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UNITED STATES OF AMERICA



AGENCY FOR INTERNATIONAL DEVELOPMENT
REGIONAL ECONOMIC DEVELOPMENT SERVICES OFFICE WEST AND CENTRAL AFRICA

UNITED STATES ADDRESS
ABIDJAN (REDSO)
DEPARTEMENT OF STATE
WASHINGTON, D. C. 20523 - 2010

INTERNATIONAL ADDRESS
REDSO / WCA
C/O AMERICAN EMBASSY
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Regional Office Procurement
USAID - REDSO/WCA

April 27, 1993

Mr. C. Payne Lucas
AFRICARE
Africare House
440 R Street N.W.
Washington, D.C. 20001

Subject: Grant No. 624-0204-G-00-3052-00

Dear Mr. Lucas:

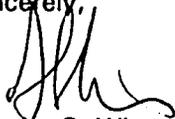
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A. I. D." or "Grantor") hereby Grants to Africare (hereby referred to as "Africare" or "Grantee"), the sum of \$75,131 to provide support for a program to develop a strategy for the Government of Benin and OAR/Benin to improve health using community based services and to better integrate health into social sector programs to reinforce democratic governance, support non-governmental private sector activities, and to reinforce the role of women, as described in Attachment 1 of this Grant entitled "Schedule" and Attachment 2, entitled "Program Description."

This Grant 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 project objectives during the period beginning with the effective date and ending July 31, 1993.

This Grant is made to Africare on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment 1 entitled the Schedule, Attachment 2 entitled "Program Description", and Attachment 3 entitled "Standard Provisions and Optional Standard Provisions for Non-U.S., Non-governmental Grantees," which have been agreed to by your organization.

Please sign the original and each copy of this letter to acknowledge your receipt of the grant, and return the original and all but one copy to the A.I.D. Grant Officer indicated below.

Sincerely,



Steven G. Wisecarver
Grant Officer

Attachments:

1. Schedule
2. Program Description
3. ~~Mandatory Standard Provisions, and Optional Standard Provisions for Non-U.S., Non-governmental Grantees~~

ACKNOWLEDGED:

Africare

By

: C. Payne Lucas

Title

: 3 May 93 President

Date

: 3 May 93

FISCAL DATA

Appropriation	: 72113/41014
Budget Plan Code	: GS53-93-21680-KG63
RCN	: I320033
PIO/T No.	: 680-0204-3-30020
Project No.	: 680-0204
Total Estimated Amount:	: \$ 75,131
Total Obligated Amount:	: \$ 75,131
Paying Office	: FA/FM/CMP/LC (AID/W)
Technical Office	: Office of AID Representative Benin
Letter of Credit No.	: 72001303

A. Purpose of Grant

The purpose of this Grant is to provide support for a program to to develop a strategy for the Government of Benin and OAR/Benin to improve health using community based services and to better integrate health into social sector programs to reinforce democratic governance, support non-governmental private sector activities, and to reinforce the role of women.

This program is outlined in Attachment 2 of this Grant entitled "Program Description" and more fully described in the grantee's proposal, as amended, which is hereby incorporated into and made a part of this Grant. In case of any inconsistency between the grantee's proposal and the terms and conditions of this Grant, the latter shall take precedence.

B. Period of Grant

1. The effective date of this Grant is April 27, 1993. The expiration date of this Grant is July 31, 1993.
2. Funds obligated hereunder are available for program expenditures for the entire estimated period of grant, as shown in the Grant budget below.

C. Amount of Grant and Payment

1. A.I.D. hereby obligates the amount of \$75,131 for purposes of this Grant.
2. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 - Optional Standard Provision 2 entitled, "Payment - Letter of Credit."

d. Grant Budget

The following is the Grant Budget, including local cost financing items, if authorized. Revisions to this budget shall be made in accordance with Standard Provision 4 of the Grant, entitled "Revision of Grant Budget."

Illustrative Budget
(04/27/93)-(07/31/93)

<u>Cost Element</u>	<u>Amount</u>
A. Salaries and Wages	\$ 2,774
B. Fringe Benefits	582
C. Consultants	19,675
D. Per Diem, Travel, Subsistence, and Incidentals	31,643
E. Other Direct Costs (Level I)	4,830
F. Supplies, Printing, and Duplication (Level II)	1,250
G. Level I Indirect Costs	14,227
H. Level II Indirect Costs	150
	<hr/>
TOTAL ESTIMATED	\$75,131

E. Reporting and Evaluation

1. Monitoring and Reporting Program Performance:

a. The Grantee shall monitor the performance under the Grant and, where appropriate, ensure that time schedules are being met, project work units by time periods are being accomplished, and other performance goals are being achieved. This review shall be made for each program, function or activity as set forth in this grant.

b. The Grantee shall submit a performance report (technical report) that briefly presents the following information for each program, function or activity involved:

- i. A comparison of actual accomplishments with the goals established for the period, the findings of the investigator, or both. If the output of programs can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.
 - ii. Reasons why established goals were not met.
 - iii. Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.
- c. The Grantee shall submit the performance or technical reports to A.I.D. and the Financial Status Reports covering the same period in the frequency established for the Financial Reporting of this Grant. A final performance or technical report shall be submitted within thirty (30) days after the expiration date of this Grant.
- d. Between the required performance reporting dates, events may occur that have significant impact upon the program. In such instances, the Grantee shall inform A.I.D. as soon as the following types of conditions become known:
- i. Problems, delays, or adverse conditions that will materially affect the ability to attain program objectives, prevent the meeting of time schedules and goals, or preclude the attainment of work units by established time periods. This disclosure shall be accompanied by a statement of the action taken, or contemplated, and any A.I.D. assistance needed to resolve the situation.
 - ii. Favorable developments or events that enable time schedules to be met sooner than anticipated or more work units to be produced than originally projected.
- e. If any performance review conducted by the Grantee discloses the need for change in the budget estimates the Grantee shall submit a request for budget revision.
- f. All reports shall be submitted to:

Grant Officer
REDSO/WCA/Office of Procurement
Abidjan (AID)
Department of State
Washington, D.C.
20521-2010

Project Officer
OAR/Benin
and Cotonou (AID)
Department of State
Washington, D.C.

20520-2020

2. Financial Reporting

This paragraph describes uniform reporting procedures for grantees to: summarize expenditures made and A.I.D. funds unexpended, report the status of A.I.D. cash advanced, request advances and reimbursement when the letter of credit method is not used; and promulgates standard forms incident thereto.

(1) Financial Status Report

(a) The grantee shall use the standardized Financial Status Report, SF 269, to report the status of funds for all nonconstruction programs.

(b) The report shall be on an accrual basis. If the grantee's accounting records are not normally kept on the accrual basis, the grantee shall not be required to convert its accounting system, but shall develop such accrual information through best estimates based on an analysis of the documentation on hand.

(c) The report shall be required quarterly only. A final report shall be required at the completion of the Grant.

(d) The grantee shall submit the Financial Status Report (original and two copies) no later than 30 days after the completion of Phase I under this Grant.

(2) Request for Advance or Reimbursement

(a) The Request for Advance or Reimbursement, SF 270 or SF 1034 Voucher for Services Other Than Personal is the required form for all nonconstruction programs when letter of credit or periodic treasury check advance methods are not used.

(b) Recipients are authorized to submit requests for advances and reimbursement at least monthly when letters of credit and periodic Treasury check advances are not used. Recipients are not required to submit more than the original and two copies of the request for Advance or Reimbursement.

F. Indirect Cost Rate

Pursuant to Clause No. 14 entitled, "Negotiated Indirect Cost Rates - Provisional (Nonprofits)," of the Optional Standard Provisions of this Grant, an indirect cost rate or rates shall be established for each of the grantee's accounting periods which apply to this Grant. Pending establishment of revised provisional or final indirect cost rates for each of the grantee's accounting periods which apply to this Grant, provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rate(s) applied to the base which is (are) set forth below:

<u>Type</u>	<u>Rate</u>	<u>Period</u>	<u>Base</u>
Level I Indirect Costs	23.91 %	Until Amended	See Note 1/
Level II Indirect Costs	11.96 %	Until Amended	See Note 2/

- 1/ Personnel, travel and allowances, training and other direct costs
- 2/ Supplies, equipment and construction costs

F Title to Property

Standards provisions related to title to and use of property are included in Attachment 3, Optional Standard Provision 21, "Title to and Use of Property (Grantee Title)."

H. Authorized Geographic Code

The grantee shall procure goods and services financed by this Grant in accordance with Attachment 3, Optional Standard Provision 7. "Procurement of Goods and Services" and 8 "A.I.D. Eligibility Rules for Goods and Services." All goods and services shall have their source origin and nationality only in "the United States" A.I.D. Geographic Code (000), except as specifically approved by the A.I.D. Grant

services shall have their source origin and nationality only in "the United States" A.I.D. Geographic Code (000), except as specifically approved by the A.I.D. Grant Office or as A.I.D. may otherwise agree in writing.

I. Special Provisions

1. Medical Clearances: All of the grantee's personnel must be medically fit for service in the Cooperating Country.

2. Logistical Support: With the exception of office space and vehicles to be provided by the host country, the Grantee shall provide all logistical support.

3. Relationship and Responsibilities: The grantee will be responsible to the A.I.D. Representative, Cotonou, Benin or his designee. The host country liaison officials for the Government of Benin are to be determined.

J. Standard Provisions

Attachment 3 to this grant, the "Mandatory Standard Provisions For U.S., Nongovernmental Grantees" are applicable to this grant. The following "Optional Standard Provisions For U.S., Nongovernmental Grantees," found in Attachment 3 to this Grant, are applicable:

2. Payment - Letter of Credit
5. Air Travel and Transportation
7. Procurement of Goods and Services
8. AID eligibility Rules for Goods and Services
9. Subagreements
10. Local Cost Financing
12. Publications
14. Negotiated Indirect Cost Rates - Provisional (Nonprofits)
16. Regulations Governing Employees
21. Title to and Care of Property (Grantee Title)
26. Conversion of United States Dollars to Local Currency
27. Public Notice
28. Rights in Data

End of ATTACHMENT 1

PROGRAM DESCRIPTION

I. OBJECTIVE

The objective of this grant is to: 1) assess ways by which the Government of Benin and USAID Mission in Benin might develop a program to address Target of Opportunity #2 of the OAR/Benin Country Program Strategy Plan (CPSP) "to improve health using community based services in selected geographic areas;" and 2) better integrate into its health and other social sector programs three cross cutting issues: to reinforce democratic governance, to support the non-governmental, private sector lead role to achieve development objectives and to reinforce the role of women. Strengthening the capacity of beneficiary groups, particularly women, and NGOs to administer health related and other social sector programs is important for the overall empowerment process required to sustain development and to foster a culture of democracy.

An interdisciplinary review team composed of a physician, a community development and training expert and a specialist on Benin and the socio-cultural dimension of development will develop a report during a four-week mission to Benin that will recommend innovative implementation strategies for the OAR/Benin CPSP that are consistent with GOB social development policies.

INTRODUCTION

A. Problem Identification

Expanded access to primary health care is fundamental to improving human resources development in Benin. Despite the increased priority the international development community accords to human development, Benin continues to rank low on most social indices, particularly in the health sector. Infectious and parasitic diseases, traumas and low nutritional status cause high levels of morbidity and mortality. The inadequacy of health services in rural areas is particularly acute where 65% of the population fall below the poverty line. Rural health facilities frequently lack functional electrical and water supply systems. Equipment is often poorly maintained or unavailable, and fuel supplies are limited.

According to the most recently available figures, only 18% of the population has access to health services and there is only one doctor for every 15,940

persons. Health care professionals tend to be concentrated in the highly urbanized Atlantique Province and in the provincial hospitals. The public sector dominates the health care system and accounts for 83% of all physicians, 94% of all nurses and 96% of all midwives. The private health care providers are missionary groups, non-governmental organizations and private practitioners. Traditional medicine is widely available and used throughout the country.

Benin's child survival indicators are among the lowest in the developing world. Only 45 percent of births are attended by health personnel, 8 percent of babies born have low birth rates and the infant mortality rate is 89 per 1000.

As part of its effort to accord greater priority to primary health care, the Government of Benin established a number of district and communal health centers between 1972 and 1980. By 1981 the GOB began to reduce allocations to the health sector as a result of the deterioration in the economy. Between 1960 and 1986 government public health expenditures declined from 1.5% of the GNP to 0.8%. In 1989 the Government launched a major \$32 million Health Services Development Project financed by the World Bank and the Swiss Government. Following the transition to democracy in 1991, the new government highlighted improvement in public health as an important component of its Social Dimensions of Structural Adjustment Program (DSA). Priority has been accorded to five activities under the DSA Program of Emergency Social Measures (PASU):

- . restoration of 60 community health units;
- . equipment of primary health care centers under the integrated health care program;
- . participation in the universal childhood immunization program;
- . development of the nutritional program in the province of Zou;
- . support to NGOs and grass roots communities carrying out activities in the field of health and nutrition.

B. Relationship to A.I.D. Priorities

The proposed review is designed to recommend new approaches to implement Target of Opportunity #2 of the USAID Country Program Strategic Plan for Benin, "to improve health using community based services in selected

geographic areas." The team would take into account previous health related programs carried out by USAID in Benin and assess the extent to which limited support might be provided to realize the full benefits of these activities. Specifically, the team would examine possible supportive activities to enhance the work accomplished by the Benin Rural Water Supply and Sanitation project in the Northern Zou province and two earlier projects in Benin, the Maternal and Child Health Care Project for the Gambia, West Africa, Dahomey, Lesotho and Southern Africa and the Family Planning Project for the Gambia and Benin.

In addition the team would propose ways to increase the capacity of women, community groups and NGOs in an effort to address A.I.D.'s broader mission to promote democratic governance by empowering people at the local level and expanding their role in the implementation of social development activities.

GOALS

One main goal of the review is to propose ways to increase the impact of basic family health care programs for vulnerable groups in rural or peri-urban areas. Basic family health care would include child survival interventions, maternal health, family planning, AIDs awareness, prevention and treatment of parasitic diseases and immunization against communicable diseases. The team would examine the feasibility of adopting a comprehensive, intersectoral, preventive health approach that would include the following broad objectives: to expand and improve health care facilities; to address local conditions and practices that contribute to poor health (impure water, inadequate sanitation and poor nutrition); to increase food security and women's capacity to pay for health services through improving vegetable gardens and the marketing and distribution of such products; to increase the use of modern or traditional birth spacing methods; and to establish health care monitoring and surveillance systems.

The second goal is an examination of the factors required to improve the effectiveness and efficiency of women, community groups and NGOs to manage and deliver health care related services. In conducting this part of the review, the team will focus on training needs in preventive health care techniques, management and budgeting skills, income generation activities, strategies for identifying resources to finance such services and the interface between private social sector groups and relevant government programs.

PROGRAM DESCRIPTION

Africare proposes to field a three person team to Benin in late April for a period of four weeks to review modalities for enhancing the Country Program Strategy for Benin by assessing possible implementation activities for the CPSP Target of opportunity #2 and ways to integrate cross cutting issues into health and other social sector programs.

During the mission the team would collect data, recommend ways OAR/Benin might respond to the GOB's desire to expand the coverage of the Benin Water Supply and Sanitation Project throughout the Zou Province and to the Mono Province, identify NGOs with a potential to work effectively in the health sector; verify the level of cooperation between NGOs and the GOB Social Dimension of development Program (SDD); examine the problems that have hindered the flow of resources from the SDD to NGOs and envisage a training of a selected NGO to develop course material on socio-cultural survey instruments. A preliminary report on the findings would be presented to the USAID Mission for in-country review.

In addition to its consultations with the USAID Mission in Benin, the team would undertake site visits, particularly to the Zou and Mono Provinces, seek meetings with officials from the GOB Ministry of Health and other ministries in the social sector, as well as with representatives of other donor missions and international NGOs working in Benin. The team would devote up to three weeks to collecting and assessing information. The last week would be spent preparing the first draft of the report.

The main areas for which data would be required are indicated below. In all cases the desired information would be collected with the participation of beneficiary groups.

1. Assess current Government of Benin health policy and the implementation of the Program of Emergency Social Measures (PASU) and the Social Dimension of Social Adjustment Program (SDD)
 - program objectives
 - funding levels
 - implementation experience
 - examination of public health education strategies
 - effectiveness of cost recovery programs
 - information, education and communication programs (IEC)

2. Review the activities of other external donors in the health sector to avoid overlap and duplication
 - . program objectives
 - . intervention areas
 - . implementation strategies

3. Establish a profile of the beneficiary group's health care needs and practices
 - . current health state, nature and frequency of illnesses
 - . current treatment practices
 - . cultural factors and practices that affect health state
 - . access to and use of pre and post-natal care services and other medical facilities
 - . women's income and literacy rates
 - . birth and death rates
 - . existing birth spacing practices
 - . availability of drugs and medical supplies
 - . sources of expenses for health care services
 - . level of satisfaction with current health care
 - . beneficiaries' prioritization of health care needs

4. Assess the environmental factors in target areas that contribute to poor family health
 - . access to safe drinking water
 - . sanitation, waste disposal and personal hygiene practices
 - . food availability and security
 - . nutritional content of diet

5. Assess existing health care facilities and other service providers in the target area
 - . number and quality of health care clinics, traditional healers and other facilities
 - . profile of available health personnel
 - . services provided by facilities
 - . availability of pharmaceuticals, medical supplies and equipment
 - . accessibility
 - . usage rates, waiting time

- . cost of services
 - . existence of monitoring and surveillance systems
 - . linkages to government agents and resources
 - . immunization
 - . service providers' perceptions of needs
6. Identify and assess Beninese local health committees in the target area, as well as non-governmental organizations and groups (village elders, community leaders, school teachers, cooperatives, women's organizations) that could contribute to better family health, or provide relevant services in the social sector.
- . institutional or group capability
 - . nature of services to be provided
 - . degree of involvement in GOB SDD program
7. Define project training needs
- . fields where training is required
 - . potential training sites
 - . nature of training materials required

All members of the team would participate in site visits to the Zou and Mono Provinces to assess health care needs, the roles played by women and potential community based service providers. One team member will undertake the assessment of existing health services and current GOB health policies. Another member will examine the environmental factors affecting the health state in the target community and ways to correct any existing problems and a third member will collect information on the implementation of the Government's PASU and SDD programs, the activities of other donors in the health sector and potential NGO service providers. The team will jointly prepare the report and its recommendations. Africare headquarters technical staff will make substantive contributions to the final report prior to its submission to the USAID Mission in Benin.

END PROGRAM DESCRIPTION - ATTACHMENT 2