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# UNITED STATES OF AMERICA



AGENCY FOR INTERNATIONAL DEVELOPMENT  
REGIONAL ECONOMIC DEVELOPMENT SERVICES OFFICE, WEST AND CENTRAL AFRICA

UNITED STATES ADDRESS  
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DEPARTMENT OF STATE  
WASHINGTON, D. C. 20520

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26 September 1988

Mr. Elton King  
Director of Administration  
AFRICARE  
1601 Connecticut Ave.  
Washington, D.C. 20009

Subject: Grant No. 683-0264-G-SS-8052-00

Dear Mr. King:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to Africare (hereby referred to as "Africare" or "Grantee"), the sum of \$770,000 to provide support for child survival activities in two districts of Niger as described in the Schedule of this grant and the Attachment 2, entitled "Program Description."

This grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives during the period beginning June 1, 1988 and ending September 30, 1992.

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 1, entitled "Schedule", Attachment 2, entitled "Program Description," and Attachment 3, entitled, "Standard Provisions," which have been agreed to by your organization.

Please sign the original and each copy of this letter to acknowledge you receipt of this grant, and return the original and all but one copy to REDSO/WCA, Division of Procurement, Abidjan(ID), Department of State, Washington, D.C. 20520-2010.

Sincerely yours,

  
Gerald C. Render  
Grant Officer

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions

ACKNOWLEDGED:

AFRICARE

BY:

C. Payne Lucas

TITLE:

Executive Director

DATE:

October 7, 1988

FISCAL DATA

Appropriation: 72-1181014  
Budget Plan Code: GSSA-88-21683-KG13  
PIO/T No.: 683-0264-3-80874  
Project No.: 698-0264  
Total Estimated Amount: \$770,000  
Total Obligated Amount: \$770,000  
DUNS No.:  
IRS Employer Identification Number:  
LOC No.: 72-00-1303

Funding Source: USAID/Niger

SCHEDULE

A. Purpose of Grant

The purpose of this grant is to provide support for a project to strengthen child survival activities in two districts of Niger with focused interventions in nutrition and diarrheal disease control, as more specifically described in Attachment 2 to this Grant entitled "Program Description" and in accordance with the Grantee's proposal dated December 1987 and as revised in August 1988, which is hereby incorporated into and made a part hereof this Grant.

B. Period of Grant

The effective date of this Grant is 1 June 1988. The expiration date of this Grant is 30 September 1992.

C. Amount of Grant and Payment

1. A.I.D. hereby obligates the amount of \$770,000 for the purposes of this Grant.

2. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 - Standard Provision 1, entitled "Payment - Letter of Credit."

D. Financial Plan

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

BUDGET

<u>COST</u>	<u>6/01/88 -</u> <u>9/30/89</u>		<u>10/01/89</u> <u>4/30/91</u>	
	<u>AID</u>	<u>Africare</u>	<u>AID</u>	<u>Africare</u>
Personnel	\$ 65,327	\$ 55,118*	\$ 52,848	\$ 27,104*
Consultants	21,876	*	6,000	*
Fr. Ben.	15,721	*	16,605	*
Home Ofc.	38,561	-0-	39,231	-0-
Travel & Per Diem	13,620	20,931	16,727	11,775
Equip. & Mats.	29,650	105,965	1,922	5,515
Other Dir. Costs	57,570	44,882	28,707	7,196
Indirect Costs	<u>68,392</u>	<u>37,792</u>	<u>48,968</u>	<u>14,845</u>
<b>TOTAL</b>	<b>\$310,717</b>	<b>\$264,688</b>	<b>\$211,008</b>	<b>\$66,435</b>

<u>COST</u>	<u>5/01/91 -</u> <u>9/30/92</u>		<u>TOTAL</u>	
	<u>AID</u>	<u>Africare</u>	<u>AID</u>	<u>Africare</u>
Personnel	\$ 65,082	\$ 18,306*	\$183,257	\$100,528
Consultants	26,076	*	53,952	*
Fr. Ben.	17,543	*	49,869	*
Home Ofc.	41,553	-0-	119,345	-0-
Travel & Per Diem	14,677	10,456	45,024	43,162
Equip. & Mats.	725	3,475	32,297	114,955
Other Dir. Costs	24,587	7,312	110,864	59,390
Indirect Costs	<u>58,032</u>	<u>11,461</u>	<u>175,392</u>	<u>64,098</u>
<b>TOTAL</b>	<b>\$248,275</b>	<b>\$51,010</b>	<b>\$770,000</b>	<b>382,133</b>

\* - Includes Costs for Personnel, Consultants and Fringe Benefits

Total A.I.D. Grant: \$770,000

Total Africare Matching/Sharing: \$382,133

E. Reporting and Evaluation

1. Financial Reporting

a. Financial Status Report

(1) The recipient is required to use the standardized Financial Status Report, SF 269, to report the status of funds.

(2) The report shall be on an accrual basis. If the recipient's accounting records are not normally kept on the accrual basis, the recipient is not required to convert its accounting system, but shall develop such accrual information through best estimates based on an analysis of the documentation on hand.

(3) The report is required quarterly. A final report is required at the completion of the grant.

(4) The recipient shall submit the Financial Status Report (original and two copies) no later than 30 days after the end of each specified reporting period for quarterly, and 90 days for final reports. The specified report period, at the recipient's election, may be either its fiscal year, or the Government's fiscal year, or the yearly period commencing and ending on the last day of the month of the grant's anniversary.

b. Federal Cash Transactions Report

(1) The recipient shall submit a Federal Cash Transactions Report and its continuation form (SF 272 and 272A) for all funds advanced to the recipient through either a letter of credit or periodic Treasury check. A.I.D. will use this report to monitor cash advanced to recipients and to obtain disbursement information for the grant.

(2) The recipient shall forecast Federal cash requirements in the Remarks section of the report.

(3) Recipients shall report in the Remarks section the amount of cash advances in excess of three days' requirements in the hands of subrecipients and the amount of cash advances in excess of 30 days requirements in the hands on non-U.S. subrecipients. The recipient shall provide short narrative explanations of actions taken by the recipient to reduce the excess balances.

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(4) Recipients shall submit not more than an original and one copy of the Federal Cash Transactions Report within 15 working days following the end of each quarter.

- c. The Grantee shall submit copies of all documents sent to PFM/FM/PAFD, A.I.D./Washington to:

Controller  
USAID/Niger (ID)  
Dept. of State  
Washington, DC 20520-2420

2. Program Performance Reporting

a. The recipient shall monitor the performance under the grant and, where appropriate, ensure that time schedules are being met, projected work units by time periods are being accomplished, and other performance goals are being achieved. This review shall be made for each program, function, or activity set forth in the Grant.

b. Recipients shall submit a performance report (technical report) that briefly presents the following information for each program, function or activity involved:

(1) A comparison of actual accomplishments with the goals 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.

(2) Reasons why established goals were not met.

(3) Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

F. Special Provisions

1. The following Optional Standard Provisions in Attachment 3 are hereby deleted as being inapplicable to this Grant:

- a) 2. Payment - Periodic Advance
- b) 3. Payment - Cost Reimbursement
- c) 12. Negotiated Indirect Cost Rates - Predetermined
- d) 16. Voluntary Population Planning
- e) 17. Protection of the Individual as a Research Subject
- f) 18. Care of Laboratory Animals
- g) 19. Government Furnished Excess Personal Property
- h) 20. Title to and Care of Property (Grantee Title)
- i) 21. Title to and Care of Property (U.S. Government Title)

b

2. Prior to permanent placement of long term individuals, to be financed under this Grant, in Niger, the Grantee shall furnish to USAID/Niger in form and substance satisfactory to USAID/Niger, evidence that Africare and the Government of Niger have agreed that Africare is authorized to undertake the activities described in the project proposal for the Africare Child Survival Project, including agreement to provide such Government of Niger inputs as detailed therein.

G. Indirect Cost Rates

Pursuant to Clause No. 13 entitled, "Negotiated Indirect Cost Rates - Provisional," of the Optional Standard Provisions of this Grant, an indirect cost rate or rates shall be established for each of the contractor's accounting periods which apply to this Grant. Pending establishment of revised provisional or final indirect cost rates for each of the contractor's accounting periods which apply to this Grant, 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 of Rate</u>	<u>Rate</u>	<u>Period</u>	<u>Base</u>
Overhead(A)	30.4%	7-1-87 Until Amended	Level I - Personnel, Travel and Allowances, Training and Other Direct Costs
Overhead(B)	15.2%	7-1-87 Until Amended	Level II - Supplies, Equipment and Construction Costs

H. Title To Property

In accordance with Standard Provision 22. entitled, "Title to and Use of Property (Cooperating Country Title)," title to all property acquired under this Grant shall be vested in the Government of Niger.

I. Authorized Geographic Code

The authorized geographic code for the procurement of goods and services under this grant is 935 (any country or area in the Free World including Niger.)

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PROGRAM DESCRIPTION

I. Background

Niger's health statistics demonstrate the need to upgrade its health services and strengthen its child survival programs. Life expectancy at birth is approximately 47 years; the nation's infant mortality rate is estimated at 132/1000. The death rate for children under five is 267/1000, with under 2-year-olds being the most severely affected. Among the diseases that cause the high mortality and high morbidity are malaria, measles, and diarrheal disease with dehydration; the effects of these diseases are exacerbated by high levels of malnutrition. Nutritional surveys conducted in 1985 in three departments showed the following rates of malnutrition: 14-24% marginal malnutrition; 7-10% moderate malnutrition; and 1-2% severe malnutrition. Other nutrition surveys have found rates of malnutrition even higher than these. The districts where this project will implement its activities reflect similar health situations: in both Diffa and Dosso, rates of malnutrition are high and diseases such as diarrhea with dehydration common.

The Ministry of Public Health, Social Affairs, and Women's Status has national programs to address the problems of mortality and morbidity due to diarrheal disease complicated by dehydration and due to malnutrition. However, these programs have recently started and have not yet had the desired impact, particularly at the periphery. In addition, even if the health system were effective in providing these services through its infrastructure, this infrastructure serves only about 50% of the Nigerien population. As a result many villages have no access to the health services of these programs. Thus ways need to be sought to improve the effectiveness of these health services delivered through the MOH infrastructure and to reach villages where these services are not yet available.

II. Scope of Project

A. Project Goal: To reduce infant mortality resulting from dehydration and malnutrition associated with diarrheal diseases in approximately 26,000 children under 2 years of age in Dosso and Diffa districts by the end of the three years of the project (1989-92).

B. Project Purpose: To strengthen preventive health programs in two districts with focused interventions in growth monitoring, nutrition education and diarrheal disease control and prevention.

C. Project Description: The project will support an expatriate public health specialist and two Peace Corps volunteers, one of whom will reside in each of the target districts. They will work closely with the maternal/child health (MCH) coordinators of

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the respective districts. These staff will be responsible for training and follow-up supervision of rural dispensary nurses in Dosso and Diffa districts, community health volunteers in Dosso town, and selected village health teams in the two districts. In addition the project staff will work with the local communities to strengthen their involvement in and responsibility for oversight of health activities. Both in Dosso and Diffa districts, participating villages will include those involved already in Africare vegetable production projects/cooperatives. Thus the project staff will work through existing community structures to strengthen their role in promoting better child health. The project staff will also explore with the communities approaches to assuring adequate supplies of oral rehydration salts packets; proposed approaches include setting up revolving supplies of ORS packets with village health teams.

In addition to strengthening delivery of two key child survival services, oral rehydration therapy and growth monitoring/nutrition education, the project will provide an opportunity to test the efficacy of using local, community structures for promoting selected health activities. If these efforts are successful, then the Ministry of Public Health, Social Affairs, and Women's Status will have alternative means for extending important health intervention to rural areas presently outside the health care infrastructure.

D. Project Outputs:

1. Data Collection:

a. Baseline studies conducted in Dosso and Diffa districts on knowledge, attitude and usage of oral rehydration salts (packets and home-made) in diarrheal diseases case management and on level and causes of malnutrition during year 1 of the project.

b. Project areas will serve as test sites for developing and testing strategies for combatting diarrhea and for village participation and support systems in health care activities.

c. Africare vegetable production site villages - 2 in Dosso (Badje Koara and Sakadama) and 3 in Diffa (Gueskerou, Fiego and N'Garoua) will make up the 2 project areas. Statistics on number of diarrhea cases treated and, referred, growth monitoring and malnutrition, consistently and completely compiled and results fed back to appropriate health officials using standardized MOH forms by project staff.

2. Training

a. 12 Village health teams each in Dosso and Diffa Districts trained in oral rehydration therapy, growth monitoring and proper childhood nutrition, especially weaning diets in year 1. This group will be retrained in year 2. Second group of 12 VHTs will be trained and retrained in year 2 and 3 respectively.

b. 16 Community health volunteers in Dosso town trained in oral rehydration therapy, growth monitoring and proper childhood nutrition, especially weaning diets in year 2 by Dosso/PMI staff. Retraining will take place in year 3.

c. 13 Rural dispensary nurses each in Dosso and Diffa Districts participate in inservice workshops on oral rehydration therapy, growth monitoring and proper childhood nutrition, especially weaning diets in year 1. Workshop will be repeated in year 2.

d. 2 District MCH Coordinators participate in planning, management and monitoring child survival intervention/workshops once a year along with other project staff.

### 3. Oral Rehydration Therapy

a. Distribution supply of ORS packets to 13 rural dispensaries for use along with home-made solutions for demonstration purposes. Patients will be referred to the Pharmacies Populaires and drug depots for purchase of ORS (12 cents/packet) or use home-made solutions.

b. 13 Rural dispensary nurses and 24 VHTs diagnosing and treating diarrheal diseases and accompanying using ORS packets (when supply permits) or home-made solutions.

c. 13 Rural dispensary nurses and 24 VHTs instructing mothers on the use of ORS packets or home-made solution in treatment of diarrheal cases accompanied by dehydration, using visual aids provided by national diarrheal diseases control program and ORS packets provided by project.

d. 13 Rural dispensary nurses and 24 VHTs referring severe cases of diarrheal to hospitals and nutrition recuperation centers for more specialized cares.

e. 16 Community health volunteers (2 per neighborhood) serving as liaison/outreach between neighborhood and Dosso/MCH by explaining benefits and method of ORT to neighborhood residents and referring patients to MCH. 16 community health volunteers attend MCH clinics and make follow up visits to delinquent women in their neighborhood.

f. 24 VHTs received revolving supply ORS packets for demonstration purposes and for sale at 12 cents each. Restock at Pharmacie Populaire for 7 cents each. 24 VHTs set policy on management of revolving supply ORS packets.

### 4. Growth Monitoring

a. 13 Rural dispensary nurses and 24 VHTs using growth monitoring tools correctly, interpreting results and selecting appropriate interventions.

b. 13 Rural dispensary nurses and 24 VHTs weighing and measuring all children under 2 on regular basis. If growth faltering is present, weighing will be done monthly; if not, weighing will be every three months.

c. 13 Rural dispensary nurses and 24 VHTs referring severely malnourished cases to nutrition rehabilitation centers and hospitals.

d. 13 Rural dispensary nurses and 24 VHTs complete data on growth monitoring activities using standardized MOH forms.

e. 16 community health volunteers referring all children under 2 in neighborhood to MCH for regular weight/height measuring.

f. 16 Community health volunteers explain benefits and system of growth monitoring to neighborhoods and serve as outreach/follow up to absentee children in their neighborhoods .

g. Nutrition education/demonstration for children under 5 with emphasis on malnourished children and children of weaning age occurring on regular basis at 13 rural dispensaries in Dosso and Diffa Districts beginning in year 1. Mothers demonstrating ability to prepare weaning diets and diets for malnourished children in year 1.

h. Cooking utensil sets for nutrition demonstration distributed to 13 rural dispensary by project staff in year 1. Severely malnourished children receiving treatment at nutrition recuperation centers or hospitals as a consequence of referral and follow-up by project staff.

i. Data on malnutrition consistently reported through use of standardized forms provided by MOH.

##### 5. Sustainability

a. Oral rehydration therapy and growth monitoring activities integrated into preventive health care delivery program at 13 rural dispensaries.

b. Logistics of transportation for supervisory visits coordinated with other development activities in area by MOH coordinators when health vehicles and gas not available.

c. Nutrition education/demonstrations/talks integrated into preventive health care delivery program at 13 rural dispensaries.

d. Project staff and local development agents hold meetings with village health committee on support for VHTs and management of medicine chests.

e. 24 village health committees with VHTs set and maintain policy for purchase and sale of ORS packets and for support of VHTs and their medicine chests.

## 6. Supervision

a. Supervision of rural dispensary nurses by MCH Coordinators and project officers occurring once every three months throughout project.

b. Supervision of VHTs by rural dispensary nurses and project officers occurring once every month throughout the project. Supervision of VHTs by the Assistant Director of Health for Village Health Teams occurring 2 times per year.

c. Supervision of community health volunteers by Dosso/MCH coordinator and project officer occurring monthly.

## III. Roles and Relationships

The Africare Public Health Specialist will be responsible for coordinating the activities of this project with the relevant directorates and staff of the central ministry and for assuring that the project follows guidelines of the Ministry of Health. The specialist will also maintain formal and informal communications with the Health Development Office of USAID/Niger. The project officers for Africare in Dossa and Diffa will work in close collaboration with the district-level health offices, in order to schedule and implement joint activities with the assigned counterparts to the project, i.e. the MOH coordinators of the district. As needed, the Africare project officers will coordinate activities with other staff in the district health office and with other organizations active in the district. The project officers will report to the Africare public health specialist who, in turn, is responsible to the Africare resident representative.

## IV. Reports

Africare will furnish to USAID/Niger and the Ministry of Public Health, Social Affairs, and Women's Status the following reports:

Reports	Timing	Content
Detailed Implementation Plan	3 Months after fielding of staff	Description and Schedule of activities for years 1-3
Baseline Survey Report	2 months after work completed	Results and analysis of the survey; discussion of implication for project; selection of measures to assess progress.
Annual Report	One month after end of each project year	Activities accomplished; problems encountered; solutions to problems; implications for next year's activities.

Final Report

Two months after  
completion of  
project

Evaluation results;  
activities/outputs  
accomplished;  
problems encountered  
and solutions imple-  
mented; implications  
for future/other child  
survival projects.

Content of each report will be discussed with USAID/Niger to assure agreement on the level of detail and related requirements. Reports should be submitted in French (4 copies) and English (2 copies).