



UNITED STATES
AGENCY FOR INTERNATIONAL DEVELOPMENT
USAID MISSION TO MOZAMBIQUE

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MAPUTO
DEPARTMENT OF STATE
WASHINGTON, D.C. 20521-2100

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September 1, 1993

Mr. Ralph Coleman
Country Director
Africare
C. P. 1152
Beira, Mozambique

Subject: Grant No. 656-0217-G-00-3022-00

Dear Mr. Coleman:

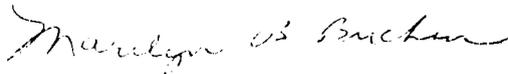
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "AID" or "Grantor") hereby grants to Africare (hereinafter referred to as "Grantee"), the sum of \$2,450,113 to provide partial support for a program in integrated health, water, and sanitation activities, as described in Attachment 1, entitled, the "Schedule," and, Attachment 2, entitled "Program Description." The period of the grant is July 1, 1993 through June 30, 1996.

This Grant is effective and obligation of \$1,357,529 is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives during the period July 1, 1993 and ending June 30, 1994. Subject to availability of funds, additional funding may be added to carry the Grantee through June 30, 1996.

This Grant is made to Africare, on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment I entitled the "Schedule," Attachment II entitled "Program Description," and Attachments V and VI entitled "Mandatory and Optional Standard Provisions," which have been agreed to by your organization.

Please sign the original and five (5) copies of this letter to acknowledge your acceptance of the Grant, and return the original and four (4) copies to the USAID Office in Mbabane, Swaziland.

Sincerely,



Marilyn B. Buchan
Grant Officer

Attachments:

- I. Grant Schedule
- II. Program Description
- III. Certification Regarding Debarment
- IV. Restrictions on Lobbying
- V. Mandatory Standard Provisions for U. S., Non-Governmental Grantees, dated September 1992
- VI. Optional Standard Provisions for U. S., Non-Governmental Grantees (Pre-X'd Provisions apply)
- VII. SF-269, Financial Status Report
- VIII. SF-272, Federal cash Transactions Report
- IX. Reporting Tables

ACKNOWLEDGED:

Africare

BY:


Ralph Coleman

TITLE:

Country Director

DATE:

9-8-93

FISCAL DATA

| | |
|-------------------------|--------------------|
| Appropriation No.: | 72-11X1014 |
| Budget Plan Code: | GSSX-92-21656-KG13 |
| PIO/T No.: | 656-0217-3-20099 |
| Project No.: | 656-0217 |
| Total Estimated Amount: | \$2,450,113 |
| Total Obligated Amount: | \$1,357,529 |

ATTACHMENT 1

SCHEDULE

A. Purpose of Grant

The purpose of this Grant is to improve the health status of a selected peri-urban and rural population in Sofala Province, as more specifically described in Attachment 2 to this Grant entitled "Program Description".

B. Period of Grant

1. The effective date of this Grant is July 1, 1993. The expiration date of this Grant is June 30, 1996.
2. Funds obligated hereunder are available for program expenditures for the estimated period July 1, 1993 to June 30, 1994 as shown in the Grant budget below.

C. Amount of Grant and Payment

1. The total estimated amount of this Grant for the period shown in B.1 above is \$2,450,113.
2. A.I.D. hereby obligates the amount of \$1,357,529 for program expenditures during the period set forth in B.2 above. The Grantee shall be paid in U.S. Dollars in accordance with the financial plan below.
3. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 - Optional Standard Provision 2, entitled "Payment Letter of Credit".
4. Additional funds up to the total amount of the grant shown in C.1 above may be obligated by USAID subject to the availability of funds, and to the requirements of the Standard Provisions of the Grant, entitled "Revision of Financial Plans."

D. Financial Plan

4

The Africare water and sanitation technician has the responsibility for ongoing monitoring of the latrine construction phase. Selected and trained members of the community, together with DPS, DNA and INPF will have the continued responsibility to monitor the use, upkeep and condition of latrines after activity completion.

The Africare water and sanitation technician and/or the health technician, with input from DPS, has the overall responsibility for ongoing monitoring of the health post rehabilitation. Selected and trained members of the community, together with the DPS and MOH will have the continued responsibility to monitor the health posts' physical condition after activity completion.

Africare will keep detailed records on the number of beneficiaries assisted, water points and latrines constructed, and villagers trained, according to their respective activities and the tables in Attachment II, Section V.

Africare will collect gender- and age-disaggregated data (children under 5) for all baseline surveys, studies, monitoring and evaluations. All reports and analyses will include discussions of the gender- and age-disaggregated data.

Africare will track dollar expenditures for commodity procurement and activity personnel which they will include in their quarterly reports to USAID/Mozambique.

The Africare Field Office in Maputo will be responsible for keeping track of overall activity expenditures and maintaining timely, accurate accounting records.

Africare will update records on a monthly basis and will submit monthly and quarterly progress reports, as specified in the Grant, to the USAID Project Manager.

1. Reports

a. Workplan:

Africare will prepare detailed quarterly workplans for USAID approval. These will be submitted to the Project Development Officer of the PVO Support Project, USAID/Mozambique, at least one month in advance of the proposed implementation date for each quarterly workplan. The first workplan will be submitted within one month of the signing of the Grant.

b. Baseline Information:

Africare will prepare the outline of a baseline survey for USAID approval on the number and types of beneficiaries and services existing at the start of the Grant. The baseline survey will be submitted to the Project Development Officer of the PVO Support Project, USAID/Mozambique within 1 month of the start of the Grant. Upon USAID approval, Africare will implement the approved

baseline survey and submit the results of the baseline information within 4 months of the start of the Grant. This information will be provided in table and narrative form as suggested in Attachment II.V. This baseline information will serve as the basis for the midterm and final evaluations which will assess activity impact according to each objective as listed in Attachment II, E., Activity Outputs.

c. Progress Reports:

Africare will submit two copies of monthly and quarterly reports to the Project Development Officer of the PVO Support Project, USAID/Mozambique. Monthly reports will contain the statistical information required in Attachment D. Quarterly reports will contain the statistical information as required in Attachment D and narrative information, as well as a schedule of activities undertaken during the quarter and activities to be undertaken in the next quarter. Such progress reports will be submitted to USAID/Mozambique not later than 30 days after the end of the reporting period.

Statistical information on project activities and beneficiaries will be provided in the monthly and quarterly reports in table format as indicated in Attachment D. This statistical information will be disaggregated by gender and by age (with particular attention paid to children under 5 years of age).

Between the required performance reporting dates, events may occur that have significant impact upon the activity. In such instances, Africare will inform USAID/Mozambique as soon as the following types of conditions become known:

1. Problems, delays or adverse conditions that will materially affect the ability to attain activity objectives, prevent the meeting of time schedules and targets, or preclude the attainment of work units within projected time periods. This disclosure shall be accompanied by a statement of the action taken, or contemplated, and any USAID assistance needed to resolve the situation.
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.

d. Financial Reports:

The Africare Office in Maputo will submit two copies of quarterly financial reports which complement the quarterly progress reports to the Project Development Officer of the PVO Support Project, USAID/Mozambique, not later than 30 days after the end of the reporting period. Such reports will indicate expenditures using Grant funds for the previous quarter and anticipated expenditures using Grant funds for the following quarter.

e. Head Office Reports:

The Africare Head Office will submit the original and two copies of quarterly Financial Reports (Status SF-269) to the Office of Financial Management (M/FM/CMP), Room 623, SA-12, Washington, D.C. 20523. (Such financial reports will be in accordance with the requirements of Additional Standard Provision No. 2, entitled "Letter of Credit" as shown in the Optional Standard Provisions of this grant. A copy of each document submitted to FA/FM/CMP shall be submitted to USAID/Maputo attention: PDO. Copies of the required SF-269 and SF 272 forms, applicable to Letters of Credit, are attached to this grant, attachments VI AND VIII.

f. Technical Reports:

In addition to the reports discussed above, the Africare Office in Maputo will also submit to the Project Development Officer of the PVO Support Project, USAID/Mozambique, a copy of each report produced as a result of technical assistance funded under this Grant. This will include community health profiles and baseline surveys. Such reports will be used by USAID/Mozambique to determine possible future funding of additional activities.

2. Evaluation:

a. Baseline Survey:

As indicated above in E.1.b, Baseline Information, Africare will provide baseline information at the start of the Grant on the number and type of beneficiaries and services available. Africare will provide this information, on a geographic, gender and age level, for each activity to be undertaken under this Grant. The Africare Office in Maputo will transmit this data to USAID/Mozambique. This baseline information will be the basis to measure activity progress and achievement of objectives.

b. Midterm Evaluation:

A midterm evaluation will be held before the end of Year I of the Grant. This midterm evaluation team will include an external consultant. The scope of work and specific terms for the evaluation will be developed by Africare and submitted to the USAID Project Development Officer for the PVO Support Project for approval. The evaluation will focus on the progress towards objectives made during the first year of the Grant, the current water, sanitation and health situation in Sofala Province and Africare's capacity to implement the activities as described in Attachment II, Program Description. An assessment of the environmental impact of grant-funded activities will be included in the midterm evaluation.

The midterm evaluation will make specific recommendations regarding the continuation of Africare activities and A.I.D. funding for Years 2 and 3 of the Grant. A favorable midterm evaluation is required for any USAID. funding beyond Year 1.

c. Final Evaluation:

A final evaluation will be held before the end of Year 3 of the Grant. This evaluation will include an external consultant. The scope of work and specific terms for the evaluation will be developed by Africare and submitted to the USAID Project Development Officer for the PVO Support Project for approval. The final evaluation will focus on the achievement of outputs as listed in Attachment B, Section III.E., Activity Outputs, and as related to the baseline data. As part of the final evaluation an impact assessment will include:

- assessment of the benefits provided by Africare activity new and rehabilitated water points to the targeted beneficiaries;
- assessment of any improvements in the quality of health care provided by the DPS in Chibabava District resulting from Africare's assistance;
- assessment of the extent to which Africare's assistance resulted in better health of the beneficiaries in Beira City and Chibabava District;
- assessment of the activity's impact relative to the needs of the total resident population of Beira City and Chibabava District;
- assessment of the activity's cost-effectiveness;
- assessment of the chances for sustainability of Africare's water, sanitation and health activities without continued international assistance and/or funding;
- assessment of the impact of grant-funded activities on children under 5 and women;
- assessment of the environmental impact of grant-funded activities as detailed below in E.2.d.

d. Environmental Impact:

For evaluation of environmental impact each well and water storage tank will be subject to PRONAR/AR approval and evaluation. Each latrine will be subject to INPF approval and evaluation. Each reconstructed health post will be subject to MOH approval and evaluation.

During the life of the Grant, and as long thereafter as USAID continues to fund Grant activities conducted by Africare, USAID PVO Support Project management staff and Africare field staff will review any data collected by Africare and the concerned government department, and assess it for possible changes in the characteristics of the water supply and sanitation interventions.

Environmental issues will be one of the key items addressed

during monitoring and evaluation. The monitoring and evaluation process will also identify and recommend actions to mitigate any negative environmental impacts identified. The appropriate GRM agency and Africare will implement mitigating measures.

F. Authorized Source and Origin Codes and Procurement Reporting:

1. The following source and nationality codes shall apply to this assistance instrument.

- 000 - United States
- 656 - Mozambique
- 935 - Special Free World (Developed countries other than U.S. not receiving A.I.D. assistance.
- 941 - Selected Free World (Developing countries other than local country that do receive USAID assistance (includes South Africa))

2. The definitions of source and nationality are to be found within the terms of the Optional Standard Provision 8, AID Eligibility Rules for Goods and Services (August 1992) and AID Handbook 1, Supplement B, Chapter 5.

3. In order to facilitate USAID/Mozambique's reporting on the Development Fund for Africa (DFA) funds, the Grantee shall maintain records and report on the sources and origin of procurements. The below listed report formats are to be followed, and should be with the financial report.

a. All disbursements during the reporting period, aggregated by services (technical assistance), commodities or training.

| <u>SOURCE</u> | <u>ORIGIN</u> | <u>USE</u> | <u>DISBURSEMENT VALUE</u> |
|---------------|---------------|------------|---------------------------|
|---------------|---------------|------------|---------------------------|

b. All disbursements during the reporting period, by source and origin codes:

| <u>Source Code</u> | <u>Origin Code</u> | <u>Value in U.S.\$</u> |
|--------------------|--------------------|------------------------|
|--------------------|--------------------|------------------------|

c. Any questions concerning this requirement should be directed to the Controller, USAID/Mozambique.

G. Special Provisions:

1. Close-out Procedures

This section prescribes uniform closeout procedures.

a. The following definitions shall apply for the purpose of this section.

(1) Closeout: The closeout of a grant or agreement is the process by which AID determines that all applicable administrative actions and all required work of the grant or agreement have been completed by the recipient and AID.

(2) Date of Completion: The date of completion is the date on which all work under grants and agreements is completed or the date on the award documents, or any supplement or amendment thereto, on which USAID sponsorship ends.

(3) Disallowed Costs: Disallowed costs are those charges to a grant or agreement that USAID or its representative determines to be unallowable in accordance with the applicable Federal cost principles or other conditions contained in the grant or agreement.

b. AID closeout procedures include the following requirements:

(1) Upon request, AID shall make prompt payments to a recipient for allowable reimbursable costs under the grant or agreement being closed out.

(2) The recipient shall immediately refund any balance or unobligated (unencumbered) cash that USAID has advanced or paid and that is not authorized to be retained by the recipient for use in other grants or agreements.

(3) AID shall obtain from the recipient within 90 calendar days after the agreement all financial, performance, and other reports required as a condition of the grant or agreement. AID may grant extensions when requested by the recipient.

(4) When authorized by the grant or cooperative agreement, USAID shall make a settlement for any upward or downward adjustment to USAID's share of costs after these reports are received.

(5) The recipient shall account for any property acquired with USAID funds or received from the Government in accordance with Attachment N of OMB Circular A-110 entitled "Property Management Standards" (available upon written request from the Contracting Office).

(6) In the event a final audit has not been performed prior to the closeout of the grant or agreement, AID shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.

2. Restrictions on Lobbying and Certification Regarding Lobbying. The Grantee must comply with the Restrictions on Lobbying which are incorporated at Attachment IV of this Grant. Grantee has signed and returned to the Grant Officer the Certification Regarding Lobbying form.

10

3. Certification Regarding Drug-Free Workplace Requirements.

By accepting this Grant the Grantee certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition:
- (b) Establishing a drug-free awareness program to inform employees about --
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted --
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

//

Place of Performance (Street address) Suite 503,
440 R Street, N. W.
Washington, D. C. 20001
and
Av. Mao Tse Tung, 1031
Maputo, Mozambique

4. Grantee Acknowledgement of USAID Funding:

In all publicity releases and public notices, the Grantee will acknowledge USAID funding for this Grant which contributes to the Grantee's overall program.

5. Nondiscrimination in Federally Assisted Programs:

a. All U.S. organizations or institutions which are recipients of USAID assistance are subject to the following laws and USAID regulations. Non-U.S. organizations or institutions are subject to these requirements if any part of the program supported by an A.I.D. grant or cooperative agreement will be undertaken in the United States.

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d) which prohibits discrimination on the basis of race, color, or national origin, in programs and activities receiving Federal financial assistance,

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance,

(3) The Age Discrimination Act of 1975, as amended (Pub. Law 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds,

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et. seq.) which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) 22 CFR 209, 217 and 218 implementing these are set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(6) Applicants for AID grants and cooperative agreements must execute the "Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs" if they are U.S. organizations or institutions. If applicants are non-U.S. organizations or institutions, they must execute the Assurance if any part of the program supported by the grant of cooperative agreement is to be undertaken in the United States. Grant officers must obtain one copy of the Assurance from assistance applicants PRIOR to grant officer signature on the grant of cooperative agreement.

(7) If an applicant refuses or fails to execute the Assurance, the Grant Officer will notify the Project Officer, who is responsible for seeking an exception to the requirement for the Assurance from the Administrator before the grant officer may execute the grant or cooperative agreement.

6. Certification Regarding Debarment:

The certification is included as Attachment III to this Grant. By acknowledging receipt of this Grant, the Grantee makes the certification(s) delineated therein.

7. Security Situation:

In the event the security situation in any area in which Africare is engaged in activities under this Grant deteriorates to the point at which USAID, in consultation with Africare, the GRM and/or any others deemed appropriate, has determined that Africare's personnel are in personal danger or the objectives of the Grant are in jeopardy because of such security situation, then upon reasonable notice to Africare, the Director, USAID/Mozambique may either (1) instruct Africare to discontinue Grant program activities in such areas, and suspend disbursements under the Grant for such activities, or (2) agree with Africare that Africare will redirect its Grant program efforts to more secure areas. If necessary, the Grant will be formally amended to reflect such changes. If such changed circumstances continue for more than six months, and USAID and Africare have not agreed that Africare's activity efforts will be redirected to more secure areas, then the procedures in the Mandatory Standard Provision concerning "Terminations and Suspensions" shall be followed.

8. Costs Sharing and Matching (Source: OMB Circular A-110, Attachment E)

1. This paragraph sets forth criteria and procedures for the allowability of cash in-kind contributions made by the recipients or subrecipients, or third parties satisfying USAID cost-sharing and matching requirements. This paragraph also establishes criteria for the evaluation of in-kind contributions made by third parties.

2. The following definitions apply for the purpose of this paragraph:

a. Project Costs. - Project costs are all allowable costs (as set forth in the applicable Federal cost principles) incurred by a recipient or subrecipient, or third parties in accomplishing the objectives of the grant or cooperative agreement during the project or program period.

b. Cost sharing and matching. - In general, cost sharing and matching represent that portion of project or program costs not borne by the Federal Government.

c. Cash contributions - Cash contributions represent the recipient's cash outlay, including the outlay of money contributed to the recipient by non-Federal third parties.

d. In-Kind contributions. - In-kind contributions represent the value of noncash contributions provided by the recipient, subrecipient, and non-Federal third parties. Only when authorized by Federal legislation, may property purchased with Federal funds be considered as the recipient's in-kind contributions. In-kind contributions may be in the form of charges for real property and nonexpendable personal property, and the value of goods and services directly benefiting and specifically identifiable to the project or program.

3. General guidelines for computing cost sharing or matching are reflected in Optional Standard Provision No. 24, entitled "Cost Sharing (Matching)".

H. Title to Property

Title to all property purchased under this Grant shall vest in the Grantee in accordance with the terms of Attachment 3, Optional Standard Provision 21, entitled "Title to and Use of Property (Grantee Title)."

I. Logistic Support

The Grantee shall provide all logistic support, except that it may have use of the U.S. Embassy medical facilities and diplomatic pouch in accordance with the current policy of the US Ambassador to Mozambique. Grantee's employees shall have duty-free entry for personal effects and program supplies and equipment. Subject to the agreement by the Government of the Republic of Mozambique and Africare, tax exemption for personal income may prevail.

J. Provisional Indirect Cost Rates

The following provisional indirect cost rates shall be in effect during the life of this grant, until amended.

| <u>Period</u> | <u>Rate</u> | <u>Base</u> |
|------------------------|-------------|-------------|
| 07/01/92 until amended | 23.91% | (a) |
| 07/01/92 until amended | 11.96% | (b) |

(a) Personnel, travel and allowances, training and other direct costs.

(b) Supplies, equipment and construction costs.

K. Technical Administration.

Technical direction and administration shall be provided by the Project Development Office (PDO), or his/her designee, USAID/

Mozambique, Rua Faria de Sousa, No. 107, Maputo, Mozambique.
Such technical administration shall not change the costs or terms of the Grant. A signature of a Grant Officer is required to revise the assistance instrument or argue to any binding promise or obligation by USAID.

L. Pre-Grant Expenses

The expenses incurred after July 1, 1993, but prior to the award date of this grant, which relate the the furtherance of the objectives of the Program Description, shall be reimbursed to the Grantee, if otherwise allowable, allocable and reasonable under the terms and conditions of the grant.

Attachment 2

Program Description

I. Background

Funds are provided under this Grant to Africare in partial support of an integrated health, water and sanitation activity in Sofala Province, as described in Section III, Project Description. Funds are specifically provided for technical assistance; wells, water storage tanks and latrine construction; health post rehabilitation; community mobilization and education; and limited commodities and support costs.

II: Problem and Rationale:

The World Bank reports (1988) that since 1980, access to clean water in Mozambique has been reduced 20% in peri-urban areas and 10-13% in rural areas. In late 1992, due to record-low flows of water, 125,000 people in Beira City, who depend on the pumped city water supply system from the Pungoe River, were without water for 7 weeks. In addition, the shallow wells which supply water for the remaining 325,000 persons in Beira City were dry and/or contaminated by salinity and other pollutants. In Chibabava District, the Buzi River was dry, leaving 58,000 people dependent on shallow wells dug into the river bed or a 7 kilometer walk to small springs.

In Beira City, only 70,000 persons, out of the estimated population of 500,000, are served by the Beira sewage system. The remaining population is essentially without sanitation services as there are inadequate numbers of pit latrines and septic tanks. As a result of the lack of potable water and adequate sanitation facilities, 11,000 cases of diarrhea were reported in Beira in 1992, 80% of the cases were children under 5.

In the health sector, in Chibabava District, 8 of the 9 GRM health posts were damaged and/or destroyed during the insurgency. No health facilities exist in RENAMO controlled areas. Thus, basic health services are available to only 30 - 40% of the local residents with no services available to the returning populations in RENAMO areas.

WHO and UNICEF report that priority problems are the weak management, operational and maintenance capacity of the water authorities at the provincial and district levels; the low level of understanding of the benefits of water and sanitation programs among the peri-urban population and the lack of motivation for them to participate in such programs. There is a shortage of qualified technical and management personnel throughout the water, sanitation and health sectors. The weak capacity of local authorities and the lack of funding emphasizes the need for decentralization of programs and the empowerment of communities

to enable them to recognize and solve their own health problems. Africare's integrated, health, water and sanitation activities program is designed to address these problems of inadequate water supply, poor sanitation and related health problems in two districts in Sofala Province.

III. Activity Description:

A. Background:

The emergency conditions which necessitated the PVO Support Project in 1990 have not been alleviated. In fact, conditions deteriorated due to two consecutive years of drought. The Project Paper Supplement (Amendment No. 2) recognized this deterioration and responded by expanding the existing categories of possible intervention for USAID funding to include greater attention to the drought-affected population's need for water and related sanitation.

Sofala Province was one of the areas most affected by the 1992 drought. The drought particularly affected Beira City which obtains its surface water from the Pungoe River. The combination of record-low flows in the Pungoe River and saline intrusion at the city's raw water intake resulted in the closure of Beira's only water treatment plant from October 15 to November 30, 1992. Rainfall in the 1992/93 rainy season has been insufficient at the Pungoe River's source in Zimbabwe to recharge the river and according to DNA (National Directorate for Water) the saline intrusion is again expected to interrupt Beira's water supply as of August/September 1993.

In addition, the peri-urban population receives city water through a network of 76 standposts connected to the city water system. According to the 1993 WASH (Water and Sanitation for Health Project) report, less than half of these standposts are operational.

Only 125,000 persons, of the estimated total population of 500,000 people in Beira City, receive water through the Beira piped water system. The remaining population is dependent on shallow wells and rainwater catchment and storage. Rain has been insufficient to recharge groundwater resources, resulting in dry wells, saline intrusion and/or contamination. By the end of March 1993, 3,833 suspected cases of cholera were reported in Beira. According to the Ministry of Health (MOH), faecal-borne intestinal diseases, such as diarrhea, are the single greatest cause of infant (141/1000) and child mortality (280/1000) in Mozambique. Other water-borne diseases, such as hookworm and schistosomiasis, cause chronic debilitating conditions that impair the quality of life and increase susceptibility to other diseases and health related problems. In 1992 in Beira, 11,000 cases of diarrhea were reported, 80% in children under 5. 1,030 of these cases were reported to be Shigella, a bloody diarrhea. 89% of the deaths related to this diarrhea epidemic have been children under 10.

In December 1992, USAID commissioned WASH to assess the Beira water supply and public health problems and to identify possible alternative means for improvement. The Africare grant is designed to address several of the key WASH recommendations for the Beira area including:

- conduct a detailed study of the existing shallow wells which are widely used;
- design and construct units which combine water storage and public standpipes;
- rehabilitate 200 existing shallow wells, replace inoperative hand pumps and construct new sanitary pit latrines;
- design and implement a program for educating the public in basic sanitation habits and practices; and
- provide support training for health workers and staff in Beira for the management of cholera and diarrheal diseases.

In addition, Africare will address the health, water and sanitation problems in Chibabava District through an integrated community program of water supply (wells, water storage tanks), latrine construction and health education.

B. Activity Purpose:

The purpose of this activity is to improve the health status of a selected peri-urban and rural population in Beira and Chibabava Districts, Sofala Province, through the reduction and control of water-borne and other diarrheal diseases. This will be done by the provision of safe and potable water and by community mobilization and education. Africare will construct hand-dug wells, water storage tanks and improved pit latrines; rehabilitate rural health posts; and implement a water and hygiene community education program.

C. Activity Objectives:

There are six principal areas of activity which will be considered as Activity Objectives:

1. Hand-dug well rehabilitation/construction:

a. 210 wells will be rehabilitated or hand-dug by the Africare well digging teams and/or community well digging teams. Each well will be equipped with a cement apron, drain and hand pump installed on a sealed well head.

b. For Beira City wells, 3-6 gravity-fed standpipes will be constructed at appropriate sites 10 to 30 meters from the wellheads and WSTs (water storage tanks). Alternative access directly to the well for bathing and laundry purposes will be

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provided by an extension from the hand pump at least 10 meters from the wellhead.

b. In the course of activity implementation, Africare will work with PRONAR's established technical standards and specifications for the construction of hand-dug wells, and those for hand pump installation, operation and maintenance.

c. All planned water supply activities will be accompanied by a community participation and education program, coordinated by Africare's Information, Education and Communication (IEC) specialist, and based on research and experience of the PRONAR/UNICEF PEC (Community Participation and Hygiene Education) Program. A decentralized approach will be taken to ensure community participation and knowledge transfer at all stages of well construction/rehabilitation.

d. The Africare water and sanitation technician will have overall responsibility for the siting of wells and their construction/rehabilitation. The program at all times will be planned and implemented in agreement with Agua de Beira and PRONAR.

e. A decentralized approach to operation and maintenance of the VLOM hand pump will be adopted to allow for more direct involvement of the community so as to prepare for local participation in the sustained delivery of services.

f. The Africare water and sanitation technician will coordinate with PRONAR and Agua de Beira (AB) for the training of Africare and community water technicians (guardas) in well construction, pump installation, operation and maintenance. The water and sanitation technician, health technician and/or the IEC specialist, with cooperation from the PEC Program, will train peri-urban and village outreach workers in community education for the correct utilization of the well and pump and the proper use and treatment of water (including the transport and storage of water), and the general relationship of water to health.

g. Africare will assist the DPCA (Provincial Department of Construction and Water) in completing a survey of existing wells in Beira City and in identifying wells suitable for rehabilitation, sites where new wells are needed and the priority sites for well construction/rehabilitation.

h. Africare will assure, prior to the use of any USAID funds for the rehabilitation/construction of wells on private property, that it obtains the written agreement of the well owner that the well will remain open to public access and use and that the owner will cooperate with the Community Well Committee to ensure proper well usage and maintenance.

2. Water storage tank construction:

a. 250 water storage tanks will be constructed in peri-

urban Beira by the Africare work crews. These will be elevated ferro-cement water storage tanks (WST) with a capacity of between 8,000 and 15,000 liters. 50 of these will be located at city water supply stand pipes and 200 will be located at newly constructed/rehabilitated wells.

b. The Africare water and sanitation technician will work with Agua de Beira (AB) in the construction of the water storage tanks in peri-urban Beira. All WST activity will be coordinated with AR, AB and be accompanied with a community education program as described above in C.1.c..

c. The Africare water and sanitation technician will coordinate with AB and AR for the training of AB and AR technicians in the design, construction and maintenance of WSTs.

d. Community Water Committees (C.3.b. below) will appoint community water technicians (guardas) who will ensure the proper use of the standpipes and routine maintenance and cleaning of the standpipe areas. The community water technicians will be responsible at well sites for the filling of the WSTs via manual pumps. These community water technicians will receive training from Africare as described above in C.1.f, and will, at all times, coordinate their activities with AR and/or AB.

e. The Africare water and sanitation technician will have overall responsibility for the siting of WSTs and their construction.

3. Development of a user-fee system for water points:

a. A user-fee system for the 200 wells and the WSTs constructed/rehabilitated under this grant will be developed. The system will be modeled after the current cost recovery system used by Agua de Beira.

b. Community Water Committees will be established for each of the 200 rehabilitated/new wells and WSTs. These Committees, in coordination with AR and/or AB, will be responsible for the management of the user-fee system.

c. User-fees collected will be used for the maintenance of the water points, WSTs and hand pumps and for the purchase of chlorine for the treatment of water in the WTSS.

4. Improved pit latrine construction:

a. 80 latrines will be constructed by community members and trained Africare work crews. 50 of these latrines will be improved pit latrines and will be constructed in primary schools and technical institutions in Beira City. 30 simple latrines will be in households in Chibabava District.

b. In coordination with the INPF (National Low Cost

Sanitation Program), Africare work crews in Beira will conduct training in improved latrine construction. Africare will, for the purposes of this activity, be familiar with the INPF established technical standards and specifications for the construction and siting of improved pit latrines, as well as INPF's specific techniques for construction in high water table areas.

c. Africare's trained staff in latrine construction (C.4.b. above) will also train community members in Chibabava in improved latrine construction techniques which are adapted to a more rural setting.

d. The Africare water and sanitation technician will have overall responsibility for the siting and construction of the latrines. All latrine interventions will be accompanied by a community participation and education program, coordinated by the Africare water and sanitation technician, health technician and/or IEC specialist, with assistance, if available, from INPF, for the correct use and maintenance of latrines, and health issues related to personal hygiene.

e. A decentralized approach will also be taken for latrine construction to ensure full community involvement. Africare will assist with the creation of Community Latrine Committees which will be responsible for the routine maintenance and cleaning of the latrines at public institutions. Materials for construction will, where possible, be those available locally, and be within the means of purchase of the local population.

5. Health post rehabilitation and reinstatement of basic health services:

a. Africare will assist with the rehabilitation of 3 rural health posts in Chibabava District. Communities will help physically renovate the structures and provide locally available building materials.

b. The Africare water and sanitation technician and/or health technician, in coordination with the DPS (Provincial Department of Health) and MOH (Ministry of Health), will have overall technical responsibility for the rehabilitation of the health posts. Health post reconstruction will be done, to the extent possible, using local materials and village volunteer labor. Construction will be supervised by the Africare water technician and/or health technician.

c. Africare will work with the DPS to equip and institute the regular provision of the 3 health posts (HP) with drugs and supplies provided by DPS/UNICEF.

d. Africare will ensure that a functioning well with potable water and an improved latrine is constructed and/or rehabilitated at each health center.

e. Africare will train Africare's Preventive Health Agents (PHA) and DPS-appointed health staff at each health post in preventive health care including: nutrition, diarrhea prevention and treatment, sanitation, maternal-child health, first aid and control of communicable diseases.

f. Africare will work with the Red Cross of Mozambique (CVM) to train volunteers in community participation and health, water and sanitation education. These volunteers will participate with Africare in community health education and well and latrine construction.

g. Africare will conduct community health education programs using PHA and CVM volunteers to help enable villagers to recognize and resolve individual and community health problems related to the provision and use of water for consumption and sanitation, the use of ORT (oral rehydration therapy) and the proper procedures for the disposal of garbage.

h. Africare will conduct a community health profile (KAP: knowledge, attitudes, practices) in coordination with community members and district officials (C.5.i. below) which will be used as a part of the baseline for activity monitoring and evaluation and for program planning.

i. At the District level, Africare will work with GRM administrators to create a working team to plan, implement, monitor and supervise the KAP survey.

j. At the Provincial level, Africare's health technician, in coordination with DPS, will advocate the re-implementation of vaccination campaigns in Chibabava District.

k. Funded by ODA, but as an integral responsibility, Africare will provide support training for health workers and staff in Beira for the management of cholera and diarrheal diseases.

6. Health education:

a. Africare will design and implement a health education program related to water, sanitation and disease prevention in Beira and Chibabava Districts. The purpose of the health education program is to seek behavioral changes such as better hygiene and the use of ORT (oral rehydration therapy) which will result in improved health of the targeted populations.

b. The Africare IEC specialist will have overall responsibility for the health education campaigns and will coordinate and help implement all the Africare community water and sanitation education components as described above in C.1.c., C.2.b., C.4.d., C.5.g..

c. The Africare IEC specialist will assist the PEC program in Sofala Province with the provision of supplemental

information, ideas and educational materials and with the training of PEC animators. All Africare IEC activities in water and sanitation will be implemented in coordination with PEC.

d. Africare will work with communities, traditional leaders and healers, traditional birth attendants, etc. to develop a strategy which will include: the identification of target populations; conducting qualitative and quantitative studies to elicit appropriate IEC strategies; and to design implementing message strategies. The IEC specialist will also work to develop a communications strategy using techniques such as: radio, songs, production of visual aides by local artists, stories and local theater productions.

e. After consultations described in C.6.c.-d., above, Africare will design and implement a health education campaign in both urban and rural populations in Beira and Chibabava Districts. This health education campaign will highlight appropriate health related behavior, be targeted to select groups, (i.e. mothers and children) and will cover specific health problems such as diarrhea.

f. Africare will conduct a KAP survey of community water, sanitation and related health knowledge and attitudes for use in the design, monitoring and evaluation of IEC activities (C. 5.h., above).

g. Africare will train a team of trainers in health water and sanitation IEC using a training-of-trainers approach. The trainers will conduct health, water and sanitation training for communities, CVM volunteers and CRM water/sanitation/health-related staff.

D. Duration and Location of Activity:

The activity is designed to be implemented over a three year period. The Grant will initially be funded for a period of one year. Funding for Years II and III is dependent on a favorable evaluation of Year I activities. All activities will take place in the Beira and Chibabava Districts of Sofala Province.

E. Activity Outputs:

1. A survey of existing wells in Beira City completed by DPCA with assistance from Africare. Analysis of the survey, which included a determination of wells requiring rehabilitation, sites requiring new wells and a list of priorities for well construction/rehabilitation, will be completed by Month 4 of the Grant.

2. 50 ferro-cement WSTs constructed and operating at stand pipes in Beira City, providing potable water. Each tank has a capacity of between 8,000 and 15,000 liters.

3. 200 ferro-cement WSTs constructed and operating at hand-dug

- wells (E.4., below) in Beira City, providing potable water. Each WST has a cement apron and drain. Each tank has a capacity of between 8,000 and 15,000 liters.
4. 200 hand-dug wells constructed/rehabilitated in Beira City fitted with operating hand pumps on a sealed well head with a cement apron and drain. Potable water is provided through WSTs (E.3., above)
 5. A written agreement with the owner of each privately held well signed prior to construction/rehabilitation which results in continued public access to the well.
 6. 10 hand-dug wells constructed in Chibabava District, fitted with operating hand pumps and providing potable water. Each well has a cement apron and drain and the hand pump is mounted on a sealed well head.
 7. A team of 5 private water storage tank construction workers trained and used by Africare in water storage tank construction and basic sanitation education.
 8. A team of workers from Agua de Beira and a team of workers from Agua Rural trained in water storage tank construction and basic sanitation education.
 9. 200 community water technicians (guardas) trained for hand pump use and water point maintenance (1 per well).
 10. 200 water committees created and functioning. Each committee and 50% of the families in the community received water and hygiene education which included information on the safe transport and storage of water; the connection between clean water, good hygiene and good health; between diarrhea prevention and ORT; the reasons for and the correct use of pumps, WSTs and wells; and the correct disposal of garbage.
 11. 50 Community Water Committees have a functioning user-fee system which covers 100% of the recurrent costs of the water point.
 12. 200,000 beneficiaries receive at least 5 liters a day of potable water from the 250 WSTs in Beira City.
 13. 50 improved latrines constructed, clean, functioning and being used at 50 primary schools and technical institutions in Beira City benefiting 50,000 students.
 14. 50 Latrine Committees formed in Beira (1 per school) which maintain the latrine facilities on a routine basis.
 15. 30 latrines constructed, clean, functioning and being used at 30 households and/or public institutions in Chibabava District.

16. A team of 5 latrine construction workers trained and used by Africare in basic sanitation issues, latrine construction and maintenance.

17. 3 rural health posts rehabilitated, equipped, staffed and operating in Chibabava District (equipped and provisioned through DPS/UNICEF). Each health post has a well fitted with a hand pump on a sealed well head with concrete apron and drain, providing potable water. Each health post has a clean and functioning latrine.

19. 6-8 MOH staff trained/retrained in preventive health care to serve at the 3 rehabilitated health posts in Chibabava District.

20. 3 Preventive Health Agents recruited, trained and used by Africare as links between the health posts and communities (1 per health post) and as community organizers for health, water and sanitation issues.

21. 15 rural and 20 urban Mozambican Red Cross (CVM) volunteers trained (refresher course) and working as community mobilizers in health, water and sanitation.

22. 20 community volunteers (probably mothers within the community) selected and trained in key diarrhea and water, sanitation and health messages who retransmitted these key health messages to 80% of the mothers in their neighborhoods.

23. 50% of the families in 4 to 5 communities in Chibabava District received health education as detailed above in E.10. and including the benefits of handwashing.

24. A community health profile (KAP) completed for 3-4 communities in Chibabava District and for the Beira water and sanitation beneficiaries. The KAP was used for project planning purposes, formed part of the baseline survey information and was used in the development of the HIS (health information system) for project monitoring.

25. 10 trainers trained in health water and sanitation IEC methods. These trainers organized and carried out community health, water and sanitation training for community leaders and activity beneficiaries in Chibabava and Beira.

26. A minimum of 6 key health messages developed, tested and delivered to health centers, activity beneficiaries and participants. These health campaign messages centered on hygiene and health practices to prevent and treat diarrhea in Beira and Chibabava.

27. Africare's health education campaigns resulted in behavior change by the targeted populations whereby at the end of the activity:

- a. 70% of mothers practice ORT.
- b. 60% of mothers use ORT in diarrhea management.

c. Diarrheal diseases in children under 3 is decreased by 10%.

d. 85% of diarrheal cases reported at health facilities in Chibabava are treated with ORT.

F. Activity Implementation:

1. Implementation Agent:

Africare will be responsible for the implementation of the water and sanitation activities and will work in conjunction with AR, AB, DPS, CVM and other appropriate government entities, non-governmental organizations, local associations and community groups to ensure successful implementation of activities.

Africare will provide an activity manager, a water/sanitation technician, a health technician, an information, communication and education specialist and an administrative officer. The Africare activity staff will be located in Sofala Province.

For the construction/rehabilitation of hand-dug wells and WSTs, Africare will coordinate closely with PRONAR, (National Rural Water Supply Program), and AB; with INPF, DNA (National Directorate of Water), and DPS for the construction of improved pit latrines; with DPS and the MOH for the rehabilitation of the health posts; and with PEC for the health education component.

Africare will train work crews, and communities in well, water storage tank and latrine construction techniques, and in organizing community water and latrine committees for the maintenance of pumps, wells, water storage tanks and latrines. Animators trained by Africare will coordinate with and complement Agua Rural and/or PEC provincial extensionists.

The community education activities will be held in conjunction with the PEC program of Agua Rural and the Mozambican Red Cross.

2. Workplan:

| <u>Action</u> | <u>Action Agent/s</u> | <u>Timeframe</u> (Month) |
|----------------------------------|-----------------------|-----------------------------|
| a. <u>Planning and Start Up:</u> | | |
| Activity set-up in Beira | AF | Pre-USAID funding |

| | | |
|---|---------------------|----------------------|
| Hire project manager, IEC | AF | 1-2 |
| Purchase project equipment | AF | 1-2 |
| b. <u>Implementation:</u> | | |
| Training for MOH/Beira | AF, ODA | Pre-USAID funding |
| Design/approval baseline and KAP | AF, USAID | 1 |
| Conduct baseline survey and KAP | AF | 2-4 |
| Survey well sites | AF, AB | 1-4 |
| Procure construction materials | AF | 1-3 |
| Hire, train water/ sanitation crews | AF, AR, AB, INPF | 1-3 |
| Training of TIC | AF, TIC | 6-9 |
| IEC training of work crews | AF, PEC | 5 |
| Construction WST, wells, latrines | AF, AR, AB INPF | 3-24 |
| Rehabilitate 3 HPs | AF, C, DPS | 1-5 |
| Recruit 3 preventive health agents | AF | 3 |
| HIS developed | AF, TA | 5-7 |
| Test HIS | AF, TA | 6-7 |
| Training to implement HIS | AF, TA, DPS | 6-7 |
| Implementation | | |
| HIS | AF, DPS | 8-36 |
| IEC training of health- ed trainers | AF, DPS, PEC | 6-9 |
| Training CVM volunteers | AF, CVM, PEC | 9-12 |
| Develop materials for health ed campaign | AF, DPS | 13-36 |

Follow-up health ed trainings AF,DPS 25-36

c. Monitoring and Evaluations:

Testing of well/WST water AF,FWL,AB 3-24

Analyze/review surveys AF,USAID 3-4

Sample surveys to measure KAP change AF 6, 18, 24

Midterm evaluation AF,TA,USAID 9

Final evaluation AF,TA,USAID 34

d. Administration & Finance:

Activity Meetings AF Bi-monthly

Workplan Submission AF,USAID Quarterly

Monthly Reports AF Monthly

Quarterly Reports AF Quarterly

Annual Reports AF 13, 25, 36

Final Report AF 36

End Activity 36

Key to acronyms used in workplan:

AB: Agua de Beira

AF: Africare

AR: Agua Rural

C: Community

CVM: Mozambican Red Cross

DPCA: Provincial Department of Construction and Water

DPS: Provincial Health Department

FWL: Food & Water Lab of Beira

HIS: Health Information Systems (activity of Grant)

INPF: National Low Cost Sanitation Program

MOH: Ministry of Health

ODA: British Overseas Development Agency

PEC: Community Participation and Hygiene Education Program

TA: Technical Assistance

TIC: Technical Institute of Beira

G. Environmental Impact and Mitigation:

Africare will address the following environmental issues as a part of the USAID Grant:

I. Hand-dug wells:

28

1. The extraction of groundwater from wells can cause well and aquifer pollution unless correct siting, construction, and usage procedures are adhered to. Consequently:

a. All well siting will be the ultimate responsibility of the Africare water and sanitation technician. All wells will meet the siting requirements in terms of acceptable distance from latrine installations, and other sources of possible groundwater contamination.

b. All wells shall be constructed and/or rehabilitated based on PROMAR's (National Rural Water Supply Program) established technical standards and specifications for siting, construction and usage. This will include proper sampling and analysis of water to assure safety of water supply (i.e., levels of boron, nitrate, conductivity, chloride, pH, etc.) and a determination of the maximum number of wells that a given aquifer can sustain based upon yield estimates. Where the rehabilitation process may require abandonment of the existing wells, abandonment shall be done in a manner that ensures non-pollution of the aquifer.

c. All wells will be lined with concrete well rings to prevent possible contamination by parasites and disease-causing bacteria.

d. All wells will be sealed and a VLOM hand pump mounted to prevent contamination entering into the well shaft. A concrete apron will be constructed to ensure correct drainage of waste water away from the well head. The well head will incorporate an access lid, which will be secured with a padlock.

e. All wells will be thoroughly disinfected after construction. Disinfection of wells shall be done in a manner that ensures no increase in pollutant concentration following the disinfection process.

f. All well intervention will be accompanied by a community participation water and health education program.

2. Constructing new water sources can encourage migration of the population and the expansion of displaced person camps. To avoid this possible negative effect, Africare will ensure that wells will be constructed, to the extent possible, in locations where the population currently live or traditionally lived and are returning.

II. Water storage tank construction:

1. In addition to the environmental issues regarding pollution of water sources and aquifers listed under hand-dug wells, water storage tank construction can cause other environmental problems unless correct siting, design, construction and usage procedures are adhered to. Consequently:

- a. All WST siting will be the ultimate responsibility of the Africare water and sanitation technician. All WSTs will meet the siting requirements in terms of location adjacent to the water source (either well or stand pipe) and at an acceptable distance from latrine installations and other sources of contamination.
- b. All WSTs will be constructed based on PRONAR's established technical standards and specifications for siting and usage. This will include proper sampling and analysis of water supply (i.e., levels of boron, nitrate, conductivity, chloride, pH, etc.) and a determination as to the maximum size of the WST (which will be determined by the number of persons using the standpipe and/or well).
- c. Measures will be taken to minimize standing water. A concrete apron will be constructed around each WST to ensure correct drainage of waste water away from the WST and the public access path.
- d. All WSTs will be thoroughly disinfected after construction. Disinfection of WSTs will be done in a manner that ensures no increase in pollutant concentration following the disinfection process.
- e. All WST construction will be coordinated with a community participation water and health education program.
- f. All WSTs constructed on private property will be constructed as close as possible to public property to ensure public access and public monitoring of water quality.
- g. All intake and outlet valves will be secured with a padlocked or located in secure locked boxes.
- h. All water stored in the WSTs will be chlorinated within the tanks by Agua de Beira.

III. Latrines:

1. Unless correctly sited, latrines can be responsible for well and aquifer pollution. Consequently:
 - a. All latrine siting and construction will be the ultimate responsibility of the Africare water and sanitation technician.
 - b. All improved latrine construction shall be done according to INFP's (National Institute of Physical Planning) established standards and specification for construction and siting of improve latrines.
 - c. In unstable ground, the latrine will be lined.
 - d. Where latrines happen to be close to a source of water such as a river or in an areas of high water table, the latrine

should be moved to a higher ground.

e. All latrine intervention will be accompanied by a community participation personal hygiene and health education program.

IV. Health post rehabilitation:

1. Although the reconstruction of health posts is expected to be minor, adverse environmental effects from construction and construction material can occur. Consequently:

- a. The majority of materials used will be of local origin and will not contain any hazardous materials (i.e., asbestos). Excess construction material will be recycled wherever possible and disposal of unusable material will be done in an environmentally sound manner.
- b. Construction will not require the use of any heavy equipment.
- c. If paint is used, empty cans will be disposed of in an environmentally safe manner away from areas where they can contaminate water sources.
- d. Areas of rehabilitation will not be excavated or opened so no erosion is anticipated. Any runoff from the construction site which may be high in suspended solids or which may cause disruption to local drainage patterns will be monitored closely by Africare and will be immediately addressed.
- e. During the construction, measures will be taken to minimize standing water. If suppression of mosquitos is found to be needed in standing water, soap will be added to the water to kill the larvae. No synthetic chemical pesticides will be used.
- f. During the construction, measures will be taken to minimize dust and noise. Local village labor is expected to walk to the construction site and to use latrines already in the vicinity.
- g. Care will be taken to improve the surroundings of the health centers so that whenever possible trees and grass will be planted and any other measures taken that will add aesthetically to the renovation site while minimizing opportunities for destructive runoff and erosion.

H. Reporting Tables:

The Grantee will use the tables at Attachment IX for the submission of the statistical information as described in Attachment 1 (Schedule), Section E.2.