



U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

PL 101-106  
1982

AUG 20 1993

Mr. Charles Post  
Executive Director  
Esperanca, Inc.  
1911 West Earll Drive  
Phoenix, AZ 85015

Subject: Cooperative Agreement No. FAO-0500-A-00-3019-00

Dear Mr. Post:

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 Esperanca (hereinafter referred to as Esperanca" 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.

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,

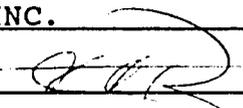


James A. Jeckell  
Agreement Officer  
Chief, FAO Branch  
Office of Procurement

Attachments:

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

ACKNOWLEDGED:

ESPERANCA, INC.  
BY:   
TYPED NAME: CHARLES C. POST  
EXECUTIVE DIRECTOR  
TITLE: \_\_\_\_\_  
DATE: 7/3/93



FISCAL DATA

A. GENERAL

- A.1. Total Estimated A.I.D. Amount: \$741,012
- A.2. Total Obligated A.I.D. Amount: \$741,012
- A.3. Cost-Sharing Amount (Non-Federal): \$247,388
- A.4. Other Contributions (Federal): \$ -0-
- A.5. Project No.: 938-0500
- A.6. A.I.D. Project Office: Jaime Henriquez, FHP/PVC
- A.7. Funding Source: A.I.D./W
- A.8. Tax I.D. No.: 23-7087997
- A.9. CEC No.: 07546308D
- A.10. LOC No.: 72-00-1552

B. SPECIFIC

- B.1.(a) PIO/T No.: 938-0500-3685007
- 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: \$703,011
  
- B.2.(a) PIO/T No.: 938-0284-3681201
- 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: \$38,001

1629d

**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 July 31, 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 the period starting August 1, 1993 (see Section 1D.4. below) through the estimated completion date. 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 \$741,012.

**1C.2.** A.I.D. hereby obligates the amount of \$741,012 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 \$988,400, of which A.I.D. may provide the amount specified in Section 1C.1. above, and the Recipient will provide \$247,388 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	\$434,700
Travel/Per Diem	43,500
Consultants	38,100
Procurement	12,900
Other Direct Costs	144,812
Indirect Costs	<u>67,000</u>
TOTAL A.I.D. Support	\$741,012
Total Recipient/Other (Non-Fed):	\$247,388
Total Recipient (Federal):	-0-
TOTAL PROGRAM	<u>\$988,400</u> =====

**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 1E. 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	9.94%	1/

1/ Base of Application: Total direct costs.

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**1I. SPECIAL PROVISIONS**

**1I.1. Limitations on Reimbursement of Costs of Compensation for Personal Services and Professional Service Costs**

**1I.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.

**1I.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.

**1I.2. Publications**

**1I.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.

**1I.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.

**1I.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-00-3019-00."

**1I.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.

**1I.3. Equipment Purchases**

**1I.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:

**1I.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

**1I.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.

**1I.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):

Four (4) Computers/modems  
Two (2) Air conditioners

**1I.3.(c)            Exception for Automation Equipment**

Any approval for the purchase of automation equipment which may be provided in Section 1I.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.

**1I.3.(d)            Compliance with A.I.D. Eligibility Rules**

Any approvals provided in Section 1I.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.

**1I.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.

**1I.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.

**1I.4.(b) Motor Vehicles**

Motor vehicles, if approved for purchase under Section 1I.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.

**1I.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."

**1I.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.

**1I.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").

**1I.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.

**1I.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)

**1I.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.

**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

**1L.            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:

**1L.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)

**1L.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 "Child Survival in Tarija, Bolivia" and dated December 7, 1992 is attached hereto as the Program Description (Attachment 2) and is made a part of this Cooperative Agreement.

# SECTION B (COUNTRY SECTION - BOLIVIA)

ESPERANÇA BOLIVIA  
PROPOSAL FOR CHILD SURVIVAL IX  
CHILD SURVIVAL IN TARIJA, BOLIVIA

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End of Project Date: 09/30/96

Date Submitted: December 8, 1992

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## **A. SUMMARY DESCRIPTION OF PROJECT**

Esperanza's Child Survival (CS) IX Proposal is projected to take place in the remote and underserved Department of Tarija, Bolivia. In this isolated area of the country the main causes of childhood deaths are diarrhea and acute respiratory infections. The central goal of the CS project is to develop the capability of local MOH units to respond to these and other health problems, and contribute to reducing childhood morbidity and mortality.

Esperanza proposes the following activities to improve child survival in the project area:

- In EPI, improvement of the epidemiological surveillance system by training both district personnel and community health workers in supervision and evaluation, thereby ensuring better coverage and control of diseases preventable by immunizations.
- For the control of pneumonia, district personnel and CHW's will be trained to recognize danger signs and provide prompt, effective treatment, and also to develop a supervision/evaluation system.
- For the control of diarrheal diseases, the project will improve dietary management and treatment of dehydration in health facilities, by CHW's and at the community level.
- In the area of maternal health, increase the ability to identify high-risk pregnancies and improve their management. Iron supplementation will be promoted, and the percentage of deliveries by trained personnel will be increased.
- Nutrition will be improved by increasing coverage and practice of growth monitoring and exclusive breastfeeding by training CHW's and district personnel to give more effective promotion and support, complemented by better community education. Vitamin A consumption will be increased through supplementation and by collaborating with the Esperanza-PROCOSI-VITAL garden project.
- For cholera, epidemiologic surveillance and prompt referral/treatment will be improved through training CHW's and District personnel, and through community education.

In all of the above areas of child survival, Esperanza will develop health education messages and activities through the use of current communication science, including social marketing, in order to increase the participation of mothers and other community personnel in control measures.

Approximately 36,283 children under five and women of child bearing age will potentially benefit from this project. The cash amount requested from A.I.D. for the three year grant is \$740,012, resulting in a funding per beneficiary/year of \$6.80. Esperanza Inc. will provide \$246,780 for the three year project. The total annual budget for the project will be \$328,931.

## **B. COUNTRY PROJECT SUMMARY**

See TABLE A, Appendix A.

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### C. PROJECT LOCATION/BACKGROUND

#### (1) Location

The CS project will be located in Bolivia, Department (or State) of Tarija (see map - Appendix D). We will be working in three health districts, located in the following two provinces: The Province of Gran Chaco, Health Districts of Yacuiba (YAC) and Villa Montes (VM); and, the Province of O'Connor, Health District of Entre Ríos (ER). The district of YAC is both rural and urban in about equal proportions. The district of VM is 65% urban, and Entre Ríos is 87% rural. The total project population is 44% urban and 56% rural, though the "urban" areas of VM and ER (15% of the total) have many rural characteristics.

The District of Entre Ríos (ER) was chosen as a new area for several cogent reasons. First, the "Unidad Sanitaria de Tarija (UST)," the MOH Regional branch, requested that Esperanza work there (see letters from the UST, Appendix H). ER is in the same Department as the existing zone, facilitating coordination with departmental level MOH activities and cooperation between Districts. The province has extremely poor coverage rates for CS interventions.

The decision to continue in the existing project area (VM and YAC) was also made for several forceful reasons. Again, the MOH District and Regional branches requested that Esperanza continue working in these areas (see letters from the UST, Appendix H). Results of the evaluation of CS II and V showed excellent progress toward the achievement of CS program efforts that depended on direct extension of health services by the health system. The CS II and V projects were human resource training and supervision programs designed to do just that. However, evaluations showed that CS educational objectives with mothers were deficient.

The proposed project (CSIX) will stress communications science and social marketing, and health education to improve this aspect of the program. Epidemiological surveillance and maternal health were not included in the previous projects. ALRI was included only as an incidental program in CS II and V, and not given sufficient emphasis.

#### (2) Current level of infant and child mortality and related problems

The infant mortality rate in Bolivia as a whole is 102/1000 (83 urban, 120 rural-1990). In the Department of Tarija, the infant mortality rate is listed as 82.4/1000. Childhood mortality is 167.5/1000 in Bolivia (110 urban, 184 rural). Although the rates for Tarija are lower than the national average, the MOH believes they are much higher in the proposal area, as conditions there are much worse than in the rest of the department. The principal cause of infant mortality in Bolivia is diarrhea (39%), followed by ALRI (27.6%) and malnutrition (7.2%). Among 1-4 year old children, the pattern is similar.

Coverage for key programs in the three proposed districts are as follows:

EPI:	<u>Entre Ríos</u>	<u>Yacuiba</u>	<u>Villa Montes</u>
Polio 3 < 1 year	65% *	68% **	91% **
DPT 3	62% *	68% **	90% **
Measles	70% *	57% **	84% **
BCG	41% *	121% **	106% **
ORT use	No data	41% ***	56% ***
Diarrhea treatment	12% *	22% **	33% **
Prenatal care	23% *	35% **	76% **

\* Unidad Sanitaria, 1990      \*\* Unidad Sanitaria, 1992      \*\*\* Esperanza RAP survey, 1992

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**Malnutrition:** 17% children under 2 years of age not gaining weight (ER, VM, YAC).

**Vitamin A:** There are no known cases of keratomalacia or blindness due to Vitamin A deficiency in Bolivia. Nevertheless, 17% of children in the tropical areas of Bolivia have serum retinol levels below 20 µg/dl (considered a public health problem), and 41% are listed as very high risk due to very low dietary intake (VITAL survey, 1992).

**Cholera:** Cholera appeared in the Chaco in 1991-1992 and took a heavy toll. A total of 1115 cases were reported in the Villa Montes and Yacuiba Districts, with many deaths, especially among young children and the elderly (Unidad Sanitaria District statistics).

(3) **Current Status of Programming in CS Activities in Villa Montes and Yacuiba (existing area):**

**EPI:** Vaccination campaigns per year: 4 rural and 3 urban. Ongoing vaccination in all District hospitals and in the social security clinic in Yacuiba. Epidemiologic surveillance: "sentinel posts" are all health posts, hospitals, and social security clinics, should report all suspect cases, hospital should go out to inspect case--poor reporting and case recognition--very few or no cases of neonatal tetanus or flaccid paralysis reported.

**DDC:** The treatment of diarrhea/dehydration in rural health posts and district hospitals, home ORT units in homes of all health promoters (57 in VM, 50 in YAC). Limited message transmission through television spots (Unidad Sanitaria) and radio program (Esperanza).

**Nutrition:** Weighing sessions every 2 months: In rural health posts, by dispersed rural health promoters, and in urban areas of VM and Yacuiba, through health promoters working with mothers' clubs. Daily weighing in District hospitals (well child visits). Identification and follow-up high-risk children with special care (VM only). Messages to mothers on weaning foods and special situations through CHW's, mothers clubs, weighing sessions, well-child visits, and a limited amount through radio (Esperanza). Rudimentary breastfeeding messages only; no specific program as yet.

**Vitamin A:** Supplementation 2x/yr through campaigns via promoters, rural posts, limited messages through radio (Esperanza), CHW's; community garden project with 18 mothers' clubs (Esperanza).

**Maternal Health:** Prenatal care offered in urban areas by district hospitals, and by auxiliary nurses in rural areas, who seek out pregnant women. Promotion of clean deliveries by trained personnel in rural areas, hospital deliveries in urban area.

**ARI (ALRI):** Treatment of suspected cases of pneumonia in health posts and district hospitals, antibiotics available in health posts, hospitals; promoters in dispersed rural area have antibiotics. Very limited communication of messages to mothers via radio.

**New Project Area (Entre Ríos):**

Although superficially the programming in Entre Ríos is similar to that of the existing areas (VM and YAC), the principal difference lies in the almost total lack of supervision, continuing education, and evaluation of community health workers, poor supply lines, and lack of planning and evaluation at the District level. Thus, the quality and coverage of the programs is much lower in most cases, and data are very unreliable:

**EPI:** Same as above.

**DDC:** Treatment of diarrhea/dehydration in rural health posts and district hospitals only.

**Nutrition:** Weighing sessions every 2 months in rural health posts, and two days/week in District hospital (well child visits).

**Vitamin A:** Supplementation 2x/yr through campaigns via health posts.

**Maternal Health:** Prenatal care for demand in all areas. Promote clean deliveries by trained personnel in rural areas.

**ALRI:** Treatment of suspected cases of pneumonia in health posts and district hospitals. Distribution of antibiotics very incomplete and sporadic.

**Key institutions, supporting programs and collaborators:**

Esperanza actively seeks cooperation and coordination of program activities with related organizations and projects. The following organizations and projects currently collaborate with Esperanza in the implementation of CSV, and will continue to do so in CSIX. See Appendix E for a brief description of each institution, program and collaborator.

The following collaborate in the entire project area (VM, YAC, ER): MOH (UST and Districts), PROCOSI, Esperanza Radio Education Project, Esperanza Vitamin A/community garden project, and the Nür University/Esperanza Human Health Resources Training Project. The following collaborate in VM: MOH VM Health District, FUNDESIB (Foundation for the Integral Development of Bolivia), Misión Sueca Libre (Free Swedish Mission), and Hermanas del Verbo Encarnado (Sisters of the Living Word). The following collaborate in YAC: MOH YAC Health District, IPC, Interamerican Development Bank, CARITAS, and World Vision.

(4) **Esperanza's current infrastructure and programming in proposed project area/Plans to integrate proposed activities into existing project.** Esperanza's CS office is currently in VM, and there is a sub-office in Yacuiba. The technical team is split between two local health professionals in each office and a primary health care coordinator in the VM office, with the project manager, and administrative and support staff.

Esperanza works closely with the MOH. Activities are coordinated between each office and respective District-Unidad Sanitaria staff. Planning, training, supervision, and evaluation are carried out jointly between the Esperanza team and their respective District counterparts. The existing CS activities have centered around the training and supervision of community health workers at various levels (paid and volunteer) and work with mothers' groups. The project has also emphasized strengthening the Districts' ability to plan, implement, and evaluate its programs.

In addition to direct CS activities, there is a radio health education project funded through PROCOSI and Yacuiba has a vitamin A garden project, funded by VITAL. The CS teams coordinate activities with these projects. Esperanza also conducts a graduate level public health training project based at a private university in Santa Cruz, with funding through the Health Matching Grant program. Esperanza staff working with the university provide graduate public health training to public and private agencies in three Departments, including Tarija. Department and District level MOH staff from the CS project zone have participated in these courses, which has served to increase the impact of the CS project.

(5) **Primary Lessons Learned in Esperanza/Bolivia's Prior CS Projects.**

- Health workers at ALL levels (including physicians and nurses) must be taught specifically how to communicate key CS messages if mothers are to be expected to learn and practice them. Health communication and communications (with social marketing) components were not included in the CS II or V proposals, and are the focus of proposed activities of this CS IX for the existing project zones.
- Coordination and collaboration with MOH counterparts is vital to success and sustainability.
- Training and support of paid CHW's is a viable strategy for increasing coverage of CS inter-ventions, but they must be fully integrated into the health system. Volunteer workers work best in more isolated rural settings, and plans must be made for the institutionalization of ongoing support and replacement.
- Volunteer workers work best in specific tasks and programs rather than in polyvalent roles.
- In urban areas, extension of the existing health infrastructure into the community may be more cost-effective in improving the coverage of CS interventions than training of CHW's.

(6) **The following measures have been taken as a result of the mid-term evaluation and the mid-term cluster sample survey of the CS V project:**

- The number of health promoters to be trained was reduced, especially in the urban area (where they were ineffective). Activities in the urban area have focused on work with mothers' groups and extension of District Hospital activities directly into the community.
- Esperanza elaborated a twelve-part proposal to FIS (Fondo de Inversión Social) for construction and maintenance of urban health and community centers to provide extension of hospital services to the periurban area in VM. The project has been accepted and funded.
- A workshop in communication of messages in growth monitoring and nutrition was carried out for rural health workers in Yacuiba.
- CSV and the radio health education project are coordinating more closely their efforts to communicate effective and mutually reinforcing CS messages to mothers and health workers.

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- Staff members have been transferred from VM to YAC, where program coverage was lower.

**D. PROJECT DESIGN/DURATION**

- (1) **Duration:** Esperanza's CS IX will operate for a period of thirty-six months.
- (2a) **Project Goal:** The overall goal of the project is to improve the health of women of childbearing age and children under 24 months of age in the proposed project area by strengthening the ability of the local MOH counterpart to deliver basic primary health care interventions.
- (2b) **Project Objectives:**

IMMUNIZATION

- 80% coverage of polio 3, DPT 3, measles, and BCG among children 12-23 months of age by the end of the project, and 60% coverage of TT2 among women of childbearing age in all three project Districts.
- 80% of suspected cases of neonatal tetanus, measles, and polio, reported regularly from health posts and 90% follow-up of suspected cases, including case investigation and appropriate action.

ORAL REHYDRATION THERAPY

- 60% of episodes of diarrhea will be treated with ORT (ORS or cereal-based ORT).
- In 60% of episodes, mothers will report increasing the amount of liquids given.
- Decrease the use of medications to below 35% of episodes of diarrhea.

CHOLERA

- 80% of sentinel posts report regularly regarding polio, neonatal tetanus, measles, and cholera.
- 90% of suspected cases investigated and appropriate action taken by trained health workers.

ALRI

- 50% of cases of pneumonia treated appropriately with antibiotics.
- 60% of mothers recognize rapid breathing and/or indrawing as a danger sign of pneumonia.

NUTRITION/GROWTH MONITORING/BREASTFEEDING

- 70% of children under 24 months weighed in the previous four months.
- 30% of mothers report exclusive breastfeeding during first four months.

MATERNAL HEALTH/BIRTH SPACING

- Increase deliveries attended by trained personnel to 60% of total.
- 80% of women delivering have had at least one prenatal visit.

VITAMIN A

- 80% of children 12-24 months have received two doses of vitamin A supplement.
- 60% of mothers can name at least one vitamin A rich food.
- Breastfeeding prevalence rate of 75% at 4 months of age.

(2c) The project will have Two Principal Types of **OUTPUTS:**

Social marketing and communication of CS education messages: Educational messages and activities will be developed, tested and implemented by health workers following specific training in communication science and social marketing techniques. The target audience will be mothers of children under two years of age.

**Training** of District personnel and community health workers in planning, implementation, supervision, and evaluation through workshops and on-the-job training. In the existing zone, these training activities will include epidemiologic surveillance, ALRI, and cholera. In the new area, this will include EPI, EDA, ALRI, and nutrition monitoring. Maternal health, Vitamin A, and cholera in the second year, and epidemiologic surveillance in the third year.

Specific outputs per year for each project area (ER, VM, YAC) are enumerated in Appendix F.

**(3) All Proposed Project Interventions (in order of project emphasis):**

**Immunization and Epidemiologic Surveillance 20%** -- Improve the epidemiologic surveillance system for measles, neonatal tetanus, and polio by training of Unidad Sanitaria District personnel and community health workers, and by developing a supervision and evaluation system for this activity in all three districts. Improve vaccination coverage in (Entre Ríos district) by training district personnel and community health workers. Social marketing of key immunization messages to mothers through radio, CHW's, and District medical staff (training in communication, in all districts).

**Control of Pneumonia 20%** -- Improve recognition and prompt treatment of pneumonia by training of District staff and community health workers and developing a supervision system in this program. Social marketing of key messages to mothers through radio and CHWs, and District medical staff (all districts).

**Control of diarrheal disease 15%** -- Improve dietary management of diarrhea and treatment of dehydration in health facilities through training of District staff and CHW's (Entre Ríos district). Social marketing of key messages in appropriate home liquids and dietary management through radio and CHW's (training in communication, all districts).

**Cholera 15%** -- Improve epidemiologic surveillance for cholera and prompt appropriate treatment and referral through training CHW's and District personnel (all districts). Social marketing and communication of messages in prevention and case recognition through radio and training CHW's and District personnel in communication (all districts).

**Nutrition 15%** -- Increase the coverage of growth monitoring and breastfeeding by training CHW's and District personnel (Entre Ríos district). Social marketing of nutrition messages in growth monitoring, breastfeeding, and weaning foods through radio and training CHW's and District personnel in communication (all districts).

**Maternal Health 10%** -- Increase identification of high-risk pregnancies and improve management of them, increase participation of pregnant women in the iron supplementation program, increase the percentage of deliveries by trained personnel by training District personnel and nurse auxiliaries in actively seeking out pregnant women (Entre Ríos district). Social marketing of key messages in prenatal care through radio and CHW's (training in communication, all districts).

**Vitamin A 5%** -- Increase coverage of vitamin A supplementation by training CHW's and District personnel (Entre Rios district), collaboration with Esperanza VITAL garden project (all districts). Social marketing and communication of messages regarding Vitamin A rich foods, weaning foods, breastfeeding, and supplementation through radio and training of CHW's and District personnel in communication (all districts).

**(4) Approaches of Proposed Project:**

The project will assist a public agency (Unidad Sanitaria of Tarija/MOH) to provide services through the following strategies:

- Training community health workers and District personnel in CS programs in order to extend the reach of the District hospitals.
- Training District personnel in planning, supervision, and evaluation of CS programs.
- Helping District personnel work with community groups (mothers clubs, etc.) where they exist.

In addition, the project will extend the impact of CS interventions by communication of key CS messages to mothers through the following activities:

- Developing (with the use of social marketing) and testing messages for the region.
- Developing materials and means for the communication of those messages.
- Helping the radio health education project develop programs for transmission of the messages.
- Developing training materials in communications and training CHW's and District staff in communication of messages to mothers.

**(5) Refer to TABLE A (2 pages) - COUNTRY PROJECT SUMMARY.**

**(6) DIFFERENCES** between Esperanza's Current Activities and New Activities proposed in this CS project proposal:

The CS II project focused on training mid-level personnel (Auxiliary Nurses) for the abandoned health posts in the Chaco region (Villa Montes and Yacuiba Districts), and the development of the capacity for planning, supervision, support, and evaluation by District personnel. CS V focused on training and support of community level workers (volunteer health promoters and mothers clubs) and developing the capacity of District personnel to support them. Evaluations of these projects showed tremendous improvement in coverage of CS programs, especially those involving direct actions of the health care system, such as immunizations, prenatal care, and growth monitoring. It also showed excellent progress toward sustainability, as the District personnel assumed responsibility for oversight of the system. Evaluations showed that the weakest area of the project was in the learning of key CS messages by mothers. In addition, the CS II and V projects did not include activities in epidemiologic surveillance or cholera, and only lightly touched on ALRI.

New Activities proposed are the following:

- Filling in the "missing components" of the previous projects, namely better health education through the use of social marketing and communication of key messages to mothers. This will be done through the development and testing of messages, and channelling them to the radio project for broadcast. This project will also develop and implement training modules for health workers at all levels in COMMUNICATION of key messages to mothers.

- Training of health workers in the previously unimplemented programs of epidemiologic surveillance, cholera, and ALRI.
- Expanding all activities to a new adjacent project zone, Entre Ríos District, where the successes of CS II and V will be repeated, as well as the new activities described above.

**(7) How the proposed project fits into the host country government's and USAID mission's child survival and vitamin A strategy and plans:**

All activities are carried out in concert with the MOH District and Department personnel, all activities fit directly into the MOH's National Plans for Child Survival, Child Development and Maternal Health. In addition, we have added baseline and final surveys, and another form to the HIS to collect data not included in the national HIS system.

**(8) Current Status and substance of agreements with governmental departments, other public or private organizations, contractors and others that will play an important role in the project:**

See Appendix I for the National agreement as NGO in Bolivia and Appendix H for letters of support from the UST to work in the Department of Tarija.

All activities are aimed at strengthening the capacity of MOH Department (UST) staff to carry out CS activities, maximizing the sustainability and acceptability of the project. The Unidad Sanitaria of Tarija (UST) specifically requested Esperanza's continued activities in the VM and YAC Districts, as well as expanding activities to the new ER District. The UST and District directors of VM, YAC, and ER were contacted and consulted regarding the design of this project and have offered their suggestions. They all support the project objectives and design. Coordination with the Esperanza Radio Health Education program and the Esperanza/Nür Matching Grant training project also strengthen the CS project.

**(9) Community Involvement and Sustainability of the Project:**

Through Esperanza's continual contact with mothers' clubs, health committees and CHW's, community involvement in programming is integral in the CS work. The CS staff always attempts to utilize community resources before project resources to avoid dependency on temporary external funds. In addition, social marketing will be used to formulate educational messages and plan communication/educational activities that better reflect communities' needs.

**(10) Strategy for Obtaining Private Sector Support or Involvement:**

There are few or no industries or organized private companies in the region, since it is primarily rural. Plans for involving the private sector in the project include the training of private physicians and the social security clinics in the communication of messages to mothers. They will also be involved in the training sessions on epidemiologic surveillance in order to maximize their participation in the system.

**E. COLLABORATION**

Esperanza works directly with MOH District personnel to implement project objectives. In addition to education and training, Esperanza staff work provide on-the-job training in CS program planning, implementation and evaluation. Esperanza also works in cooperation and coordination with other institutions, organizations and projects which provide CS services in the project area. Thus, Esperanza often assists the MOH Districts to coordinate and collaborate more effectively with similar groups and programs. The spirit of cooperation which is fostered enhances CS activities in the region. An annotated list of collaborators is presented in Appendix E.

**F. HUMAN RESOURCES (See Appendix G for brief resumes.)**

Country Director--4 person-months. Health professional, MPH, experience in program management, administration. Specialist in communication and social marketing. Peter Boddy, MD, MPH, current country director.

Program Director--36 person-months. MPH, experience in health program management and administration. Kurt Henne, MPH, current CSV program director.

Primary Health Care Coordinator--36 person-months. Local hire, health professional with experience in training, technical areas of CS programs, in HIS and management of MCH programs. Palmira Villarroel, RN, current PHC Coordinator for CSV.

Docent/trainers (3)--36 person-months each. Local-hire health professionals with experience and training in MCH programs, supervision, training, communications, and education. Mercedes Valeriano, RN, and Ruth Crespo, RN, already on staff as docent/trainers for CSV. Soledad Diaz, nurse midwife, health consultant for Esperanza radio health education project.

**(2) Individuals responsible for the following functions:****A.) Project implementation, project offices (VM, YAC, ER):**

Project planning and administration--Program Director, Kurt Henne, MPH

Project financial management--Program Director, Kurt Henne, MPH

Technical training and services--PHC Coordinator, Palmira Villarroel, RN

Health information system (including the quantity of data collected, data analysis, and reporting.) PHC Coordinator, Palmira Villarroel, RN

**B.) Headquarters/Regional office - Administrative and Technical Backstopping:**

Peter Boddy, MD, MPH--current Country Director, Proyecto Esperanza, Bolivia.

Provides technical backstopping in management, administration, communication and social marketing, and education for MCH programs. Based in Bolivia.

Donald Whitson, MD, MPH--current Director Primary Health Care for Esperanza,

Brazil and ex-Health Director for Proyecto Esperanza CSII project. Provides technical backstopping in MCH programs. Based in Brazil.

William Dolan, MD, FACS--Health Director, Esperanza, Inc. Provides technical and administrative oversight. Based in Phoenix, Arizona.

## (3) Anticipated number of (a) health workers, (b) their supervisory personnel, and (c) other personnel.

<u>TYPE OF WORKER</u>	<u>COMMENTS</u>	<u>LEVEL OF EFFORT</u>
<b>(a) Health Workers</b>		
Auxiliary nurses (28)	Paid by Unid ad Sanitaria	Full-time
Health Promoters (220)	Volunteers	5-10 hrs/wk
Traditional healers (number unknown)	Fee for service, ER only	5-10 hrs/wk
<b>(b) Supervisors</b>		
Docent/trainers (5- includes PH C coordinator)	Esperanza CS project employees	Full-time
Public health nurse (3--one for each District)	Unidad Sanitaria counterpart	Full-time
<b>(c) Other personnel</b>		
Drivers (4)	Esperanza employees	Full-time
Secretaries (3)	Esperanza employees	Full-time
Procurement person (1)	Esperanza employee	Full-time
Accountant (1)	Esperanza	Full-time
Logistics coord. (1)	Esperanza	Full-time
Cleaning person(3)	Esperanza	8 hrs/wk each
Guard/night watchman (3)	Esperanza	Full-time

## (4) Staff who will be seconded from other agencies:

No staff will be seconded directly from other agencies. Each District has a public health nurse (auxiliary nurse or RN, depending on resources), and a District Director (separate from the District Hospital Director). Each District health post is staffed by an auxiliary nurse. These personnel will work with the Esperanza CS team. The project will solicit a Peace Corps volunteer for each district to aid in training and supervision of CHW's. These will not be planned directly into the project, however, until their availability is confirmed.

**G. HEALTH INFORMATION SYSTEM**

## (1) Proportion of Country Budget and Dollar Amount to be set aside for project monitoring and evaluation:

\$30,000 for midterm and final evaluations  
 \$ 8,000 for surveys in the three project areas  
 = \$38,000 for project monitoring and evaluation, 5% of country budget

**(2) Dates for key monitoring and evaluation activities proposed:**

Baseline survey Villa Montes/Yacuiba (CSV.)	6/92 (Carried out towards the end of)
Baseline survey Entre Rios	11/92
Evaluation 1993 with MOH	02/94
Evaluation AID fiscal year 1	10/94
Evaluation 1994 with MOH	02/95
Mid-term evaluation AID	05/95
Evaluation 1993 with MOH	02/96
Final survey all zones	07/96
End of project evaluation for AID	09/96

**(3) Indicator to be tracked for each intervention/Type of data to be collected and methods to be used for collection:**

Data for the indicators referred to below will be obtained from the MOH HIS, or SNIS: "Sistema Nacional de Información en Salud" (National Health Information System). Nearly all CS indicators can be pulled from this system without having to gather other data. Sample survey data is used to confirm the SNIS data.

**IMMUNIZATION**

- % coverage of polio 1-3, dpt 1-3, measles, and BCG among children 12-23 months of age.
- % coverage of TT2 among women of childbearing age.
- % regular reporting rates of reporting from health posts of suspected cases of neonatal tetanus, measles, and polio, and % follow-up of suspected cases, including case investigation and appropriate action.
- % of mothers who know that measles dose is at 9 months, % of mothers knowing # of TT needed, % of mothers knowing reason for TT.

**ORT**

- % of episodes of diarrhea treated with ORT (including ORS or cereal-based ORT).
- % of episodes in which mothers report increasing the amount of liquids given
- % of episodes of diarrhea treated with medications.
- # of community ORS units functioning and reporting.
- % of mothers reporting signs of dehydration, bloody stools, or prolonged diarrhea as reasons to take child for treatment.

**CHOLERA**

- % of sentinel posts reporting regularly on cholera.
- % of suspected cases investigated and appropriate action taken by trained workers.

**ALRI**

- % of estimated number of cases of pneumonia treated with appropriately with antibiotics.
- % of mothers recognize rapid breathing and/or indrawing as a sign of pneumonia.

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**NUTRITION/GROWTH MONITORING/BREASTFEEDING**

- % of children under 24 months enrolled in the program, and number of weighings per child.
- % of children under 24 months weighed in the previous 4 months.
- % of children under 4 months who received exclusive breastfeeding in the previous 4 months.
- Type of food given to children under 24 months the previous day, week, by age in months.
- % of children under 24 months who were breastfed in the previous month.
- % of children under 4 months who received exclusive breastfeeding in the previous 4 months.

**MATERNAL HEALTH**

- % of deliveries performed by trained personnel.
- % of women delivering who have had at least one prenatal visit

**VITAMIN A**

- % of children 0-24 months receiving two doses of vitamin A supplement per year.
- % of mothers who can name at least one vitamin A rich food.

(4) **Staff responsible for data collection/compilation for proposed project:**  
The PHC coordinator, Palmira Villarroel, RN, is responsible for data collection and compilation together with MOH/Unidad Sanitaria/District counterparts.

(5) **Needs for technical consultants for the development of the health information system (external assessments of the projects):**  
There are few technical consultant needs for the development of the information system, as the system is already in place in Yacuiba and Villa Montes Districts. Consultation will be needed for designing evaluation criteria for messages, though this can be done in-house by the Country Director, Peter Boddy, MD, MPH, as this is his area of expertise (previous national level AED experience in Honduras).

**H. SUSTAINABILITY STRATEGY**

(1) Health priorities of many communities center around improving access to health services in their communities, and improving the quality of those services that are available. Community health workers are chosen by their respective communities, and mothers' clubs function with highly motivated women participating most. Evaluations and planning are carried out annually together with community leaders, who participate in setting priorities.

(2) The main counterpart for the project is the local MOH unit, the District. An additional support for CS activities has resulted from bringing other organizations working in health "into the system." One example is the Swedish Mission, an organization that worked for many years with the Mataco Indians in the region. Now as a result of CSV, they coordinate their activities with the MOH district and Esperanza. In addition, standardized health messages will be developed to reinforce MOH and child survival activities.

(3) The MOH's maternal and child health program gives priority to the same activities as child survival. In all three Districts, the MOH personnel have adequate CENTRAL staff to carry out activities at the district hospital level. The main weakness in the system is a lack of trained community workers in health posts and peripheral communities, and links between district staff and community groups in the urban areas. A second weak point is the deficient ability of MOH district personnel to transmit effective CS messages to mothers. Health workers at all levels will receive additional training in communication of messages, and messages will be developed and made available for radio transmission through commercial channels during public service times.

(4) Cost Recovery Methods to be Explored: Cost recovery is a part of the existing health system in Bolivia. Fees are charged for services, and some of the funds remain in the health posts. In addition, the rotating medication system developed during CS V has been passed to district personnel for management. This system makes medications available at low cost through health posts, and district and area health centers.

**Mechanisms to Improve Cost Effectiveness** - The principle method for improving the cost effectiveness of the system is to increase the real demand for services through more effective promotion and communication of messages to mothers. Currently, government health facilities are under-utilized. Mothers will be made aware of signs indicating that their child needs attention. This will increase utilization and therefore, cost effectiveness of fixed resources.

**Income-Generating or Credit Activities** - The only income-generating activities proposed are the expansion of the rotating medication system to the new district in ER.

**Financial Commitments by Counterpart Institutions:** The MOH Districts are committed to supporting child survival activities through the National Health Plan. In addition, the few other local institutions working in health (the Swedish Mission in VM, IDB in YAC, and the Sisters in ER) are committed to supporting and coordinating their activities with the Districts. There are no specific financial commitments by other NGOs or PVOs other than the IDB project in YAC.

## I. SCHEDULE OF ACTIVITIES

- (1) TABLE B, Appendix B.
- (2) Key Constraints that may impede the achievement of the project objectives on schedule:
  - High turnover of local district staff has been a major constraint both in CSII/V. District Directors are either political appointees or newly-graduated physicians doing their obligatory rural year of service. They are not always willing to collaborate.
  - There are no other major constraints.

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES (PIO/T) \*

1. Cooperating Country <b>Centrally Funded</b>	2. PIO/T No. See Attachment	3. PIO/T Amend No. Original
4. Project/Activity No. and Title <b>938-0500 Child Survival Project with Esperanca, Inc.</b>	5. Appropriation Symbol(s) See Attachment	
	6. Budget Plan Code(s) See Attachment	
7. Pro Ag No. or Project Authorization Date	8. Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document	
9. Project Assistance Completion Date (Month, Day, Year)	10. Authorized Agent <b>A.I.D./W - FA/OP</b>	

11. Type of Action and Governing A.I.D. Handbook <b>[B]</b>	12. Contract/Grant/Cooperative Agreement/ Reference Number (if this PIO/T is for an order or a modification to an award)
A. A.I.D. Contract (HB14) B. A.I.D. Grant or Cooperative Agreement (HB 13)	C. PASA/RSSA (HB 12) D. Other

13. A.I.D. Funding (Attach a detailed budget in support of column (2) as Attachment A.				
	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
A. Dollars	0	741,012	0	741,012
B. U.S.-Owned Local Currency				0

14. Mission References

15. Instructions to Authorized Agent

FA/OP/A/FAO is requested to execute an agreement with Esperanca, Inc., for a three-year project in Bolivia (an expansion of CS-V project, Agreement #OTR-0500-A-00-9172-00 expiring on July 31, 1993) to be effective from August 1, 1993 to July 31, 1996. The total LOP is \$741,012 (\$703,011 will be provided from child survival fund and \$38,001 from vitamin A account).

Please clear this agreement with Project Officer before sending to PVO.

16. Address of Voucher Paying Office	FA/FM/CMP, Room 700, SA-2, Washington, DC	FH/PM/ADP&PA
17. Clearances - Include typed name, office symbol, and date for all clearances	OFFICE OF FINANCIAL MANAGEMENT	
A. The Project Officer certifies (1) that the specifications in the statement of work or program description are technically adequate, and (2) that (for contract actions only) all program personnel who are defined as procurement officials under 41 U.S.C 423 have signed the Procurement Integrity Certification (OF-333).	DATE: 4/30/93 INITIALED <i>PA</i>	
Signature: FHA/PVC: JHenriquez	Date: 4/23/93	Phone No: 351-0213

B. The statement of work or program description lies within the purview of the initiating office and approved agency programs.	C. Signature: FHA/PVC: RMRobinson	Date: 4/23/93
Signature: FHA/IPS: LWatlington	Date: 4/26/93	
D. Funds for the services requested are available	E. Signature: FHA/PPE: EJefferson	Date: 4-29-93
Signature:	Date:	

18. For the Cooperating Country: The terms and conditions set forth herein are hereby agreed to:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

19. For the Agency for International Development:

Signature: Larry Tanner \_\_\_\_\_ Title: Acting Director, FHA/PPE Date: 4/20/93

**FOR CONTRACT ACTIONS ONLY: SOURCE SELECTION INFORMATION--SEE FAR 3.104. THIS DOCUMENT, OR PORTIONS THEREOF, CONTAINS PROPRIETARY OR SOURCE SELECTION INFORMATION RELATED TO THE CONDUCT OF A FEDERAL AGENCY ACQUISITION, THE DISCLOSURE OF WHICH IS RESTRICTED BY LAW (41 U.S.C. 423). UNAUTHORIZED DISCLOSURE OF THIS INFORMATION MAY SUBJECT BOTH THE DISCLOSER AND RECIPIENT TO CONTRACTUAL, CIVIL, AND/OR CRIMINAL PENALTIES AS PROVIDED BY LAW.**

**FOR OTHER ACTIONS: UNAUTHORIZED DISCLOSURE OF PROPRIETARY OR SOURCE SELECTION INFORMATION MAY SUBJECT AN EMPLOYEE TO DISCIPLINARY ACTION.**

Grantee: Esperanca, Inc.

Project No.: 938-0500  
Appropriation No.: 72-1131021.1  
Allotment: 341-38-099-04-76-31  
Budget Plan Code: EDVA-93 16850 CG11  
Amount: \$ 703,011  
Obligation No.: 938-0500-3685007

Project No.: 938-0284  
Appropriation No.: 72-1131021.1  
Allotment: 341-38-099-18-76-31  
Budget Plan Code: EDVA-93 16850 8G11  
Amount: \$ 38,001  
Obligation NO.: 938-0284-3681201

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

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