



U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

ISN 84096  
PD-ABC-227

Mr. Robert S. Landrebe  
Chief Executive Director  
World Relief Corporation (WRC)  
450 Gundersen Drive  
Carol Stream, IL 60188

Subject: Cooperative Agreement No. FAO-0500-A-00-2029-00

Dear Mr. Landrebe:

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 Relief Corp. (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,



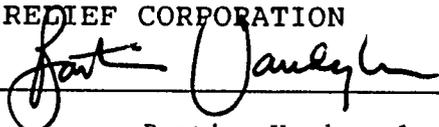
James A. Jeckell  
Agreement Officer  
Chief, FAO Branch  
Office of Procurement

Attachments:

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

ACKNOWLEDGED:

WORLD RELIEF CORPORATION

BY:  \_\_\_\_\_

TYPED NAME: Bastian Vanderzalm

TITLE: International Director

DATE: September 17, 1992

FISCAL DATA

A. GENERAL

A.1. Total Estimated A.I.D. Amount: \$500,000  
A.2. Total Obligated A.I.D. Amount: \$500,000  
A.3. Cost-Sharing Amount (Non-Federal): \$356,000  
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.: 23-6393344  
A.9. DUNS No.: 07-707-8194  
A.10. LOC No.: 72-00-1437

B. SPECIFIC

B.1.(a) PIO/T No.: 938-0500-2685008  
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: \$407,178

B.2(a) PIO/T No.: 938-0284-2681203  
B.2(b) Appropriation: 72-1121021.3  
B.2(c) Allotment: 243-38-099-00-76-21  
B.2(d) BPC: EDNA-92 16850 KG11  
B.2(e) Amount: \$ 92,822

PROGRAM DESCRIPTION

The summary of the Recipient's proposal number VIII entitled "Child Survival Proposal Nicaragua" and dated May 4, 1992 is attached hereto as the Program Description (Attachment 2) and is made a part of this Cooperative Agreement.

*[Handwritten mark]*

## Section A. Summary Description of Project

**Location:** Rio San Juan and Nueva Guinea areas in southern Nicaragua.

**Target Population:** Total project area population is 145,619, with children 0-59 months estimated at 28,393, women between 15-45 years old estimated at 28,367, and children under age one estimated at 6,102.

**Key Interventions:** Immunizations, Oral Rehydration Therapy (ORT), Nutrition, Infant Feeding Practices, Vitamin A, ALRI/Pneumonia, Maternal Health (High Risk Births), and Malaria Control.

**Main Goals and Objectives:** The goal of this project is to reduce morbidity and mortality of children under the age of five and women ages 15-45 in the project areas through the introduction of key child survival (CS) interventions. The objectives to be attained by the end of the grant include:

1. 80% of children 12-23 months will have complete immunization coverage.
2. 50% of women ages 15-45 will have received two doses of tetanus toxoid (TT).
3. 60% of mothers will appropriately use ORT for children with diarrhea.
4. 60% of mothers will know the signs/symptoms of dehydration.
5. 60% of children 0-35 months will be weighed monthly.
6. 76% of infants/children (0-35 months) will have a weight for age greater than that which is two standard deviations below the mean.
7. 50% of mothers will exclusively breastfeed through an infant's fourth month.
8. 70% of mothers will know to introduce appropriate weaning foods from the 4th-6th month.
9. 70% of children 6-59 months will receive Vitamin A twice annually.
10. 60% of mothers will know to give Vitamin A rich foods to their children.
11. 50% of post-partum mothers who attend growth monitoring sessions will receive Vitamin A in the first two months.
12. 80% of mothers of children 0-23 months will be able to recognize the signs and symptoms of pneumonia.
13. 80% of pregnant women will receive at least one prenatal care visit.
14. 20% of women ages 15-45 will use a modern family planning method.
15. 60% of families will practice at least one method of malaria prevention.
16. 28 health promoters trained.
17. 330 community health workers (CHWs) trained.
18. 150 community health committees (CHCs) functioning.

**Other Pertinent Information:** This project will be implemented in conjunction with a World Relief Corporation (WRC) agricultural project proposed for the same region.

**REVISED CHART OF OBJECTIVES AND OUTPUTS†**

OBJECTIVES & OUTPUTS	YEAR 1	YEAR 2	YEAR 3
<b>IMMUNIZATIONS</b>			
1. Children 12-23 months completely immunized.	2,940 (50%)	3,822 (65%)	4,704 (80%)
2. Children 12-23 months immunized with:			
BCG	3,234 (55%)	3,822 (65%)	4,704 (80%)
DPT3	2,940 (50%)	3,528 (60%)	4,704 (80%)
OPV3	3,822 (65%)	4,116 (70%)	4,704 (80%)
Measles	3,822 (65%)	4,116 (70%)	4,704 (80%)
3. Women 15-45 immunized with two doses of TT.	11,347 (40%)	12,765 (45%)	14,124 (50%)
<b>ORT</b>			
4. Mothers of children 0-23 months who properly administer ORT to children with diarrhea. ‡	40%	50%	60%
5. Mothers will know signs/symptoms of dehydration. ‡	40%	60%	80%
<b>NUTRITION</b>			
6. Children 0-35 months weighed monthly.	7,145 (40%)	8,931 (50%)	10,717 (60%)
7. Children (0-35 months) who have a weight for age greater than that which is two standard deviations below the mean.	10,445 (70%)	10,893 (73%)	11,341 (76%)
<b>INFANT FEEDING PRACTICES</b>			
8. Mothers who exclusively breastfeed through an infant's fourth month. ‡	40%	45%	50%
9. Mothers who know to introduce appropriate weaning foods from the 4th to 6th month. ‡	30%	45%	60%
<b>VITAMIN A</b>			
10. Children 6-59 months who receive Vitamin A supplements twice annually at growth monitoring sessions. ‡	50%	60%	70%
11. Mothers of children 6-59 months who know to give Vitamin A rich foods to their children. ‡	40%	50%	60%
12. Post-partum mothers attending growth monitoring sessions who receive a Vitamin A supplement once in the first two months after delivery. ‡	30%	40%	50%
<b>ALRI/PNEUMONIA</b>			
13. Mothers of children 0-23 months who recognize the signs and symptoms of pneumonia. ‡	40%	60%	80%
<b>MATERNAL HEALTH (High Risk Births)</b>			
14. Pregnant women who receive at least one prenatal care visit. ‡	60%	70%	80%
15. Women 15-45 who use a modern method of family planning.	2,837 (10%)	4,255 (15%)	5,673 (20%)

OBJECTIVES & OUTPUTS	YEAR 1	YEAR 2	YEAR 3
<b>MALARIA CONTROL</b>			
16. Families practicing at least one method of malaria prevention.	8,321 (40%)	10,402 (50%)	12,482 (60%)
<b>OTHER</b>			
17. Health Promoters trained.*	14	28	
18. CHWs trained.*	165	330	
19. Community Health Committees functioning.	75	150	

†National level percentages were used as regional percentages were not available. Regional percentages may be much lower. All objectives and percentages will be revised based upon baseline survey data.

‡Numerical frequencies will be determined from household registration data.

\*These numbers reflect a 10% increase to compensate for the expected dropout rate.

**D.3.** Proposed project interventions are as follows:

**20% ORT Activities** - Assist MINSA personnel with the distribution of ORS packets; CS staff train CHWs and CHWs train mothers to mix and administer ORT, to continue breastfeeding and/or food during diarrhea episodes, to provide extra fluids, to recognize signs and symptoms that require immediate referral and to increase feeding during recovery; also diarrhea prevention; disseminate these messages through the schools and churches.

| **17% Immunization Activities** - CS staff will strengthen MINSA's EPI by providing logistical support for immunizations workers in isolated areas, assist MINSA staff at EPI sites; train CHWs to teach mothers the importance of immunizations for children under age one and followup on defaulters using the household registry system.

**30% Nutrition** - CS staff train CHWs to teach mothers to bring children under age three for growth monitoring; train mothers to exclusively breastfeed through the fourth month, introduce appropriate weaning foods from the fourth to sixth month, provide more frequent feedings for the young child, including foods high in calories, those rich in Vitamin A, and the addition of oil to a child's diet, as well as extra feeds during convalescence; train CHWs in growth monitoring and the promotion of growth monitoring activities.

| **13% Vitamin A** - CHWs educate women on the importance of breastfeeding and the addition of locally available Vitamin A rich foods and oil to the diet; distribute Vitamin A capsules every six months to children 6-59 months (100,000 I.U. to children 6-12 months, 200,000 I.U. to children 13-59 months); ensure that immediate post-partum (2 months) mothers who attend growth monitoring sessions receive a Vitamin A capsule (200,000 I.U.).

**10% ALRI/Pneumonia** - CS staff train CHWs to teach mothers prevention and recognition of ALRI/pneumonia; improve referral systems by strengthening the communication between the MINSA health structure and the CHWs; train MINSA personnel in recognition and treatment of ALRI.

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**5% Maternal Health** - CS staff train CHWs to train mothers in the importance of prenatal care and TT immunizations; assist MINSA to train TBAs in Region V; train CHWs in the use and distribution of modern contraceptives, and to assist PROFAMILIA in developing a contraceptive promotion and distribution network.

**5% Malaria Control** - Train CHWs to teach mothers malaria prevention with special emphasis on the use of bed nets and water collection sites.

**D.4.** Proposed CS project approaches include the following:

1. Provide direct services through the CHWs who will be trained in growth monitoring and in the distribution of Vitamin A capsules and contraceptives.
2. Support MINSA's goal to reach remote areas with immunization activities by assisting with logistics for remote EPI sites and increasing publicity and manpower.
3. Promote CS interventions by training promoters and CHWs through a variety of interactive training techniques (that have been extremely effective in the Honduras CS project) to communicate health messages to mothers.
4. Strengthen MINSA's capacity to respond to ALRI needs through training MINSA personnel in recognition and treatment. Assist MINSA in its goal to communicate health messages to the community-at-large by placing creative posters in public places, announcing health messages over local radio stations, etc. Assist PROFAMILIA in the development of a distribution network for contraceptives in the project area.
5. Form CHCs which elect CHWs to mobilize communities to change health practices.

**D.5.** Table A (revised) is attached in Appendix A. WRC obtained data for Table A and other information for this proposal from Nicaragua's National Institute of Statistics and Census (INEC) and the national and regional offices of MINSA. See Endnotes for a detailed listing of information sources.

**D.6.** As mentioned in Section C.4., WRC has carried out small agricultural development programs in the project region through its local counterparts and is developing an agricultural development project for further assistance in this area. The agricultural project and CS project will share facilities and some equipment. It will complement the CS project by enabling families to improve nutrition and income.

**D.7.** The proposed CS project supports the Nicaraguan government goal of reducing the level of morbidity/mortality in the country through a focus on preventative community health programs as stated in Plan de Salud 1991-96 (p.2). The purpose of this project is to assist them to achieve their goals in areas of difficult access. Support of mother/child preventative health programs through local communities is also consistent with USAID/ Nicaragua's health strategy as stated in its Country Development Strategy Statement of June 1991 (p. 30).

**D.8.** During the development of this proposal, WRC had contact with national and regional MINSA personnel, Peace Corps, PROFAMILIA, the Adventist Development and Relief Agency (ADRA), UNICEF, PAHO and WRC's local church counterpart;. Following discussions with both national and regional MINSA offices, MINSA officials asked WRC to