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MODIFICATION OF GRANT			Page 1 of 9												
1 MODIFICATION NUMBER 03	2 EFFECTIVE DATE OF MODIFICATION See Block 15	3 GRANT NUMBER 656 0217-6 00 4017 00	4 EFFECTIVE DATE OF GRANT 04/01/96												
5 GRANTEE Save the Children Federation Dr Justin OPUKU Av Patrice Lumumba 539 P O Box 1854 Maputo Mozambique CEC NO TIN NO		6 ADMINISTERED BY Regional Contracting Office USAID/Mozambique Rua Faria de Sousa, 107 P O Box 783 Maputo/MOZAMBIQUE													
7 FISCAL DATA PIO/T No Appropriation No BPC Allotment Amount Obligated		8 TECHNICAL/PROJECT OFFICE USAID/Mozambique PAD/PVO 9 PAYMENT OFFICE USAID-Office of Financial Management M/FM/CMP/LC Room 700 SA 2 Washington, D C 20523 0209													
10 FUNDING SUMMARY.		<table border="1"> <thead> <tr> <th></th> <th>Obligated Amount</th> <th>Total Est Amt</th> </tr> </thead> <tbody> <tr> <td>Amount prior to this Modification</td> <td>\$ 3,743,000 00</td> <td>\$ 3,743,000 00</td> </tr> <tr> <td>Change Made by this Modification</td> <td>\$ 0 00</td> <td>\$ 0 00</td> </tr> <tr> <td>New/Current Total</td> <td>\$ 3 743 000 00</td> <td>\$ 3 743 000 00</td> </tr> </tbody> </table>			Obligated Amount	Total Est Amt	Amount prior to this Modification	\$ 3,743,000 00	\$ 3,743,000 00	Change Made by this Modification	\$ 0 00	\$ 0 00	New/Current Total	\$ 3 743 000 00	\$ 3 743 000 00
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11 DESCRIPTION OF MODIFICATION The purpose of this modification is to (1) Extend the completion date of the Grant by 9 months from September 30, 1996 to June 30, 1997, (2) Realign the budget as per Attachment A, "Illustrative Budget", (3) Modify grant activities as per Attachment B, "Program Description", and (4) Transfer administration of the Grant from RCO USAID/Swaziland to RCO, USAID/Mozambique															
12 THIS MODIFICATION IS ENTERED INTO PURSUANT TO THE AUTHORITY OF THE FOREIGN ASSISTANCE ACT OF 1961, AS AMENDED EXCEPT AS SPECIFICALLY HEREIN AMENDED ALL TERMS AND CONDITIONS OF THE GRANT REFERENCED IN BLOCK #3 ABOVE, AS IT MAY HAVE HERETOFORE BEEN AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT															
13 GRANTEE <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT REQUIRED TO SIGN THIS DOCUMENT TO RECONFIRM ITS AGREEMENT WITH THE CHANGES EFFECTED HEREIN															
14 GRANTEE BY <u>Justin Opuke</u> <u>Dr Justin OPUKU</u> (Name Typed or Printed) TITLE <u>PIO OFFICE DIRECTOR</u> DATE <u>3 SEPTEMBER, 1996</u>		15 THE UNITED STATES OF AMERICA U S AGENCY FOR INTERNATIONAL DEVELOPMENT BY <u>Gail H. Warsaw</u> <u>GAIL H WARSHAW</u> (Name Typed or Printed) TITLE <u>GRANT OFFICER</u> DATE <u>August 27, 1996</u>													

ATTACHMENT A
Illustrative Budget

Line Item	Approved Budget	Projected Expenses to 9/30/96	Budget Adjustments	Realigned Budget
Personnel	\$650,000	\$736,050	\$245,000	\$895,000
Benefits/Allowances	\$338,000	\$164,305	(\$78,000)	\$260,000
Travel/Transportation	\$125,000	\$240,543	\$200,000	\$325,000
Equipment/Supplies	\$1,314,000	\$1,095,576	(\$216,000)	\$1,098,000
Training	\$123,000	\$103,837	\$22,000	\$145,000
Other Direct Costs	\$384,000	\$216,776	(\$84,000)	\$300,000
Subtotal	\$2,934,000	\$2,557,087	\$89,000	\$3,023,000
Indirect Costs	\$809,000	\$604,466	(\$89,000)	\$720,000
TOTAL COSTS	\$3,743,000	\$3,161,553	\$0	\$3,743,000

ATTACHMENT B
Program description

I Introduction

Save the Children Federation (SCF) is requesting a nine month extension to June 30, 1997 of health activities in Gaza Province under Grant 656-0217-G-SS-4017-00, Community-Based Health and Rural Development (CBHRD). The extension will allow consolidation of gains already made in Southern Gaza and provide an opportunity to phase out in Xai-Xai District where SCF has been working in health since 1988.

By scaling up to the district level for certain activities (e.g., immunization), the health program extension will target a total population of 344,972 in the districts of Bilene and Xai-Xai, including a beneficiary population of 138,333 (59,680 children under five years old and 78,653 women of reproductive age). The overall aim of the Southern Gaza health program is to reduce health risks for infants under 5, and the incidence of maternal mortality and morbidity.

The three primary objectives are to (1) increase access to community-based services, especially immunization, (2) increase supply of community-based services, and (3) improve human resources and skills development among health and community-based providers. A secondary objective is to increase the demand for services by improving health knowledge and capacity for self-management at the individual, family, and community levels. These objectives are consistent with Strategic Objective No. 3, "Increased Use of Essential MCH/FP Services", and Sub-Program Objectives 3.1 and 3.2.

The Southern Gaza health program will continue to implement the following major activities: (1) support of the expanded program for immunizations, scaling-up to the district level, (2) training, monitoring, and supervision of community-based providers (TBAs, *activistas*, and traditional healers) and MOH personnel, (3) training and support of village health and water committees, and (4) promotion of community-based information, education, and communication (IEC) for improved knowledge and behavior change.

II Current Gaza Health Program Results

SCF has been active in the health sector in Gaza Province since 1988. Child survival and maternal care training and support interventions have benefitted a population of approximately 110,000 in 26 villages of Bilene and Xai-Xai Districts. Over the past two years,

more than 4,000 children under 23 months have been fully vaccinated (DPT3) and significant improvement in vaccination coverage has occurred in both districts. In Bilene District, there has been a 71% increase in DPT3 coverage and a 260% increase in tetanus toxoid coverage for women of reproductive age (MOH 1995 Annual Report for Gaza). Training outputs under this grant have included 397 volunteer health promoters, 129 traditional birth attendants (province-wide), and more than 30 traditional healers. The proportion of births assisted by trained personnel has increased 25% in Xai-Xai and nearly 60% in Bilene.

Through community-based IEC, grassroots organizing, improving health knowledge and behavior, and increasing demand for services, individuals and families have been empowered to take responsibility for disease prevention and health self-management.

Consolidating health initiatives in southern Gaza will be crucial in the immediate future as the transition to peace and democracy is complete, and the population moves toward self-sufficiency. Improved child survival and maternal health will also contribute positively to enhanced human productivity.

III Term of Extension

The term of the extension is nine months, from October 1, 1996 to June 30, 1997.

IV Target Area Description

Families in southern Gaza are characterized by patrilineality and patrilocal residence. Polygyny is widespread, and *lobolo* universal. These sociocultural features have been shown to disempower women as family decision-makers and adversely affect the health and well-being of children, especially girls.

A baseline study conducted in Xai-Xai and Bilene Districts in mid-1994 showed that 70% of southern Gaza households fall into the lower income category, although half receive remittance income of some sort. Twenty-eight percent of the households are female-headed, and 63% were dislocated during the war. Nearly 80% of adult men are reported to be working outside of their village, some returning only a few days a year. Ninety percent of adult women are engaged primarily in subsistence agriculture. The overall literacy rate for the population is estimated at less than 50% and less than 35% for women. A third of all southern Gaza households were dislocated during the war and have only recently resettled. Bilene District is considered at continuing risk for food shortage and nutritional deficiencies (MSF/CIS, 1996).

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V Problem Statement

Despite support of MOH outreach activities in the southern Gaza target area (26 villages), health statistics from Bilene and Xai-Xai Districts as a whole continue to show the negative effects of years of civil war, population disruption, and climatic crises, including recent flooding and drought in previous years

Bilene Pre-natal coverage in Bilene District is calculated at 62.5%, attributable in part to SCF's rehabilitation of the maternity post at Messano. Even so, at 30%, Bilene District has one of the province's lowest coverage rates for births assisted by trained personnel. However, in SCF's Bilene project area, 82% of births reported during the first quarter of 1996 were attended by trained providers (49% of those by MOH personnel and 51% by trained TBAs). SCF's presence is also reflected in the improving vaccination rates for the district. In 1995, approximately 55% of all vaccination doses in the district were delivered with SCF support. Bilene District was cited in the provincial MOH 1995 Annual Report for its reported 14% increase in BCG and 71% increase in DPT3. In SCF's Bilene project area, immunization coverages are 99% for BCG, 74% for measles, and 75% for DPT3, as compared with district-wide coverages of 85% for BCG, 65% for DPT1, 68% for measles, and 67% for DPT3. Continuing food security problems in Bilene District are reflected in the consistent growth faltering rate of 26% for children weighed in the district. Contraceptive prevalence rate is under 5%.

Xai-Xai Pre-natal coverage in Xai-Xai District is calculated at 77.5%, attributable in large part to SCF's restoration of the maternal-child health infrastructure. District-wide 34% of 1995 births were assisted by trained personnel. However, in SCF's project areas, for the past two quarters, 100% of reported births had trained assistance, 85% by MOH personnel, and 15% by trained TBAs. Vaccination coverage rates for Xai-Xai District are reported among the highest in the province, reflecting in part SCF's work in the district since 1988. In 1995, approximately 40% of all vaccination doses delivered in the district were delivered with SCF support. District-wide vaccination coverages are 76% for BCG, 77.5% for DPT1, 65% for measles, and 68% for DPT3. The contraceptive prevalence rate is under 5%, but significant increases in requests for family planning services have been noted within the SCF impact area.

VI Operational Plan

On September 30, 1996, following the final evaluation, all CBHRD non-health sector activities will have been completed and will cease. Beginning October 1, 1996, the Gaza Program will scale up its health program to operate at the district-level in Bilene and Xai-Xai. The final evaluation of the health program will take place in April 1997, two months prior to the

grant's revised termination date

The three primary objectives are to (1) increase access to community-based services, especially immunization, (2) increase supply of community-based services, and (3) improve human resources and skill development among health providers and community-based providers. A secondary objective is to increase demand for services by improving health knowledge and capacity for self-management at the individual, family, and community levels. These objectives are consistent with Strategic Objective No. 3, "Increase Use of Essential MCH/FP Services", and Sub-Program Objectives 3.1 and 3.2.

Major activities during the extension period will be (1) support of the expanded program for immunizations, scaling up to the district level, (2) training and supervision of community-based providers (TBAs, *activistas*, and traditional healers), MOH personnel, and others, (3) training and support of health and water committees, and (4) promotion of community-based IEC.

Training and supervision of community-based providers will stress quality and quantity of community-based IEC for improved health knowledge and behavior change. Messages will focus on the importance of immunization and appropriate care seeking, exclusive breast feeding up to four months, complementary feeding and appropriate weaning practices, maternal care and referral, reproductive health (including child spacing and STD/HIV prevention), management of diarrheal episodes, and disease prevention through sanitation and domestic hygiene. Immunization and training schedules will be formulated jointly with MOH at the district level.

Support of Immunizations: SCF will continue to collaborate closely with DDS to strengthen outreach from fixed health posts through support of immunizations in the three districts. Children 0-11 months, pregnant women, and women of reproductive age will be targeted and vaccinated through routine visits of outreach teams to villages located more than five kilometers from health posts. SCF will support the immunization program through planning, community mobilization and IEC, provision of transport for teams, and cold chain equipment and maintenance. Vaccines will be provided through MOH channels. Community-based IEC will be delivered by *activistas* and/or MOH personnel during outreach visits to teach mothers and other caregivers about immunization and vaccine preventable diseases. Cases of diseases preventable by immunization will be tracked through community-based and MOH reporting sources, and this information will be fed back to health posts, health committees, and community leaders.

The scale up of immunizations to the district level will triple the current target population from 110,000 to 337,972 (167,946 in Bilenc and 170,026 in Xai-Xai), including a direct beneficiary population of 138,333 (59,680 children under five and 78,653 women of

VII Staffing

Overall guidance, strategic vision, and USAID relations will be the responsibility of the Field Director (15 FTE) and Deputy Field Director (15 FTE) The Finance Manager (20 FTE) will be responsible for fiscal oversight and financial reporting These managers will receive support from Maputo accounting and administrative staff Technical assistance and oversight will be provided by the Maputo-based Health Program Officer (25 FTE) The Gaza Program Administrator (75 FTE) will be responsible for administration, financial management, and linkages with other sectors The Administrator will provide administrative support and supervise non-technical personnel Grant activities will receive additional support from logistical and clerical staff

The Gaza Health Coordinator will be responsible for implementation, day-to-day operation, and staff supervision Under the supervision of the Gaza Health Coordinator and with support from the Health Program Officer, a four-person team will be assigned to each of the two districts Each team will consist of four extension workers with skills and experience in maternal-child health, sanitation and water, and community organization

VIII Final Evaluation

The final evaluation will take place in April 1997, two months prior to the grant's termination date The evaluation team will be composed of two outside evaluators (one SCF and one non-SCF), and one member of the SCF Gaza team It is anticipated that the final evaluation will take place over a 15-day period and include at least ten days of field visits Evaluators will have access to all personnel and program documentation, including baseline and endline data The final evaluation report will be delivered to USAID by June 30, 1997