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ISA 84105



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

AUG 7 1992

Mr. Richard A. Frank
President
Population Services International (PSI)
1120 Nineteenth Street, N.W. Suite 600
Washington, D.C. 20036

Subject: Cooperative Agreement No. FAO-0500-A-00-2036-00

Dear Mr. Frank:

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 Population Services International (hereinafter referred to as "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 the undersigned.

Sincerely yours,



James A. Jeckell
Agreement Officer
Chief, FAO Branch
Office of Procurement

Attachments:

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

ACKNOWLEDGED:

POPULATION SERVICES INTERNATIONAL

BY: 

TYPED NAME: Richard A. Frank

TITLE: President

DATE: September 1, 1992

FISCAL DATA

A. GENERAL

- A.1. Total Estimated A.I.D. Amount: \$700,000
- A.2. Total Obligated A.I.D. Amount: \$700,000
- A.3. Cost-Sharing Amount (Non-Federal): \$234,000
- A.4. Other Contributions (Federal): \$N/A
- A.5. Project No.: 938-0500
- A.6. A.I.D. Project Office: FHA/PVC/CSH, J. Henriquez
- A.7. Funding Source: A.I.D./FHA/PVC
- A.8. Tax I.D. No.: 56-0942853
- A.9. DUNS No.: 04-005-4827
- A.10. LOC No.: 72-00-1584

B. SPECIFIC

- B.1.(a) PIO/T No.: 938-0500-2685012
- B.1.(b) Appropriation: 72-1121021.7
- B.1.(c) Allotment: 247-38-099-00-76-21
- B.1.(d) BPC: EDCA-92 16850 KG11
- B.1.(e) Amount: \$700,000

PROGRAM DESCRIPTION

The summary of the Recipient's proposal entitled "The Morocco Child Survival Project" and dated June 8, 1992 is attached hereto as the Program Description (Attachment 2) and is made a part of this Cooperative Agreement.

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PART B: MOROCCO COUNTRY PROPOSAL

SECTION A: SUMMARY DESCRIPTION OF PROJECT

The Morocco Child Survival Project will target infants and children under five (3.6 million - UNICEF 1989), their mothers and other care givers throughout the country, with special emphasis on the urban and peri-urban populations (43% of total population - Population Reference Bureau - PRB 1990). The key intervention will be diarrheal disease management, including the promotion of Oral Rehydration Therapy (ORT) and the social marketing of Oral Rehydration Solution (ORS) sachets, and appropriate nutritional management of diarrheal episodes, including the promotion of continued breastfeeding of infants, normal feeding of older children, supplemental feeding following the cessation of the episode, and appropriate referral of serious cases.

Death caused by dehydration from diarrhea is one of the leading contributors to infant and child mortality in Morocco. More children under the age of five in Morocco die of diarrhea-induced dehydration than any other illness. Children under two years of age are at greatest risk. Government surveys indicate that almost one out of three children reported to have had a bout with diarrhea at one time during the two weeks previous to when the survey was conducted.

Despite this, diarrhea goes largely untreated in Morocco. Studies indicate that only one out of 7 cases of diarrhea is treated by mothers or caregivers. Fifteen percent of cases of diarrhea are treated by administering ORS packets and one percent are treated using home based solutions. There are many reasons for low ORS usage rates including a lack of knowledge about proper diarrheal disease management on the part of the population (both health practitioners and mothers) and the difficulty in changing mothers' behavior to adopt healthy practices for their children. The problem is also the lack of availability of and access to obtaining ORS packets through the public sector and the prohibitive cost of purchasing ORS through the private, commercial sector.

Government subsidized health facilities in Morocco are often inaccessible to large portions of the population, entail long waiting times, hold inconvenient hours, lack privacy for obtaining services and products, and are infrequently patronized for preventive services, all of which limit their effective use. The commercial sector, while well suited to provide necessary health services and products, sells products at prices beyond the means of most people. Given current commercial prices, it would cost an average of \$5.50 a year to treat one child properly with ORS in Morocco.

PSI's approach to child survival is to utilize the private, commercial sector to make essential health products and services more easily accessible and available, more attractive, and more likely to be used but at a cost low enough to make it affordable to virtually the entire population. This approach, known as social marketing, maximizes the number of beneficiaries while minimizing the costs.

Revenue obtained from product sales help recover costs and move projects in the direction of financial sustainability. Sustainability will also be achieved by transferring skills and technology to local counterparts and in effecting a long term change in the behavior and adoption of practices on the part of the beneficiary (consumers).

Accompanying the ORS social marketing activities in Morocco under this proposal are Information, Education and Communication (IE&C) activities aimed at educating the public (beneficiaries and health providers) about child survival and health issues and motivating the behavior changes required to address these issues. The unique approach PSI uses complements efforts of the Government and other non-governmental organizations, resulting in a synergistic impact on increasing the survival of children in the target areas.

The activities of this project will make a contribution to efforts of the Government of Morocco in its goal to reduce current levels of infant and child morbidity and mortality through the promotion of home-based diarrheal disease management. The proposal responds to the expressed needs and priorities of the Ministry of Health to increase demand for and use of ORT and to expand the private sector distribution of ORS sachets in Morocco. The social marketing and IE&C activities of the project have as their specific objective, to increase the proportion of children under five years of age (with special emphasis for under 2's) in the target population who are given ORT during episodes of diarrhea.

The project budget represents two years of funding, of which \$700,000 is requested from A.I.D. and \$234,000 will be provided by PSI sources. The total budget (for both AID and PSI together) is \$934,000; \$537,000 for year one, and \$397,000 for year two.

SECTION D: PROJECT DESIGN

D.1 Duration of project

PSI is requesting funds for a period of ~~24~~ months for this project.

D.2 Project goal, objectives, and outputs

The goal of the Morocco Child Survival Project is to make a contribution to efforts of the Government of Morocco to reduce current levels of infant and child morbidity and mortality through the promotion of home-based management of diarrheal disease and the appropriate feeding of infants and children during and following diarrheal episodes, including continued breastfeeding, and the timely introduction of supplemental foods.

The specific objective of the Project is:

to increase the proportion of children under five years in the target population who are given oral rehydration therapy during episodes of diarrhea from 45 to 50 percent* by Year Three of the project.

(*This estimated base-line percentage will be verified with data from the base-line survey.)

Outputs necessary to achieve this objective include:

A) Distribution and sales

- 1) Sale of 1 million (Year One), 1.5 million (Year Two) and 2 million (Year 3) sachets of BIOSEL.
- 2) Distribution to and availability of BIOSEL in 1,800 pharmaceutical outlets and 3,000 non-pharmaceutical outlets by the end of year 3.

B) Product promotion

- 1) Development, production and distribution of a promotional brochure for BIOSEL during years 1 and 2.
- 2) Expanded distribution of point-of-sale promotional materials (pens, stickers, T shirts, prescription pads, posters, playing cards, hats, vehicle sun shades) for BIOSEL.
- 3) 4 salespersons trained in promotion and medical detailing of ORT (Year 1)
- 4) 1,800 pharmacists and 4,000 medical professionals reached with promotional and educational materials (Each year)
- 5) Direct mailings produced and sent to at least 5,000 physicians in private and public practice and pharmacists.

C) IE&C - Development, production and dissemination of educational materials for the promotion of home-based management of diarrhea including appropriate nutritional management:

- 1) Two radio and two television spots developed (Year 1 and 3)
- 2) Airing of messages; television (Year 1 - 150 times; Year 2 - 100 times; Year 3 - 60 times), radio (average two to three times a day). TV messages will be aired during prime time viewing hours; radio messages throughout the broadcast day. Due to the seasonal pattern of diarrheal incidence, radio and TV messages will be aired with greater frequency during the onset and peak of the diarrheal season than at other times of the year.
- 3) One 20-minute video film developed and produced on ORT for training of public and private sector health personnel. (Year 1)
- 4) 18 sessions in which video films and training materials are used to train health personnel. (6 each year)
- 5) Posters (20,000 in Arabic and 10,000 in French) and flyers (400,000) developed and produced promoting ORT, and appropriate feeding practices for placement in pharmacies, clinics, public places and other outlets. (Years 1 and 2)
- 5) Advertisements promoting ORT and BIOSEL, targeted at the consumer and to the medical profession developed and placed in various newspapers, magazines and trade journals.

D) Information system and project development:

- 1) Base-line study to determine current levels of awareness and correct usage of oral rehydration therapy and current infant feeding practices as well as to gather information for developing educational messages. (Year 1)
- 2) Three progress reports sent to headquarters annually. (Months 4, 8, and 12 of each year)
- 3) Two project evaluations: mid-term and final. (Month 18 and end of Year 2)

D.3 Project interventions

The Morocco Child Survival Project will incorporate PSI's existing ORS Social Marketing Project and will have one major intervention, discussed in detail below:

Diarrheal disease management (100% of project), including IE&C activities to promote the use of oral rehydration therapy and social marketing activities for the promotion, distribution and sale of ORS sachets. While not a separate child survival intervention, infant and child nutrition, including messages to promote proper nutritional management during and after diarrheal episodes, continued breastfeeding during bouts with diarrhea, and referral for severe cases of dehydration will be integrated into the diarrheal disease management intervention.

1) Diarrheal disease management. PSI's integrated approach to diarrheal disease management will involve both educational campaigns to motivate behavior change and the promotion and distribution of a branded ORS product, BIOSEL.

STANDARD PROVISIONS

Note: Only those Standard Provisions indicated in Section 1K. of this Cooperative Agreement apply to this Cooperative Agreement.

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