



UNITED STATES
AGENCY FOR INTERNATIONAL DEVELOPMENT
USAID MISSION TO SWAZILAND

P.O. BOX 750, MBABANE, SWAZILAND
TEL. 46430, TELEX 2016 WD

May 26 1992

Dr. Stephen Gloyd
President
Mozambique Health Committee
P.O. Box 85234
Seattle, Washington 98145-1234

Dear Dr. Gloyd,

Subject: Grant No. 656-0217-G-SS-2051-00

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 Mozambique Health Committee (herein referred to as "MHC" or "Grantee"), the sum of \$979,482 to perform a program in Mother-Child Health Demonstration and Training for the Government of Mozambique as described in Attachment 1, the Schedule of this Grant and Attachment 2, entitled "Program Description." Subject to your successful performance of the program, and the availability of funding, AID intends to increase the Grant's obligation to \$2,040,820.

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 program objectives during the period beginning with the effective date and ending 31 March 1994.

This Grant is made to Mozambique Health Committee, on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment 1, entitled "Schedule," Attachment 2, entitled "Program Description," and Attachment 3 entitled "Standard Provisions," which have been agreed to by your organization.

Please sign the original and seven (7) copies of this letter to acknowledge receipt of the Grant, and return the original and six (6) copies to USAID/Swaziland.

Sincerely,



Michael Kenyon
Grant Officer

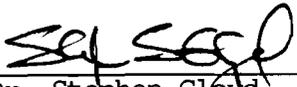
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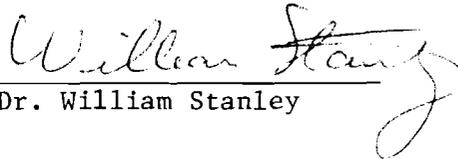
1. Schedule
2. Program Description
3. Standard Provisions

ACKNOWLEDGED:

Mozambique Health Committee

By:


Dr. Stephen Gloyd


Dr. William Stanley

TITLE:

President
(until April 30, 1992)

President
(effective May 1, 1992)

DATE:

May 31, 1992

June 3, 1992

FISCAL DATA

Appropriation:	72-111/21014
Budget Plan Code:	GSS1-91-21656-KG13
PIO/T No.	656-0217-3-10058
Project No.:	656-0217
Total Estimated Cost:	\$2,040,820
Total Obligated Amount:	\$979,482

Attachment 1

Schedule

A. Purpose of Grant

The purpose of this Grant is to provide support for a program for mother and child health demonstration and training that MHC will provide to the Government of Mozambique's Manica province as more specifically described in Attachment 2 to this Grant entitled "Program Description".

B. Period of Grant

1. The effective date of this Grant is the date of last signature. The expiration date of the Grant is 31 March 1994.

C. Amount of Grant and Payment

1. AID hereby obligates amount of \$979,482 for the purposes of this Grant.
2. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 - Optional Standard Provision 1, entitled "Payment - Letter of Credit."

D. Financial Plan

The following is the Grant Budget. Revisions to this budget shall be made in accordance with Standard Provision 4 of this Grant, entitled "Revision of Grant Budget."

<u>Cost Element</u>	<u>Total U.S. Dollars</u>
1. Personnel Compensation	\$ 734,685
2. Travel and Transportation	\$ 96,800
3. Participant Training	\$ 20,000
4. Other Direct Costs	\$ 391,573
5. Equipment and Supplies	\$ 211,420
6. Allowances	\$ 115,383
7. Indirect Costs	\$ 470,959
Total Estimated Cost	\$ 2,040,820

E. Implementation, Monitoring and Evaluation and Responsibilities

A. Implementation.

Mozambique Health Committee is responsible for the implementation of the Mother and Child Health Care Demonstration and Training project, and will work in conjunction with the Ministry of Health and other appropriate government entities, non-governmental organizations, local associations and community groups to ensure successful implementation of activities. Quarterly reports will indicate progress towards meeting implementation targets during the period of the Grant.

The project coordinating office will be placed within the Provincial Health Directorate in Chimoio. This close proximity will help to stimulate and input by and transfer of skills to local health officials who are involved in the project's activities. Planning, design, implementation and monitoring of project activities will occur in Chimoio. Project management and preparation of reports will be jointly carried out by the Provincial Health Office and MHC staff. Mozambican short-term project personnel will be hired directly by the MHC staff in Chimoio, after consultation with the Provincial Health Directorate. Selection will be done on the basis of public notification, prepared scopes of work, applications and selection criteria.

The following activities will be carried out from the MHC office in Seattle: policy direction; overall project financial accounting and preparation and distribution of financial reports, as required; administrative and technical backstopping to the activities in Manica through the Chimoio office; procurement and dispatching of equipment and supplies not available in Mozambique or in the regional market; recruitment and support of technical consultants (including all travel arrangement); development of course materials; participation in evaluation planning; maintaining regular contact with and support of long-term project personnel stationed in Manica Province; maintaining formal contacts with A.I.D./Washington (FHA/PVC) and USAID/Mozambique.

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B. Monitoring. Mozambique Health Committee is responsible for monitoring of project progress. Record keeping and data collection systems established during previous periods of MHC assistance to MOH in Manica Province will be one of the means of establishing a baseline against which progress will be marked. More of the work in establishing a baseline will be undertaken over the first year of operations. During the period of the Grant MHC will further refine these systems and extend their use throughout all of the activities which are undertaken under the Grant. MHC will be responsible for assessing the utility of the monitoring systems, and for making necessary changes, as well as for ensuring that MOH and community health staff at the district and provincial levels are adequately trained in their operation and application.

C. Evaluation.

The purpose of this Grant is to provide funds to the Mozambique Health Committee in support of its program of Mother and Child Health Demonstration and Training, in furtherance of the PVO Support Project's objective to address the social welfare needs of displaced and other seriously affected persons. The project is designed to enable cooperating community organizations and associations, as well as local government health and sanitation services in selected areas of Manica Province, to plan for and deliver appropriate, low-cost primary health care services so as to measurably improve community health and improve the quality of life. As a longer term impact, the project should contribute towards improving the productive capacity of household members to assume greater responsibility for individual and community health care, and towards lessening their dependence on external emergency assistance.

- 1) An initial ad hoc planning meeting, bringing together MHC project staff and members of government, NGOs community organizations, donors or others, as appropriate. Proposed to be held over 3 day period at a site to be determined.
- 2) Project coordinating team meeting, composed of representatives from the project staff, DPS staff, and community leaders. To be held in Chimoio.

At these meetings, input will be solicited to generate an evaluation process to satisfy the assessment needs of all groups involved in or affected by the project. Additional indicators may be identified as well, requirements for baseline data will also be clarified.

Thereafter, the following schedule of evaluations has been established:

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6 Months: Preliminary Assessment (In-house)

Time/Location: 3 days in Chimoio
Evaluation Team: Project director, coordinator, liaison, USAID, MOH representative
Objectives: Evaluate early progress, identify major problems, trouble-shooting, feedback from MOH and USAID
Issues: Administration, finances, staffing, MOH and community relationships
Methods: Open-ended discussions with project staff, MOH staff, review of documents, budgets, community visits

12 Months: Mid-term Evaluation

Time: 6 days
Location: 3 days in Chimoio, 3 days in Maputo
Outside consultants: Experts in MHC program evaluation and community development
In-house Team: Project director, coordinator, coordinator, USAID staff, outside consultant
Objectives: Evaluate quality of project progress and its initial impact, recommendation regarding project continuation
Issues: Administration, community linkages, participation by communities and MOH, community and MOH impact

Methods: Visits to all communities, interviews with MOH officials, early assessment of indicators, qualitative assessment of structural relations between MOH, MHC, and community

F. Title to Property

Title to all property purchased under this Grant shall vest in the Grantee in accordance with the terms of Attachment 3, Optional Standard Provision 20, entitled "Title to and Use of Property (Grantee Title)."

H. Logistic Support

Access to the Embassy medical facilities will be provided to the Grantee in kind.

The Grantee shall provide all other logistic support.

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I. Technical Assistance

All short-term technical assistance proposed must be approved in advance in writing by the Grant Officer. Each approval must include approval of proposed compensation rate and international travel. A complete package on each proposed candidate, to include curriculum vitae, biographical data and salary history over a three-year period must be submitted through the Project Officer, USAID/Mozambique. In the absence from southern Africa of the Grant Officer, the Director, USAID/Mozambique or his/her designee may provide the above approvals. International travel is understood to exclude travel only within the Southern Africa region, which includes South Africa, Lesotho, Swaziland, Mozambique, Botswana, Malawi, Zimbabwe, Tanzania, Zambia, Zaire, Angola, Namibia, Comoros, Mauritius and Madagascar.

J. Estimated Level of Effort

<u>No.</u>	<u>Position Description</u>	<u>Estimated Person-Months</u>
1	Project Coordinator	22
1	Community Doctor	21
1	Community Public Health Specialist	22
1	Health Director	22
Various	Consultants	39.2
Various	Local Employees	21
1	Health Educator	22
Various	U.S. Staff	22

K. Indirect Cost Rates

The following provisional indirect cost rates are in effect under the Grant for the periods indicated.

<u>Category</u>	<u>Rate</u>	<u>Base</u>	<u>Period</u>
Indirect Costs	30%	Total Direct Costs	Until Amended

L. Cost Sharing

MHC is providing approximately \$126,500 to support the program described by this Grant. The Government of Mozambique is contributing approximately \$189,700 to support this program.

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Attachment 2

Program Description

I. Background

A. The PVO Support Project

The PVO Support Project was designed in response to the emergency appeals made by the Government of Mozambique. It is intended to assist in the provision of emergency humanitarian assistance to those most seriously affected by the insurgency, and to facilitate the transition from dependence on food aid to self provisioning. To this end, financing is provided to selected PVOs which are registered with A.I.D. and have country agreements with the Government of Mozambique which are undertaking, or wish to undertake, activities which correspond to priority areas defined under this project. These priority areas for assistance are a) those which provide basic humanitarian assistance to destitute and needy displaced persons; b) those which address the social welfare needs of displaced and other seriously affected persons, primarily basic health care, including family planning, and provision of water and sanitation facilities; and c) those which address the economic needs of targeted groups vulnerable to absolute poverty. Selection of target populations and design of specific activities are the responsibility of PVOs, which are also responsible for obtaining the concurrence of the Government of Mozambique.

B. The Project

Funds are provided under this Grant to the Mozambique Health Committee in partial support of a Community Primary Health Care Program in Manica Province as more fully described in Section IV, Project Description. Funds are specifically provided for technical assistance; training, supervision and following up activities; limited commodities and eventual rehabilitation activities, evaluation and support costs.

II. Problem and Rationale

Shortly after independence, Mozambique initiated a comprehensive national health care system with a focus on preventive health. An impressive network of primary health care facilities was created throughout the country. Childhood immunization, oral rehydration therapy, pregnancy and child care, and basic curative services were all part of a major effort to target programs to the most vulnerable of the population. Nevertheless, the basic indicators of health status remained low, especially among women and children in rural areas.

III. Project Description

A. The Mozambique Health Care Project

1. Background

The MHC Manica project was initiated in 1988. Based in Manica Province, it has been a collaborative effort with the GRM's Ministry of Health (MOH) and UNICEF. To date, the project has provided technical assistance, training, material support, and evaluation of essential primary health care programs, particularly in the area of immunization support and maternal health. A key element in the current project has been the provision of epidemiological support for assessment of basic primary health care programs. The project has also funded the construction of three maternity center-health care posts, potable water supply, and provincial hospital rehabilitation. In addition, the MHC project has conducted training of community-based midwives. A pilot activity to develop a health post-based immunization and growth monitoring registry and follow-up systems has been carried out since April 1990.

In Manica, the MHC has as full-time staff an administrator, a public health physician and a public health epidemiologist. Five short-term volunteers, trained in health, have spent 2-3 months each assisting on specific activities.

Due to its strategic economic and geographic importance, health officials in Mozambique regard Manica Province as an excellent location to implement and test innovative preventive health programs. MHC has established a formal protocol and a working rapport with the MOH structure in Manica. In recognition of MHC's demonstrated capacity to provide assistance in the area of epidemiology, planning and management, the MOH has requested MHC to increase its assistance in the province, to be extended to accessible adjacent districts.

2. Project Activities - General

The purpose of this demonstration and training project is to improve the capacity of community organizations and the Ministry of Health to deliver primary health care targeted at women, children, and displaced populations. The project will be carried out in five communities to facilitate implementation and evaluation of health programs in the context of local community development. Experience from these communities will provide critical information for health program implementation throughout Manica Province.

Project activities are designed to improve the understanding of health problems, support community responses to these problems, and integrate community-based activities with those of the district and provincial health directorates.

The project will also develop and evaluate alternative replicable, low-cost MHC strategies. All project activities will be coordinated with existing programs of the Ministry of Health.

In addition, project activities will focus on management, supervision and evaluation of health services by community groups and by district and provincial health officials. A major focus will help strengthen health information systems (HIS) and integrate epidemiologic and qualitative assessment of health conditions and assessment of health system and resources in the specified communities.

Training is an essential component of the project. In all project activities, Mozambicans will be trained to plan, supervise, implement, and evaluate MHC programs. Training opportunities will be provided for community health workers and "activists" working in the specified communities. At the Provincial and District Health Directorates, staff will learn methods of basic epidemiologic surveillance, operations research, basic qualitative methods, simple computer applications, and effective feedback techniques. In all project activities, Mozambicans will be taught and assisted to teach others. Competency-based objectives will be built into workshops and courses.

Project feedback will be provided to health workers throughout the province by means of a simple bimonthly newsletter. The newsletter will also be a source of routine HIS feedback. Frequent reports and workshops will provide project experience to provincial and national health planners to develop and strengthen MHC programs.

3. Project Activities by Objective

A. Workplan. The workplan for the project in Year One has five principal objectives.

1. Strengthen current and introduce other appropriate low-cost, replicable programs directed at women, children, and displaced populations in five communities in Manica Province.

1.1 -Immunizations: Program inputs will include provision of transport, technical assistance to support management of cold chain functioning, expanded measurement of missed opportunities, and operations research on overall program effectiveness and cost. Community health education will be a major input; workshops on evaluation of vaccination strategies will be held.

1.2 -Oral Rehydration Therapy: Program will include a major focus on training, supervision and community education about ORT.

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1.3 -Nutrition: Program will evaluate and strengthen the Special Attention system of nutritional surveillance and management in target communities. Program will encourage self-help initiatives in nutrition by community groups for pregnant women and children.

1.4 -Women's Health: Program focus will include identification of major health problems of women, reducing social and economic barriers to their care, and improving quality and cost-effectiveness of care being provided. In addition, the program will assist Mozambicans to address special problems of women (women in displaced families, women with AIDS, school-age pregnancies), and help develop sustainable community responses.

2. Support community-based delivery of mother and child health services in the target communities.

2.1 -Community-based Birth Attendants: Evaluate current functioning of traditional birth attendants, and include assistance in supervision, and regular short courses .

2.2 -Community Health Workers: Manica District is one of two community health worker sites in Mozambique. Of the 18 agents, most will be working in target communities. Program will provides some supervision and continued training, as well as some logistical support and educational materials.

2.3 -Community Activists: Program will evaluate their work and provide assistance to these community-based groups to strengthen their role in health matters, and improve their relations with MOH. Support SADCC efforts to use local activists to provide community-based AIDS education.

2.4 -Local Community Organizations: Use the potential of church groups, women's groups, cooperatives and business organizations to provide support to health programs: provide venues for meetings and activities; follow-up on defaulters; support nutritional rehabilitation of Special Attention cases; develop sustainable responses to MHC needs at a local level.

3. Strengthen health planning, evaluation and coordination among government and non-government institutions; integrate health information systems with planning.

3.1 -Evaluation of MHC surveillance systems. Program activities will include strengthening collection, organization, analysis and dissemination of MHC information. Assess and improve the accuracy of health surveillance systems.

3.2 -Assess financial feasibility and sustainability of the existing MHC programs within the provincial health department. Identify formal and informal resources within target communities which could be mobilized for carrying out project activities and health sustainability. Assess the burden of transferring health service costs to communities.

3.3 -Evaluate and strengthen existing supervision and management protocols; strengthen the operation of the health information system (HIS).

3.4 -Improve routine communication: Bimonthly health newsletter for health information and feedback. Newsletter will become the responsibility of local MOH staff. Also help to coordinate information and activities among donor community present in health sector in province.

3.5 -Improve integration of health information systems into a formal planning process at local, district and provincial levels.

3.6 -Hold workshops in management for health workers with administrative responsibility: includes training in health management information, financial management and accounting.

4. Expand and Strengthen On-the-job Training Project Related Activities

4.1 -Direct support of continuing education programs, particularly for community health workers from target districts. Provide trainers, some classroom equipment, transport, and lodging as necessary.

5. Rehabilitation of Institutions and Services

5.1 -Assist MOH, NGOs and community workers in screening of refugees, health education, and provision of basic preventive health services.

5.2 -Following a study of area needs, and upon receipt of A.I.D. approval, provide limited material assistance to community-initiated structural rehabilitation projects in target communities.

A detailed workplan and corresponding budget for Year Two will be prepared by MHC and reviewed for approval by A.I.D. as part of the process of amending this Grant to provide funding for a second year of project activities.

B. End of Project Status

Each project objective contains measurable activities and outputs listed below which will be assessed in appropriate progress reports and evaluations.

Year One

1.0 MHC Program Development

- Selection of representatives from target communities
- Baseline EPI/MHC survey and report
- EPI "missed" opportunities study
- Initiate sentinel nutritional surveillance system
- Initiate pilot STD screening in Chimoio
- Initiate Community Immunization Tracking System (CITS)

2.0 Community-Based MHC Delivery

- Traditional Birth Attendant program evaluation and report

3.0 Health Information and Planning

- Initiate bimonthly health information newsletter

4.0 Continuing Education for Health Workers

- Workshops: HIV/AIDS case management; TBAs

5.0 Rehabilitation of Interrupted Services

- Assist government health services and community groups in refugee screening programs in target areas
- Report on physical rehabilitation construction needs

Year Two

1.0 MHC Program Development

- Diarrheal disease management qualitative study; recommendations
- Community diarrheal disease survey, recommendations and education
- Special Attention evaluation; recommendations
- Expansion of STD screening to a target rural community
- Expand CITS to four rural target communities, CITS reports (for decision to expand or discontinue)
- Follow-up EPI/MHC survey and recommendations

2.0 Community-Based MHC Delivery

- Monthly supervision among traditional birth attendants, (80% compliance)
- Community-based nutrition study; recommendations

3.0 Health Information and Planning

- Bimonthly newsletters published and distributed (locally produced by end of year)
- Health resources study; report and recommendations

4.0 Continuing Education for Health Workers

- Short courses: diarrheal diseases, nutrition surveillance, Special Attention, management seminar
- Workshop on MHC evaluation tools

5.0 Rehabilitation of Interrupted Services

- Rehabilitation or construction of health posts, as needed

Additional objectives and activities may be included in Year Two as a result of the Year One evaluation.

C. End of Year Two Targets

- 20% increase in vaccination coverage in target communities
- 40% increase in utilization of routine child care services
- 40% increase in protocol-managed diarrhea ORT training
- 50% increase in Special Attention favorable outcomes
- 15% increase in women receiving prenatal care
- 95% feedback of health information to health units
- 1000 families enrolled in Community Information Tracking System