

AMR
PDCBK 383

MEMORANDUM OF DISTRIBUTION

I. OBLIGATION: This is a partial final award under
PIO/T No. 442-0102-3-16.33160. If final obligation, OP
has no objections to the dereferencing of any remaining funds.

II. DOCUMENT IDENTIFICATION/INFORMATION:

- a) Document No.: ANE-0102-6-00-1031-00
- b) Incremental funding action: YES NO
- c) Buy-in: YES NO
- d) Document has been transmitted to recipient/grantee for signature. Date transmitted: _____
- e) Method of financing (check one only)
 - Letter of Credit
 - Periodic Advance
 - Direct Reimbursement

III. PM DISTRIBUTION

- _____ - One original signed copy to PM for recording obligation.
- One copy to PM paying office.

IV. TECHNICAL OFFICE/MISSION DISTRIBUTION:

- _____ - Technical Office: A/PD/PCAP, Tom Marr, Rm 3327A, N.S.
(office symbol, name, (rm & bldg #))
- _____ - Mission _____ (specify) _____
- ~~Program Office: ANE/BD/PCS, Judy Britton, Rm 3320A, N.S.~~
APRE/PD, Carrie Williams, Rm 502 SA-2

V. OP DISTRIBUTION:

- OP/PS/SOP copy of all documents including final assistance document signed by all parties.

Copy of this form goes with each copy of the document distributed and one copy remains in the official file.

Contracting Officer: J. Williams Date: _____

f -

Mr. Robert DeVecchi
Executive Director
International Rescue Committee, Inc.
386 Park Avenue South
New York, New York 10016

AUG 9 1991

Subject: Grant No. ANE-0102-G-00-1031-00

8/9/91 - 11/30/92
\$ 723,775.

Dear Mr. DeVecchi:

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 provides to the International Rescue Committee (hereinafter referred to as "IRC" or "Grantee") the sum of \$723,775 to provide resources that will decrease and address infant/child mortality rates, illnesses and malnutrition. The project shall also provide training in the areas of medical care, public health, sanitation, and community outreach, thus ensuring that sustainable preventive care and sanitary practices are put in place.

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 with the effective date and ending November 30, 1991. 2

This Grant is made with IRC 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.

2

Please acknowledge acceptance of this Grant by signing all copies of this Cover Letter, retaining one copy for your files, and returning the remaining copies to the undersigned. } 3

Sincerely,



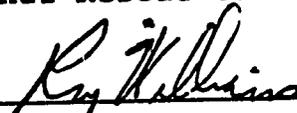
Judith D. Johnson
Grant Officer
Overseas Division-ANE
Office of Procurement

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions

Acknowledged

International Rescue Committee:

By 

Name/Title Roy Williams/ Deputy Director-Operations

Date September 3, 1991

Fiscal Data

PIO/T No.:	442-0102-3-1633160
Appropriation No.:	72-1111021.7
Budget Plan Code:	QDCA-91-33442-IG-15
Duns No.:	07-885-4940
IRS Employer ID No.:	135660780
Total Estimated Grant Amount:	\$723,775
Total Amount Obligated:	\$723,775
Technical Office:	A/PCAP, Mike Feldstein

ATTACHMENT I

SCHEDULE

A. PURPOSE OF GRANT

The purpose of this Grant is to provide resources to decrease infant/child mortality rates, illnesses, and malnutrition, and to provide training for sustainable preventive care and sanitary practices, as more specifically described in Attachment 2 to this Grant entitled "Program Description".

B. PERIOD OF GRANT

1. This Grant is effective as of the date of the Grant Officer's signature on the cover letter of this Grant. ² The expiration date of this Grant is November 30, 1991.
2. Funds obligated hereunder are available for program expenditures from the effective date of the grant to November 30, 1992.

C. AMOUNT OF GRANT AND PAYMENT

1. The total estimated amount of this grant for the period shown in B.1 above is \$723,775.
2. AID hereby obligates the amount of \$723,775 for program expenditures during the period set forth in B.2. above and as shown in the Financial Plan below.
3. 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. Revisions of this budget shall be made in accordance with the Standard Provision of this Grant, entitled "Revision of Grant Budget".

Financial Plan

Personnel	\$451,110
Office/Housing	\$ 55,436
Vehicles	\$118,000
Supplies and Equipment	\$ 55,588
Evaluation	\$ 16,020
Indirect Costs	<u>\$ 27,621</u>
TOTAL PROJECT COSTS	<u>\$723,775</u>

Included in the Salaries component are salaries for international staff and local staff.

The budget estimates for AID funded items are illustrative. In no event will total costs exceed the maximum amount of the Grant, \$723,775.

E. REPORTING AND EVALUATION

1. Project Reports

IRC shall submit quarterly reports to A/PCAP and A/PD. A standardized report format shall be provided to the Grantee by AID and this format shall be followed. AID may also request special reports on specific topics on occasion.

2. Final Report

A final evaluation report and a final report on the utilization of grant funds shall be submitted by IRC to ENE/PCAP within 90 days of the completion date of the Grant as set forth in paragraph B. This report shall summarize all activities undertaken under this grant and give an assessment of program results and achievements.

3. Fiscal Reports

a. Fiscal reports shall be submitted in accordance with the AID Optional Standard Provision 1, "Payment - Letter of Credit".

b. The original and two copies of all financial reports shall be submitted to A.I.D., Office of Financial Management, Program Accounting and Finance Division (PFM/FM/CMPD/DCB), Washington D.C. 20523. In addition, one copy of all financial reports shall be submitted to the Technical Office specified in the Cover Letter of this Grant.

F. SPECIAL PROVISIONS

1. The Grant Standard Provisions, appended hereto as Attachment 3, are considered applicable to this Grant.

2. The cost principle applicable to this Grant is OMB Circular A-122.

3. Direct compensation of personnel will be reimbursable in accordance with the established policies, procedures and practice of the grantee and the provision of the applicable cost principles, entitled, "Compensation for Personal Services". Such policies, procedures and practices shall be the same as used in contracts and/or grants with other Government agencies and accepted by the cognizant U.S. Government agency assigned primary audit responsibility, shall be in writing and shall be made available to the Grant Officer, or his/her designated representative, upon request. Compensation (i.e., the employee's base annual salary) which exceeds the maximum level of the Foreign Service 1 (FS-1) (or the equivalent daily rate), as from time to time amended, will be reimbursed only with the approval of the Grant Officer.

4. It is anticipated that AID shall engage the services of a contractor to work in Cambodia and act as a program and fiscal consultant over this and other grantees working in the Phnom Penh area. The contractor shall conduct site inspections, review reports, and make recommendations on vouchers. To enable the contractor to perform these functions, the Grantee shall make available to the contractor all records, accounts, documentation, inventories, and other relevant materials relating to this grant. The grantee shall also provide the contractor with copies of all reports and vouchers submitted to AID as required under this grant.

5. In signing this grant, the Grantee agrees to directly deliver services funded by AID to intended beneficiaries. The Grantee shall not serve as an intermediary which merely turns its commodity or other assistance over to the government or some other group for delivery to beneficiaries unless this has been specifically approved in writing by AID.

6. Marking Requirements

In accordance with AID policy, the contractor shall mark all AID-financed commodities and shipping containers, and project construction sites and other project locations with the AID red, white, and blue handclasp emblem. Marking is not required for raw materials shipped in bulk (such as coal, grain, etc.), or for semifinished products which are not packaged. In addition, all communications about this project shall identify AID and/or the U.S. Government (people of the United States) as the funder and the Grantee as implementor. Any deviation from this requirement must be requested by the Grantee and specifically approved by AID in writing.

7. AID Eligibility Rules for Goods and Services

a. It is anticipated that the total procurement of goods and services under this grant will be less than \$250,000.

b. All goods and services shall be purchased in accordance with the Optional Grant Standard Provisions #7, entitled "A.I.D. Eligibility Rules for Goods and Services." Priority of purchase shall start with authorized geographic country code 000. Procurement of goods and services shall be accomplished in the following order of precedence:

The United States (Geographic code 000),

Selected Free World (Geographic code 941),

Special Free World (Geographic code 935), Thailand,
and Japan,

Cambodia.

8. Procurement and Shipment of Pharmaceuticals/Medical Supplies

a. The Recipient shall obtain approval from the A.I.D. Grant Officer prior to the shipment of any procured pharmaceuticals/medical supplies or donated pharmaceuticals/medical supplies being shipped at grant expense. The following criteria shall apply:

The list of pharmaceutical/medical supplies submitted for approval shall contain product description, i.e., trade name and/or generic name, dosage form, potency/concentration, and unit package size, lot number, expiration date, and name of manufacturer.

All U.S. source/origin pharmaceuticals and other products regulated by the Food and Drug Administration (FDA) to be procured and/or shipped must be in compliance with all applicable U.S. laws and regulations governing the interstate shipment of these products at the time of shipment. Pharmaceuticals donated from non-U.S. source/origin must meet the standards of the U.S. FDA. All items must be shipped properly packaged to preserve the quality of the product. This includes those products that require special temperature conditions during shipping and storage, e.g., refrigeration.

No product requiring expiration dating shall have less than three months shelf life on receipt in the benefiting country. The Recipient shall be responsible for determining that all dated products procured and/or shipped will have sufficient opportunity to be received, distributed, and used according to labeling directions by the end user prior to product's expiration date.

G. Indirect Cost Rates

Pursuant to the Optional Standard Provision of this Grant entitled "Negotiated Indirect Cost Rates-Provisional," a rate or rates shall be established for each of the Grantee's accounting periods which apply to this Grant. Pending establishment of revised provisional or final indirect cost rates for each of the Grantee'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 rates(s) applied to the base(s) which are set forth below:

TYPE OF RATE: Provisional

RATE: Indirect Cost 4.63%

BASE: Total direct expenses excluding equipment purchases

PERIOD: 7/1/88 Until Amended

H. Title to and Use of Property (Grantee Title)

Title to all property financed under this grant shall vest in the Grantee, subject to the conditions under the special provisions herein.

ATTACHMENT II

PROGRAM DESCRIPTION

Medical, Public Health & Sanitation Project

SUMMARY

The International Rescue Committee (IRC), a non-governmental, non-sectarian, US-based voluntary organization, proposes to establish a Public Health and Mobile Medical Program to assist the children of Kompong Chhnang Province in Cambodia. The goal of the program is to decrease foetal, infant, and under-five mortality rates, illnesses, and malnutrition. Activities will include emergency medical care, public health care, community health education, sanitation, and comprehensive training of village volunteer teams in the fields of emergency medical care, public health outreach and epidemiology. Four 3-person teams will implement these activities, and will be assisted by community volunteers. Coordination with existing health providers will be actively undertaken. The focus will be on children under five, with attention given to pregnant and lactating mothers as well. The program budget for one year totals \$807,775; IRC is requesting \$723,775 from AID in support of the program.

THE PROJECT

Perceived Problem

Current statistics indicate that one in five Cambodian children die before the age of five. The causes of these infant deaths are diarrhoea, respiratory infections, malaria, tuberculosis, and dengue fever. Improving sanitation, ensuring a clean water supply, providing oral rehydration therapy, and immunizing children are the four essential steps to addressing these ailments and decreasing mortality. Improving the health of women during their child-bearing years is another important step.

These activities, however, are not being implemented in Cambodia to the extent needed for a host of reasons. The country has been engaged in external or civil conflict for over two decades,

¹Women's Commission on Refugee Women and Children, "Cambodia on the Brink," Mission to Cambodia, January 1991.

economic sanctions have blocked most sources of essential supplies, humanitarian foreign aid has been reduced to a trickle, skilled and educated citizens have either been killed or fled the country, and higher education is virtually non-existent.

Addressing the Problem: The IRC Track Record

The International Rescue Committee, founded in 1933, has a wealth of experience in assisting refugees around the world. IRC's programs include emergency medical care, education, sanitation, public health, and skills training.

Since 1976, IRC has been actively involved with Indochinese refugees in Thailand. During the massive influx of Cambodian refugees to the Thai-Cambodian border in 1979-80, IRC mobile medical teams attended to the needs of these refugees, providing emergency medical care and assisting in their transportation to hastily constructed camps. IRC is currently administering highly successful mobile medical services for Afghan refugees in Pakistan, Mozambican refugees in Malawi, and the internally displaced in El Salvador.

Since 1979, IRC has served as lead medical agency in Khao I Dang. At its height, the Khmer population numbered over 140,000. In addition to providing curative medical care, IRC continues to implement programs in the areas of sanitation, public health, laboratory services, medical training, education, and agricultural training. IRC also works with the Khmer in the border camps, providing landmine awareness training, special education services for the disabled, and textbook production and printing. Additionally, IRC provides relief assistance to Lao and Burmese refugees in Thailand with a major emphasis in the areas of sanitation, community health education, and water resource development/conservation.

While IRC does not yet have a programmatic presence in Cambodia, the foundation for such a presence has been firmly established through the following:

- 1) over a decade of involvement with the Khmer refugees in Thailand;
- 2) numerous trips to Cambodia by Board and staff members alike to explore program options and to assess overall conditions in Cambodia;
- 3) the development of field-tested, successful training programs for the Khmer in the areas of public health, medical care, community outreach, sanitation, water systems, agriculture, and education; and
- 4) a growing commitment to work with Cambodians on both sides of the Thai-Cambodian border.

Building upon this foundation, and drawing on its expertise in implementing medical, public health, sanitation and training programs, IRC believes that it is capable of establishing an effective and valuable program to assist the children of Cambodia. Plans include expanding on the program described in this proposal, responding to similar needs in other provinces or additional needs in Kompong Chhnang province in the coming years.

Project Goal and Purpose

The goal of the project is to decrease foetal, infant, and under-five mortality rates, illnesses, and malnutrition. These problems are caused by nonexistent or insufficient medical and sanitation services. The project will provide resources required to address these shortcomings: medical supplies and equipment, medicines and vaccines, construction materials for latrines and wells, clinic and laboratory facilities, and educational materials -- none of which currently exist in sufficient quantity or are readily accessible in Kompong Chhnang province. In addition to providing tangible resources, the project will provide training in the areas of medical care, public health, sanitation, and community outreach, thus ensuring that the targeted communities can establish sustainable preventive care and sanitary practices to decrease mortality rates, illnesses and malnutrition.

Specific objectives of the project are:

- 1) To diagnose and treat common illnesses, critical care needs, and injuries among the population--particularly children under five and pregnant and lactating mothers--in Kompong Chhnang province.
- 2) To establish sustainable community-based public health, community health education, and sanitation services for the population of Kompong Chhnang province.

Project Elements

Inputs:

The diagnosis and treatment of common illnesses, critical care needs, and injuries (objective #1) comprises the "Mobile Medical" component of the project. This component will be implemented by two 3-person health teams, consisting of a physician or physician's assistant and two nurses. These teams will make scheduled visits to community health centers throughout Kompong Chhnang province. The teams will provide emergency medical services that include the examination and diagnosis of critically ill and injured patients, dispensing of medications, suturing and dressing of wounds, and referrals to clinics and community health workers for follow-up care. They will also train local medical practitioners, who will

accompany them on their rounds as appropriate, and/or provide medical care at the community health centers on the days that the emergency teams are not present.

The establishment of sustainable community-based public health, community health education, and sanitation services (objective #2) will be carried out under the "Public Health" component of the project. This component will also be implemented by two 3-person teams, consisting of two public health/community health education specialist and a rural sanitarian/environmental engineer. While these teams will also be mobile, as they will work with a number of communities in the areas of sanitation and public health training over the course of the year, they will be stationary for several months at a time.

Specifically, the Public Health teams will recruit and train local public health, community health education, and sanitation teams in identifying and reporting communicable diseases, digging and maintaining wells and other water sources, constructing and maintaining latrines, disease transmission and its prevention, immunization, epidemiological record keeping, and referral resources and procedures. They will also recruit and train Community Health Worker (CHW) teams who will be responsible for home visitations, medical and other service referrals, family health education, follow-up on chronic care cases, the provision of basic first aid, and the gathering of epidemiological data on the communities. And finally, they will recruit, train, and supply Traditional Birth Attendants (TBA's) and Midwives in the provision of effective pre-and post-natal care.

Outputs:

- Regularly scheduled and emergency visits by mobile medical teams to community clinics;
- Diagnosis and treatment or referral of all cases seen by the medical teams;
- Training of local public health, community health education, and sanitation teams;
- Community education sessions in the areas of sanitation, preventive health care, first aid, oral rehydration therapy, and other basic health topics;
- Home visits by local health and sanitation teams;
- Installation and maintenance of wells;
- Installation and maintenance of latrines;
- Births attended by TBA's;
- Immunization of women and children;
- Epidemiological records;
- Provision of pre- and post-natal care.

Project Sites:

As a result of a recent assessment trip to Cambodia, IRC chose Kompong Chhnang Province, north of Phnom Penh, as the target area for its program. The exact location of IRC's activities in the province will be based on consultations with the Cambodian Red Cross, the Ministry of Health, other NGO's, and local community leaders and health workers at the time of the staff's arrival.

Project Managers:

The project will be managed by a program director who will be responsible for the overall implementation of the activities described in this proposal. Each mobile medical team and each public health team will have a team leader who will be responsible for the day-to-day operations of his/her respective team. These teams will be comprised of health and sanitation experts (as described above under "Inputs") whose skills will have been obtained through prior education and work experience.

Project Beneficiaries:

The project will benefit the people of Kompong Chhnang province. Direct beneficiaries can be categorized as follows: 1) children under five and pregnant and lactating mothers; 2) trainees in the areas of medical care, public health, sanitation, and health education/community outreach; and 3) members of the community who participate in the community education sessions and/or who use the latrines and water systems provided through the project.

The beneficiaries described in categories #1 and #3 above will not really be "selected," in that the services provided will be available to all members of the communities targeted by the project. The beneficiaries described in category #2 will be selected by the mobile medical and public health teams. Criteria will include educational background, prior work experience, interview performance, and written test results where appropriate.

Other NGO's:

Health activities in Kompong Chhnang are currently being carried out by the American Friends Service Committee (provincial prosthetics workshop), Action Internationale Contre la Faim (support to malaria district laboratories), the French Red Cross (provision of laboratory equipment and staff training in district hospitals and diffusion of anti-TB health education materials), the Swedish Red Cross (assistance to provincial hospitals and to a local factory for production of IV fluids), and World Vision International (primary health activities, Vitamin A deficiency survey). Water supply and sanitation services in the province are currently being carried out by Lutheran World Service (provision of a drilling rig and material for village water supply projects) and

UNICEF (well drilling, installation of hand pumps and household latrines).²

The IRC assessment team that visited Cambodia in March 1991 met with numerous NGO's to discuss needs in Kompong Chhnang province and to identify ways in which IRC's proposed project could complement services already being offered. Depending upon the actual communities that IRC targets within the province, a number of opportunities for collaboration may arise, such as use of the AICF laboratories by IRC personnel in exchange for training of the AICF lab technicians by IRC teams; referrals to the provincial hospitals mentioned above; training in the maintenance of the water systems provided by LWS and UNICEF; and so on. IRC's programs will differ from existing programs in one or more of the following ways: 1) communities not yet served by the above organizations will be targeted; 2) training not yet being provided to a given community will be launched; and/or 3) activities that will complement existing services will be initiated.

Cost Per Direct Beneficiary:

Because there are three groups of beneficiaries, as described above, it is difficult to assess an accurate cost per beneficiary. Likewise, the number of children in the province is unknown, as there have been no thorough censuses in Cambodia since 1962, and the results of a limited census performed in 1980 have not been released.³ Nevertheless, unofficial estimates show a provincial population of 277,000⁴. For the country as a whole, 17 percent of the population is under 5 years old⁵, which would suggest 47,000 under-fives in Kompong Chhnang. Assuming that all 47,000 benefit from the program in some way, the cost per beneficiary would be approximately \$17.

Government Approval:

The IRC assessment team that visited Cambodia in March 1991 met with Ministry of Health officials as well as other government officials to discuss the proposed project. They are in general agreement with IRC's plans. Details will be finalized upon arrival of the staff.

²NGO's in Cambodia, Humanitarian Assistance in Cambodia, 1990.

³UNICEF, Cambodia, the Situation of Children and Women, UNICEF Office of the Special Representative, Phnom Penh, 1990.

⁴Reported by the IRC assessment team to Cambodia, March 1991.

⁵Nathan Keifitz, World Population Growth and Aging (University of Chicago Press, 1990).

Expected Achievements and Accomplishments

Activities:

As stated above, the goal of the project is to decrease foetal, infant, and under-five mortality rates, illnesses, and malnutrition. While IRC anticipates that the project will last for several years, at this point AID support is being requested for only one year. Measurable changes in the health status of the target population will probably not be realized to any great extent during such a short time period. Thus, while IRC expects that the project will ultimately improve the health status of the project beneficiaries, expected achievements and accomplishments during the first year of the project will most likely be limited to the outputs described above and reiterated here for convenience:

- Regularly scheduled and emergency visits by mobile medical teams to community clinics;
- Diagnosis and treatment or referral of all cases seen by the medical teams;
- Training of local medical practitioners to operate clinics during medical teams' absence;
- Training of local public health, community health education, and sanitation teams;
- Community education sessions in the areas of sanitation, preventive health care, first aid, oral rehydration therapy, and other basic health topics;
- Home visits by local health and sanitation teams;
- Installation and maintenance of wells;
- Installation and maintenance of latrines;
- Births attended by TBA's;
- Immunization of women and children;
- Epidemiological records;
- Provision of pre- and post-natal care.

Data:

Information to be gathered at the outset of and during the project will include the following:

- Epidemiological data;
- Malnutrition rates;
- Number of clinic visits;
- Number of home visits;
- Number of referrals to provincial hospitals;
- Number of TBA-attended births;
- Number of latrines installed and maintained;
- Number of wells installed and maintained;
- Water quality data;
- Number of women seeking pre- and post-natal care.

Collaboration:

IRC will work closely with the Cambodian Red Cross and the designated Ministry of Health agency in the development and implementation of this project. The actual activities will be carried out by the IRC teams and by locally-trained health workers. IRC will coordinate its efforts with any local organizations that are implementing programs in the communities that IRC targets, although an initial assessment suggests that there is very little work being done by indigenous organizations other than the Red Cross at this point. IRC will also coordinate with a core group of international agencies who have been providing assistance to the displaced, including UNICEF, WFP, WHO, OXFAM, Christian Outreach, PADEK, American Friends Service Committee, Concern, ICRC, and others. And finally, IRC will coordinate its efforts with the Bangkok office of the UN Special Representative for Cambodian Humanitarian Assistance.

IRC will make every effort to ensure that the project does not benefit the Khmer Rouge. While specific controls have not yet been developed, the IRC staff will develop screening mechanisms to the best of its ability as the project gets underway.

As indicated by this proposal text, the project is not intended to benefit the Phnom Penh government directly. IRC will, however, work with government officials to finalize their approval for IRC's presence in Cambodia, to obtain their recommendations on site selection, and to keep them informed of project activities. Community-based government health and sanitation workers, if present in the communities that IRC targets, may benefit from the training offered through the project.

Program Management

IRC headquarters will have ultimate responsibility for the implementation of the project. At the field level, the project will be implemented by the following staff:

Expatriate:

- 1 Program Director
- 1 Administrator/Logistics Officer
- 2 Medical Doctors
- 4 Clinical Nurses
- 4 Public Health Nurses/Health Education Specialists
- 2 Sanitarians
- 1 Accountant

Local:

- 2 Physicians' Assistants or Physicians
- 8 Nurses' Assistants (clinical and public health)
- 2 Lab Assistants

2 Pharmacy Assistants
 4 Sanitarian's Assistants
 1 Assistant Accountant
 6 Community Outreach/Health Education Leaders
 50 Community volunteers
 30 laborers
 Office staff, interpreters, drivers, maids

The IRC office will also provide logistical support as needed.

Implementation Plan

Activity	Month	1	2	3	4	5	6	7	8	9	10	11	12
Recruit staff		x	x										
Establish office		x	x										
Purchase supplies		x	x										
NGO/Gov't/Community Contacts		x	x										
Select target communities			x										
Select local trainees			x	x									
Train local teams				x	x	x	x	x	x	x	x	x	x
Construct wells, latrines				x	x	x	x	x	x	x	x	x	x
Visit clinics				x	x	x	x	x	x	x	x	x	x
Conduct community education sessions/outreach				x	x	x	x	x	x	x	x	x	x
Conduct home visits				x	x	x	x	x	x	x	x	x	x
Immunize women & children				x	x	x	x	x	x	x	x	x	x
Data Collection				x	x	x	x	x	x	x	x	x	x
Evaluation													x

Sustainability

As mentioned above, IRC anticipates that outside support for the activities described in this proposal will be required for several years, rather than for one year alone. However, by training local staff provide basic health care, sanitation services, and community outreach, and by emphasizing the use of locally-available resources over the long term, IRC hopes that the services initiated by this program will be sustainable by the community.

Evaluation

A two-week in-house evaluation will be conducted at the end of the first year by a public health nurse and a sanitarian who will be seconded by another IRC program, and by an IRC/NY staff person. The team will visit the communities targeted by IRC during the life of the project and will conduct interviews with expatriate and local staff as well as members of the community at large. Questions will be based on the indicators listed above under the "Expected Achievements and Accomplishments" section. \$16,020 has been budgeted for the evaluation.

Reporting

Semi-annual progress reports will be submitted in the following format:

Brief overview of activities during the reporting period
Achievements as measured by the indicators listed above (under
"Outputs," page 5)
Problems encountered and addressed
Plans for the next six months