

PD-AAZ-089
Isid 60561



AGENCY FOR INTERNATIONAL DEVELOPMENT

UNITED STATES AID MISSION TO PERU

C/O AMERICAN EMBASSY

LIMA, 1 PERU

TELEPHONE: 286200

CABLE: USAID/LIMA

June 25, 1986

Mr. James Coberly
Country Director,
CARE PERU
Av. Los Laureles 485
San Isidro

Subject: CARE OPG: Community Health Program (527-0297)
Amendment No. Two

Dear Mr. Coberly:

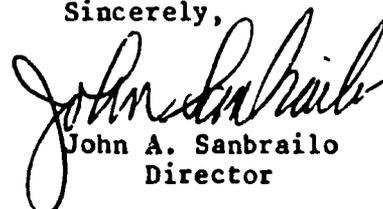
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as A.I.D., or "Grantor") hereby grants to the Cooperative for American Relief Everywhere (hereinafter referred to as CARE, or "Grantee"), the additional sum of \$42,000 to continue support to a community health program in marginal urban areas of Arequipa. This program is more fully described in Attachments A and B to this Letter of Agreement which are made integral parts of this Agreement. Attachment A consists of the original Letter of Agreement dated June 4, 1985 and Attachments 1 and 2 thereof. Attachment B consists of the Revised Schedule (B-1) and Revised Program Description (B-2), the Mandatory Standard Provisions for U.S. Grantees and Sub-Grantees (B-3) and the Optional Standard Provisions for U.S. Grantees and Sub-Grantees (B-4). This additional sum of \$42,000 supplements the \$35,000 previously granted, providing a cumulative total grant of \$77,000, the "Grant."

This additional increment to the program is effective, and obligation is made, as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives from September 1, 1986 through December 31, 1987.

The Grant is made to CARE on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachments A and B which are hereby agreed to by your organization.

Please sign all six (6) copies of the Grant, acknowledging your receipt of the Grant, and return five (5) copies to the USAID Program Office.

Sincerely,


John A. Sanbrailo
Director

ATTACHMENTS:

- A. Letter of Agreement dated June 4, 1985 and its Attachments 1 and 2
- B. Revised Schedule (B-1)
 - Revised Program Description (B-2)
 - Mandatory Standard Provisions (B-3)
 - Optional Standard Provisions (B-4)

ACKNOWLEDGED:

CARE-Peru

James Coberly

By:

James Coberly
James Coberly

Title: Country Director

Date:

June 25, 1986

FISCAL DATA:

Appropriation: 72-1161021
Budget Plan Code: LDAA-86-25527-CG13
Project No.: 527-0297
Total Estimated Amount: \$77,000
Total this Obligation: \$42,000

REVISED SCHEDULE

A. Purpose of the Grant

The purpose of this Grant is to continue support for CARE in its program of preventive health and community health education in 15 marginal urban areas of Arequipa, as more specifically described in Attachment B-2 of this Grant, entitled "Revised Program Description."

B. Period of the Grant

1. The effective date of this Grant is June 4, 1985. The expiration date of this Grant is December 31, 1987.

2. Funds obligated hereunder are available for program expenditures for the estimated period June 4, 1985 to December 31, 1987 as shown in the Financial Plan below.

C. Amount of Grant and Payment

1. The total estimated amount for this Grant for the period shown in B.1 above is \$77,000.

2. A.I.D. with Letter of Agreement dated June 4, 1985 obligated \$35,000 and hereby obligates the additional amount of \$42,000 for program expenditures during the period set forth in B.2 above and as shown in the Financial Plan.

Payment shall be made to the Grantee in accordance with the procedures set forth in Attachment B-4, Optional Standard Provision No. 2, "Payment - Periodic Advance." Cumulative shifts among A.I.D.-financed budget line items of more than 20% cannot be made without the prior written approval of A.I.D.

D. Financial Plan

Following is the Grant Budget, including local cost financed items as authorized, and contributions from CARE, CARITAS and the Ministry of Health (MOH) for the project. Revisions to the Grant Budget shall be made in accordance with Attachment B-3, Mandatory Standard Provision No. 4 entitled, "Revision of Grant Budget."

FINANCIAL PLAN

<u>Component</u>	<u>GRANT BUDGET</u>			<u>OTHER CONTRIBUTIONS</u>		
	Obligated Amt. 6/04/85 - 8/31/86	This Obligation 09/01/86 12/31/87	Estimated AID Total	<u>CARE</u>	<u>CARITAS</u>	<u>GOP/MOH</u>
	Salary/Benefits, Local Employees	\$5,250	\$5,765	\$11,015		\$4,200
Salary/Benefits, Maintenance of Int'l. Supv.				14,790 <u>1/</u>		
Vehicle & Maintenance	1,200	2,400	3,600	5,787 <u>3/</u>		
Local Travel/Per Diem	2,500	3,500	6,000			
Courses & Seminars	---	3,000	3,000			
Training & Educ. Equipm., Mat'ls. & Supplies	19,535	11,500	31,035			
Office Mat'ls. & Communications	1,315	4,099	5,414		3,000	
Evaluation	2,200*	7,800	10,000			
Totals	\$32,000	\$38,064	\$70,064	\$20,577	\$7,200	\$13,728
CARE/NY Cost	3,000*	3,936*	6,936			
Grand Totals <u>4/</u>	\$35,000 =====	\$42,000 =====	\$77,000 =====	\$20,577 =====	\$7,200 =====	\$13,728 =====

1/ Represents 20% of U.S. representative's time assigned to this project.

2/ Represents a full year of services of 20 auxiliaries and 1 nurse assigned half-time to project.

3/ New vehicle included in CARE contribution.

4/ AID's contribution represents 65%; CARE, 17%; GOP/MOH, 12%; CARITAS, 6%

*Starred items above represent U.S. Dollar cost items. In FY 85 obligation, these totalled \$5,200; for FY 86, \$3,936. Local currency cost items were \$29,800 in FY 85 and \$38,064 in FY 86.

4

E. Reporting and Evaluation

1. Financial reporting shall be made as set forth in the Standard Provisions to the Grant.

2. CARE shall monitor the performance under the Grant and ensure that seminars and training programs and evaluations are carried out as scheduled.

3. CARE will submit to USAID its detailed Project Implementation and Evaluation (PIE) reports on a four months basis. These PIE reports will describe in quantitative terms the activities and services being provided in the health posts and, to the extent feasible, by community volunteers. Among other things, the PIE reports should provide data for the period covered on immunizations given, oral rehydration packets distributed, participation of mothers in growth monitoring, breast feeding and family planning; community projects in progress; numbers of health workers and community volunteers trained and numbers of mother in health education classes during the period. Also, the PIE report should discuss implementation problems in the project and present data on OPG funds received, spent and liquidated during the period in accordance with the budget.

4. In addition to the intermediate and final PIE reports described above, a special joint evaluation of the Arequipa program and a very similar CARE program in Lima's port city of Callao, shall be conducted prior to December 31, 1986. The purposes of this special evaluation shall be: to improve programming thru comparisons and contrast; to make a preliminary study of cost/effectiveness; to involve appropriate MOH personnel in the evaluation process as a means of facilitating the spread of the project concepts and lessons learned into other Health Areas of Peru.

5. At the project's end, the final PIE report should be expanded to fulfill the formal evaluation requirement for the project. At the minimum, it should include:

- Quantitative data for the entire project period on activities and services, including training and health education activities (see above);
- Knowledge/Attitude/Practice (KAP) reporting on changes in the incidence of vaccinating children up to the age of four; breast feeding up to the age of one; maintenance of adequate growth monitoring cards by mothers; evidence that mothers know how to properly prepare and use oral rehydration salts; care of children who have been identified to be malnourished. KAP changes will also be presented on participating health workers and community volunteers. The methodology to be used in measuring KAP changes will be pre- and post-testing;

- Numbers of community projects implemented during the entire project period in small vegetable gardens, latrine construction, communal kitchens, clubs of TB patients and small animal production.
- An analytical review of the project's activities, services, problems and accomplishments.

F. Special Provisions

1. All provisions of Attachment 3, Mandatory Standard Provisions apply to this Grant. The following Optional Standard Provisions, Attachment 4, apply to this Grant: Provisions Nos. 2, 4, 5, 6, 7, 8, 9, 13, 14, 16, 20, 23 and 25.

2. To assist in the implementation of the program, A.I.D., from time to time, may issue Implementation Letters furnishing additional information about matters or requirements relating to this Agreement.

G. Overhead Rates

The current provisional indirect cost rate negotiated with the Grantee is 10.34% of total A.I.D. cost input.

b'

REVISED PROGRAM DESCRIPTION

Attachment 2 to the Letter of Agreement dated June 4, 1985, entitled "Program Description," is amended as follows:

1. Article III is deleted. Substituted in lieu thereof is the following Article III:

III. Program Implementation and Responsibilities of the Grantee and Participating Entities

This program began on March 1, 1985, with A.I.D. grant funding commencing as of June 4, 1985. CARE implements the program in cooperation with CARITAS and the MOH, taking responsibility for overall programming, the proper use of grant funds and coordination of technical requirements. The program is based on a model presently being implemented in the marginal urban areas of Lima's port city, Callao.

This additional grant provides funds to carry the program through December 31, 1987, adds in a special joint evaluation of the Arequipa and Callao Programs and makes adjustments in programming, while establishing Life of Project (LOP) targets.

According to the CARE PIE reports, during the first phase of this program, one Arequipa-based CARE employee, the CARITAS coordinator and eight MOH auxiliary nurses, as well as 20 community volunteers, have been trained for eight weeks in preventive health and community health projects, based on the Callao model. These people are now implementing the program in 15 different marginal urban areas of Arequipa.

Health surveys have been completed in 12 areas, with 1500 mothers participating in health education courses. Last February, the health workers participated in a special course in the use of video health education materials presented by CESPAC, Centro de Servicios Pedagogia Audio Visual para la Capacitación. Programs in raising small animals and in family gardening are underway in 15 different communities through an agreed participation of the Agriculture Faculty of the University of Peru in Arequipa. To date, about 1500 vaccinations have been given to children.

During the coming months, through EOP in December 1987, training of additional 12 MOH auxiliary nurses will be accomplished and, prior to December 31 1986, the special mid-course joint evaluation of the Arequipa and Callao programs will take place.

The targets of program implementation by EOP have been established as follows: 7,500 vaccinations of children; ORS packets distributed and/or mothers trained to make ORS at home - 20,000; 4,000 mothers in health education courses; 375 vegetable gardens in 15 communities; 75 animal production projects in 15 communities; 150 latrines constructed in 15 communities; 4 TB clubs formed; 20 MOH auxiliary nurses and 20 community volunteers trained. The communal kitchen concept has not gone well in the initial stages of this program and is now under review.

7

Training programs for health workers and community volunteers, as well as health education courses for mothers, are to include courses on growth monitoring, breastfeeding and family planning, and, as standard practice, pre- and post testing for Knowledge-Attitude-Practice (KAP). As part of the final project evaluation, post testing will be done on a random basis to help determine the effectiveness of the health education provided. See Revised Schedule, Attachment B-1, Section E. for additional reporting and evaluation requirements.

As noted above, CARE will have overall program responsibility through December 1987. CARITAS provides food supplements through its feeding centers and food for the communal kitchens (should this aspect of the project be continued after review).

CARITAS also provides one supervisor and a "Coordinator" being trained to take over responsibility from CARE at EOP for future program coordination with the MOH in assuring the spread of this pilot program into other MOH health areas. The MOH provides its health centers; also, initially 8, and now 20 auxiliary nurses to work in the program.

The Agriculture Faculty of the University of Peru in Arequipa supports the program of instruction on small animal production and vegetable gardening.

The services of CESPAC will continue to be used in providing professional educational services for training and health education programs.

2. Article IV "Program Budget and Release of Funds" is deleted. Substituted in lieu thereof is the following Article IV.

"IV. Program Budget and Release of Funds

The proposed program budget calls for Grant financing over a period of 31 months not to exceed \$77,000. Grant funds will be used to pay for staff salaries, training materials and equipment, operational and travel costs and vehicle maintenance. See Section D of the Revised Schedule, Attachment B-1, for an illustrative Grant Budget.

Release of Grant funds under this Agreement shall be in accordance with Optional Standard Provision No. 2 "Payment Periodic Advance," Attachment III. Shifts of more than 20% among USAID financed budget line items cannot be made without the prior written authorization of USAID."

8