

PDFCJ472

Agency for International Development
Washington, D.C. 20523

AUG 17 1990

Mr. C. Payne Lucas
Executive Director
Africare House
440 R. Street, N.W.
Washington, D.C. 20001

SUBJECT: Cooperative Agreement No. OTR-0500-A-00-0104-00

Dear Mr. Lucas:

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 provides to Africare (hereinafter referred to as Africare or "Recipient") the sum of \$615,000 to provide support for the Recipient's program under A.I.D.'s Child Survival and Vitamin A Programs as more fully described in Enclosure 2 of this Cooperative Agreement entitled "Program Description."

This Agreement is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of program objectives from September 1, 1990 through August 31, 1993.

This Agreement is made to the Recipient on condition that the funds will be administered in accordance with the terms and conditions as set forth in Enclosure 1 entitled "Schedule," Enclosure 2 entitled "Program Description," and Enclosure 3 entitled "Standard Provisions," which have been agreed to by your organization.

Please acknowledge receipt of this Agreement by signing all copies of this Cover Letter, retain one copy for your files, and return the remaining copies to the undersigned.

Sincerely,

Carolyn R. Eldridge
Grant Officer
Management Support Branch
Office of Procurement

- Enclosures:
- 1. Schedule
 - 2. Program Description
 - 3. Standard Provisions (as amended)

ACKNOWLEDGED:

AFRICARE
BY: C. Payne Lucas
TYPED NAME: C. Payne Lucas
TITLE: Executive Director
DATE: August 21, 1990

FISCAL DATA

Project No.: 938-0284
Appropriation No.: 72-1101021.3
Allotment No.: 043-38-099-00-76-01
Budget Plan Code: EDNA-90-13810-KG11
Amount: \$40,000
Obligation No.: 0381206

Project No.: 938-0500
Appropriation No.: 72-1101021.7
Allotment No.: 047-38-099-00-76-01
Budget Plan Code: EDCA-90-13810-KG11
Amount: \$575,000
Obligation No.: 0385014

This Obligation: \$615,000
Total Obligated Amount: \$615,000
Total Estimated Amount: \$615,000
Technical Office: FVA/PVC/CSH, S. Morawetz
DUNS No.: 07-482-5894
TIN's No.: 23-7116952
DOC No.: 60370

ENCLOSURE 1

SCHEDULE

A. Purpose of Cooperative Agreement

The purpose of this agreement is to provide support for the Child Survival Projects in Bolivia. This is more specifically described in Enclosure 2 to this Agreement entitled "Program Description" and in the Recipient's proposal, as amended, which are incorporated by reference. In the event of an inconsistency between the Recipient's proposal, the program description, and this schedule; the schedule and then the program description shall take precedence.

B. Period of Agreement

1. The period of this agreement is September 1, 1990 through August 31, 1993.

2. Funds obligated hereunder are available for the period September 1, 1990 to August 31, 1993 as shown in the budget below.

C. Amount of Agreement and Payment

1. The total estimated amount of this agreement is \$615,000.

2. A.I.D. hereby obligates the amount of \$615,000 for program expenditures during the period set forth in B.2. above and as shown in the budget below.

3. Payment shall be made to the Recipient in accordance with procedures set forth in Enclosure 3 - Additional Standard Provision, entitled "Payment - Letter of Credit."

D. Budget

The Budget for this Agreement is shown as Enclosure 1a to this Agreement. The Recipient may not exceed the total estimated amount or the obligated amount, whichever is less (see Part C above). Except as specified in the Mandatory Standard Provision of this agreement entitled "Revision of Grant Budget," as shown in Enclosure 3, the Recipient may adjust line item amounts within the grand total as may be reasonably necessary for the attainment of program activities.

E. Substantial Involvement

1. Countries: The following country is approved for direct in-country program support under this agreement.

Burkina Faso

Other countries may be approved during the period of the Agreement only with the express written approval of A.I.D.

2. The Recipient will carry out the following activities:

a. Submit a Detailed Implementation Plan (DIP) for each country program by April 1, 1991 in accordance with FVA/PVC guidelines. Illustrative guidelines are available from FVA/PVC and will be furnished to you in the fall of 1990.

b. This implementation plan should include a description of how the various child survival interventions will be evaluated and should clearly define: (a) the objectives and outputs that each program will be held accountable for; (b) the specific indicators that will be used to measure program success in reaching objectives and outputs; (c) mechanisms for collecting data, i.e. surveys, sentinel systems, etc.; and (d) manpower and other resources needed for carrying out monitoring and evaluation activities with a revised budget. The DIP should include scheduled reports, internal and external evaluations, and line item budgets.

c. Develop/adopt a program-specific Health Information System, responsive to needs of field programs and headquarters and able to provide A.I.D. with information for tracking program performance. This system should be described in the first year progress report.

F. Reporting and Evaluation

1. Annual Report: Five copies of the Annual Report will be submitted to the A.I.D./FVA/PVC Project Officer by October 15 of each year of the program; the first report is due October 15, 1991. The annual report should follow the annual report guidelines and should summarize inputs, outputs, progress to date, constraints, and highlights from the preceding year. The Report should also include reporting on the standard A.I.D. indicators for OTR, immunization and growth monitoring and nutrition interventions which are required of all programs receiving child survival funding. For these child survival projects, a mid-term evaluation will be a substantial part of the 2nd annual report.

The Annual Report will also include the "USAID Health and Child Survival Project Questionnaire." This must be completed each year of the agreement (including the final year and for each PVC-funded CS project. Other A.I.D.-funded agreements, such as OPGs, should be identified if there is a relationship of that grant to this grant-supported program.

During the life-of-program, program monitoring and information on a country-specific basis will be included in the annual reporting system. Field report prepared by the recipient's regional and technical specialists, as well as FVA/PVC consultants will also be included in the Annual Report.

2. Interim Reporting: Prior to the required final performance reporting date, events may occur that have significant impact upon the program outcome. In such instances, the recipient shall inform in writing the Grant Officer and the A.I.D./FVA/PVC Project Officer as soon as the following types of conditions become known.

a. Problems, delays, or adverse conditions that will materially affect the ability to attain program objectives, prevent the meeting of time schedules and goals, or preclude the attainment of program work activities by the established time period. This disclosure shall be accompanied by the statement of the action taken, or contemplated, and any assistance needed to resolve the situation.

b. Favorable developments or events that enable time schedules to be met or work activities to be performed sooner than originally projected, resulting in an earlier than planned project completion date.

3. Mid Term Evaluation: A mid-term project evaluation will be scheduled. FVA/PVC may provide an external consultant to participate. The Recipient should work closely with the FVA/PVC Project Officer to plan for this evaluation and participants. The results of this evaluation will be submitted to FVA/PVC as a mid-term evaluation report in accordance with mid-term evaluation report guidelines provided by FVA/PVC.

(NOTE: With prior A.I.D. written approval an annual report may take the place of a mid-term evaluation for expansion agreements.)

4. Final Evaluation: A final independent evaluation in collaboration with A.I.D. will be carried out in the final year of the program to evaluate program effectiveness and impact. This final evaluation must be completed prior to the expiration of the agreement. The final evaluation will be submitted to A.I.D. as part of the final report as explained below.

5. Final Report: No later than 90 days after the expiration of this Cooperative Agreement period, a Final Report following PVC final report guidelines and including items specified by the project officer is due. The Final Report includes but is not limited to, the findings of the Final Evaluation. The Final Report should follow the final evaluation guidelines, and items specified by the Project Officer. Five (5) copies will be submitted to A.I.D./FVA/PVC and one (1) copy to the Grant Office whose address appears on the cooperative agreement cover letter. (NOTE: the A.I.D. Child Survival and Health Reporting Schedule must be submitted as part of the final report as well as a full financial report including a complete pipeline analysis.)

6. Financial Reporting:

a. Financial reporting requirements shall be in accordance with the method of payment Standard Provision cited in Paragraph C, "Amount of Agreement and Payment" above.

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), Room 700, SA-2, 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 agreement.

G. Indirect Cost Rates

Pursuant to the Additional Standard Provision of this Cooperative Agreement entitled "Negotiated Indirect Cost Rates - Provisional", a rate or rates shall be established for each of the Recipient's accounting periods which apply to this agreement. Pending establishment of revised provisional or final indirect cost rates for each of the Recipient's account periods which apply to this agreement, 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 are set forth below.

<u>Type of Rate</u>	<u>Period</u>	<u>Rate</u>
Overhead (A) Level I	32.41	7/1/88 Until amended
Overhead (B) Level II	16.21	7/1/88 Until amended

Base: Total direct costs

Level I - Personnel, Travel and Allowances, Training and other Direct Costs.

Level II - Supplies, equipment and construction costs.

H. Special Provisions

Deviation to the Standard Provision entitled "Air Travel and Transportation,"

As shown in paragraph (a) of this Standard Provision, delete the following:

"The Recipient is required to present to the Project Officer for written approval an itinerary for each planned international trip financed by this grant, which shows the name of the traveler, purpose of the trip, origin/destination (and intervening tops), and dates of travel, as far in advance of the proposed travel as possible, but in no event at least three weeks before travel is planned to commence,"

and in lieu thereof substitute the following:

"Advance notification and approval by the Project Officer of the Recipient's travel intentions overseas is waived for this Agreement. All other terms and conditions of this Standard Provision remain unchanged.

Cost Element

<u>Cost Element</u>	<u>A.I.D.</u>	<u>Recipient</u>	<u>Total</u>
<u>Headquarters</u>			
Procurement	\$ -0-	\$ -0-	\$ -0-
Evaluation	-0-	-0-	-0-
Other Program Costs	57,885	-0-	57,885
Indirect Costs	18,761	-0-	18,761
Subtotal	<u>\$ 76,646</u>	<u>\$ -0-</u>	<u>\$ 76,646</u>
<u>Burkina Faso</u>			
Procurement	\$ 82,542	\$ -0-	\$ 82,542
Evaluation	8,000	-0-	8,000
Other Program Costs	324,523	205,524	530,047
Indirect Costs	123,289	-0-	123,289
Subtotal	<u>\$538,354</u>	<u>\$205,524</u>	<u>\$743,878</u>
TOTAL	\$615,000	\$205,524	\$820,524

Notes to the Budget:

1. Recipient is allowed 5% flexibility among all line items in the Budget. Within each line item the Recipient has full flexibility of funds.
2. The Recipient is expected to use its own private cost-share/matching funds for all procurement of non-expendable property estimated at over \$500 each and also for all non-U.S. procurements. This alleviates the requirement for a source/origin waiver and also places the title to property completely in the Recipient's name. Should the recipient use U.S. AID funds in acquiring non-expendable items above \$500 ea. an accounting must be made with the Grant Officer at the end of the grant period.
3. The Recipient has agreed to expend from its non-federal funds by the end of the life-of-program (LOP) period at least 25% to A.I.D.'s 75% of the total costs. The Recipient is required to meet the requirements of the Standard Provision of the Agreement entitled "Cost Share/Matching."

4. If this award was made on the basis that the recipient has offered to cost share at a rate greater than 1 to 3, the recipient is required to notify the Grant and Project Officer of any changes in the amount to be cost shared by the recipient in accordance with the Standard Provision entitled "Revisions to Grant Budget." Such a change may impact on future funding decisions under this Agreement.

5. The recipient is required to report in its Annual Reports to FVA/PVC, in their incremental Funding Request Letter, and in the Financial Status Report Form (SF 269), the total amount of cost-sharing to date. Although the recipient is required to cost share on a life-of-program basis, they are expected to expend those funds on a pro rated basis per year and not wait until the last year of the agreement to expend their cost share.

SUMMARY DESCRIPTION OF PROJECT

The proposed Africare Child Survival Project will be located in the Meguet Department, Ganzourgou Province of the Sahelian landlocked nation of Burkina Faso. This country has been targeted as an eligible country under the USAID Child Survival Competitive Grant Program for 1990.

Following discussions with officials of the Government of Burkina Faso (GOBF) Ministry of Health and Social Affairs (MOSHA) and the USAID/Burkina Faso Health and Population Officer, The Meguet Department was targeted as an ideal project area to implement a child survival program. Africare proposes to intervene in 14 of the 36 villages in the Meguet Department, reaching 75% of the approximately 30,000 inhabitants within these 14 villages. The project aims to reduce infant and child morbidity and mortality due to diarrhea, and malnutrition, and to reduce maternal mortality due to lack of access to prenatal care and shortened birth intervals.

The project is designed to promote Child Survival awareness and techniques in the project area and to strengthen the existing health care delivery system at the departmental and village levels. Project components include: (a) the training of health staff within the Meguet Department; and (b) support of the service delivery system in 14 villages within the department.

The specific Ganzourgou CS Project interventions include:

- * Diarrheal Disease Control (DDC) and Oral Rehydration Therapy (ORT) education, appropriate dietary management of diarrhea and promotion of simple preventive measures such as hand washing, use of potable water and food hygiene.
- * Growth Monitoring and Nutrition. Improved child feeding practices plus Vitamin A food promotion through vegetable gardening.
- * High Risk Birth Prevention. Improvement of Trained Birth Attendant skills in delivery and referral. Promotion of acceptable child spacing methods through education of both men and women.
- * Promotion of Immunization through community mobilization.

AFRICARE is requesting a total sum of \$615,000 from USAID to its match of \$205,524 for the implementation of the project over a period of three years. The estimated annual budgets are:

	USAID	AFRICARE
Year 1	\$ 263,359	\$ 28,901
Year 2	\$ 180,376	\$ 83,495
Year 3	\$ 171,265	\$ 93,128

PROJECT DESIGN/DURATION

Duration

Africare is requesting 36 months of funding for the Ganzourgou Child Survival Project.

Project Goals

The goals of the project are to reduce infant and child morbidity and mortality due to diarrhea and malnutrition, and to reduce high risk births due to insufficient prenatal care, poor nutrition and short birth intervals.

Project Objectives

Diarrheal Disease Control (DDC):

1. 85% of mothers residing in the project area will have knowledge of ORT (ORS packets and homemade solution).
2. 70% of mothers will know how to prepare ORT correctly.
3. 40% of mothers will use ORT for diarrhea management in their children.
4. 50% reduction in the percentage of mothers who report a reduction in the number of feedings during child diarrheal episodes.
5. 50% of mothers will report an increase in the number of feedings in the diarrhea convalescent period (relative to the period preceding the diarrheal episode).
6. 85% of diarrhea cases treated with ORT in health facilities.
7. 75% reduction in diarrhea cases treated with anti-diarrheal drugs in health facilities.

Growth Monitoring and Nutrition:

1. 25% reduction of acute malnutrition (<-2 SD, WT/HT) prevalence in children <2 yrs. relative to baseline.
2. 90% of health facilities in the project area implementing growth monitoring and nutritional activities.
3. 70% of children <2 weighed at least once every trimester in villages where health facilities provide growth and nutrition activities.
4. 25% increase in the percentage of women introducing supplementary foods at 6 months.

If Vitamin A deficiency levels--to be determined by a prevalence survey--are high enough to warrant capsule distribution:

5. 80% of children attending growth monitoring sessions receiving Vitamin A capsules.
6. 70% of women receiving Vitamin A within 2 months after giving birth.

High Risk Births Prevention:

1. 85% of AVs will be trained to recognize pre-natal care, high risk pregnancy indicators and referral indications, to administer Vitamin A postpartum and on safe delivery practices.
2. 85% of AVs as well as ASVs will be trained in child spacing promotion (advantages and rationale) and will know the department distribution points.
3. 75% of fathers and mothers will be able to cite at least one modern method of contraception and one distribution point where such a method can be obtained.
4. Reduction in the percentage of low birthweight infants born in health facilities.

Immunization:

1. 85% of children vaccinated against measles before age one.
2. 50% increase in the percentage of children completely vaccinated relative to baseline.
3. 50% increase in the percentage of women 15-49 that are completely vaccinated against tetanus.

Malaria:

1. 80% of ASVs able to administer chloroquine correctly.
2. 80% of ASVs able to cite the malarial symptoms which require referral.
3. 80% of AVs able to cite the correct dosage of chemoprophylaxis for pregnant women.
4. Increase in the number of villages where chloroquine is available.

Project Outputs

Introduction

In the Mequet Department there are 3 CSPSS and 1 dispensary as well as 27 PSPs; of which 14 will be targeted for intervention. The Ganzourgou Child Survival Project consists of two components: A) a training component and B) a service delivery component.

TRAINING COMPONENT

Africare will utilize the services and training staff of the Ministry of Health and Social Affairs (MOHSA) and the "Direction Provinciale de Sante et Affaires Sociales" (DPSAS) for the initial training at the departmental level. A training of trainers workshop, for the CSPSS and dispensary health staff, will be conducted and will cover such topics as primary health care, child survival interventions/techniques, and health education. The purpose of this workshop is to increase the staff's knowledge and improve their skills in the aforementioned subject matter, as well as to establish a core of trainers to deliver training to PSP health workers.

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Upon completion of this training, CSPS staff that cover the 14 project villages will assist in the training of PSP Community Health Teams (AVs and ASVs) within these villages. This training will take place during the third trimester of project year one. The staff of the PSPs, a combined total of 28 ASs and ASVs will be trained in: Diarrheal Diseases Case Management (ORT and Dietary Management of Diarrhea [DMD]); Growth Monitoring and Nutrition Promotion including Vitamin A prophylaxis and treatment; Malaria Treatment; Hygiene and Sanitation Promotion; High Risk Birth Prevention; and Immunization Promotion.

Village level training will focus on the Neighborhood Liaisons (NL), volunteers recruited for community organizing and program implementation. The "Institut National d'Alphabetisation" (INA) will provide literacy training for these 70 workers using health-related material available in Moore, the local language. This will prepare them for a training workshop to be conducted by PSP, Health Promoters and project staff.

NB: Five Promoters will be hired and trained to recruit, motivate and supervise the NLs. These promoters will be used as temporary project staff and will be phased out once the PSP staff assumes long-term supervision of the NLs.

SERVICE DELIVERY COMPONENT

In Mequet, the three CSPSs and the dispensary will be equipped with ORT units as well as growth monitoring equipment subsequent to the staff's training. Treatment of diarrheal episodes with the rehydration liquid (prepared with the pre-packaged ORS) will be carried-out as well as promotion of Dietary Management of Diarrhea (DMD). Similarly there will be growth monitoring of all children under three years of age monthly, under the best conditions, but at least quarterly. Children diagnosed with growth faltering and malnutrition will be followed by the staff and their parents will be provided with nutrition education.

At the PSP level there will also be ORT units and growth monitoring equipment and the ASs and the AVSs will provide ORT, DMD and growth monitoring services. At this level, they will learn to recognize severe cases which will be referred to the CSPS. The AVs and the ASVs will be charged with educating families about feeding, the process of weaning and supplementation of breastfeeding. They will also provide pre, peri and post-natal care and child spacing information.

Following their training, the NLs will be qualified for community mobilization and dissemination of information on child survival topics such as ORT, growth monitoring and the importance of good nutrition, necessity of getting immunized, and pre, peri and post-natal care.

OUTPUTS

The following are projected outputs which should be realized by the project completion date:

- At the departmental level 5 CSPS/dispensary nurses and their assistants will have been trained in the areas cited above.
- Twenty-eight trained AVs and ASVs working in 14 PSPs in Meguet.
- At the village level, the recruitment and training of 70 NLs in promotion of ORT, DMD, growth monitoring, nutrition, and immunization promotion techniques. This would have been preceded by:
 - the hiring and training of five health promoters to assist in identifying and recruiting the NLs.
- The installation of ORT and growth monitoring units in 3 CSPSs and 1 dispensary in the Meguet Department.
- ORT and growth monitoring units installed and functioning in 14 PSPs.
- A completed baseline survey measuring 1) the level of knowledge, attitudes and practices of the mothers with respect to ORT, DMD, growth monitoring, immunization and 2) anthropometric measurements and morbidity and mortality levels among the population less than three years of age in Meguet.
- A record-keeping and reporting system for project monitoring and evaluation.
- An end-of-project survey documenting changes resulting from this intervention.

Proposed Interventions

The project interventions are:

(1) DDC activities (30%). Building support of DDC activities among the village leadership. Training of Neighborhood Liaisons to inform mothers of ORT and diarrhea preventive methods (hand washing, potable water, food hygiene). Implementation of a community-supported outreach program to train 75% of mothers in DDC. Training of departmental health personnel (including 14 PSPs staff) in DDC and establishment of oral rehydration units in health facilities.

(2) Growth Monitoring and Nutrition (30%)/Vitamin A (5%). Refresher training of CSPS health personnel in the delivery and organization of growth monitoring and nutrition services. Experimentation with simplified growth charts that can be effectively utilized by AVs and AVSS having undergone literacy training. Organization and support of village community gardens

with Africare matching funds. The project will first initiate a Vitamin A deficiency assessment with Helen Keller International (HKI) technical assistance in order to determine what strategies are required. If prevalence levels warrant short-term capsule administration, these will be distributed at growth monitoring sessions and after child delivery. Other activities include the promotion of Vitamin A consumption through nutrition education and by increasing the production of food crops rich in Vitamin A through local gardening.

(3) High Risk Births Prevention (20%). Using materials already developed under the USAID-supported Family Planning Support Project, this intervention will provide: 1) child spacing education in local communities through interchange on this issue among village leaders 2) training sessions which will increase knowledge and acceptability of modern contraceptive methods among men and women and 3) refresher training of birth attendants.

(4) Immunization (10%). Immunization promotion at the community level will increase vaccination coverage of children less than one year of age, and women of childbearing age. N.B. These vaccination activities are done through the EPI.

Project Approaches

The Ganzourgou Child Survival Project proposes the following approaches:

A. The strengthening of the existing primary health care program in the Meguet Department through training at different levels. The training of the Departmental staff in the CSPSS/dispensary will help enhance the understanding of PHC and child survival among higher level health staff in the Department. They will then be more willing and able to train PSP staff in the same child survival techniques.

B. The project also proposes to strengthen the existing system through improvement of supervision. The project will come up with a supervision schedule where the CSPS staff will have to supervise the 14 targeted PSPs at least once per quarter, more often if feasible. The PSP staff (ASs and AVSs) with the assistance of the health promoters, will be responsible for supervision of the NLs. The project intends to develop improved methods of supervision which will remain intact after the departure of Africare's local personnel.

C. The last approach of this project is to help provide direct services to the population of Meguet by opening ORT units and growth monitoring units in the 3 CSPSS and the dispensary, as well as 14 of the PSPs within this department, and by improving pre, peri & post-natal care, management of Vitamin A deficiency and prevention of Vitamin A deficiency.

Country Project Summary Table (See Format E)

The data are obtained from an extrapolation of GOBF 1985 census data using the national 2.68% growth rate.

Existing Africare Programs

In recent years Africare's interventions have been located in the northern and southwestern provinces of Burkina Faso. In these regions there are extensive child survival activities. Ganzourgou Province has been proposed by the Ministry of Health and USAID for Africare's Child Survival Project Proposal as Ganzourgou has not benefited from targeted PVO support. With the exception of the EPI program, it has benefited little from outside support to its Maternal/Child Health activities and thus has been designated by the MOHSA as a priority area for intervention.

Compatibility with USAID and Host Government

The Ganzourgou Child Survival proposal is compatible with USAID and GOBF health priorities in several ways. In its most recent five year plan, the government of Burkina Faso stresses the importance of maternal/child health programs, improved immunization coverage, educational efforts to promote family planning, and achieving a reduction in the rate of malnutrition. The USAID mission in Burkina Faso fully supports the extension of DDC programs to under-served provinces and efforts to increase Child Spacing Education and strengthening of growth monitoring/nutrition promotion program. The choice of Ganzourgou was fully supported by the USAID Health and Population Officer.

Contacts With In-Country Agencies

USAID. USAID is developing a comprehensive health and population program with components in Family Planning/Maternal-Child Health, Nutrition Communication, Diarrheal Disease Control, Health Cost Recovery and Health Planning. The USAID Health and Population Officer was consulted during each phase of the design of Africare's Ganzourgou Child Survival Proposal.

PRITECH. USAID currently supports a DDC program in four (4) provinces through PRITECH. In Phase II, this program will expand to include an additional 4 provinces. Contacts have been made with the PRITECH representative for access to PRITECH tested training and educational materials and close collaboration if the project is funded.

UNICEF. UNICEF has a national immunization program as well as a DDC and nutrition program. UNICEF collaborates closely with PRITECH for its DDC activities and has now adopted the PRITECH training program. Its nutrition program includes a Vitamin A

project, implemented in association with Helen Keller International (HKI). HKI has also been contacted for technical assistance in vitamin A nutrition education and implementation of vegetable gardening projects should the project be funded.

MINISTRY OF HEALTH AND SOCIAL AFFAIRS. A variety of contacts have been made with Ministry bureaus. In addition to the Research and Planning Bureau (Direction des Etudes et de Planification), Ministry Representatives from the following bureaus were also contacted: Primary Health Care, Diarrheal Disease Control, Maternal and Child Health Services; Family Planning, Malaria Control and Nutrition.

INSTITUT NATIONAL D'ALPHABETISATION. Once it was discovered during the compilation of the research in the project region that literacy would pose a problem to the expected outputs of the project, the Institut National d'Alphabetisation was contacted regarding their literacy programs in health. Health materials used in training have been written and designed in the local language, Moore. The literacy training component will be an invaluable resource in realizing the objectives of the proposed Child Survival project.

Community Participation

Community participation is an integral part of the project strategy proposed. The Health Promoter will identify strategic community members, work with them and train them to plan, execute and auto-evaluate project activities. Close collaboration with the community is required not only for the project to succeed, but indeed for it to begin. Direct communication with villagers through the network of Neighborhood Liaisons, AVs, ASVs and the Health Promoters will ensure that community needs and priorities are heard and are integrated to the fullest extent possible into project activities.

Private Sector Support

Private sector support of the DDC program is sought through the collaboration with local pharmacy managers in the use and promotion of ORS packets which are sold for profit.

HUMAN RESOURCES

Key Positions

The key positions in the Ganzourgou Child Survival Project are as follows:

- a. Project Coordinator (36 months)
- b. Co-Coordinator (36 months)
- c. Promoters (5 x 24 months)

Project Coordinator

The Project Coordinator will be an expatriate with an advance degree in a Health related field (Primary Health Care/Maternal-Child Health) and a minimum of 3 years of professional experience in project development/planning/coordination in an African rural health setting. Fluency in French is crucial (minimum FSI 3). Computer skills (statistical packages) also sought. The Project Coordinator will be responsible for the planning, implementation, and monitoring of project activities. S/he, working in collaboration with DPSAS health officials, is responsible for the technical aspect of training and will be primarily responsible for the coordination of the surveys and follow-up instruments to monitor and evaluate the project. S/He will work closely with a Burkinab counterpart. The Project Coordinator is also responsible for establishing and maintaining good relations with provincial health and administrative officials as well as collaborating agencies (USAID, PRITECH, UNICEF, MOHSA, etc).

Co-Coordinator

The Co-Coordinator will be a Burkinab M.D. with at least 2 years of experience in a rural health setting in a supervisory position or a Registered Nurse with Public Health Training, extensive experience in Burkinab rural health settings (including Services Maternels et Infantiles, SMIs), and at least two years professional experience in project management. The Co-Coordinator will assist the Project Coordinator in all aspects of the project implementation helping him/her familiarize with the MOHSA health structure, and personnel.

Health Promoters

The Health Promoter has some secondary school training, is willing to live in a village setting, and has personality characteristics compatible with the job requirements. The primary role of the promoter is to mobilize the community for Child Survival training of families via close collaboration with the existing PSP Team and the building of a Neighborhood Liaison network. The Health Promoter is responsible for identifying the NLs within the community. He or she will also ensure their training (via the PSP Team as much as possible) and monitor the quality of the education provided by the NLs to the community.

AID 1350 1
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*PIO:T

AGENCY FOR
INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION
ORDER/TECHNICAL
SERVICES

1 Cooperating Country

Centrally Funded

Page 1 of 2 Pages

2. PIO:T No

See Attachment

3. Original or
Amendment No. _____

4 Project Activity No. and Title

Africare

DISTRIBUTION

5. Appropriation Symbol

See Attachment

6. Budget Plan Code

See Attachment

7. Obligation Status

Administrative Reservation

Implementing Document

8. Project Assistance Completion Date

(Mo., Day, Yr.) August 31, 1993

9. Authorized Agent

AID/W

10. This PIO:T is in full conformance with PRO/AG No.

Date

11a. Type of Action and Governing AID Handbook

AID Contract
(HB 14)

AID Grant or
Cooperative Agreement
(HB 13)

PASA-RSSA
(HB 12)

Other

11b. Contract/Grant/Cooperative Agreement/
PASA/RSSA Reference Number (if this is
an Amendment)

12. Estimated Financing (A detailed budget in support of column (2) is attached as Attachment No. _____)

Maximum AID Financing Available	A. Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
		-0-	615,000	-0-	615,000
B. U.S.-Owned Local Currency					

14A. Instructions to Authorized Agent

SER/OP/W/MS is requested to execute a three year agreement with Africare for a new child survival project in Burkina Faso. The project should be effective from September 1, 1990 to August 31, 1993. Total LOP is \$615,000 (\$575,000 from the Child Survival Fund and \$40,000 from Vitamin A). Please clear this grant with Project Officer before sending to the PVO. Attachments: See page 2.

14B. Address of Voucher Paying Office

AID/FVA/PAFD, Washington, D.C. 20523.

15. Clearances—Include typed name, office symbol, telephone number and date for all clearances.

A. The Project Officer certifies that the specifications in the statement of work or program description are technically adequate. FVA/PVC/CSH: SMorawetz	Phone No. 32627	B. The statement of work or program description lies within the purview of the initiating office and approved agency programs. FVA/PVC/IPS: Watlington	Date
	Date 5/23/90		Date 5/25/90
C. FVA/PVC/CSH: JMcEnaney	Date 5/23/90	D. Funds for the services requested are available	Date
E. FVA/PPM/PMS: EJefferson	Date 5.25.90		

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

Signature _____ Date _____

Title _____

17. For the Agency for International Development

Signature Robert A. Zaid Date 5/29/90

Title Carlos Quiros, Director, FVA/PPM

*See HB 3, Sup A, App. C, Att B, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action

FUNDS RECEIVED BY:
 Initials: *R.A. Bennett*
 Date Posted: 5/30/90
 FVA/FMA/A/PNP

Grantee: AFRICARE

Project No.: 938-0284
Appropriation No.: 72-1101021.3
Allotment: 043-38-099-00-76-01
Budget Plan Code: EDNA-90 13810 KG11
Amount: \$ 40,000
Obligation No.: 0381206

Project No.: 938-0500
Appropriation No.: 72-1101021.7
Allotment: 047-38-099-00-76-01
Budget Plan Code: EDCA-90 13810 KG11
Amount: \$ 575,000
Obligation NO.: 0385014

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

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