

PJD-ABE-314

15A7772 &

A.I.D. Project No: 532-0153

AMENDMENT NO. 6
TO THE
PROJECT GRANT AGREEMENT
BETWEEN
THE GOVERNMENT OF JAMAICA
AND THE
UNITED STATES OF AMERICA
FOR THE
AIDS/STD PREVENTION AND CONTROL PROJECT

Date: June 9, 1992
Appropriation: 72-1121021.2
BPC: LDGA92-25532-KG13
Amount: \$965,000

FUNDS AVAILABLE
M. A. Lewis
Signature *6/4/92* Date

PROJECT GRANT AGREEMENT

AMENDMENT NO. 6

AMENDMENT Number 6 between the UNITED STATES OF AMERICA, acting through the Agency for International Development ("A.I.D.") and the Government of Jamaica.

The Government of Jamaica and A.I.D. entered into a Project Grant Agreement, dated August 29, 1988 ("Agreement"), which was amended on June 28, 1989, April 24, 1990, July 25, 1990 March 19, 1991, September 30, 1991.

The Government of Jamaica and A.I.D. now desire to amend the Agreement to reflect certain changes in the scope of the project, the obligation of an additional US\$965,000 in grant funds, and the extension of the project period.

The parties agree that the Agreement be amended as follows:

- Section 1. Section 2.1. Definition of the Project, is amended by adding the following as a second paragraph:
The project will also provide three key interventions as follows:
- a) expanding and improving condom use and distribution;
 - b) encouraging reduction in numbers of sexual partners; and
 - c) improving diagnosis and treatment of sexually transmitted disease.

- Section 2. Section 3.1 The Grant is deleted in its entirety and replaced by the following:

"Section 3.1. The Grant. To assist the Grantee to meet the costs of carrying out the Project, A.I.D., pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant to the Grantee under the terms of the Agreement an amount not to exceed Three Million Four Hundred and Sixty-five Thousand United States Dollars (\$3,465,000) ("Grant").

The Grant may be used to finance foreign exchange costs, as defined in Section 6.1, and local currency costs, as defined in Section 6.2., of goods and services required for the Project."

- Section 3. Section 3.3, Project Assistance Completion Date, is amended by deleting, in paragraph (a) the date "August 31, 1994" and substituting the date "August 31, 1997".
- Section 4. Annex 1, "Project Description," is amended by adding the attached paper entitled "Supplement to the Amplified Project Description", together with the revised "Illustrative Cost Summary," appended thereto as Attachment A.
- Section 5. In the Project Grant Agreement Standard Provisions Annex, Section B.5 is amended by substituting a new Section B.5, as contained in Attachment B to this Amendment.
- Section 6. Section D.1. "Termination" is amended by deleting the existing section and substituting the following.

Article D: Termination; Remedies.

SECTION D. 1. Termination

- (a) Either Party may terminate this Agreement by giving the other Party 30 days written notice. Termination of this Agreement will terminate any obligations of the Parties to provide financial or other resources to the Project pursuant to this Agreement, except for payment which they are committed to make pursuant to noncancellable commitments entered into with third parties prior to the termination of this Agreement. In addition, upon such termination A.I.D. may, at A.I.D.'s expense, direct that title to goods financed under the Grant be transferred to A.I.D. if the goods are from a source outside Grantee's country, are in a deliverable state and have not been offloaded in ports of entry of Grantee's country.
- (b) A.I.D. may unilaterally cancel and deobligate all or part of the undisbursed balance of the Grant, to the extent not subject to noncancellable commitments entered into with third parties, by giving the Grantee 30 days written notice. Such notice shall provide a statement of reasons for the cancellation and deobligation.

Except as amended herein, the Agreement, as amended, remains in effect.

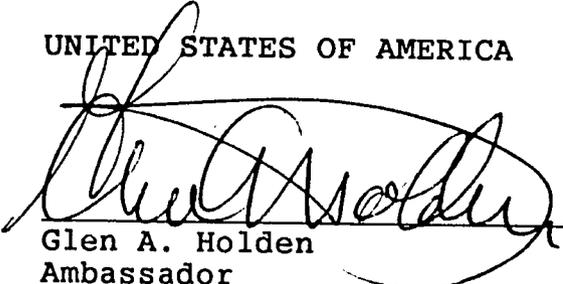
IN WITNESS WHEREOF, the Government of Jamaica and the UNITED STATES OF AMERICA, each acting through its respective duly authorized representative, have caused this Amendment to be signed in their names and delivered as of the day and date below written:

GOVERNMENT OF JAMAICA

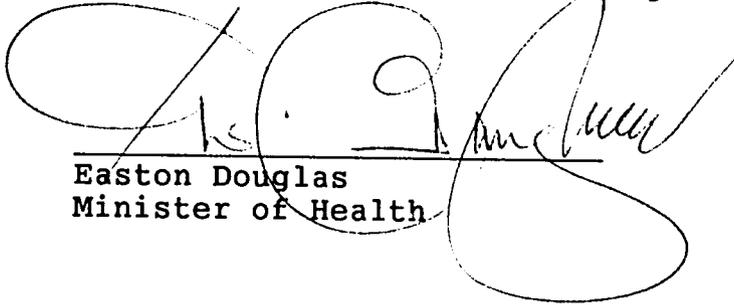
UNITED STATES OF AMERICA



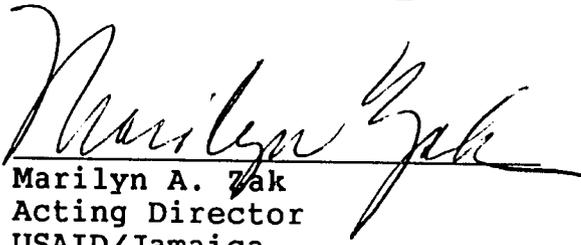
Hugh Small
Minister of Finance & Planning



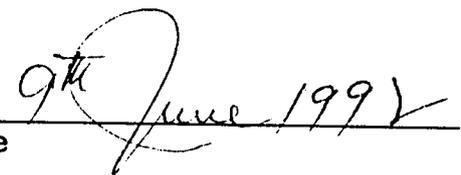
Glen A. Holden
Ambassador



Easton Douglas
Minister of Health



Marilyn A. Zak
Acting Director
USAID/Jamaica



Date 9th June 1992

ILLUSTRATIVE COST SUMMARY
(US\$000)
AIDS/STD Prevention and Control Project Grant Agreement

	Prior Obligations		This Obligation		Total Obligations to date		Planned Subsequent Obligations		Total Planned Obligations	
	AID	GOJ	AID	GOJ	AID	GOJ	AID	GOJ	AID	GOJ
Administrative Support	0	125	0	0	0	125	0	150	0	275
US TA	114	0	0	0	114	0	0	0	114	0
Training	76	0	0	0	76	0	0	0	76	0
Overseas Commodities	270	350	0	0	270	350	0	410	270	760
Local Costs - Policy/Program	372	180	0	0	372	180	0	210	372	390
Local Cost Prevention/Intervention	757	0	0	0	757	0	0	0	757	0
Local Costs - institutional strengthening	744	155	0	0	744	155	0	180	744	335
Evaluation	24	0	0	0	24	0	65	0	89	0
Audit	24	0	0	0	24	0	65	0	89	0
Contingency	119	40	0	0	119	40	0	50	119	90
Condom Access	0	0	0	0	0	0	150	0	150	0
Public Info/Interviews	0	0	0	0	0	0	320	0	320	0
Mass Media Campaign	0	0	0	0	0	0	300	0	300	0
STD Treatment and Counselling	0	0	200	0	200	0	635	0	835	0
Epidemiologic Surveillance	0	0	100	0	100	0	365	0	465	0
Inst. Streng. - Public/Private Sector	0	0	665	0	665	0	135	0	800	0
TOTAL	2,500	850	965	0	3,465	850	2,035	1,000	5,500	1,850

FUNDING CITATIONS

Appropriation: 72-1121021
BPC: LDGA-92-25532-KG13
Amount: \$965,000

Attachment A

Annex 1 Supplement to the Amplified Project Description

This project was originally approved on August 23, 1988. The project goal and purpose remain unchanged. This supplement provides for a continuation of many of the activities as planned and as set forth in the Amplified Project Description. This supplement provides for an expansion of project activities as described below. The budget, as attached to this supplement, amends the total project budget. In the event of any inconsistency between matters in the original Amplified Project Description and matters in this supplement, the provisions of the supplement will control.

This supplement to the project will focus on four proven prevention and control interventions which A.I.D. is supporting worldwide. These are:

- increasing demand for condoms
- increasing access to condoms
- partner reduction, and
- diagnosis and treatment of sexually transmitted diseases.

Additionally the supplement will provide institutional support strengthening to MOH and PVOs in program planning, policy development and evaluation. The types of activities to be supported in each of these are described below:

1. Improving Access to Condoms

This component will focus on improving the accessibility of condoms to high risk groups in the following ways:

a. Improving distribution through the established public-health infrastructure. This will be done by securing a dedicated and reliable source of supply for the STD clinics and contact investigators - thus eliminating the 'stock out' problem. Accessibility to high-risk groups will be further improved by the careful training of contact investigators. Procedures will also be put in place to ensure that walk-in male clients are quickly serviced and that adolescents in need are not turned away. The project proposed to improve condom distribution to STD clinics and patients over the next four years so that 75% of clinics will distribute condoms to clients regularly as opposed to the current 17.7%.

b. Extending the reach of the social marketing program to include less-traditional outlets such as bars/clubs and guest houses/hotels. These outlets include the locations where casual sexual contacts are most likely to be made.

c. The sale of condoms through the social marketing program to employer groups, trade associations, or other affinity groups. The Ministry of Labour has agreed to take the lead in supplying the migrant farm working community. Additional employer groups, such as factory workers, transportation workers and hotel workers, and associations such as the Informal Commercial Importers or higglers, could be approached with this idea. The project will reach more deeply into and provide support services to such special disenfranchised groups as male homosexuals/bisexuals and female prostitutes.

d. Youth access will be handled by (1) resensitizing clinic staff, (2) distributing through a wider array of outlets (perhaps cinemas and community centers) and (3) providing appropriate point-of-purchase (POP) display materials for the social marketing brand. All of these activities will make it easier for young people to ask for condoms.

e. Finally, the image of the social marketing brand of condoms will be improved. Revitalized brand advertising, redesigned POP materials, the addition of an instructional insert, and a corresponding price increase will all be undertaken to help improve the image of the brand.

2. Targeted Interventions to High Risk Groups

A second major area of emphasis will focus on behavioural change, particularly as it relates to partner reduction and increased condom use. The supplement provides support for targeted public information and interventions, including the following:

- a. support for public and private sector (primarily community-based) AIDS and STD prevention and intervention strategies such as plays produced by community-based groups, church-sponsored workshops and health fairs. These activities will target the following populations (not necessarily in the order of priority need);
- adolescents and youth, including a focus on those who cannot be reached through the school system (e.g., street youth, school leavers who live at home, institutionalized youth, unemployed high school graduates 18-21

-- women, including those attending family planning and antenatal clinics, prostitutes, low-income, working class women, ICIs and higglers

-- STD clinic attenders

men who have sex with men

clients in substance abuse treatment programs and those at risk for substance abuse (including alcohol, crack and ganja); this is of particular concern in view of the preliminary indications of HIV among drug abuse treatment clients in Jamaica; and Jamaicans recently deported from the U.S. on suspicion of involvement in drug-related crimes.

b. continued support for the operation of HELPLINE, including training of staff and volunteers, purchase of spare parts for telecommunications equipment and additional phone lines, other resources as needed.

The MOH will continue to liaise with the Ministry of Labour and the Ministry of Justice to ensure on-going surveillance and counselling for farm workers and prisoners.

The prevention and intervention strategies will be designed, developed and implemented by, or in conjunction with private community-based organizations (e.g., Jamaica AIDS Support, Sistren, Women's Crisis Center, Jamaica Association of Higglers and Vendors, and the Jamaica Association for Amateur Athletics). The Epi Unit and ACOSTRAD will also involve professional associations (e.g., Medical Association of Jamaica and General Practitioners Association of Jamaica, Nurses Association of Jamaica, the Jamaica Midwives Association, and the Jamaica Hotel and Tourist Association) in such activities.

3. Mass Media and Prevention Strategies Directed Toward the General Public

The supplement will also support is the development of two new comprehensive mass media campaigns. These mass media campaigns are tentatively scheduled for 1993 and 1995, but will be initiated as deemed appropriate and necessary, given changes in information regarding transmission, prevention and/or treatment of HIV in Jamaica. The purpose of these campaigns is to support the more focused public education interventions and to continue to register its issue as an important public health concern.

4. STD Treatment and Targeted Counseling for HIV, AIDS and STD Patients

This component is designed to improve STD treatment, case management and follow-up prevention counseling for STD and HIV patients. This element includes expanded support for counseling of HIV positive individuals and those with confirmed cases of AIDS and STDs, as well as the families.

Support will include:

- a. technical assistance and training in prevention counseling and STD treatment for the seven additional STD clinics funded through the existing Project Paper grant and for the Comprehensive Clinic in Kingston; by the end of the project all 11 STD clinics will be counseling at least 75% of clients on partner reduction and the use of condoms. Assistance for training pharmacists and retailers islandwide in the 200 outlets will also be provided.
- b. funds for the operation of three to five HIV/AIDS counseling programs located throughout the island. In view of the debate concerning the most appropriate location and modality of prevention counselling (i.e., within or as part of other care services such as primary health clinics and inpatient hospital wards, or separate, stand-alone centers), the PP Supplement provides support for subgrants to private sector outpatient and home health facilities as well as support for improved services at public facilities. The project will also fund a locally hired long-term STD advisor hired through Family Health International.
- c. training of health and social welfare personnel in the counseling of HIV-infected persons and those with AIDS, including support for the development of treatment protocols for STDs. 25 STD contact investigators will also receive continuous in-service training. Training will focus on improved counseling and investigation methods. By the end of the project it is expected that the number of individual contacts named and tracked for each case of reported syphilis will increase from one contact per case to three contacts per case.
- d. funds for STD pharmaceuticals to ensure coverage of patients reached through expanded STD facilities, addressing any critical gaps arising from changes in antibiotic resistance patterns.

- e. the purchase or lease of 15 vehicles for use by contact investigators. The vehicles are deemed imperative in order to ensure that the contact investigators can effectively carry out their crucial role in preventing the transmission of HIV and STDs. The contact investigators will travel throughout the country to interview and provide counseling to those identified as having HIV or other STDs, and will interview and provide counseling to those identified as their sexual partners.

5. Improvements in the MOH Epidemiologic Surveillance System and Evaluation Research

Short-term technical assistance through a buy-in to CDC will be provided to the MOH/EPI Unit to increase its capacity to design, implement and effectively manage the epidemiologic surveillance system, important to the development of national HIV and STD policy. Such technical assistance will include:

- a. technical assistance and support for in-service training of Epi Unit staff, ACOSTRAD staff, STD clinic staff, and others as appropriate with regard to surveillance systems specifically, including:
 - the most appropriate and feasible methods for ensuring accurate reporting of HIV, AIDS cases and STDs and to minimize underreporting,
 - on-going surveillance, sentinel surveillance and studies of target populations,
 - the use of microcomputers for the input and analysis of data (including case and seroprevalence data), and
 - the interpretation of results and their use in prevention and intervention design and evaluation;
- b. in-service training and other support for EPI Unit and ACOSTRAD staff in the use of program evaluation methodologies which provide data and information for policy planning and development; and
- c. support for in-service clinical training of medical staff (physicians and nurses) in the diagnosis and reporting of HIV-related health illnesses, the stages of HIV disease and health problems associated with HIV and AIDS (e.g., substance abuse) as well as support for innovative approaches to encouraging accurate and complete reporting by public and private sector individual physicians, laboratories and insurance companies.

This component will support the development of a Research and Design Program for the Epi Unit. This will include support for:

- *. technical assistance, training and other support for the Epi Unit in such areas as:
 - assisting in documenting the experiences of both MOH and private sector/NGOs in the HIV/AIDS prevention campaign,
 - designing and implementing a system for the on-going, internal evaluation and monitoring of the AIDS/STD program in the EPI Unit (macro evaluation) and prospective evaluation and on-going monitoring of HIV/STD projects funded by USAID through the EPI Unit, the STD Unit and ACOSTRAD (micro evaluation),
 - designing and implementing procedures for the publication and dissemination of results of such research, both locally and internationally,
 - designing and implementing a system for the review of ethical, legal and social implications of AIDS/STD research conducted in Jamaica;
- *. support for selected, priority applied research projects, based on decision needs (see previous discussions);
- *. support for two national knowledge, attitude and practice surveys (KAP surveys) of target populations (e.g., school leavers). The latter should be conducted in connection with intervention projects and in coordination with related KAP studies undertaken by the National Council on Drug Abuse (NCDA), Ministry of Education (MOE), University of the West Indies (UWI), or other organizations (see 2.b below); and
- *. support to purchase reference materials, instructional materials and other resources for use in planning, revising and evaluating AIDS/STD policies and programs.

6. Strengthening the Institutional Capability of the MOH and the Private Sector to Manage Comprehensive AIDS/STD Strategies

This element includes support for both U.S. and local short and long term technical assistance, support for the National AIDS Committee.

Institutional Strengthening of the MOH

1) support for local staff (10 additional contact investigators and continued in-service training support for the 15 original contact investigators hired through the original grant) and short and long term local technical assistance and short term U.S. technical assistance. After the second year of the project supplement, the MOH will assume financial responsibility for the Contact Investigators on a phased basis (i.e. five in year 1994 and the additional five in year 1995);

2) 528 person months of locally hired long term technical assistance; and support for in-service and short U.S. training of MOH and private sector health personnel in areas such as infection control, disease surveillance, HIV/STD prevention strategies and RPR testing; and

3) purchase of supplies for the Comprehensive Clinic and the seven parish level STD clinics.

Institutional Strengthening of ACOSTRAD

1) support for local staff one project manager/social worker, one accountant/secretary and one social worker, short term local technical assistance and short term U.S. technical assistance; and

2) support for local and overseas training of ACOSTRAD staff.

Institutional Strengthening of the National AIDS Committee

1) support for policy making and coordinating role of the National AIDS Committee as well as fund raising and community organization activities. The NAC needs to be supported in developing appropriate legislation and ethical guidelines in Jamaica, and in its efforts to involve the private sector in supporting and implementing appropriate activities. Whereas previously the NAC played a comparatively passive role in relation to the Epi Unit, it is expected to become more active and to provide directions for cost sharing and sustainability.

2) Technical assistance will be provided to the NAC for specific areas related to enhancing the development of funding raising, public education and public relations.

7. Cost Estimates

Annex I, Section III. "Cost Estimates" of the original amplified Project Description should be deleted and replaced with the following:

USAID intends to finance the originally planned problem identification activities, and also to add the related interventions which will allow us to address the threat of AIDS directly in the coming years. The original project elements will be phased out gradually in the remaining two years of the original project life. Simultaneously, the new initiatives will begin and be carried out until the new PACD of August 1997.

Since it already has existing infrastructure and its own momentum, the amended project is expected to have a quick start. This assumption is also supported by the present pipeline, which is \$975,000 including accruals.

Certain items such as Local Costs for Policy and US Long Term TA will wind down and will not be supplemented. But Local Costs Interventions and Institutional Strengthening will be increased. Table I (Illustrative Budget) reflects clearly the new areas of emphases for the project, as well as Table III (Costing of Projects Outputs/Inputs). The major resources will support STD Treatment and Counselling, and Institutional Strengthening.

The following tables present: 1. Projection of Estimates by Fiscal Year, and 2. Costing of Project Outputs.

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PROJECTION OF EXPENDITURES BY FISCAL YEAR
(\$000)

27

	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	T O T A L						
	AID	GOJ	AID	GOJ	AID	GOJ	AID	GOJ				
01 Administrative Support	-	-	-	50	-	50	-	150				
02 U.S. TA	-	-	-	-	-	-	-	-				
03 Training	-	-	-	-	-	-	-	-				
04 Overseas	-	-	100	100	-	110	-	410				
05 Local Costs - Policy/Program	-	-	50	50	-	60	-	210				
06 Local Costs - Prevent/Interv.	-	-	-	-	-	-	-	-				
07 Local Costs - Instit./Strength	-	-	-	60	-	60	-	180				
08 Evaluations/Audits	-	56	-	8	-	58	-	130				
09 Contingency	-	-	-	50	-	-	-	50				
10 Condom Access	-	100	-	50	-	-	-	150				
11 Public Info/Interv.	-	100	-	100	-	20	-	320				
12 Mass Media Campaigns	-	150	-	50	-	-	-	300				
13 STD Treatment and Counsel	200	-	200	-	135	-	100	835				
14 Epidemiologic Surveillance	100	-	100	-	100	-	65	465				
15 Inst. Strg. - Pub/Priv Sectors	150	-	225	-	175	-	100	800				
	450	-	931	150	683	310	593	260	343	280	3000	1000

COSTING OF PROJECT OUTPUTS/INPUTS

5/1

	LONG-TERM LOCAL TA	SUB-GRANTS	SHORT-TERM LOCAL TA	SHORT-TERM US TA	COMMODITIES/SUPPLIES LOCAL	COMMODITIES/SUPPLIES OVERSEAS	OVERSEAS TRAINING	LOCAL TRAINING	AID SUBTOTAL	GOJ TOTAL	PP SUPPLEMENT TOTAL
Administrative Support	-	-	-	-	-	-	-	-	-	150	150
US TA									-	-	-
Training									-	-	-
Overseas Commodities									-	410	410
Local Costs - Policy/Program									-	210	210
Local Costs - Prevention/Inter.									-	-	-
Local Costs - Instit/Strengthen									-	180	180
Evaluations/Audits			50	80					130	-	130
Contingency									-	50	50
Condom Access			50		100				150	-	150
Targeted Interventions	120	200							320	-	320
Mass Media Campaigns	100		150		50				300	-	300
STD Treatment and Counseling	100	290	10			400		35	835	-	835
Epidemiologic Surveillance		50	50	200	25		40	100	465	-	465
Instit. Streng. Public/Private Sector	480	270				50			800	-	800
	800	810	310	280	175	450	40	135	3000	1000	4000

AID/W WILL PROVIDE ADDITIONAL 500,000 WORTH OF ST. TA THROUGH FHI AS PART OF THEIR SUPPORT FOR EMPHASIS COUNTRIES WHICH INCLUDE JAMAICA

Attachment B

Section B.5 Reports, Accounting Records, Audits, Inspections

- (a) The Grantee shall furnish A.I.D. such information and reports relating to the Project and to this Agreement as A.I.D. may reasonably request.
- (b) The Grantee shall maintain accounting books, records, documents, and other evidence relating to the Project and to this Agreement, adequate to show, without limitation, all costs incurred under the grant, the receipt and use of goods and services acquired under the grant, the costs of the Project supplied from other sources, the nature and extent of solicitations of prospective suppliers of goods and services acquired, the basis of award of contracts and others, and the overall progress of the project toward completion ("Project Books and Records"). At the Grantee's option, with approval by A.I.D., project books and records shall be maintained in accordance with one of the following methods: (1) generally accepted accounting principles prevailing in the United States, (2) generally accepted accounting principles prevailing in the country of the Grantee, (3) accounting principles prescribed by the International Accounting Standards committee (an affiliate of the International Federation of Accountants), or (4) such other accounting principles as the parties may agree to in writing. Project books and records shall be maintained for at least three years after the date of last disbursement by A.I.D.
- (c) If dols 25,000 or more is disbursed directly to the Grantee in any one calendar year under the grant, the Grantee, except as the parties may otherwise agree in writing, shall have financial audits made of the funds disbursed to the Grantee under the grant in accordance with the following terms:
 - (1) The Grantee shall select an independent auditor in accordance with the "Guidelines for financial audits contracted by foreign recipients" issued by the A.I.D. Inspector General ("Guidelines"), and the audits shall be performed in accordance with the "Guidelines".
 - (2) An audit of the funds provided under the grant shall be conducted for each fiscal year of the Grantee. The audit shall determine whether the receipt and expenditure of the funds provided under the grant are presented in accordance with generally accepted accounting principles agree to in section (B) above and whether the Grantee has complied with the terms of the Agreement. Each audit shall be completed no later than six months after the close of the Grantee's fiscal year.

- (d) The Grantee shall submit an audit report to A.I.D. within 30 days after completion of each audit arranged for by the Grantee in accordance with this section. The A.I.D. Inspector General will review each report to determine whether it complies with the audit requirements of this Agreement. Subject to A.I.D. approval costs of audits performed in accordance with the terms of this section may be charged to the grant. In cases of continued inability or unwillingness to have an audit performed in accordance with the terms of this section, A.I.D. will consider appropriate sanctions which include suspension of all or a portion of disbursements until the audit is satisfactory completed or A.I.D. performs its own audit.
- (e) The Grantee shall submit to A.I.D., in form and substance satisfactory to A.I.D., a plan by which the Grantee will ensure that funds made available to subrecipients that receive dols 25,000 or more in any one calendar year under the grant are audited in accordance with this Agreement. The plan should describe the methodology to be used by the Grantee to satisfy its audit responsibilities with respect to any subrecipient to which this section applies. Such audit responsibilities with respect to subrecipients may be satisfied by relying on independent audits of the subrecipients or on appropriate procedures performed by the internal audit or program staff of the Grantee, by expanding the scope of the independent financial audit of the Grantee to encompass testing of subrecipients' accounts, or by a combination of these procedures. The plan should identify the funds made available to subrecipients that will be covered by audits conducted in accordance with other audit provisions that would satisfy the Grantee's audit responsibilities (a nonprofit organization organized in the United States is required to arrange for its own audits; a for-profit contractor organized in the United States that has a direct contract with A.I.D. is audited by the cognizant U.S. Government Agency; a private voluntary organization organized outside the United States with a direct grant from A.I.D. is required to arrange for its own audits; and a host-country contractor should be audited by the cognizant Grantee contracting agency). The Grantee shall ensure that appropriate corrective actions are taken on the recommendations contained in the subrecipients' audit reports; consider whether subrecipients' audits necessitate adjustment of its own records; and require each subrecipient to permit independent auditors to have access to records and financial statements as necessary.
- (f) A.I.D. may, at its discretion, perform the audits required under this Agreement on behalf of the Grantee by utilizing funds under the grant or other resources available to A.I.D. for this purpose. The Grantee shall afford authorized representatives of A.I.D. the opportunity at all reasonable times to audit or inspect the project, the utilization of goods and services financed by A.I.D., and books, records and other documents relating to the project and the grant.