



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

P.D. - ABG - 824
15N 54094

AUG 31 1992

Mr. Paul Thompson
Executive Director
World Vision Relief
and Development, Inc,
919 West Huntington Drive
Monrovia, CA 91016

Subject: Cooperative Agreement No. FAO-0500-A-00-2042-00

Dear Mr. Thompson:

Pursuant to the authority contained in the Foreign Assistance Act of 1961 and the Federal Grant and Cooperative Agreement Act of 1982, as amended, the Agency for International Development (hereinafter referred to as "A.I.D.") hereby provides to World Vision Relief and Development, Inc. (hereinafter referred to as "World Vision" or "Recipient") the sum set forth in Section 1C.2. of Attachment 1 of this Cooperative Agreement to provide financial support for the program described in Attachment 2 of this Cooperative Agreement entitled "Program Description."

This Cooperative Agreement is effective as of the date of this letter and funds obligated hereunder shall be used to reimburse the Recipient for allowable program expenditures for the period set forth in Section 1B. of Attachment 1 of this Cooperative Agreement.

This Cooperative Agreement is made to the Recipient on the condition that the funds will be administered in accordance with the terms and conditions as set forth in the attachments listed under my signature below, which together constitute the entire Cooperative Agreement document and have been agreed to by your organization.

Please acknowledge receipt and acceptance of this Cooperative Agreement by signing all copies of this Cover Letter, retaining one copy for your files, and returning the remaining copies to Mr. James Jeckell, Agreement Officer, Chief, FA/OP/A/FAO Branch, Office of Procurement.

Sincerely yours,



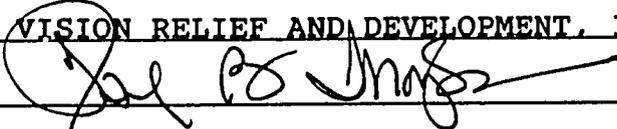
Diane M. Miller
Agreement Officer
Chief, OP/A/EE Branch
Office of Procurement

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions
4. Special Provision entitled "Restrictions on Lobbying"

ACKNOWLEDGED:

WORLD VISION RELIEF AND DEVELOPMENT, INC.

BY:  _____

TYPED NAME: Paul B. Thompson

TITLE: Executive Director

DATE: September 24, 1992

FISCAL DATA

A. GENERAL

- A.1. Total Estimated A.I.D. Amount: \$2,093,735
- A.2. Total Obligated A.I.D. Amount: \$2,093,735
- A.3. Cost-Sharing Amount (Non-Federal): \$988,932
- A.4. Other Contributions (Federal): \$0
- A.5. Project No's.: 938-0500 and 938-0284
- A.6. A.I.D. Project Office: FHA/PVC/CSH, R.M. Robinson
- A.7. Funding Source: A.I.D./W
- A.8. Tax I.D. No.: 95-0059300
- A.9. DUNS No.: 07-190-3322
- A.10. CEC No.: 19589360H
- A.11. LOC No.: 72-00-1466

B. SPECIFIC

- B.1.(a) PIO/T No.: 938-0500-2685017
- B.1.(b) Appropriation: 72-112/31021.7
- B.1.(c) Allotment: 267-38-099-00-76-21
- B.1.(d) BPC: EDC2-92-16850-KG11
- B.1.(e) Amount: \$1,943,735

- C.1.(a) PIO/T No.: 938-0284-2681207
- C.1.(b) Appropriation: 72-112/31021.3
- C.1.(c) Allotment: 263-38-099-00-76-21
- C.1.(d) BPC: EDN2-92-16850-KG11
- C.1.(e) Amount: \$150,000

PROGRAM DESCRIPTION

The Recipient's proposal entitled "Child Survival Projects" dated December 18, 1991 is attached hereto as the Program Description (Attachment 2) and is made a part of this Cooperative Agreement.

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SECTION A. SUMMARY DESCRIPTION OF PROJECT

The project is a proposed three-year expansion/extension of the Ogbomoso South Child Survival Project which is currently located in Ogo Oluwa Local Government Area. The project will be extended in this area and expanded to include Health Districts I and III of the Orire Local Government Area of Oyo State, Nigeria. These contiguous areas are located approximately 40 kilometers southwest of the town of Ogbomoso and 90 kilometers north of Ibadan.

Total population of the proposed project area is 98,961. The target population includes 4,606 children 0-11 months; 3,473 children 12-23 months; and 15,015 children 24-59 months. The total number of women of childbearing age is 21,467.

Key interventions include immunization of infants against the six EPI diseases, plus yellow fever; immunization of women aged 15-45 against tetanus; diarrheal disease control; nutrition education (especially proper weaning) and growth monitoring; promotion of child spacing; prevention and treatment of malaria.

The end-of-project objectives include the following: (1) 80 percent of children under 23 months shall be fully immunized against the six EPI diseases and yellow fever; (2) 80 percent of women ages 15-45 years shall be immunized with two doses of TT; (3) 70 percent of children less than five years with diarrhea are treated with ORT; (4) 60 percent of mothers of children less than five years with diarrhea practice appropriate feeding during and after diarrheal episodes; (5) 70 percent of children less than two years and all malnourished children under five years are weighed every month, and 2-5 year-old children are weighed once every three months; (6) 70 percent of mothers of children less than two years practice appropriate infant feeding including breastfeeding and weaning; (7) 60 percent of women in union know about modern contraception; (8) 30 percent of women in union with children less than two years practice modern contraception; (9) 60 percent of children less than five years with malaria fever will be treated with chloroquine at the community level; (10) 70 percent of pregnant women in the third trimester will receive weekly malaria prophylaxis; (11) 60 percent of pregnant women receive a curative treatment of chloroquine at the time of first attendance at a community level health facility; and (12) 30 percent reduction in the level of malnutrition.

Additional project components are: encouragement of farmers to produce soybeans for better nutrition, support of the community in the provision of potable water to reduce the incidence of diarrhea, and sanitation education, especially proper fecal disposal.

The project is committed to ensuring sustainability from the time it is initiated. Indicators for sustainability include community involvement and support, community utilization of services, and EPI coverage rates. To ensure financial sustainability, the number and effectiveness of income-generating activities (IGAs) will be measured. To generate sustained community demand for project activities, village health workers, nutrition aides, and community development committees will be trained.

The Ogbomoso Child Survival Project has been evaluated twice; once in 1990 and again in 1991. Results of the evaluations, which included 30-Cluster Surveys both times, showed conclusively that the project has met the goals stated in the DIP on almost every objective. Now the project is eager to maximize lessons learned from Ogbomoso South and assist a new group of beneficiaries in the Local Government Area closest to its current location.

SECTION A. SUMMARY DESCRIPTION OF PROJECT

The project will be located in 10 out of 12 periurban communities of Sar. Miguel Sector, 10 minutes by car from downtown Tegucigalpa, the capital of Honduras. The impact communities are bounded to the north by Rio Chiquito and by the Campo de la Federacion in the south. An old road to Santa Lucia separates these communities from the community of El Sitio.

The project area includes an estimated population of 27,616 spread in the ten communities. There are 900 infants 0-11 months, 3,230 children 12-59 months, and 7,766 women 15-49 years old. The most common causes of deaths among the under-fives are diarrhea, ARI, and malnutrition. ARI followed by diarrhea are the primary causes of morbidity, according to the CESAMO San Miguel, the health center servicing the areas.

The key interventions of this project will include the following: control of diarrheal diseases, ARI control, EPI, nutrition, dengue control, family planning, and income-generating activities. The strategy is to shift the case disease burden from the CESAMO to the homes and the communities while strengthening the CESAMO's ability to manage other cases cost-efficiently and effectively. This is reinforced by intensive mobilization of communities and the institutionalization of child protective behaviors at the home and in the communities. Women will also be targeted to financially empower them.

The goal of the project is to reduce mortality and morbidity among children 0-59 months. The end-of-project objectives are:

CDD. Reduce deaths among children 0-59 months due to diarrheal dehydration by 50 percent of pre-intervention levels.

- a. Eighty percent of women/caretakers of under-fives will be competent in ORT (able to demonstrate proper Litrosol mixing and administration; continue feeding including breastfeeding during and after diarrhea; extra feeding during two weeks of recovery). FY93-30 percent; FY94-60 percent.
- b. Ninety percent of children 0-59 months with diarrhea for the past two weeks will be treated with Litrosol. FY93-60 percent; FY94-80 percent.
- c. Ninety percent of Health Promoters (HPs) and Community Volunteers (CVs) are competent in the identification of signs and symptoms of diarrheal dehydration according to the MOH standard definition. FY93-60 percent; FY94-85 percent.
- d. Ninety percent of houses have latrines. FY93-70 percent; FY94-85 percent.
- e. Ninety percent of houses have access to safe and potable water. FY93-70 percent; FY94-85 percent.

ARI. Reduce by 30 percent deaths among children 0-59 months due to ARI compared to pre-intervention levels.

- a. Fifty percent of Mothers/Caretakers (M/Cs) of under-fives and 90 percent of HPs and CVs are able to recognize danger signs of ARI according to MOH definition. FY93-20% M/Cs and 60% CVs; FY94-40% M/Cs and 80% HPs/CVs.
- b. Seventy percent of ARI cases from the target communities seen at the CESAMO, Hospital Escuela, and Instituto Nacional del Torax are referred by M/Cs and/or HPs/CVs. FY93-30 percent; FY94-60 percent.

EPI. Reduce by 90 percent cases of measles, neonatal tetanus, and polio among under-fives compared to pre-intervention levels (FY92).

- a. Ninety percent of each cohort of children 12-23 months will be fully immunized with six EPI vaccines before their first birthday. FY93-85 percent; FY94-90 percent. The antigen-specific

coverage is as follows: FY93-BCG, 75%; DPT3, 80%; Polio3, 90%; Measles, 85%. FY94-BCG, 90%; DPT3-90%; Polio3-90%; Measles-85%.

- b. Eighty percent of women 15-45 years who delivered for the last 12 months will receive at least two doses of TT. FY93-50 percent; FY94-65 percent.

Nutrition. Reduce to 50 percent the rate of malnutrition among children 0-59 months compared to pre-intervention levels.

- a. Eighty percent of infants and children 0-23 months are appropriately fed (defined as exclusive breastfeeding if less than four months; breastfeeding plus supplemental feeding between four to 23 months; no bottle feeding). FY93-50 percent; FY94-60 percent.
- b. Eighty-five percent of children 0-59 months with Kwashiorkor and Marasmus with no complications are referred to the CESAMO feeding center.
- c. Ninety percent of children 6-59 months are dewormed twice a year. FY93-40 percent; FY94-75 percent.

Family Planning. Equip the CESAMO with supplies and equipment for intrauterine device (IUD) insertion by 1994.

Dengue Control. Seventy-five percent of families participate in vector control campaigns, e.g., eradication of mosquito breeding places in their homes, construction of water seepage pits. FY93-50 percent; FY94-65 percent.

Sustainability. Achieve at least a continuation of 80 percent of the above child protective behaviors and coverage of CS services in eight out of ten of the communities for three years after the funding cycle.

SECTION A. SUMMARY DESCRIPTION OF THE PROJECT

The project will be located in Lumi District, West Sepik (Sandaun) Province, Papua New Guinea. Lumi is a remote district of a remote province bordering Irian Jaya, the Indonesian half of the island of New Guinea. The project location is accessible by light aircraft from Madang (two and one-half hours) and Port Moresby (three hours via intermediate points), and by a boat ride upriver from Wewak, East Sepik Province.

The total population of the project area is 28,611 in six subdistricts. There are 973 children 0-11 months, 4,425 children 12-59 months, and 6,380 WCBA.

The goal of the project is to reduce morbidity and mortality in children under five and their mothers by expanding the ability of the DOH of the province to implement the National Health Plan through a strategic focus on Child Survival and maternal health activities. The project will emphasize expansion of service delivery outreach, skills transfer and training at different levels, social mobilization, and integration of health activities with community development.

The key interventions will be EPI, ORT, ARI, nutrition promotion, malaria control, Community Health Volunteer training (including village birth attendants), and income-generation for women's and community groups. The objectives related to these interventions are as follows:

1. Assist the provincial health office in designing and writing up a simple district health plan for implementation by the Lumi health district.
2. Conduct three seminar-workshops on PHC/CS for all district health workers.
3. Train 20 Community Health Volunteers, 20 Village Birth Attendants, and 50 Community Facilitators on village-level health promotion and disease prevention.
4. Completely immunize 80 percent of all children 0-11 months against the target EPI diseases.
5. Vaccinate 60 percent of pregnant women with two doses of tetanus toxoid prior to delivery.
6. Develop health education materials and strategies targeting five childhood health problems (ARI, pneumonia, vaccine-preventable disease, malnutrition, and narrow birth spacing) for use at the home, village, and clinic levels.
7. Distribute impregnated mosquito nets to 80 percent of households with children under five.
8. Sixty percent of pregnant women will receive appropriate malaria prophylaxis.
9. Ensure 80 percent of mothers with children under five know how to identify the signs of childhood pneumonia as listed in the DOH protocol (high fever, rapid breathing, and intercostal retractions).
10. Sixty percent of mothers with children under five will know how to correctly prepare ORT.
11. Fifty percent of cases of diarrhea in children under five will be treated with ORT (sachets or home mixtures).
12. Increase to 60 percent the number of pregnant mothers (from the current 33 percent) seen twice in an antenatal clinic prior to delivery.
13. Increase to 40 percent the proportion of supervised deliveries (from the current 12 percent).
14. Weigh 60 percent of children 0-36 months at least three times a year.
15. Organize and train 10 community groups in one income-generating project.

SECTION A. SUMMARY DESCRIPTION OF PROJECT

This three-year project will be located in Sanggau District, West Kalimantan, Indonesia. It consists of two rural impact areas: Area A—Balai Subdistrict; and Area B—northern half of Tayan Hilir Subdistrict. Of a total 31,659 people, the priority population includes 7,663 women 15-44 years, 840 children 0-11 months, 773 children 12-23 months, and 2,090 children 24-59 months.

Key CS interventions include: (a) immunization of infants and pregnant women 15-44 years; (b) ORS packet distribution and increasing maternal competency in ORT use; (c) nutrition education; (d) child-spacing promotion; (e) promotion of maternal recognition of childhood pneumonia signs/symptoms; (f) Vitamin A distribution to children and lactating mothers; and (g) antenatal and postnatal care, including high-risk pregnancy management.

The goal of the project is to facilitate mortality and morbidity reduction in under-five children and in women 15-44 years. This will be achieved by equipping two local NGOs (with whom currently WV has a vigorous partnership in the two impact areas) with strong fund-raising, management, and technical capability, and ensuring their institutional and financial sustainability after project phaseout to maintain high CS service coverage, to mobilize community demand, and to effect health behavioral change. The project will also invest in the other private and public sector players to facilitate a pluralistic supply and choice of CS services. Indicators will be used to track progress in achieving the institutional and financial sustainability of the two NGOs and their counterpart institutions.

End-of-project CS objectives are: (a) 80 percent of children 12-23 months shall be immunized by age 12 months with BCG, DTP3, OPV3, and measles vaccine; (b) 70 percent of women 15-44 years who delivered in the last 12 months shall receive two doses of tetanus toxoid; (c) 60 percent of registered households with under-five children will be competent in ORT usage; (d) 65 percent of diarrheal episodes in the past two weeks in under-five children shall have been treated with ORT; (e) 80 percent of mothers with children 0-23 months would know correct weaning and infant feeding practices; (f) 70 percent of children 0-23 months would have their weights recorded monthly, and those with growth faltering would have been referred/advised; (g) 75 percent of children 13-59 months shall receive appropriate doses of Vitamin A six-monthly; (h) 75 percent of women 15-44 years who delivered in the last 12 months would have received a VAC dose within two weeks of delivery; (i) 75 percent of eligible couples with under-two children will use modern contraceptive methods; (j) 60 percent of mothers with children 0-23 months would be able to name two-out-of-three pneumonia signs which indicate need for treatment or referral; (k) 75 percent of women who delivered in the last 12 months would have received five checkups (four prenatal and one postnatal) by a trained person; and (l) 75 percent of pregnant women screened as high-risk would have been referred for further management.