEE RECOMMENDATIONS

The Project Committee for the Family Planning Expansion and Regionalization Project met on January 30, 1991 to review Profamilia's final draft proposal for an Operational Program Grant (OPG) from A.I.D. In response to the Committee's recommendations, Profamilia and USAID worked together to make several changes in the final version of this proposal. The issues brought to the Committee's attention, and the changes made in response to them, are summarized below:

1. Project Goal:

Issue: Should the goal of the project be changed to that of reducing Nicaragua's population growth rate to the current average population growth rate in Central America (2.9%)?

Response: The Committee elected to retain the original articulation of the project's goal. However, the indicator of goal achievement in the Logical Framework was changed to reflect USAID's concern that Nicaragua's population increase only at a rate that permits positive real changes in economic growth. The proposal now states that the goal will have been achieved if, by the end of the project, population growth has stabilized at a level both below 3.2% per year and low enough to permit positive changes of at least 2.0% per year in real per capita GDP.

2. Recurrent Costs and Sustainability:

Issue: The version of the proposal before the Committee contained no recurrent cost analysis or explanation of how recurrent costs would be funded after completion of the project.

Response: The revised proposal makes clear that, excluding contraceptive costs, A.I.D. will finance \$2,784,610 (55.5%) of the recurrent costs of PROFAMILIA's total operations (the current Managua-based network plus the new regional operations) during the life of this project, IPPF \$1,709,503 (34.1%), and Profamilia \$522,415 (10.4%). The proposal also acknowledges that, consistent with A.I.D. policy, USAID does not expect Profamilia's activities to become financially sustainable during the life of this project. The document does point out, though, that by continuing its policy of seeking to recover a portion of its costs even in Nicaragua's extremely difficult economic situation, Profamilia is taking important steps toward the objective of financial sustainability. It also notes that the project will do a great deal to build Profamilia's institutional sustainability.

3. Distribution and Outreach Channels:

Issue: The Committee considered whether the proposal should provide, or at least leave room for, broader distribution channels during the life of the project.

Response: The Committee declined to recommend that Profamilia seek additional means of broadening its distribution channels during the life of this project. The Committee noted that Profamilia has agreed to begin to study, in the fourth project year, potential alternate distribution channels, that there is nothing in the proposal that would constrain the association from working with other PVOs and the GON, and that Profamilia has demonstrated considerable willingness to do so. Given the heavy administrative and financial management burden that the project will place on Profamilia as it expands and regionalizes its ongoing operations, the Committee felt it best not to risk overtaxing the association's capacities.

4. Cost Estimates:

Issue: The version of the proposal before the Committee contained no cost estimates to support the budget for training or for rehabilitation of facilities. It also expressed the project budget in Cordobas Oro, yet made no provision for likely exchange rate gains.

Response: The Committee asked the firm of Price Waterhouse to examine, as part of its pre-award survey of Profamilia, the reasonableness of the cost estimates contained in the proposal. Additionally, the final proposal expresses all cost estimates in U.S. dollars.

5. Management Issues:

Issues: The proposal did not include a description of the actual and projected staffing patterns for Profamilia. It also did not explain how Profamilia would carry out the renovation of facilities for its planned regional and satellite clinics.

Response: Annex VII to the final proposal includes both actual and projected Profamilia staffing patterns. The final proposal also explains that Profamilia intends to carry out renovation work through the use of local contractors, and that the Association will select these contractors through a competitive bidding process. It notes that Profamilia has significant experience with this type of work.

6. Funding Issues:

a. Contraceptive Prevalence Survey:

Issue: The proposal included funds for the conduct of a baseline contraceptive prevalence survey in the first project year. Yet the Bureau for Science and Technology (S&T) stood ready to provide \$300,000 in central Population funds from outside this project for the same purpose.

Response: Profamilia agreed to devote funds initially budgeted for a baseline survey in 1991 to an endline survey in 1995. The S&T funds will be used for a baseline survey in 1991.

b. Initial Obligation:

Issue: In light of the availability of these central funds for the baseline survey, could the planned \$1.0 million FY 1991 obligation be reduced?

Response: The Committee elected not to decrease the planned FY 1991 obligation. It reasoned that, since it is unlikely FY 1992 funds will be available until the second quarter of that Fiscal Year, Profamilia will need at least \$1.0 million this year to support its activities until subsequent obligations can be made.

7. Counterpart Funding:

a. Local Contribution:

Issue: Could Profamilia's earnings from the sale of A.I.D.-funded contraceptives and services be counted as part of the Association's contribution to the project?

Response: The Committee agreed that, per A.I.D. policy, such funds could be counted as part of the Association's contribution.

b. Other Donor Contributions:

Issue: How could USAID be sure that the planned level of support from the International Planned Parenthood Federation (IPPF), the principal other donor to the project, would remain constant? Should USAID ask for a letter of commitment from IPPF?

Response: The Committee declined to ask IPPF to provide a letter formally stating its commitment to support Profamilia in FY 1992 and beyond. The Committee reasoned a), that since this document was prepared in close collaboration with IPPF staff, it represented as firm a commitment as would a letter; and b), that IPPF is no more able than A.I.D. to bind itself formally to future year obligations.

8. Technical Analysis:

Issue: The proposal did not explain the technical and social reasons underlying selection of the contraceptive interventions the project will support.

Response: The Technical Analysis included in Annex IV to the final proposal explains that the contraceptive techniques Profamilia will extend have proven to be both technically effective and culturally acceptable in Nicaragua.

9. Economic Considerations:

Issue: The section on "Economic Considerations" included in the proposal noted simply that it is not possible to calculate an economic rate of return for this project. It did not, however, explain what the project would do to gather the data needed to conduct a least-cost analysis, an acceptable alternative for family planning projects such as this.

Response: The proposal's section on economic considerations has been significantly revised. The document now makes clear that while it is not possible to do a cost-benefit analysis of a population and health project such as this, Profamilia will gather data to help assure that its activities represent the most effective use of scarce resources.

10. Requests from Initial Mission Review:

a. Vehicles.

Issue: The proposal did not make clear whether or not Profamilia has adequate vehicles to carry out the planned program.

Response: Profamilia's cover letter formally submitting this proposal states that Profamilia will have a sufficiently large vehicle fleet to carry out planned activities.

b. Legal Status of Project-Funded Employees:

Issue: During review of the PID-like initial proposal from Profamilia, USAID had requested that Profamilia provide assurances that employees of Profamilia funded by the proposed grant would not be considered A.I.D. employees. No such assurances were included in the proposal.

Response: Profamilia's cover letter states that its staff will not be considered to be employees of A.I.D.

11. Other Actions in Response to Concerns of the Committee:

a. The final version of Profamilia's proposal amplifies on the relationship of this project to birth spacing, child survival, and maternal and child health.

b. The final proposal makes clear that no salary supplements above Profamilia's normal wage scale will be paid to A.I.D.-financed employees.

c. The Standard Provisions to the Grant Agreement with Profamilia will make clear that no A.I.D. monies are to be used to support fund raising efforts.

ACTION: AID INFO: AMB DSM ECON

VZCZCMU0193
PP RUFH4U
DE RUEHC #9724 2790144
ZNR UUUUU ZZB
P 207147Z MAR 91
FM SECSTATE WASHDC
TO AMEMBASSY MANAJUA PRIORITY 5930
BT
UNCLAS STATE 833724

20-MAR-91 TOR: 12:53
CN: 29219
CHRG: AID
DIST: AID
ADD:

AIDAC

E.O. 12355: N/A
TAGS:
SUBJECT: CONGRESSIONAL NOTIFICATION ALERT

1. REGRET DELAY IN TRANSMITTING NOTIFICATION OF EXPIRATION OF FOLLOWING CONGRESSIONAL NOTIFICATIONS. LAC/DPP JUST RECEIVED COPY OF TRANSMITTED NOTIFICATIONS.

2. THE FOLLOWING NOTIFICATION EXPIRED WITHOUT OBJECTION FEBRUARY 21, 1991. OBLIGATION MAY BE INCURRED ON OR AFTER FEBRUARY 22, 1991.

524-0312, FAMILY PLANNING EXPANSION AND REVITALIZATION - DOLS 500,000 ESP AND DOLS 500,000 HEALTH.

3. THE FOLLOWING NOTIFICATION EXPIRED WITHOUT OBJECTION JANUARY 25, 1991. OBLIGATION MAY BE INCURRED ON OR AFTER JANUARY 27, 1991.

524-0307. DEMOBILIZATION, REPATRIATION AND RESETTLEMENT SUPPORT - DOLS 27,950,000 ESP. BAKER

BT
#8724

NNNN

Data Received:		
	Act.	Info
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DD		
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Remaining File		
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Due Date: 3/22/91
 Action Taken:
 Initials: