



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

PD-ABL-149
94930 AUG 31 1993

Reverend Stanley W. Hosie
Executive Director
The Foundation for the People of
the South Pacific, Inc.
3550 Afton Road
San Diego, CA 92123

Subject: Cooperative Agreement No. FAO-0500-A-00-3027-00

Dear Reverend Hosie:

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 The Foundation for the People of the South Pacific, Inc. (hereinafter referred to as "FSP" 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 original and remainder copies to the undersigned.

If you have any questions, please contact Ms. Ellen R. Wills of my staff at (703) 875-1170.

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:

THE FOUNDATION FOR THE PEOPLE OF

THE SOUTH PACIFIC, INC.

BY: Elizabeth B. Silverstein

TYPED NAME: ELIZABETH B. SILVERSTEIN

TITLE: PRESIDENT

DATE: Sept. 10, 1993

1641d

FISCAL DATA

A. GENERAL

A.1. Total Estimated A.I.D. Amount: \$715,000
A.2. Total Obligated A.I.D. Amount: \$715,000
A.3. Cost-Sharing Amount (Non-Federal): \$240,057
A.4. Other Contributions (Federal): \$ -0-
A.5. Project No.: 938-0500
A.6. A.I.D. Project Office: Julia Escalona, FHA/PVC
A.7. Funding Source: A.I.D./W
A.8. Tax I.D. No.: 13-6183605
A.9. CEC No.: 07427832G
A.10. LOC No.: 72-00-1470

B. SPECIFIC

B.1.(a) PIO/T No.: 938-0500-3685014
B.1.(b) Project No.: 938-0500
B.1.(c) Appropriation: 72-1131021.1
B.1.(d) Allotment: 341-38-099-04-76-31
B.1.(e) BPC: EDVA-93-16850-CG11
B.1.(f) Amount: \$641,700

B.2.(a) PIO/T No.: 938-0284-3681207
B.2.(b) Project No.: 938-0284
B.2.(c) Appropriation: 72-1131021.1
B.2.(d) Allotment: 341-38-099-18-76-31
B.2.(e) BPC: EDVA-93-16850-8G11
B.2.(f) Amount: \$73,300

SCHEDULE

1A. PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide financial support for the program described in Attachment 2 of this Cooperative Agreement entitled "Program Description."

1B. PERIOD OF COOPERATIVE AGREEMENT

The effective date of this Cooperative Agreement is the date of the Cover Letter and the estimated completion date is September 29, 1996. Funds obligated hereunder (see Section 1C.2. below) shall be used to reimburse the Recipient for allowable program expenditures incurred by the Recipient in pursuit of program objectives during such period. Funds obligated hereunder are anticipated to be sufficient for completion by the Recipient of the program described in Attachment 2 of this Cooperative Agreement by the estimated completion date.

1C. AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT

1C.1. The total estimated amount of this Cooperative Agreement for its full period, as set forth in Section 1B. above, is \$715,000.

1C.2. A.I.D. hereby obligates the amount of \$715,000 for the purposes of this Cooperative Agreement during the indicated period set forth in Section 1B. above, thereby fulfilling A.I.D.'s funding requirements. A.I.D. shall not be liable for reimbursing the Recipient for any costs in excess of the obligated amount, except as specified in paragraph (f) of the Standard Provision of this Cooperative Agreement entitled "Revision of Grant Budget."

1C.3. Payment shall be made to the Recipient in accordance with procedures set forth in the Standard Provision of this Cooperative Agreement entitled "Payment - Letter of Credit," as shown in Attachment 3.

1C.4. The total estimated amount of the program described in Attachment 2 of this Cooperative Agreement is \$955,057, of which A.I.D. may provide the amount specified in Section 1C.1. above, and the Recipient will provide \$240,057 in accordance with Section 1M. below.

1D. COOPERATIVE AGREEMENT BUDGET

1D.1. The following is the Budget for the total estimated amount of this Cooperative Agreement (see Section 1C.1. above) for its full period (see Section 1B. above). The Recipient may not exceed the total estimated amount or the obligated amount of this Cooperative Agreement, whichever is less (see Sections 1C.1. and 1C.2., respectively, above). Except as specified in the Standard Provision of this Cooperative Agreement entitled "Revision of Grant Budget," as shown in Attachment 3, the Recipient may adjust line item amounts as may be reasonably necessary for the attainment of program objectives. Revisions to the budget shall be in accordance with Section 1C. above and the Standard Provisions entitled "Revision of Grant Budget" and, if applicable, "Cost Sharing (Matching)."

1D.2.

BUDGET

<u>COST ELEMENT</u>	<u>A.I.D.</u>
Personnel	\$369,631
Travel/Per Diem	93,345
Consultants	27,358
Procurement	18,019
Other Direct Costs	71,769
Indirect Costs	<u>134,878</u>
TOTAL A.I.D. Support	\$715,000
Total Recipient/Other (Non-Fed):	\$240,057
Total Recipient (Federal):	-0-
TOTAL PROGRAM	\$955,057
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1D.3. Inclusion of any cost in the budget of this Cooperative Agreement does not obviate the requirement for prior approval by the Agreement Officer of cost items designated as requiring prior approval by the applicable cost principles (see the Standard Provision of this Cooperative Agreement set forth in Attachment 3 entitled "Allowable Costs") and other terms and conditions of this Cooperative Agreement, unless specifically stated in Section 1I. below.

1D.4. Notwithstanding the effective date of this Cooperative Agreement as shown in Section 1B. above, and subject to the Standard Provision of this Cooperative Agreement entitled "Allowable Costs," costs incurred by the Recipient in pursuit of program objectives on or after the earliest date set forth in Section 1B. above shall be eligible for reimbursement hereunder. Such costs are included in the Cooperative Agreement Budget shown above.

1E. REPORTING

1E.1. Financial Reporting

1E.1.(a) Financial reporting requirements shall be in accordance with the Standard Provision of this Cooperative Agreement entitled "Payment - Letter of Credit," as shown in Attachment 3.

1E.1.(b) All financial reports shall be submitted to A.I.D., Office of Financial Management, FA/FM/CMPD/DCB, Room 700 SA-2, Washington, D.C. 20523-0209. In addition, three copies of all financial reports shall be submitted to the A.I.D. Project Office specified in the Cover Letter of this Cooperative Agreement, concurrently with submission of the Quarterly Performance Reports (See Section 1E.2. below).

1E.1.(c) The frequency of financial reporting and the due dates of reports shall be as specified in the Standard Provision of this Cooperative Agreement referred to in Section 1E.1.(a) above.

1E.1.(d) The Recipient's financial reports shall include expenditures of A.I.D. Cooperative Agreement funds provided hereunder, as well as non-federal matching funds and any other contributions in accordance with Section 1M. below.

1E.2. Program Performance Planning and Reporting

1E.2.(a) Quarterly Reports

The Recipient shall submit, in the format prescribed by FHA/PVC, three (3) copies of brief quarterly program performance reports, which coincide with the financial reporting periods described in Section 1E.1. above, to the A.I.D. Project Office specified in the Cover Letter of this Cooperative Agreement. In addition, two copies shall be submitted to A.I.D., POL/CDIE/DI, Washington, DC 20523-1802. These reports shall be submitted within 30 days following the end of the reporting period, and shall briefly present the following information:

1E.2.(a)(1) A comparison of actual accomplishments with the objectives 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.

1E.2.(a)(2) Reasons why established objectives were not met, if applicable.

1E.2.(a)(3) Trip Reports - The Recipient shall submit three (3) copies of a report briefly covering all international travel during the preceding period to the A.I.D. Project Officer specified in the cover letter of this Cooperative Agreement. If several individuals are travelling together to one site, a single report representing the group will suffice. The report shall include the purpose of the trip, technical observations, suggestions and recommendations, overall impressions of the site situation (if appropriate), and a list of persons visited with their title and organization affiliation. The report should also identify, for the purpose of getting FHA/PVC's approval, all travel anticipated for the next quarter.

1E.2.(a)(4) Other pertinent information including the status of finances and expenditures and, when appropriate, analysis and explanation of cost overruns or high unit costs. (See Section 1I.5 of this Cooperative Agreement).

1E.2.(b) Detailed Implementation Plan

Not later than six (6) months from the effective date of this Cooperative Agreement (see Section 1B. above), the Recipient shall prepare and submit to the A.I.D. Project Officer specified in the Cover Letter of this Cooperative Agreement three (3) copies of a detailed implementation plan, with critical path indicators (as described in Appendix A of A.I.D. Handbook 3), for the full term of this Cooperative Agreement.

1E.2.(c) Mid-term Evaluation Report

Midway through the project, in accordance with FHA/PVC's guidelines, the Recipient shall submit an original and two (2) copies of a Mid-Term Evaluation Report to the A.I.D. Project Officer cited in the cover letter of the Agreement. The purpose of the Mid-Term Evaluation is to review progress being made toward the proposed outputs, purposes and goals of the Cooperative Agreement. The report shall include the Country Project Pipeline Analysis; for projects with a vitamin A component, the curriculum for training and the health messages used to teach; and a completed A.I.D. Health and Child Survival Questionnaire.

1E.2.(d) Annual Program Performance Report and Workplan

Within thirty (30) days following the annual anniversary date of this Cooperative Agreement, the Recipient shall submit to the A.I.D. Project Officer specified in the cover letter of this Cooperative Agreement three (3) copies of an Annual Program Performance Report, prepared according to FHA/PVC Guidelines, which addresses, at minimum:

1E.2.(d)(1) a comparison of actual accomplishments with the objectives 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;

1E.2.(d)(2) reasons why established objectives were not met, if applicable; and

1E.2.(d)(3) an action-oriented Workplan for the next year, delineated by calendar quarter, which describes anticipated project activities, schedule, locations and individuals to be involved, which specifically links anticipated activities to the goals and objectives of the project. The Annual Workplan is to include also, by calendar quarter, plans for publications, reports, workshops, seminars, and other information-dissemination activities.

1E.2.(d)(4) In developing the Annual Workplan, the Recipient may consult the A.I.D. Project Officer for this Cooperative Agreement

1E.2.(d)(5) Two (2) copies of the Annual Performance Report and Workplan should be sent to A.I.D., POL/CDIE/DI, Washington, DC 20523-1802.

1E.2.(e) Special Reports

Between the required program performance reporting dates, events may occur that have significant impact upon the program. In such instances, the Recipient shall inform the A.I.D. Project Officer as soon as the following types of conditions become known:

1E.2.(e)(1) 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.

1E.2.(e)(2) Favorable developments or events that enable time schedules to be met sooner than anticipated or more work units to be produced than originally projected.

1E.2.(e)(3) If any performance review conducted by the Recipient discloses the need for change in the budget estimates in accordance with the criteria established in the Standard Provision of this Cooperative Agreement entitled "Revision of Grant Budget," the Recipient shall submit a request for budget revision to the Agreement Officer and the A.I.D. Project Officer specified in the Cover Letter of this Cooperative Agreement.

1E.2.(f) Environmental Impact

If it appears that outputs of this project will result in an adverse environmental impact, the Recipient shall notify the A.I.D. Project Officer prior to implementation, in order to allow for orderly preparation of an environmental impact statement. The Recipient shall assure that appropriate U.S. Government, A.I.D., and/or host country procedures are followed.

1E.2.(g) Training Reports

1E.2.(g)(1) If the Recipient conducts participant training under this Cooperative Agreement, (see Standard Provision entitled "Participant Training" for the definition of participant training), the Recipient shall comply with reporting and information requirements of the Standard Provision entitled "Participant Training," as well as Chapters 5 and 24 of A.I.D. Handbook 10.

1E.2.(g)(2) The Recipient shall also provide three (3) copies of quarterly training reports to the A.I.D. Project Officer, covering this Cooperative Agreement. The report shall include the following information:

- Total number of new trainees during the period; and
- The following information for each course:
 - training site
 - beginning and ending dates of training
 - purpose of training
 - type of training activities
 - source of funding
 - list of names, citizenship, and gender of the trainees.

1E.2.(g)(3) The Recipient shall provide three (3) copies of all training manuals produced under this Cooperative Agreement to the A.I.D. Project Officer.

1E.2.(h) Technical and Research Reports and Publications

The Recipient shall summarize technical and research activities of the project in reports, and distribute such reports to the appropriate USAID Missions, developing countries, and host country and international institutions in order to encourage use of the technology developed. Such reports will be completed within 60 days after completion of the activity. Journal articles and other publications are encouraged. See also the Standard Provision of this Cooperative Agreement entitled "Publications" (if the Recipient is a U.S. organization) or "Publications and Media Releases" (if the Recipient is a non-U.S. organization).

1E.2.(i) Final Evaluation Report

Within 90 days following the estimated completion date of this Cooperative Agreement (see Section 1B. above), the Recipient shall submit three (3) copies of a final report to the A.I.D. Project Office specified in the cover letter of this Cooperative Agreement. In addition, two (2) copies shall be submitted to A.I.D., POL/CDIE/DI, Washington, DC 20523-1802. It will cover the entire

period of the Cooperative Agreement and include project summaries of all of the information shown under Sections 1E.2., specifically including, but not limited to : (1) a summarization of the program's accomplishments or failings in relation to its stated goals and objectives; (2) an overall description of the activities under the program during the period of this Cooperative Agreement; (3) a description of the methods of work used; (4) lessons learned; (5) comments and recommendations regarding unfinished work and/or program/continuation and direction; (6) a fiscal report that describes in detail how the Cooperative Agreement (and any matching) funds were used, and (7) a final evaluation of the program (in accordance with FHA/PVC'S Guidelines).

NOTE: ALL ORIGINAL REPORTS SHOULD BE UNBOUND.

1F. SUBSTANTIAL INVOLVEMENT UNDERSTANDINGS

It is understood and agreed that A.I.D. will be substantially involved during performance of this Cooperative Agreement as follows:

1F.1. Annual Workplan - The A.I.D. Project Officer may be consulted during the development of the annual workplans and have the right of final approval of all areas of the workplan where A.I.D. funds are included.

1F.2. Workplan Revisions - The A.I.D. Project Officer will be consulted and have the right of approval for revisions of the annual workplan which involves the use of A.I.D. funds.

1F.3. Field Visits - Pursuant to FHA/PVC Guidelines, the A.I.D. Project Officer must provide advance approval of all international travel.

1F.4. Field Activities - The A.I.D. Project Officer will be involved in, and must approve, the selection of sites, methodologies and strategies to be used in field activities funded under this Cooperative Agreement.

1F.5. Consultants - The A.I.D. Project Officer must approve, in advance, the selection of consultants retained by the Recipient.

1F.6. Participants - Where A.I.D. funds are used, the A.I.D. Project Officer must approve, in advance, the selection of technical trainees or scientists for participation in training activities.

1F.7. Principal Investigator/Program Manager - The A.I.D. Project Officer must approve, in advance, the selection of the individual that the Recipient proposes to make responsible for the management and operation of the proposed project, regardless of the position title of the individual investigator and any alternate.

1F.8. Subcontracts and Subagreements - The A.I.D. Project Officer must approve, in advance, the terms of reference or scope of work of all subcontracts and subagreements awarded by the Recipient. If required by Paragraphs (b)(5) or (b)(6) of the Standard Provision entitled "Revision of Grant Budget," or the Standard Provision entitled "A.I.D. Eligibility Rules for Goods and Services," the Agreement Officer must approve subcontracts (see the Standard Provision entitled "Procurement of Goods and Services") and subagreements (see the Standard Provision entitled "Subagreements").

1G. PROCUREMENT AND (SUB)CONTRACTING

1G.1. Applicability

This Section 1G. applies to the procurement of goods and services by the Recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods and services (see the Standard Provisions of this Cooperative Agreement entitled "Air Travel and Transportation," "Ocean Shipment of Goods," "Procurement of Goods and Services," "AID Eligibility Rules for Goods and Services," and "Local Cost Financing"), and not to assistance provided by the Recipient (i.e., a subgrant or [sub]agreement) to a subrecipient (see the Standard Provision of this Cooperative Agreement entitled "Subagreements").

1G.2. Requirements

1G.2.(a) In addition to other applicable provisions of this Cooperative Agreement, the Recipient shall comply with paragraph (b)(1) of the Standard Provision of this Cooperative Agreement entitled "AID Eligibility Rules for Goods and Services," concerning Cooperative Agreements funded under the Development Fund for Africa (DFA) and Cooperative Agreements with a total procurement value of less than \$250,000 under this Cooperative Agreement. However, paragraph (b)(1) of the Standard Provision entitled "AID Eligibility Rules for Goods and Services" does not apply to:

1G.2.(a)(1) The restricted goods listed in paragraph (a)(3) of the Standard Provision entitled "AID Eligibility Rules for Goods and Services," which must be specifically approved by the Agreement Officer in all cases, except to the extent that such approval may be provided in Section 1I.4. below;

1G.2.(a)(2) Paragraph (d) of the Standard Provision entitled "AID Eligibility Rules for Goods and Services" pertaining to air and ocean transportation, to which the Standard Provisions entitled "Air Travel and Transportation" and "Ocean Shipment of Goods" apply, respectively;

1G.2.(a)(3) Paragraph (c) of the Standard Provision entitled "AID Eligibility Rules for Goods and Services;"

1G.2.(a)(4) Construction implemented by U.S. firms, regardless of dollar value, which requires that at least 50% of the supervisors and other specified key personnel working at the project site must be U.S. citizens or non-U.S. citizens lawfully admitted for permanent residence in the United States; and

1G.2.(a)(5) Engineering services, regardless of dollar value, which shall be limited to the United States (Geographic Code 000).

1G.2.(b) Paragraph (b)(2) of the Standard Provision entitled "AID Eligibility Rules for Goods and Services" does not apply.

1G.3. Approvals

Inclusion of costs in the budget of this Cooperative Agreement for the purchase of nonexpendable equipment obviates neither the requirement of Section J.13. of OMB Circular A-21 (for educational institutions) or Section 13 of Attachment B of OMB Circular A-122 (for nonprofit organizations other than educational institutions) for prior approval of such purchases by the Agreement Officer, nor any other terms and conditions of this Cooperative Agreement, unless specifically stated in Section 1I.2. below.

1G.4. Title to Property

Title to property acquired hereunder shall vest in the Recipient, subject to the requirements of the Standard Provision of this Cooperative Agreement entitled "Title To and Use of Property (Grantee Title)' regarding use, accountability, and disposition of such property, except to the extent that disposition of property may be specified in Section 1I. below.

1H. INDIRECT COST RATES

1H.1. Pursuant to the Standard Provision of this Cooperative Agreement entitled "Negotiated Indirect Cost Rates - Provisional (Nonprofits)," an indirect cost rate or rates shall be established for each of the Recipient's accounting periods which apply to this Cooperative Agreement. Pending establishment of final or revised provisional indirect cost rates, 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(s) which is (are) set forth below:

<u>Type</u>	<u>Rate</u>	<u>Base</u>
Provisional	23.25%	1/

1/ Base of Application: Total direct costs but excluding non-expendable project equipment.

1/2

11. SPECIAL PROVISIONS

11.1. Limitations on Reimbursement of Costs of Compensation for Personal Services and Professional Service Costs

11.1.(a) Employee Salaries

Except as the Agreement Officer may otherwise agree in writing, A.I.D. shall not be liable for reimbursing the Recipient for any costs allocable to the salary portion of direct compensation paid by the Recipient to its employees for personal services which exceed the highest salary level for a Foreign Service Officer, Class 1 (FS-1), as periodically amended.

11.1.(b) Consultant Fees

Compensation for consultants retained by the Recipient hereunder shall not exceed, without specific approval of the rate by the Agreement Officer: either the highest rate of annual compensation received by the consultant during any full year of the immediately preceding three years; or the maximum rate of a Foreign Service Officer, Class 1 (FS-1) (as periodically amended), whichever is less. A daily rate is derived by dividing the annual compensation by 2,087 and multiplying the result by 8.

11.2. Publications

11.2(a) The Recipient agrees to provide one copy of the manuscript of any proposed publication to the A.I.D. Project Officer not later than submission to the publisher, and to give serious consideration to any comments received from the A.I.D. Project Officer.

11.2(b) In the case of publication of any of the reports described in Section 1E.2. of this Cooperative Agreement, A.I.D. reserves the right to disclaim endorsement of the opinions expressed. For other publications, A.I.D. reserves the right to dissociate itself from sponsorship or publication. In both cases, the Recipient will consult with the A.I.D. Project Officer as to the nature and extent of any A.I.D. disclaimer of endorsement or dissociation from sponsorship or publication.

11.2(c) If A.I.D. does not choose to disclaim endorsement or dissociate itself from sponsorship or publication, the Recipient shall, in accordance with the Standard Provision of this Cooperative Agreement entitled "Publications," acknowledge A.I.D. support as follows:

"This publication was made possible through support provided by the Office of Private and Voluntary Cooperation, Bureau for Food and Humanitarian Assistance, U.S. Agency for International Development, under Cooperative Agreement No. FAO-0500-A-00-3027-00."

11.2(d) In addition to providing one copy of all published works and lists of other written work produced under this Cooperative Agreement to the A.I.D. Project Officer, as required by paragraph (b) of the Standard Provision of this Cooperative Agreement entitled "Publications," the Recipient shall also provide two copies of such publications and lists to A.I.D., POL/CDIE/DI, Washington, D.C. 20523-1802.

11.3. Equipment Purchases

11.3.(a) Requirement for Prior Approval

Pursuant to Sections 1D.3. and 1G.3. above and the Standard Provisions of this Cooperative Agreement entitled "Allowable Costs" and "Revision of Grant Budget," and by extension, Section 13 of Attachment B of OMB Circular A-122, the Recipient must obtain A.I.D. Agreement Officer approval for purchases of the following:

11.3.(a)(1) General Purpose Equipment, which is defined as an article of nonexpendable tangible personal property which is usable for other than research, medical, scientific or technical activities, whether or not special modifications are needed to make them suitable for a particular purpose (e.g., office equipment and furnishings, air conditioning equipment, reproduction and printing equipment, motor vehicles, and automatic data processing equipment), having a useful life of more than two years and an acquisition cost of \$500 or more per unit; and

11.3.(a)(2) Special Purpose Equipment, which is defined as an article of nonexpendable tangible personal property, which is used only for research, medical, scientific, or technical activities (e.g., microscopes, x-ray machines, surgical instruments, and spectrometers), and which has a useful life of more than two years and an acquisition cost of \$1,000 or more per unit.

11.3.(b) Approvals

In furtherance of the foregoing, the Agreement Officer does hereby provide approval for the following purchases, which shall not be construed as authorization to exceed the total estimated amount or the obligated amount of this Cooperative Agreement, whichever is less (see Section 1C. above):

11.3.(c) Exception for Automation Equipment

Any approval for the purchase of automation equipment which may be provided in Section 11.3.(b) above or subsequently provided by the Agreement Officer is not valid if the total cost of purchases of automation equipment (e.g., computers, word processors, etc.), software, or related services made hereunder will exceed \$100,000. The Recipient must, under such circumstances, obtain the approval of the Agreement Officer for the total planned system of any automation equipment, software, or related services.

11.3.(d) Compliance with A.I.D. Eligibility Rules

Any approvals provided in Section 11.4.(b) above or subsequently provided by the Agreement Officer shall not serve to waive the A.I.D. eligibility rules described in Section 1G. of this Cooperative Agreement, unless specifically stated.

11.4. Restricted Goods

Pursuant to Section 1G. above, paragraph (a)(3) of the Standard Provisions of this Cooperative Agreement entitled "AID Eligibility Rules for Goods and Services," the Agreement Officer's approval is required for purchase of the restricted goods described therein. In furtherance thereof, the Agreement Officer does hereby provide such approval to the extent set forth below. The Agreement Officer's approval is required for purchases of such restricted goods if all of the conditions set forth below are not met by the Recipient. Any approval provided below or subsequently provided by the Agreement Officer shall not serve to waive any terms and conditions of this Cooperative Agreement unless specifically stated.

11.4.(a) Agricultural Commodities

Agricultural commodities may be purchased provided that they are of U.S. source (generally, the country from which the commodities are shipped) and origin (generally, the country in which the commodities are mined, grown, or produced) and purchased from a U.S. supplier, except that wheat, rice, corn, soybeans, sorghums, flour, meal, beans, peas, tobacco, hides and skins, cotton, vegetable oils, and animal fats and oils cannot be purchased under any circumstances without the prior written approval of the Agreement Officer. However, if this Agreement is funded under the Development Fund for Africa (DFA) (see Section 1G.2.[b][4] above), procurement of agricultural commodities from Special Free World countries (Geographic Code 935) is authorized, except that procurement of agricultural commodities outside the United States must have advance written approval of the Agreement Officer when the domestic price of the commodity is less than parity, unless the commodity cannot reasonably be procured in the U.S. in order to meet the needs of the project.

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11.4.(b) Motor Vehicles

Motor vehicles, if approved for purchase under Section 11.4.(b) above or subsequently approved by the Agreement Officer, must be of U.S. manufacture and must be of at least 51% U.S. componentry. The source of the motor vehicles, and the nationality of the supplier of the vehicles, must be in accordance with Section 1G.2. above. Motor vehicles are defined as self-propelled vehicles with passenger carriage capacity, such as highway trucks, passenger cars and busses, motorcycles, scooters, motorized bicycles, and utility vehicles. Excluded from this definition are industrial vehicles for materials handling and earthmoving, such as lift trucks, tractors, graders, scrapers, and off-the-highway trucks. However, if this Agreement is funded under the Development Fund for Africa (DFA) (see Section 1G.2.[b][4] above), the procurement of non-U.S. vehicles shall be held to an absolute minimum.

11.4.(c) Pharmaceuticals

Pharmaceuticals may be purchased provided that all of the following conditions are met: (1) the pharmaceuticals must be safe and efficacious; (2) the pharmaceuticals must be of U.S. source and origin (see Section 1G. above); (3) the pharmaceuticals must be of at least 51% U.S. componentry (see Section 1G. above); (4) the pharmaceuticals must be purchased from a supplier whose nationality is in the U.S. (see Section 1G. above); (5) the pharmaceuticals must be in compliance with U.S. Food and Drug Administration (FDA) (or other controlling U.S. authority) regulations governing United States interstate shipment of pharmaceuticals; (6) the manufacturer of the pharmaceuticals must not infringe on U.S. patents; and (7) the pharmaceuticals must be competitively procured in accordance with the procurement policies and procedures of the Recipient and the Standard Provision of this Cooperative Agreement entitled "Procurement of Goods and Services."

11.4.(d) Pesticides

Pesticides may only be purchased if the purchase and/or use of such pesticides is for research or limited field evaluation by or under the supervision of project personnel. Pesticides are defined as substances or mixtures of substances: intended for preventing, destroying, repelling, or mitigating any unwanted insects, rodents, nematodes, fungi, weeds, and other forms of plant or animal life or viruses, bacteria, or other micro-organisms (except viruses, bacteria, or other micro-organisms on or living in man or other living animals); or intended for use as a plant regulator, defoliant, or desiccant.

11.4.(e) Rubber Compounding Chemicals and Plasticizers

Rubber compounding chemicals and plasticizers may only be purchased with the prior written approval of the Agreement Officer.

1I.4.(f) Used Equipment

Used equipment may only be purchased with the prior written approval of the Agreement Officer.

1I.4.(g) Fertilizer

Fertilizer may be purchased if it is either purchased in the U.S. and used in the U.S., or if it is purchased in the cooperating country with local currency for use in the cooperating country. Any fertilizer purchases which do not comply with these limitations must be approved in advance by the Agreement Officer. However, if this Agreement is funded under the Development Fund for Africa (DFA) (see Section 1G.2.[b][4] above), procurement of fertilizer from Special Free World countries (Geographic Code 935) is authorized; provided, however, that procurement of more than 5,000 tons of non-U.S. fertilizer must have the advance written approval of the Agreement Officer.

1I.5. Limitation on Use of Funds

1I.5.(a) The Recipient shall not utilize funds provided by A.I.D. for any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference or training in connection with the growth or production in countries other than the United States of an agricultural commodity for export which would compete with a similar commodity grown or produced in the United States.

1I.5.(b) The reports described in Section 1E.2. shall contain a statement indicating the projects or activities to which United States funds have been attributed, together with a brief description of the activities adequate to show that United States funds have not been used for the purpose in Section 1I.5.(a) above.

1I.5.(c) The Recipient agrees to refund to A.I.D. upon request an amount equal to any United States funds used for the purposes prohibited by Section 1I.5.(a) above.

1I.5.(d) No funds provided by A.I.D. under this Cooperative Agreement shall be used to provide assistance, either directly or indirectly, to any country ineligible to receive assistance pursuant to the Foreign Assistance Act as amended, related appropriations acts, or other statutes and Executive Orders of the United States (also see the Standard Provision of this Cooperative Agreement entitled "Ineligible Countries").

11.6. Defense Base Act (DBA) and/or Medical Evacuation Insurance

Pursuant to Section J.16. of OMB Circular A-21 (for educational institutions) or Section 18 of Attachment B of OMB Circular A-122 (for nonprofit organizations other than educational institutions), the Recipient is authorized to purchase DBA and/or medical evacuation insurance under this Cooperative Agreement.

11.7. Disposition of Property

With reference to Sections 1G.4. and 1I.4.(b) above, disposition of nonexpendable property acquired hereunder shall be as follows:

(In accordance with Section 1G.4. above)

11.8. HIV/AIDS Policies and Guidelines

The Recipient is responsible for issuing appropriate policies and guidelines intended to protect all project personnel, paid and volunteer, from the risk of HIV transmission in the course of their work and for ensuring the proper implementation of these policies and guidelines. Instruction should be provided in "Universal Precautions" for all personnel who come in contact with human blood, tissue or body fluids. This instruction should include but should not be limited to: protecting workers' eyes and broken skin from contact with blood and other body fluids; disposing of waste safely; following appropriate cleaning, disinfection and sterilization procedures; and preventing skin punctures and other injuries.

1J. CLOSEOUT PROCEDURES

1J.1.

This paragraph prescribes uniform closeout procedures for A.I.D. grants and cooperative agreements with recipients.

1.J.2.

The following definitions shall apply for the purpose of this paragraph.

1.J.2.(a) Closeout The closeout of a grant or cooperative agreement is the process by which A.I.D determines that all applicable administrative actions and all required work of the grant or cooperative agreement have been completed by the recipient and A.I.D.

1.J.2.(b) Date of completion The date of completion is the date on which all work under grants and cooperative agreements is completed or the date on the award document, or any supplement or amendment thereto, on which A.I.D. sponsorship ends.

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1.J.2.(c) Disallowed Costs Disallowed costs are those charges to a grant or cooperative agreement that A.I.D. or its representatives determines to be unallowable, in accordance with the applicable Federal cost principles or other conditions contained in the grant or cooperative agreement.

1.J.3. A.I.D. closeout procedures include the following requirements:

1.J.3.(a) Upon request, A.I.D. shall make prompt payments to a recipient for allowable reimbursable costs under the grant or cooperative agreement.

1.J.3.(b) The recipient shall immediately refund any balance of unobligated (unencumbered) cash that A.I.D. advanced or paid and that is not authorized to be retained by the recipient for use in other grants or cooperative agreements.

1.J.3.(c) A.I.D. shall obtain from the recipient within 90 calendar days after the date of completion of the grant or cooperative agreement all financial, performance, and other reports required as the condition of the grant or cooperative agreement. A.I.D. may grant extensions when requested by the recipient.

1.J.3.(d) When authorized by the grant or cooperative agreement, A.I.D. shall make a settlement for any upward or downward adjustments to A.I.D.'s share of costs after these reports are received.

1.J.3.(e) The recipient shall account for any property acquired with A.I.D. funds, or received from the Government in accordance with the provisions of paragraph 1T of A.I.D. Handbook 13.

1.J.3.(f) In the event a final audit has not been performed prior to the closeout of the grant or cooperative agreement, A.I.D. shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.

1K. RESOLUTION OF CONFLICTS

Conflicts between any of the Attachments of this Cooperative Agreement shall be resolved by applying the following descending order of precedence:

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

II. STANDARD PROVISIONS

The Standard Provisions set forth as Attachment 3 of this Cooperative Agreement consist of the following Standard Provisions denoted by an "X" which are attached hereto and made a part of this Cooperative Agreement:

II.1. Mandatory Standard Provisions For U.S., Nongovernmental Recipients

- (X) Allowable Costs (November 1985)
- (X) Accounting, Audit, and Records (August 1992)
- (X) Refunds (September 1990)
- (X) Revision of Grant Budget (November 1985)
- (X) Termination and Suspension (August 1992)
- (X) Disputes (August 1992)
- (X) Ineligible Countries (May 1986)
- (X) Debarment, Suspension, and Other Responsibility Matters (August 1992)
- (X) Nondiscrimination (May 1986)
- (X) U.S. Officials Not to Benefit (November 1985)
- (X) Nonliability (November 1985)
- (X) Amendment (November 1985)
- (X) Notices (November 1985)
- (X) Metric System of Measurement (August 1992)

II.2. Additional Standard Provisions For U.S., Nongovernmental Recipients

- (X) OMB Approval Under the Paperwork Reduction Act (August 1992)
- (X) Payment - Letter of Credit (August 1992)
- () Payment - Periodic Advance (January 1988)
- () Payment - Cost Reimbursement (August 1992)
- (X) Air Travel and Transportation (August 1992)
- (X) Ocean Shipment of Goods (August 1992)
- (X) Procurement of Goods and Services (November 1985)
- (X) AID Eligibility Rules for Goods and Services (June 1993)
- (X) Subagreements (August 1992)
- (X) Local Cost Financing (June 1993)
- (X) Patent Rights (August 1992)
- (X) Publications (August 1992)
- () Negotiated Indirect Cost Rates - Predetermined (August 1992)
- (X) Negotiated Indirect Cost Rates - Provisional (Nonprofits) (August 1992)
- () Negotiated Indirect Cost Rates - Provisional (For-Profits) (August 1992)
- (X) Regulations Governing Employees (August 1992)
- (X) Participant Training (August 1992)

- () Voluntary Population Planning (June 1993)
- (X) Protection of the Individual as a Research Subject (August 1992)
- () Care of Laboratory Animals (November 1985)
- (X) Title To and Use of Property (Grantee Title) (November 1985)
- () Title To and Care of Property (U.S. Government Title) (November 1985)
- () Title To and Care of Property (Cooperating Country Title) (November 1985)
- (X) Cost Sharing (Matching) (August 1992)
- (X) Use of Pouch Facilities (August 1992)
- (X) Conversion of United States Dollars to Local Currency (November 1985)
- (X) Public Notices (August 1992)
- (X) Rights in Data (August 1992)

1M. COST SHARING AND OTHER CONTRIBUTIONS

1M.1. The Recipient agrees to expend an amount not less than (a) the amount shown in the budget of this Cooperative Agreement for financing by the Recipient and/or others from non-federal funds (see Sections 1D. and/or 1H.), and (b) the amount shown in the budget of this Cooperative Agreement for financing by the Recipient and/or others from other federal funds.

1M.2. The Standard Provision of this Cooperative Agreement entitled "Cost Sharing (Matching)" makes reference to project costs. "Project Costs" are defined in Attachment E of OMB Circular A-110 as all allowable costs (as set forth in the applicable cost principles [see the Standard Provision of this Cooperative Agreement entitled "Allowable Costs"]) incurred by a Recipient and the value of in-kind contributions made by the Recipient or third parties in accomplishing the objectives of this Cooperative Agreement during the program period.

1M.3. The restrictions on the use of A.I.D. funds provided hereunder, as set forth in this Cooperative Agreement, do not apply to cost-sharing (matching) or other contributions unless such restrictions are stated in the applicable federal cost principles and/or imposed by the source of such cost-sharing (matching) funds or other contributions.

PROGRAM DESCRIPTION

The Recipient's proposal entitled "Improving the Quality of Child Survival Services in the South Pacific (Vanuatu and Kiribati)" and dated December 8, 1992 is attached hereto as the Program Description (Attachment 2) and is made a part of this Cooperative Agreement.

A. Summary Description of Project

The Foundation for the Peoples of the South Pacific has been working in this little known part of the world since 1965 strengthening the capacity of local institutions -- governmental and non-governmental -- to take charge of their own development in a sustainable way. Under the proposed Child Survival project, FSP will develop the local systems and staff capabilities necessary to support child survival services. The proposed project is located in two regions of the South Pacific, the island of Espiritu Santo in Vanuatu and six islands of the Gilbert group in Kiribati. These are rural, isolated populations with limited access to health services. Pneumonia, diarrhea and malaria are the most common causes of child death with malnutrition and vitamin A deficiency contributing to poor child health status. The project will target approximately 25,818 children under six and 21,457 women of child bearing age by improving services for EPI, diarrheal disease and malaria control, antenatal care, family planning, and prevention of vitamin A deficiency and protein energy malnutrition.

The goal of the project is to decrease childhood morbidity and mortality in the project sites as well as throughout the Pacific region as FSP intends that the impact of the project will be expanded beyond the immediate communities served. The governments involved are committed to assuming responsibility for continuation and expansion of project activities. As well, FSP's work with local NGOs and community groups will facilitate the dissemination of successful approaches to other communities in the region. The specific objectives of the project are to increase the percentage of children fully protected against immunizable diseases; increase ORS and ORT use rates; increase antenatal care coverage and contraceptive prevalence; improve care of childhood pneumonia; insure adequate vitamin A intake; and insure that pregnant women and children are protected against malaria.

The approaches employed in achieving the above objectives are training of health workers and supervisors in improved management of child survival activities, health education, community participation, and increased cooperation between the community and rural health services staff. Activities focus upon improving supervisory and management skills and the use of health information systems, recognizing and addressing cultural constraints to maternal and child nutrition and family planning, and mobilizing community-based resources.

The project will begin Sept. 30, 1993 and conclude September 29, 1996. FSP is requesting \$715,000 from USAID over 36 months to be matched with \$240,000 (25% of total project budget). The estimated annual project budget is \$427,000 in year 1, \$298,000 in year 2 and \$230,000 in the final year of the project.

B. Country Project Summary

Please refer to TABLE A: Country Project Summary

TABLE A: COUNTRY PROJECT SUMMARY

PVO/Country: FSP/South Pacific Project Duration (mm/dd/yy) start date: 10/01/93 estimated completion date: 09/30/96

1. BUDGET SUMMARY IN U.S. DOLLARS				2. SIZE OF THE POTENTIAL BENEFICIARY POPULATION	
Place dollar amounts in shaded areas only				Note: POTENTIAL BENEFICIARIES are defined as those in the project area who are eligible to receive services for a given intervention, not the percent you expect to provide services to - which may be smaller than the eligible population.	
(a)	(b)	(c)	(d)	(e)	(f)
a. By year of project	A.I.D. Contribution (field + HQ)	PVO Contribution (field + HQ)	Total Contribution (field + HQ)	a. Current population within each age group*	Number of Potential Beneficiaries
Year 1	\$309	\$118	\$427	infants, 0-11 months	3,196
Year 2	\$221	\$77	\$298	children, 12-23 months	3,433
Year 3	\$183	\$47	\$230	children, 24-59 months	10,304
Country project total	\$713	\$241	\$954	children, 60-71 months (If Vitamin A component)	2,490
				females, 15-19 years (high risk pregnancy)	
				females, 20-34 years	21,457
				females, 35-49 years (high risk pregnancy)	
				Other (specify)	
				Other (specify)	
b. Percent of PVO Match	25%			b. Additional births	
(PVO Contribution divided by Total Contribution: sum of column "c", divided by the sum of column "d")				Total estimated live births, years 2 and 3	6,395
				c. Total Potential Beneficiaries	47,275
				* Note: Females (ages 15 - 49) should only be included as potential beneficiaries where they are direct beneficiaries of services (for example, TT immunizations, or family planning services), and not for educational interventions (for example, education on proper use of ORT).	
3. CALCULATION OF A.I.D. DOLLARS per BENEFICIARY per YEAR				4. PERCENT OF TOTAL A.I.D. CONTRIBUTION by INTERVENTION	
Place percentages in shaded areas only; percentages must add to 100%				Place percentages in shaded areas only; percentages must add to 100%	
a. Total A.I.D. Contribution to Country Project (sum of column "b" in table 1, this page)			\$713,000	INTERVENTION	Percent of Projec
b. Total Potential Beneficiaries (sum of column "f" in table 2, this page)			47,275	(%)	Percent of A.I.D. Funds
c. A.I.D. Funding per Beneficiary for Project (line a. divided by line b. in table 3, this page)			\$15.08		in U.S. dollars
d. A.I.D Funding per Beneficiary per year (line c. above divided by 3 years)			\$5.03	a. Immunization	15 \$107
				b. Control of Diarrheal Diseases	15 \$107
				c. Nutrition Education	15 \$107
				d. Vitamin A	10 \$71
				e. Control of Pneumonia	15 \$107
				f. Maternal Care/Family Planning	20 \$143
				g. Malaria Control	10 \$71
				h. Other (specify)	\$0
				i. Other (specify)	\$0
				j. Other (specify)	\$0
				TOTAL	100% \$713

5. ACTIVITIES: Circle all activity codes that apply for each intervention

Control of Diarrheal Diseases

- 1 = Distribute ORS packets
- ② = Promote use of ORS packets
- ③ = Promote home-mix
- ④ = Promote SSS home-available fluids
- ⑤ = Dietary management of diarrhea
- ⑥ = ORT training
- ⑦ = Hand washing

Other _____
(specify)

Immunization

- 1 = Distribute vaccines
- 2 = Immunize mother/children
- ③ = Promote immunization
- 4 = Surveillance for vaccine preventable diseases
- ⑤ = Training in immunization

Other Cold Chain
(specify)

Nutrition

- 1 = Distribute food
- 2 = Provide iron, folic acid, vitamins
- ③ = Provide scales and growth charts
- 4 = Sponsor mother-to-mother breastfeeding/promotion support groups
- ⑤ = Conduct food demonstrations
- 6 = Counsel mothers on breastfeeding and weaning practices
- ⑦ = Conduct group sessions
- ⑧ = Training in breastfeeding and weaning
- ⑨ = Training in maternal nutrition
- ⑩ = Training in growth monitoring

Other _____
(specify)

Vitamin A

- ① = Vitamin A deficiency treatment
- ② = Vitamin A supplementation
- 3 = Vitamin A fortification
- ④ = Vitamin A education
- ⑤ = Vitamin A food production

Other _____ (specify)

e. Control of Pneumonia

- 1 = Promote antibiotics
- ② = Health education
- 3 = Improve referral sites
- ④ = Training

Other _____
(specify)

f. Maternal Care/Family Planning

- 1 = Distribute contraceptives
- ② = Promote exclusive breastfeeding to delay conception
- ③ = Promote child spacing or family planning
- ④ = Antenatal care
- ⑤ = Promote malaria prophalaxis
- 6 = Train TBAs in improved birth practices
- ⑦ = Family planning training

g. Malaria Control

- 1 = Residual insecticides
- ② = Larvaciding
- 3 = Provision of bednets
- 4 = Provision of commodities
- ⑤ = Treatment
- ⑥ = Health education
- 7 = Training

Other _____
(specify)

h. Other Specify

C. Project Location/Background

1. PROJECT LOCATION

The proposed project is located in two island regions of the South Pacific, the island of Espiritu Santo in Vanuatu (previously known as the New Hebrides), and six of the Gilbert Islands in Kiribati. Vanuatu is an archipelago comprised of more than eighty islands widely dispersed over 800 kms of the Southwest Pacific. The island of Santo has a population of 29,400, 20% of the national population. Kiribati consists of three island groups, the Gilberts, Line Islands and Phoenix Group. The Gilbert Islands are comprised of 17 atolls spread over 680 kilometers and is residence to 93% (67,471) of the population. These are some of the most inaccessible populations in the world. The majority of I-Kiribati and ni-Vanuatu still live in traditional housing made of natural materials, and practice traditional ways of life. Life expectancy at birth ranges from 52-54 years.

The proposed project sites were selected based upon Ministry of Health recommendations, community interest, and determination by local FSP staff that these were among the countries' most underserved populations. FSP has been successful expanding its child survival activities from one island region to another in Vanuatu, and now will expand activities further to the northern part of the country and into Kiribati. FSP has determined that targeting these two sites under the proposed project is a more cost-effective and potentially far reaching strategy, as these remote, difficult access, traditional communities are expensive to reach, and the governments involved understand these projects to be examples which can then be replicated elsewhere. The proposed project activities address needs at the district level as well as at the health center and community level.

2. CURRENT LEVEL OF INFANT AND CHILD MORBIDITY AND MORTALITY

The infant mortality rate is 60/1000 live births in Vanuatu, and 82/1000 in Kiribati. Up to 50% of child deaths are believed to go unreported. The maternal mortality rate is estimated at 10/10,000. According to Department of Health statistics reports, the leading causes of morbidity in children in the northern district in Vanuatu are malaria, ARI, diarrhea, malnutrition and skin diseases. The leading causes of death in children 12-60 months of age are malaria (18%), malnutrition (18%), pneumonia (9%) and meningitis (14%). The leading cause of death in children under one are neonatal deaths (39%), pneumonia (15%), malaria (8%) and diarrhea (5%). In Kiribati, the leading reported causes of morbidity in children are influenza, diarrhea, ARI, and skin diseases. According to the Health Statistics Unit (1991-92), the leading causes of death in children 12-60 months are diarrhea (31%), malnutrition (19%) and pneumonia (6%). Perinatal deaths (22%), pneumonia (17%), diarrhea (14%), and malnutrition (6%) account for most reported deaths in children under one.

Immunization coverage rates for both countries are determined by health center reports and target population estimates. Both countries include hepatitis B in their EPI program. In Santo, coverage is reported as 124% BCG, 66% DPT3, 67% polio3, 55% measles and 47% hepatitis. The Gilberts report coverage of

children by 12 months of age to be 82% BCG, 87% DPT3, 87% polio3, and 67% measles. UNICEF believes that actual coverage figures to be well below those reported here. In 1991 there were 143 cases of pertussis in Kiribati.

The population growth rates (based upon vital statistic registrations) are 2.8% per year in Vanuatu and 2.2% in Kiribati. 40% of these populations are under five years of age. 15% of the Kiribati target population have been contraceptive acceptors, but use rates are unknown.

According to the results of a six island survey conducted by FSP in 1989, 15% of children in Kiribati age six months to six years had one or more active clinical sign of vitamin A deficiency. Vitamin A consumption and upper arm circumference were the sole risk factors associated with xerophthalmia. Although a survey was performed in Vanuatu this past year which found insignificant evidence of xerophthalmia, FSP is not convinced that vitamin A deficiency is not a problem. Dietary evidence suggests that although clinical evidence of vitamin A deficiency may not be widely prevalent (the survey performed would only have revealed a very high prevalence), sub-clinical vitamin A may still be a problem.

ORS use rates nationwide, as determined by a 1990 survey in Vanuatu was 20% (55% caretakers who used ORS could correctly prepare it). No information is available on ORS or ORT use rates in Kiribati. Breastfeeding is prevalent, and exclusive breastfeeding is reported to be as high as 93% for the first six months. Growth faltering at this age is common, as supplementary and weaning foods are often insufficient. This insufficiency is not believed to be related to food availability as much as household feeding patterns. Recent evidence of malnutrition is limited to morbidity and mortality reports. A 1983 survey in Vanuatu found that 17% of children under five were acutely malnourished, and a 1988 survey in Kiribati found that 10% of children under five were less than expected weight for height. In both project sites children may be turned over to someone other than his/her mother to be raised. In Kiribati a mother may be asked to give her child to another, and in Vanuatu, the grandparents may lay claim to the child. Under the proposed project, FSP will consider the increased risks of these children separated from their mother at an early age.

3. CURRENT PROGRAMMING IN CHILD SURVIVAL AND ORGANIZATIONS INVOLVED

In Vanuatu the Australian Save the Children Fund (SCFA) assisted the Department of Health in developing their EPI which is now integrated with MCH outreach at the district level. A sentinel surveillance system is also in place. The EPI program in Kiribati which continues to receive assistance in its development from UNICEF, depends heavily upon mass campaigns to reach the outer islands, as few refrigerators are available in these remote locations. Kiribati does have a policy to immunize all school girls with five doses of tetanus toxoid, whereas Vanuatu continues to promote two doses during the first pregnancy and one dose at each subsequent pregnancy.

Malaria programming in Vanuatu has included provision of impregnated bednets, provision of larvivorous fish, improved health worker diagnosis and treatment, and community participation. FSP has defined its malaria activities with the Malaria/Thalassemia Study Project in Santo. This British study includes a complete childhood morbidity and mortality assessment in Santo. Collaboration with the study project will expand FSP's information on health status in Santo. Both countries have focussed their diarrheal disease control activities upon improving water and sanitation attempting to reach small, scattered communities with piped water or tanks and increasing the availability and use of latrines.

FSP has worked closely with the MCH Unit in the Department of Health in Vanuatu, and with the Ministry of Health, Family Planning and Social Welfare in Kiribati since 1989. Both countries provide the majority of their health services through nurses and nurse aids. Maternal and child health services are fully dependant upon isolated nurses working out of poorly functioning and poorly supplied facilities. These staff members are responsible for EPI, PHC, vitamin A, community health education, and information systems as well as basic curative care. As would be expected, health education and community outreach are given minimal attention. In Kiribati approximately 25% of deliveries are not attended by a health worker, 13% of births reported in 1991 were attended by a TBA. In northern District in Vanuatu, 34% of births are not attended by medical staff (1990 survey), it is not known what proportion of these are attended by TBAs (although TBAs are present in Santo).

Throughout the South Pacific, assistance in child survival and health is provided by UNICEF, WHO, the South Pacific Alliance for Family Health (SPAFH), the South Pacific Commission (SPC), Australian Save the Children Fund and the Foundation for the Peoples of the South Pacific. FSP has developed the proposed program to complement the activities of these partner organizations.

4. FSP'S CURRENT INFRASTRUCTURE AND PLANS UNDER CSIX

FSP has country offices in both proposed project sites. These offices manage all of FSP's integrated development activities, working closely with local counterpart organizations. To improve communications and to limit the exorbitant costs of working in the South Pacific, FSP maintains a regional office in Suva, Fiji, where WHO, UNICEF, USAID and other regional organizations are based. During the coming year, FSP intends to place a Regional Health Coordinator in the Suva office as well. Posting expatriate health experts in each project site for long periods of time is neither cost effective (as these are very small populations), nor sustainable. Posting a Regional Health Coordinator in Suva will insure technical oversight of, and support to, projects managed by local staff. These countries are in the early stages of development (Kiribati and Vanuatu gained independence in 1979 and 1980 respectively), and few I-Kiribati and ni-Vanuatu have higher educations. FSP recognizes the importance of human resource development and has focussed its efforts on transferring skills. Supplying technical assistance and project oversight from Fiji will provide necessary support and quality control while promoting self-sufficiency and development of local resources.

5. LESSONS LEARNED

FSP initiated its formalized child survival activities with a grant under Child Survival V for Vanuatu, although FSP has been involved in nutrition, maternal health, and family planning since its inception. The child survival program in Vanuatu and a USAID-funded vitamin A project in Kiribati have enabled FSP to become regarded as a serious contributor to the advancement of child health in both locations. Although FSP encountered some initial territoriality, particularly in Vanuatu, it is now regarded as a partner in these governments' efforts. FSP has been working in the South Pacific for over 25 years, yet some of the technical challenges encountered in health programming were unique to the organization. In particular, the need for quality health information has become apparent. In Vanuatu, FSP has employed a family register and focussed on training local staff to acquire and utilize health information. Over the past two years, FSP has begun to influence the national level reporting systems. Another lesson has highlighted the need for anthropological assistance. The small isolated communities of the South Pacific are not only traditional, but they are diverse in their beliefs, cultures and practices. In its nutrition activities FSP recognizes the need for assistance in developing appropriate messages which will address traditional and modern dietary restrictions, and in developing family planning strategies, FSP recognizes the importance of information on cultural and family roles impacting upon fertility.

6. CSV EVALUATION RECOMMENDATIONS

FSP conducted a midterm evaluation of its Child Survival V project in April, 1992. The results of the evaluation recommended that:

- a. Future surveys more closely involve the Village Development Committee members and the health center staff. In its baseline survey of the phase two project site under CSV, FSP's Project Director has sought to insure VDC involvement in collating and analyzing the results.
- b. Outreach clinics are essential as they provide the opportunity for the health workers to train and support the training of Village Development Committee members, and program integration with the activities of local organizations will better insure sustainability. In Santo and in the Gilberts FSP will seek to institutionalize health center outreach and collaboration with community organizations.
- c. Focus group interviews should be used to identify the needs of women and children. FSP will train health workers in focus group interview techniques and assist them in using the information to provide better education.

D. Project Design/Duration

1. DURATION

The proposed project will require the entire 36 months of available A.I.D. assistance. The project would run from Sept. 30, 1993 - September 29, 1996.

2. GOAL, OBJECTIVES AND OUTPUTS

a. GOAL

The goal of the project is to reduce the morbidity and mortality of children under five in two areas of the South Pacific.

b. OBJECTIVES

Although, a baseline survey will be required to determine accurate baseline data and appropriate objectives, the following objectives are currently applicable to both project sites.

1. Increase to 60% the proportion of children between 12 and 23 months who are fully immunized by 12 months of age.
2. To increase to 40% the proportion of episodes of diarrhea in children under two occurring in the last two weeks treated with ORS.
3. To increase to 40% the proportion of episodes of diarrhea in children under two occurring in the last two weeks receiving correct home management of diarrhea (increased fluids, continued feeding).
4. To increase to 60% the proportion of mothers of children under two who know when to bring their child with diarrhea to a health worker.
5. To increase to 60% the proportion of mothers of children under two who know to bring their child with symptoms of moderate to severe respiratory infection (according to WHO criteria) to a health worker.
6. To increase to 70% the proportion of referred cases of respiratory infection in children under five which are correctly (according to WHO criteria) treated by the project health workers.
7. To increase to 50% the proportion of pregnant women who receive at least one prenatal examination and counseling sessions.
8. To increase to 35% the proportion of couples in union who are currently using a modern method of contraception.
9. To increase to 40% the proportion of infants who receive weaning foods rich in vitamin A.
10. In Kiribati, to maintain at 95% the proportion of children under six receiving vitamin A capsules semi-annually.

11. In Kiribati, to increase to 90% the proportion of mothers of children under two who provide vitamin A-rich foods to their child.
12. In Vanuatu, to increase to 80% the communities which are involved in the impregnated bednet and/or larvivorous fish programs.
13. In Vanuatu, to increase to 60% the proportion of mothers of children under two who received malaria prophylaxis during their most recent pregnancy.

c. OUTPUTS

Year 1

- Baseline survey performed
- Detailed implementation plan completed
- Report of medical anthropologist on Vanuatu
- 10 District Supervisors trained in H.I.S.
- 3 lay brothers trained as CHWs for Santo Middle Bush
- Annual report

Year 2

- Report of medical anthropologist on Kiribati
- Development and testing of education messages based upon consultant findings
- 10 District Supervisors trained in quality assurance and management/supervisory skills
- 54 nurses trained in community mobilization and participation.
- Six community level child survival workshops held
- Midterm evaluation and feedback
- All identified TBAs trained in delivery, screening and promotion of ante-natal care.

Year 3

- Local Counterpart Project Manager assumes responsibility for project management
- 54 nurses trained in management skills for child survival activities (H.I.S., time management, decision making, utilizing available resources).
- Six community level child survival workshops held
- 10 District Supervisors receive refresher training
- Final evaluation

3. ACTIVITIES

15% Immunization - Increase immunization coverage (including TT) by improving the cold chain with the provision of solar-powered refrigerators. Train supervisors and nurses in EPI program management. Promote immunization through community groups and community leaders.

- 15% ORT - Increase appropriate dietary management of diarrhea by training nurses to educate mothers in home management of diarrhea. Increase community involvement in sanitation activities through educating community leaders.
- 15% Nutrition - Improve maternal nutrition and weaning practices through education of mothers and community members. Improve health worker skills in growth monitoring and promotion.
- 10% Vitamin A - Reduce prevalence of vitamin A deficiency in children under six through health worker education on diagnosis and treatment, (semi-annual) prophylactic distribution of vitamin A capsules to children 6 months to six years, and to pregnant women during antenatal care.
- 20% Maternal Care - Train TBAs in hygienic delivery techniques, to recognize high-risk pregnancies and as promoters of clinic-based antenatal care. Improve communication between TBAs and nurses to insure referral of high-risk deliveries and provision of antenatal care. Promote antenatal care.
- 15% ARI - Improve case management by nurses, and educate mothers on how to recognize danger signs to insure prompt referral.
- 10% Malaria - Promote malarial prophylaxis for pregnant women. Improve diagnostic capabilities at health centers to insure early diagnosis and treatment. Involve health center staff and community in the vector control programs (re-impregnating nets).

4. APPROACHES

The project staff, together with the Ministry of Health, will provide in-service training of mid-level manager health staff (District Supervisors in Vanuatu and District Principal Nursing Officers in Kiribati) in quality assurance and management/supervisory skills. This will also require refresher training in technical aspects of child survival.

The project staff will work with the district level staff in developing a simple, effective H.I.S. aimed at a) improving supervision; b) enabling rapid feedback of information to nurses for local management; and c) improving on-site decision making for health staff at clinics/dispensaries who are isolated and therefore de-facto managers.

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The project will train nurses to manage a comprehensive Primary Health Care and Child Survival Program. The training will include:

- a) management and delivery of integrated CS services (incl. antenatal care, growth monitoring and nutrition counseling, vitamin A, ARI, malaria, immunization, family planning, and health education at each encounter with a family);
- b) community mobilization/community participation (including focus group interviews, collaboration with local organizations/local healers and TBAs, and participatory evaluation);
- c) utilizing H.I.S. to improve decision making and management; and
- d) collaboration with TBAs and local traditional healers in improving health services and health education (specifically prompt referral for ARI and malaria treatment, promotion of family planning, improved weaning practices and maternal nutrition)

In Kiribati, FSP will continue to develop the capabilities of the Ministry of Health, Family Planning and Social Welfare to insure delivery of vitamin A capsules, and development of education strategies to increase consumption of vitamin A-rich foods.

FSP will employ a medical anthropologist to identify harmful taboos and traditional practices/remedies regarding feeding practices (specifically for children during illness and pregnant women), and develop effective messages and determine target audiences (e.g., traditional healers, women's groups).

Nurses, together with FSP staff, will conduct community-level training for mobilizing community groups and community leaders to become active in child health.

Nurses, together with FSP staff, will train TBAs in hygienic delivery practices, identification and referral of high-risk pregnancies, and as health educators on antenatal care (and possibly family planning, depending upon recommendations by consultant anthropologist).

FSP will also train three local missionaries as community health workers in order to provide initial education in child survival to the very traditional, isolated communities of Santo Middle Bush. This area is unsafe for government or project staff.

5. Please refer to TABLE A - COUNTRY PROJECT SUMMARY.

6. **CURRENT ACTIVITIES AND NEW ACTIVITIES PROPOSED**

FSP's Child Survival V project in Vanuatu initiated activities on the island of Ambrym and then moved into its phase two project site, the island of Tanna. Ambrym is located in Central District II, and Tanna in Southern District. The Vanuatu project site proposed under CSIX is in Northern District. Activities have been modified to build upon lessons learned during CSV, and to recognize the

differing cultural and health needs of Espiritu Santo. The interior of this island, a region known as Santo Middle Bush, was originally targeted under FSP's CSV project, but as the difficulties and costs of working in difficult access areas of Vanuatu became apparent from FSP's experiences in Ambrym, and as the Ministry of Health realized that Santo would require a more intensive, longer-term program, plans were revised to limit the initial project to Ambrym and Tanna. FSP has now been asked to develop a full-scale, child survival project for all of Espiritu Santo. The new project addresses malaria, increases emphasis upon ARI and limits efforts in EPI to promotion and logistical support.

In Vanuatu, FSP has a history of developing local NGOs, and continues to act as an umbrella and technical support agency for its local NGO partners. Under Child Survival IX, FSP will integrally involve ni-Vanuatu who have expressed interest in developing a local health NGO.

In Kiribati, FSP's activities focussing upon developing home and school gardens, and small commercial markets for improving the availability of fresh fruits and vegetables. These activities are intended to complement and support FSP's vitamin A activities. Under the vitamin project (funded by USAID/Fiji until January, 1993), FSP has developed a strong working relationship with the Ministry's Health Education Unit, and with UNICEF. The collaborative efforts to improve nutrition and child survival will continue under the proposed CSIX project. The involvement and commitment of the Health Education Unit will be essential to achieving the objectives of the proposed project.

7. HOST COUNTRY AND USAID PRIORITIES

The project design was developed in partnership with the Department of Health (DOH). This included staff from the Northern District, and at national level from the Family Health Unit, Primary Health Care Unit, the Aid Post Orderly Training Program, and the Health Education section. The Director of Preventative Services has approved DOH staff involvement and commitment to the project. The project site and interventions were determined in collaboration with DOH staff.

For the past 18 months, FSP has discussed with the Ministry of Health, Family Planning and Social Welfare the possibility of expanding its child survival program to include Kiribati. The Secretary of Health, Dr. Taitai, has strongly supported FSP's development of the proposed project. FSP's Country Director and vitamin A staff have discussed appropriate strategies and needs with Ministry staff, UNICEF and USAID Health office for the South Pacific (based in Suva, Fiji). The project foci for both sites have been primarily determined by Ministry of Health staff. FSP method of operation is to facilitate the South Pacific islanders own objectives in health.

USAID recommended that with the proposed FSP project focus upon diarrheal disease control and improving health worker case management of childhood pneumonia, as EPI receives significant support from UNICEF and Save the Children (Australia). USAID has encouraged FSP in resuming activities in family

planning, and the mission has been a strongly supported FSP's overall regionalization strategy.

8. AGREEMENTS WITH GOVERNMENT

FSP has long-standing agreements with the national governments to operate in Vanuatu and Kiribati. Expatriate staffing positions are approved by the appropriate Ministries or Departments, and specific project activities will need to be approved during the development of the Detailed Implementation Plan. Government commitment to sustaining FSP's health activities is exemplified in the assumption for responsibilities for continuing support to the CSV project in Ambrym as FSP staff have moved to Tanna, and in assuming full responsibility for continuing vitamin A capsule distribution following FSP's withdrawal of direct assistance.

9. COMMUNITY INVOLVEMENT

The project has been discussed with the Santo Local Government Council, and the Island Councils and Village Welfare groups in Kiribati will have to be involved in approval of project activities. FSP has found that detailed discussion with local communities of a project which may or may not be funded can raise inappropriate expectations. FSP's method of operation and strongly encouraged by FSP's Vanuatu CSV staff for inclusion in the development of CSIX is to involve the local communities in development of the Detailed Implementation Plan. This involvement is believed to improve the project design as community input will provide a more realistic assessment of needs, and feasibility of suggested strategies, avoiding costly and unnecessary failures.

FSP acknowledges that the involvement of the community (Island Councils, Community Development Committees, Village Welfare Groups, women's and religious organizations) will require a significant investment in staff time and effort, but this initial investment will better insure the community commitment required for project sustainability. Community resources are volunteers, traditional healers and TBAs, community leaders, as well as accommodation provided when project staff or nurses visit remote villages.

10. PRIVATE SECTOR SUPPORT

The for-profit private sector is minimally developed in these countries. In Kiribati, FSP has worked to develop the role of small-scale agribusiness as a complement to vitamin A activities. In the urban centers where home gardens are less feasible due to time constraints and limited land, availability of fresh fruits and vegetables will enable increased consumption of nutrient-rich foods. In Vanuatu, where FSP has had significant experience developing and working with local NGOs, candidates for the position of Project Manager have discussed the possibility of developing a local health NGO.

FSP has discussed the possible role of marketing contraceptives and ORS with SOMARC, and will continue to explore possibilities under the proposed project.

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E. Collaboration

1. COLLABORATION

Overall project design has considered complementary activities by, and potential for collaboration with, SCF/Australia, World Vision Relief and Development, Peace Corps and British and Australian volunteers. SCF/Australia has been working in Vanuatu primarily in strengthening the national EPI program, which is why FSP's project focuses upon complementary activities in EPI: community-based promotion and provision of equipment. Under the proposed project, FSP will work with AMAK (National Women's Organization in Kiribati), the Family Health Alliance (local NGO working in family planning in Vanuatu), and local churches (in such activities as providing training in natural family planning for Catholic couples).

FSP has collaborated extensively with WHO and UNICEF, combining in-service training programs, providing joint support to the Ministry of Health, and on the development of health education materials. In project planning, FSP staff meet with UNICEF and WHO to insure that efforts will not be duplicative, and the resources available from each agency are being employed in an effective collaboration. FSP activities regularly solicit and receive technical assistance from these agencies.

2. PEACE CORPS

Peace Corps is active in both project sites. In Kiribati, the Peace Corps as well as the Australian Volunteers organization has been trying to acquire a trained nutritionist for assisting FSP in developing and providing nutrition education. Neither organization was able to find such a volunteer in this past year's cohort, but both will continue their efforts. In Vanuatu, FSP will employ a Peace Corp Volunteer to work with the missionary health workers assigned to Santo Middle Bush. FSP has also requested two PCVs, Australian or British volunteers to assist at the District levels with managing health information systems and training the district level staff in its use.

F. Human Resources

1. KEY FIELD STAFF POSITIONS

Regional Health Coordinator (18 person months) - Expatriate

The RHC will be the Project Director for the proposed Child Survival project. He/she will be primarily responsible for project implementation, project technical oversight, defining needs for external technical assistance, and reporting requirements. This individual must have graduate level training in public health, experience with A.I.D. programs, a minimum of three years field-based experience, preferably in the South Pacific, financial and managerial experience as well as a strong technical background in developing country primary health care. The percentage of time obligated to CSIX activities will be greatest after the departure of the Temporary Advisors.

Project Managers (72 person months) - National

The two Project Managers will provide full-time, on-site support to the projects. Their primary responsibility will be daily oversight of project implementation. Each must be a mature individual with a secondary school degree, experience working in the Ministry of Health, and some level of managerial experience (in Vanuatu, this will hopefully be an MD, and in Kiribati, a trained nurse).

Temporary Project Advisors (27 person months) - Expatriate [One of two hired] In Espiritu Santo, the current Child Survival CSV project manager will remain for six months into the implementation of CSIX to assist the Project Manager in designing the DIP, and becoming familiar with managing a USAID Child Survival project. In Kiribati, where human resources are even more scarce, the Project Advisor will act as co-Project Manager with a local counterpart for the first 24 months of the project, developing the local capabilities necessary to be responsible for day-to-day project operations. These advisors must have graduate training in public health, and field-based child survival programming experience. In Vanuatu, French language capability is an additional requirement.

Country Directors (12 person months) - Expatriate [Hired]

FSP Country Directors in Kiribati and Vanuatu will obligate their time to local administrative and financial oversight. The project staff will report directly to the Country Directors on administrative, personnel and financial matters. The Country Director will be involved in liaising with the government and acquiring necessary agreements and documentation required for program implementation. The C.D.'s will be directly involved in the aspects of the project dealing with local NGO development.

2. RESPONSIBILITIES

Project planning will be the responsibility of the Regional Health Coordinator and the project managerial staff with assistance from FSP headquarters and the Country Directors. Project administration and financial management will be the primary responsibility of the Country Directors, with daily oversight provided by the Project Managers. The on-site technical content of training and services is the responsibility of the Project Managers with quality assurance and oversight by the Regional Health Coordinator.

The design and oversight of the health information system will be the responsibility of the Regional Health Coordinator together with the project managerial staff (Project Managers and Project Advisors). Training of district and health center staff in H.I.S. will be the responsibility of the on-site project managerial staff.

Headquarters-based technical backstopping will be primarily for liaising with A.I.D./Washington, and accessing U.S.-based technical information and resources. Primary technical backstopping will be the responsibility of the Fiji office.

3. PROJECT HEALTH WORKERS

- Five I-Kiribati District Provincial Nursing Officers will obligate 25% of their time to achieving the objectives of the project.
- Five ni-Vanuatu Nurse Supervisors will obligate 25% of their time.
- 54 nurses will expend 40% of their time on project related activities.
- Traditional healers and TBAs (between 10-25 - exact numbers are unknown) will spend up to 15% of their working time on activities related to project objectives.

4. SECONDED STAFF

Health worker staff time as described above will be committed to the project. In both Vanuatu and Kiribati, the Project Managers may be seconded by the Ministry of Health, but FSP will retain the option to hire staff directly to insure the selection of qualified individuals. Please see E(2) for description of role of Peace Corps Volunteers.

G. Health Information System

1. BUDGET FOR H.I.S.

7% (\$57,500) will be obligated for costs associated with project monitoring and evaluation, including baseline surveys, annual reports, mid-term and final evaluations.

2. SCHEDULE

- Baseline Surveys: November-December, 1993
- DIP: March, 1994
- 1st Annual Report: October, 1994
- Midterm Evaluation: March, 1995
- 2nd Annual Report: October, 1995
- Follow-up Survey and Post-testing of Health Staff: August, 1996
- Final Evaluation: September, 1996

3. INDICATORS

Surveys (baseline and final)

Maternal knowledge of child health messages

Maternal practices in home care (nutrition, referral)

ORS/ORT use rate

EPI and TT coverage

Contraceptive prevalence

Community satisfaction with project

Assessment of Health Worker Skills (baseline, midterm and final)

H.I.S. knowledge and competency

Technical knowledge and application (questionnaire score)

Community collaboration (# visits, # community meetings, qualitative assessment)

Supervisory skills (test score, # and type of supervisory visits)

Health Center Register

Vitamin A distribution

Antenatal visits
Cold chain maintenance
Vaccinations given
Family planning acceptors
Morbidity
Project Monitoring
Training sessions
Outreach visits
Community meetings
Expenditures

4. RESPONSIBILITIES

Survey implementation and analysis will be the responsibility of the Project Managers with oversight by the Project Advisors at baseline, and by the Regional Health Coordinator at follow-up. The survey design (instrument, sampling procedure, training curricula) will be the Regional Health Coordinator's responsibility.

Project data collection and analysis for monitoring will be the daily responsibility of the District health staff and Health Center nurses with assistance from a Peace Corps volunteer and oversight by the Project Advisors and Project Managers.

5. CONSULTANT NEEDS

FSP has the in-house expertise necessary for H.I.S. design and oversight. If additional technical assistance is necessary, it will be acquired from the U.S. External technical support is exorbitantly expensive and will be reserved for those consultancies which must take place on-site (anthropological work and evaluations). Midterm and final evaluations will employ an external evaluator who will travel to both project sites. Regionally available support will be sought from Fiji.

H. Sustainability Strategy

1. INCORPORATION OF COMMUNITY'S PRIORITIES

FSP will involve communities in the proposed project through community-level training, and the involvement of traditional healers and TBA and community leaders. Training nurses, who are the primary health system contact for most communities, in community mobilization and community participation will insure that community-level voices are heard. FSP staff believe that fostering collaboration between the health system (often seen as representing the government in areas where government representatives are unwelcome) and the community will increase participation in maternal and child health, thereby improving both coverage and effectiveness of services.

2. LOCAL CAPABILITY FOR SUSTAINABILITY

Although the lack of sufficient human resources is a deterrent to provision of sufficient and effective child survival services in much of the South

Pacific, FSP does not believe that directly paying for additional health staff (even if qualified candidates could be found) under a project will achieve progress in the long-run, as the government is unlikely to be able to assume responsibility for these additional salaries at the end of the project. The proposed project builds upon local capabilities, assisting staff who are already in place with increasing their efficiency and effectiveness, and drawing upon community level resources to improve child survival.

The proposed activities are intended to serve as models for the local ministries of health. Through institutionalizing a) a more streamlined and useful information systems, b) improved supervisory and self-supervisory skills of district level staff and nurses, and c) community participation, and community-health department collaboration (including that of traditional healers and TBAs) national commitment to child survival will be better assured. In both project sites, the government has previously evidenced its commitment to sustaining projects (CSV and Vitamin A) which are developed collaboratively and consider costs from the onset.

South Pacific Islanders are very independent and resourceful. Although these countries are in the beginning stages of development in many areas of health programming, the desire for self-sufficiency discourages extensive expatriate involvement. FSP believes that the strategy proposed of a gradual phase over to local management with external technical support continually available from, and responsibility for fulfilling A.I.D. reporting requirements assigned to, FSP's Regional Health Coordinator local capacity can be cultivated most effectively.

3. FINANCIAL SUSTAINABILITY

FSP's Country Directors and Regional Health Coordinator will continue to be available to support activities (technical support and resource development) after the completion of the project. By placing expatriate staff on-site only as long as is required to insure that local counterparts are prepared to assume responsibility decreases the overall project costs. At the end of the project the direct recurrent costs will only be those already covered by the Ministry of Health. Optional costs will be technical assistance available from FSP in Fiji.

FSP has been asked to provide boats and/or outboard motors to the Ministry of Health, but the following cost recovery mechanism has been recommended by the Ministry itself: FSP will provide the Island Councils with the boats which will in turn be leased to the Ministry for outreach services. The money acquired will then be used to maintain, repair and ultimately replace the equipment.

FSP will also explore possibilities for marketing contraceptives. SOMARC has had success marketing pills and condoms in Papua New Guinea, and is interested in expanding their activities in the region. Again, this is an area in which the Regional Health Coordinator can assist. FSP has found that it is very difficult for isolated child survival staff to liaise with international agencies and projects, and to benefit from lessons learned elsewhere in the South Pacific.

SPECIAL PROVISION
RESTRICTIONS ON LOBBYING

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SPECIAL PROVISION**RESTRICTIONS ON LOBBYING**

(a) Definitions. As used in this clause,

"Agency," as defined in 5 U.S.C. 552(f), includes Federal executive departments and agencies as well as independent regulatory commissions and Government corporations, as defined in 31 U.S.C. 9101(1).

"Covered Federal action" means any of the following Federal actions:

- (1) The awarding of any Federal contract;
- (2) The making of any Federal grant;
- (3) The making of any Federal loan;
- (4) The entering into of any cooperative agreement; and
- (5) The extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

Covered Federal action does not include receiving from an agency a commitment providing for the United States to insure or guarantee a loan.

"Indian tribe" and "tribal organization" have the meaning provided in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 4508). Alaskan Natives are included under the definitions of Indian tribes in that Act.

"Influencing or attempting to influence" means making, with the intent to influence, any communication to or appearance before an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any covered Federal action.

"Local government" means a unit of government in a State and, if chartered, established, or otherwise recognized by a State for the performance of a governmental duty, including a local public authority, a special district, an intrastate district, a council of governments, a sponsor group representative organization, and any other instrumentality of a local government.

"Officer or employee of an agency" includes the following individuals who are employed by an agency:

- (1) An individual who is appointed to a position in the Government under title 5, U.S. Code, including a position under a temporary appointment;
- (2) A member of the uniformed services as defined in section 101(3), title 37, U.S. Code;
- (3) A special Government employee as defined in section 202, title 18, U.S. Code; and
- (4) An individual who is a member of a federal advisory committee, as defined by the Federal Advisory Committee Act, title 5, U.S. Code, appendix 2.

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"Person" means an individual, corporation, company, association, authority, firm, partnership, society, State, and local government, regardless of whether such entity is operated for profit or not for profit. This term excludes an Indian tribe, tribal organization, or any other Indian organization with respect to expenditures specifically permitted by other Federal law.

"Reasonable compensation" means, with respect to a regularly employed officer or employee of any person, compensation that is consistent with the normal compensation for such officer or employee for work that is not furnished to, not funded by, or not furnished in cooperation with the Federal Government.

"Reasonable payment" means, with respect to professional and other technical services, a payment in an amount that is consistent with the amount normally paid for such services in the private sector.

"Recipient" includes all contractors and subcontractors at any tier in connection with a Federal contract. The term excludes an Indian tribe, tribal organization, or any other Indian organization with respect to expenditures specifically permitted by other Federal law.

"Regularly employed" means, with respect to an officer or employee of a person requesting or receiving a Federal contract, an officer or employee who is employed by such person for at least 130 working days within one year immediately preceding the date of the submission that initiates agency consideration of such person for receipt of such contract. An officer or employee who is employed by such person for less than 130 working days within one year immediately preceding the date of the submission that initiates agency consideration of such person shall be considered to be regularly employed as soon as he or she is employed by such person for 130 working days.

"State" means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, a territory or possession of the United States, an agency or instrumentality of a State, and a multi-State, regional, or interstate entity having governmental duties and powers.

(b) Prohibitions.

(1) Section 1352 of title 31, U.S. Code, provides in part that no appropriated funds may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered Federal actions: the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) The prohibition does not apply as follows:

(i) Agency and legislative liaison by Own Employees.

(A) The prohibition on the use of appropriated funds, in paragraph (1) of this section, does not apply in the case of a payment of reasonable compensation made to an officer or employee of a person requesting or receiving a Federal contract if the payment is for agency and legislative liaison activities not directly related to a covered Federal action.

(B) For purposes of paragraph (A) of this section, providing any information specifically requested by an agency or Congress is allowable at any time.

(C) For purposes of paragraph (A) of this section, the following agency and legislative liaison activities are allowable at any time only where they are not related to a specific solicitation for any covered Federal action:

- (i) Discussing with an agency (including individual demonstrations) the qualities and characteristics of the person's products or services, conditions or terms of sale, and service capabilities; and
- (ii) Technical discussions and other activities regarding the application or adaptation of the person's products or services for an agency's use.

(D) For purposes of paragraph (A) of this section, the following agency and legislative liaison activities are allowable only where they are prior to formal solicitation of any covered Federal action:

- (i) Providing any information not specifically requested but necessary for an agency to make an informed decision about initiation of a covered Federal action;
- (ii) Technical discussions regarding the preparation of an unsolicited proposal prior to its official submission; and
- (iii) Capability presentations by persons seeking awards from an agency pursuant to the provisions of the Small Business Act, as amended by Pub. L. 95-507 and other subsequent amendments.

(E) Only those activities expressly authorized by paragraph (i) of this section are allowable under paragraph (i).

(ii) Professional and technical services by Own Employees.

(A) The prohibition on the use of appropriated funds, in paragraph (1) of this section, does not apply in the case of a payment of reasonable compensation made to an officer or employee of a person requesting or receiving a Federal contract or an extension, continuation, renewal, amendment, or modification of a Federal contract if payment is for professional or technical services rendered directly in the preparation, submission, or negotiation of any bid, proposal, or application for that Federal contract or for meeting requirements imposed by or pursuant to law as a condition for receiving that Federal contract.

(B) For purposes of paragraph (A) of this section, "professional and technical services" shall be limited to advice and analysis directly applying any professional or technical discipline. For example, drafting of a legal document accompanying a bid or proposal by a lawyer is allowable. Similarly, technical advice provided by an engineer on the performance or operational capability of a piece of equipment rendered directly in the negotiation of a contract is allowable. However, communications with the intent to influence made by a professional (such as a licensed lawyer) or a technical person (such as a licensed accountant) are not allowable under this section unless they provide advice and analysis directly applying their professional or technical expertise and unless the advice or analysis is rendered directly and solely in the preparation, submission or negotiation of a covered Federal action. Thus, for example, communications with the intent to influence made by a lawyer that do not provide legal advice or analysis directly and solely related to the legal aspects of his or her client's proposal, but generally advocate one proposal over another are not allowable under this section because the lawyer is not providing professional legal services. Similarly, communications with the intent to influence made by an engineer providing an engineering analysis prior to the preparation or submission of a bid or proposal are not allowable under this section since the engineer is providing technical services but not directly in the preparation, submission or negotiation of a covered Federal action.

(C) Requirements imposed by or pursuant to law as a condition for receiving a covered Federal action include those required by law or regulation, or reasonably expected to be required by law or regulation, and any other requirements in the actual award documents.

(D) Only those services expressly authorized by paragraph (ii) of this section are allowable under paragraph (ii).

(iii) Reporting for Dun Employees.

No reporting is requirements with respect to payments of reasonable compensation made to regularly employed officers or employees of a person.

(iv) Professional and technical services by Other than Dun Employees.

(A) The prohibition on the use of appropriated funds, in paragraph (1) of this section, does not apply in the case of any reasonable payment to a person, other than an officer or employee of a person requesting or receiving a covered Federal action, if the payment is for professional or technical services rendered directly in the preparation, submission, or negotiation of any bid, proposal, or application for that covered Federal action or for meeting requirements imposed by or pursuant to law as a condition for receiving that covered Federal action.

(B) For purposes of paragraph (A) of this section, "professional and technical services" shall be limited to advice and analysis directly applying any professional or technical discipline. For example, drafting of a legal document accompanying a bid or proposal by a lawyer is allowable. Similarly, technical advice provided by an engineer on the performance or operational capability of a piece of equipment rendered directly in the negotiation of a contract is allowable. However, communications with the intent to influence made by a professional (such as a licensed lawyer) or a technical person (such as a licensed accountant) are not allowable under this section unless they provide advice and analysis directly applying their professional or technical expertise and unless the advice or analysis is rendered directly and solely in the preparation, submission or negotiation of a covered Federal action. Thus, for example, communications with the intent to influence made by a lawyer that do not provide legal advice or analysis directly and solely related to the legal aspects of his or her client's proposal, but generally advocate one proposal over another are not allowable under this section because the lawyer is not providing professional legal services. Similarly, communications with the intent to influence made by an engineer providing an engineering analysis prior to the preparation or submission of a bid or proposal are not allowable under this section since the engineer is providing technical services but not directly in the preparation, submission or negotiation of a covered Federal action.

(C) Requirements imposed by or pursuant to law as a condition for receiving a covered Federal action include those required by law or regulation, or reasonably expected to be required by law or regulation, and any other requirements in the actual award documents.

(D) Persons other than officers or employees of a person requesting or receiving a covered Federal action include consultants and trade associations.

(E) Only those services expressly authorized by paragraph (iv) of this section are allowable under paragraph (iv).

(c) Disclosure.

(1) Each person who requests or receives from an agency a covered Federal action shall file with that agency a certification that the person has not made, and will not make, any payment prohibited by paragraph (b) of this provision.

(2) Each person who requests or receives from an agency a covered Federal action shall file with that agency a disclosure form, disclosure form, Standard Form-LLL, "Disclosure of Lobbying Activities," if such person has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered Federal action), which would be prohibited under paragraph (b) of this provision if paid for with appropriated funds.

(3) Each person shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed by such person under paragraph (2) of this section. An event that materially affects the accuracy of the information reported includes:

(i) A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered Federal action; or

(ii) A change in the person(s) or individual(s) influencing or attempting to influence a covered Federal action; or

(iii) A change in the officer(s), employee(s), or Member(s) contacted to influence or attempt to influence a covered Federal action.

(4) Any person who requests or receives from a person referred to in paragraph (1) of this section a subcontract exceeding \$100,000 at any tier under a Federal contract shall file a certification, and a disclosure form, if required, to the next tier above.

(5) All disclosure forms, but not certifications, shall be forwarded from tier to tier until received by the person referred to in paragraph (1) of this section. That person shall forward all disclosure forms to the agency.

(d) Agreement. In accepting any covered Federal action resulting from this solicitation, the person submitting the offer agrees not to make any payment prohibited by this clause.

(e) Penalties.

(1) Any person who makes an expenditure prohibited under paragraph (b) of this clause shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure.

(2) Any person who fails to file or amend the disclosure form to be filed or amended if required by this clause, shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure.

(3) Contractors may rely without liability on the representation made by their subcontractors in the certification and disclosure form.

(f) Cost allowability. Nothing in this clause is to be interpreted to make allowable or reasonable any costs which would otherwise be unallowable or unreasonable in accordance with Part 31 of the Federal Acquisition Regulation. Conversely, costs made specifically unallowable by the requirements in this clause will not be made allowable under any of the provision of Part 31 of the Federal Acquisition Regulation.

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by O-
0344-0046

Reporting Entity: _____ Page _____ of _____

Grantee: Foundation for the People of South Pacific

Project No.: 938-0500
Appropriation No.: 72-1131021.1
Allotment: 341-38-099-04-76-31
Budget Plan Code: EDVA-93 16850 CG11
Amount: \$ 641,700
Obligation No.: 938-0500-3685014

Project No.: 938-0284
Appropriation No.: 72-1131021.1
Allotment: 341-38-099-18-76-31
Budget Plan Code: EDVA-93 16850 8G11
Amount: \$ 73,300
Obligation NO.: 938-0284-3681207

Project No.:
Appropriation No.:
Allotment:
Budget Plan Code:
Amount: \$
Obligation No.:

Project No.:
Appropriation No.:
Allotment:
Budget Plan Code:
Amount: \$
Obligation No.: