

Agency for International Development
Washington, D.C. 20523

442-0102

PDFCV493

AUG 29 1991

Mr. Joel Lamstein
President
World Education
210 Lincoln Street
Boston, Massachusetts 02111

Subject: Grant No. ANE-0102-G-00-1042-00

Dear Mr. Lamstein:

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 World Education (hereinafter referred to as "WE" or "Grantee") the sum of \$249,216 to increase the preventive health services provided by existing NGOs. A nonformal education component will be introduced which makes mothers active participants in health care by providing them with necessary basic information about maternal health and child survival interventions.

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 on the effective date and ending November 30, 1991.

This Grant is made with WE 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 Cover Letter to acknowledge your receipt of the grant, retain one copy for your files, and return the remaining copies to the undersigned.

Sincerely,



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

Attachments:

- 1. Schedule
- 2. Program Description
- 3. Standard Provisions

Acknowledged

World Education:

By David W. Kahler
 Name/Title DAVID W. KAHLER, VICE PRESIDENT
 Date September 10, 1991

Fiscal Data

PIO/T No.:	442-0102-3-1633162
Appropriation No.:	72-1111021.7
Budget Plan Code:	QDCA-91-33442-IG-15
Duns No.:	07-327-2692
IRS Employer ID No.:	131804349
Total Estimated Grant Amount:	\$249,216
Total Amount Obligated:	\$249,216
Technical Office:	A/PCAP, Mike Feldstein

ATTACHMENT I

SCHEDULE

A. PURPOSE OF GRANT

The purpose of this Grant is to increase the preventive health services provided by existing NGOs by introducing a nonformal education component which makes mothers active participants in health care by providing them with necessary basic information about maternal health and child survival interventions, 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. The expiration date of this Grant is November 30, 1992.
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 \$249,216.
2. AID hereby obligates the amount of \$249,216 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

Labor	\$ 94,447
Allowances	\$ 12,500
Travel and Per Diem	\$ 26,944
Training Costs Materials Dev.	\$ 10,000
Community Based Health Education Programs	\$ 20,400
Materials Production	\$ 10,000
Other Direct Costs	\$ 6,300
Indirect Costs 38%	<u>\$ 68,625</u>
TOTAL PROJECT COSTS	<u>\$249,216</u>

The budget estimates for AID funded items are illustrative. In no event will total costs exceed the maximum amount of the Grant, \$249,216.

E. REPORTING AND EVALUATION

1. Project Reports

WE 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 WE 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.

9. Local Cost Financing

This grant authorizes the use of local cost financing, provided such financing falls within the legitimate needs of the program description applicable to this Grant and does not exceed the following limitations:

1. Procurement locally of items of U.S. origin up to a per transaction limit of the local currency equivalent of \$100,000.

2. Procurement locally of items of non-U.S. origin up to a per transaction limit of the local currency equivalent of \$5,000.

3. Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:

- a. utilities—including fuel for heating and cooking, waste disposal and trash collection;
- b. communications—telephone, telex, fax, postal, and courier services;
- c. rental costs for housing and office space;
- d. petroleum, oils, and lubricants for operating vehicles and equipment;
- e. newspapers, periodicals, and books published in the cooperating country, and
- f. other commodities and services (and related expenses) that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country.

In cases where local cost procurements are expected to exceed the above limitations, the Grantee must obtain approval from the Grant officer prior to proceeding with the procurement.

Except as otherwise changed by the above limitations, the conditions of the Optional Standard Provision entitled Local Cost Financing (November 1988), hereby incorporated into this Grant, apply, including paragraphs (b), (c), (d), (e), and (f).

The total estimated cost and the obligated amount of this Grant remain unchanged.

All other terms and conditions of this Grant remain unchanged.

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 38.0%

BASE: Total direct costs excluding subcontracts, subgrants and equipment.

PERIOD: 7/1/90 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.

PROGRAM DESCRIPTION

Attachment II

Supporting Child Survival in Cambodia: Using Nonformal Education to Reinforce and Sustain Direct Delivery of Maternal and Child Health Services

Part I: Executive Summary

World Education proposes a one-year maternal and child health nonformal education project to broaden child survival activities in Cambodia and to reinforce and strengthen the efforts of NGOs already engaged in health care delivery in the country, and who may be experiencing difficulties in creating and sustaining demand for their services. The project will produce health education materials in Khmer and design community health education activities for use by NGOs with family members with low levels of literacy, thus making women active, rather than passive, participants in health care. Materials will focus on six vital areas associated with decreasing infant mortality and morbidity and maternal mortality and morbidity: controlling diarrheal and vector borne diseases; safe delivery and care of newborns; breast feeding; immunization; nutrition; and water and environmental sanitation.

The World Education Maternal Health and Child Survival Nonformal Education Program is designed to enhance the potential of NGO preventive health services by introducing a nonformal education component which increases services by providing mothers with basic information about maternal and child health interventions. The program and the materials will seek first to instill positive maternal attitudes toward health practices, then provide the necessary information and skills which will enable mothers to take positive action to ensure better health for children.

During the year-long project, WE staff will:

- (1.) develop health materials for low level literates;
- (2.) train staff in the their integration into on-going NGO health and community development activities;
- (3.) implement community-based health promotion activities and increase the outreach and effectiveness of NGO health care delivery; and
- (4.) develop a cadre of NGO trainers who can sustain and replicate the project in other districts and provinces.

If an extension of AID support to the project were to be available for subsequent years, the project experience would be replicated in adjacent districts in the same province. The expansion strategy would rely on participation of staff involved in the first year's activities, further strengthening NGO institutional capabilities to deliver more effective and efficient health care activities. In a third year, expansion of the project

would be broadened, solidifying the nonformal health education capabilities of a larger number of NGOs.

Funding in the amount of \$249,216 is requested of AID for the one-year project. World Education's cash contribution to the project is estimated at \$43,470, including in-kind contributions of \$16,900.

Part II. The Project

1. Background and Justification

As Cambodia moves to rebuilding after years of war, the general needs in the health sector are staggering. A February 1991 report on the national health situation for the NGO Forum on Cambodia describes a system of health care which is heavily curative in nature and sorely lacking on the preventive or promotive side. Infant mortality rates are very high, 133 per 1,000 live births. The main causes of mortality among children are diarrhea, respiratory infections and dengue fever. The maternal mortality rate is 900 per 100,000 live births, with only 16% of deliveries in rural areas taking place in health facilities and without pre-natal consultations, thus the prevalence of tetanus and other infections which are the major causes of maternal mortality.

Morbidity rates are high, and mainly for diseases which are preventable. Malaria is the largest health problem in Cambodia. It is estimated that between 1.5 and 2 million people are affected by the disease, with a prevalence of Plasmodium Falcifarum, the most serious and malignant of all malaria strains. Tuberculosis ranks second with roughly 20,000 new cases reported each year. Only 10,000 of these cases can be treated each year due to lack of trained personnel and lack of and irregularity of drugs. The third major cause of morbidity and mortality among children, especially those aged 3-6, is dengue hemorrhagic fever.

Malnutrition remains a chronic problem among children and contributes substantially to the high infant mortality and child morbidity rates. It is estimated that at least 16% of children under five are moderately and 3% severely malnourished. In rural areas, well over 90% of all mothers nurse their children. Yet, wide spread practices like not breast feeding infants for the first four days deprive children of the immunological benefits of colostrum.

Limited access to potable water and sanitary toilets, and generally poor environmental sanitation, all contribute to situations which lead directly to diseases like typhoid fever, diarrhea, parasitism and dermatosis. These conditions also contribute to the spread of vector borne diseases like malaria and dengue fever.

When the foregoing situation is coupled with the long term effects of war and a poorly developed and underutilized health care delivery system which is largely curative in nature, the resulting picture is indeed one which is grim--especially when many of the diseases and conditions resulting in high infant mortality and morbidity rates are precisely those which are preventable.

2. World Education Institutional Capabilities

World Education is an AID-registered, Boston-based private voluntary organization (PVO) which has worked internationally in the field of basic education since 1951. Founded in India, the organization has traditionally worked through national structures and nongovernmental organizations to provide services to socially and educationally disadvantaged adults and youth. Most World Education projects involve the strengthening of local capabilities to plan, implement and evaluate long-term development activities, thus contributing to the overall potential for sustainability of the development effort.

World Education has been a pioneer in promoting the use of learner-centered, participatory educational approaches in the Third World, particularly in the fields of small enterprise development, literacy and family life education. In recent years, this approach has been used successfully in maternal and child health education, in nutrition education, and in environmental education where individual and family action on technical messages depends heavily on the development of positive attitudes by mothers and other family members.

In the field of health education and training of health workers, World Education has implemented the following projects:

In the Philippines, World Education staff have provided assistance to UNICEF on the development of a nonformal education component in support of a larger maternal and child survival program. WE efforts have focused on the creation of a national core of trainers drawn from the five line agencies participating in the Area Based Child Survival Development (ABCSD) Programme and the creation of a highly participatory materials development process to be used in creating female functional literacy materials. The national team has then carried out the materials development process with line agency implementing staff in the seven poorest provinces of the country. As a result, the project has developed seven sets of situation-specific nonformal education materials on maternal and child health themes for use with mothers with low levels of literacy skills. The materials are being used successfully in health education programs for mothers and older girls, and there are indicators that participation in the NFE programs has increased women's and girls' participation in other development activities, including their efforts to access direct medical and health services.

In Nepal, World Education has worked with the Ministry of Education for over a decade on the development a community-based education and development program, which has over time become the national literacy program. Health topics figure prominently in the four sets of highly participatory, learner-centered literacy materials which have been developed by the program. In collaboration with John Snow, Inc., World Education staff in Nepal produced a Nepali version of "Where There Is No Doctor" for use with semi literate health workers in rural areas. For PIACT/PATH, World Education staff developed a set of basic literacy materials on birth spacing, which included the development of new terminology for the concept of birth spacing itself. Both sets of

materials have been used successfully by the two organizations and have now been adopted for use by both national and international NGOs.

In the People's Republic of China, World Education staff have provided technical assistance to UNICEF and UNFPA on the design of a program to be used in training trainers of township and village doctors in the PRC's new maternal and child health scheme. Working with a group of Chinese trainers, WE staff developed a basic training design which introduced trainers to new nonformal education methods are then integrated with existing modules on safe delivery, nutrition, family planning, control of diarrhoeal diseases and the control of upper respiratory infections.

In addition to these major activities, WE staff have provided technical assistance on health training and health education issues to community-based organizations, ministries of health, and nongovernmental organizations and the private sector in Thailand, Indonesia, India, Sri Lanka, Mali, and the United States.

3. Program Objectives

The overall goal or development objective of the World Education Maternal Health and Child Survival Nonformal Education Program is to increase the preventive health services provided by existing NGOs by introducing a nonformal education component which makes mothers active participants in health care by providing them with necessary basic information about maternal health and child survival interventions. The program will seek first to instill positive maternal attitudes toward health practices, then provide the necessary basic information and skills which will enable mothers to take positive action to ensure better health for their children.

The immediate objectives of the World Education Maternal Health and Child Survival Nonformal Education Program are:

- a. to develop a set of maternal health and child survival related nonformal education materials which are used in NGO community based health education programs for mothers and families with low levels of literacy skills. The materials will focus first on the development of positive attitudes about new and appropriate behaviors toward health practices which will lead to decreased infant mortality and morbidity. The materials will incorporate a community-based approach in an effort to increase usage of health services and strengthen the role of people in their own health development. This means that materials will reflect and respect local customs and practices as new practices are introduced. At the same time, health materials and health education activities will take a holistic approach to health issues, demonstrating what mothers can do themselves before presenting themselves and family members for treatment. For example, eradicating malaria is not just a preventive health issue; it is a long-term community undertaking which requires changes in attitudes about environmental sanitation. It also requires community commitment to identifying alternative solutions for controlling the spread of malaria which are within the community's economic reach as well as personal awareness of the effects and importance of prophylactic agents.

b. to train community health facilitators who will use the nonformal education materials in learning groups in community locations where collaborating NGOs already have development projects. The project will recruit and train 20 community health educators who are community members living in areas served by the participating NGOs. The community health educators will participate in the process of developing the health education materials, thus developing their understanding of nonformal education and the health education materials through first hand experience. The community health educators will be paid a modest salary and travel stipend by the project and will be assigned to work with participating NGOs during the year. It is expected that the participating NGOs will then engage the community health educators as their staff at the end of the project.

c. to develop a multiple agency approach to dealing with health issues at the grassroots level which ensures maximum coverage by the existing resources and infrastructure while fostering collaboration among agencies engaged in service delivery and educational efforts at the grassroots level. For example, controlling diarrheal diseases is not just a health service delivery problem (ORT), but involves working to provide safe drinking water and a cleaner environment. Thus, the multiple agency concept can be viewed in two ways: there is an opportunity for staff from different sectors to participate in the project as well as an opportunity for staff from different NGOs to participate in the project.

d. to seek ways to institutionalize both the process and the materials in the collaborating NGOs and their existing infrastructures and in community-based programmes of other agencies cooperating in the effort. By engaging staff from collaborating NGOs in the materials development process, the process is institutionalized. NGOs experiment with the process, help develop materials and design health education activities. Experience has shown that NGO often find the NFE process directly applicable to other facets of their work. Experience also shows that materials are quickly institutionalized once they have been developed by NGO staff themselves, and "field tested" in the context of existing NGO programs, with revisions made on the basis of individual program needs and constraints.

A logical framework for the proposed project is included in Annex A.

4. Proposed Project Elements and Activities

4.1. Nature and Scope of Inputs and Activities.

As was stated, the intent of the project is to expand health service delivery by making current NGO activities more effective, especially with groups with low levels of literacy skills. While the focus is on service expansion, the nonformal education process will also help institutionalize effective training and health promotion activities. The process of expanding health service delivery in this project includes:

a. Selecting Initial Project Area for NGO Health Promotion Activities

In the first month after project start-up, WE staff will select one district for the initiation of the first year's activities. Staff will select a province which is already known for its receptivity to external NGO involvement in providing community development and health projects. Prey Veng province has been suggested in initial discussions in the field as both OXFAM/America and Mennonite Central Committee are dealing with health service delivery there. The final selection will be made by World Education staff in collaboration with NGOs working in Cambodia, particularly those wanting to associate themselves with the project and benefit directly from its assistance with maternal and child health promotion activities.

Once the province and district are selected, WE staff and staff from collaborating NGOs will survey maternal and family health knowledge, attitudes, and practices in the district. This will be accomplished during the first three months of the project. The survey will provide the project with:

- (a.) base line data for later comparisons when project impact is assessed and, most importantly,
- (b.) information to be used in developing community health promotion materials so that materials are based on local practices and needs.

Information on health practices (good or bad) which are cultural, social and economic is extremely important data to have on hand as it serves as the basis for developing health messages and health education activities which have an optimal chance for influencing maternal decision making on health issues.

b. Building a Team of NGO Health Facilitators

Concurrent with the survey of maternal and family health knowledge, attitudes and practices, WE staff will work with participating NGOs to create an interagency team of health facilitators and trainers drawn from the participating NGOs and the communities they serve.

During the fourth month after project start-up, a two-week centrally organized workshop will be designed and implemented for the team. This training will:

- (a.) provide facilitators with a basic introduction to nonformal education methods in order to create a common understanding and vocabulary about the methodology to be used in the overall NFE component;
- (b.) outline and clarify the basic steps involved in an NFE materials development process; and

- (c.) develop a tentative list of content areas which represent the potential contributions of each of the collaborating agencies in the areas of child survival and improved maternal health.

The team will familiarize itself with the basic messages presented by the collaborating agencies and will use other more neutral materials acceptable to all the participating line agencies, like UNICEF's Facts for Life, for example.

c. Developing the NFE Health Promotion Materials and Activities

The first NFE Materials Development workshop, to be held in conjunction with the initial team building exercise in the fourth month of the project, will be designed to bring together representatives of the various collaborating NGOs involved in delivering maternal and child health services in the district and the community health educators. Workshop participants should be, as often as possible, those working most closely with the very mothers and older girls whom the program hopes to recruit. With this level of agency staff, within a two week period, the team and participants are able to develop a basic set of 30-40 lessons in the form of a facilitator's guide and other support materials like flip charts and demonstrations.

The NFE materials themselves are kept fairly simple. The goals of the materials center around changing maternal attitudes about child and maternal health practices and helping mothers become active participants in health care, taking actions which will result in higher child survival rates and lower maternal morbidity rates. Functional content related to maternal and child health are linked with literacy and numeracy skills in an effort to demonstrate to mothers how basic literacy skills can enhance their abilities to take action on health messages. The reasoning is the following: if mothers have health knowledge without positive attitudes, that knowledge is not very useful and may well not be acted on. Similarly, there are a number of health related skills that the national team wants mothers to develop. Many of these skills are linked to positive attitudes, and require a certain (albeit low) level of technical knowledge and literacy.

During initial materials development sessions, potential topics to be included in the materials are discussed and specific content/messages are identified in large group discussion. Objectives are developed for each key concept, and are written in measurable behavioral terms, with a clear indication of what mothers are expected to do at the end of the lesson. In the case of breast feeding, for example, the objective for the lesson may be for mothers to understand the value of colostrum and to recognize that colostrum is safe and healthy for their babies to drink and that babies do not need any other food while waiting for mother's milk to come. At the end of the lesson, mothers should themselves be able to explain the benefits of colostrum: presence of antibodies, richness, cleanliness, etc. Then, the literacy and numeracy elements of each lesson are identified, listed and sequenced.

Work groups then draft the lessons, step by step, being as specific as possible about what they want the facilitator to do and say with the

learners. As each lesson is developed, the work group prepares evaluation exercises designed to measure learners' mastery of the functional content, the literacy elements and the numeracy skills introduced in the lesson. See Annex B for two samples of lessons on safe pregnancy developed for use by health education facilitators working with sea gypsy communities (Lesson 16) in Sulu Province, Philippines and another (Lesson 12) working with a landed population in the same province.

In past programs, the facilitator's guides were organized around the following themes: the roles of women (4 to 6 lessons); pre-natal care and safe delivery (4 to 6 lessons); care of newborns, breast feeding, immunization and common childhood illnesses (8-12 lessons); nutrition (4 lessons); first aid and herbal medicines (2-4 lessons); and water and sanitation (4-6 lessons). This allocation of lessons by specific theme varies depending on national and local priorities.

In constructing the materials development process and the NFE materials themselves in other country settings, the interagency team and provincial participants have encountered two major constraints. First, the materials development process runs against traditional practice in developing health education materials, which often places unequal emphasis on Knowledge, Attitudes and Skills. The basic NFE approach also runs counter to much current health education practice by suggesting that the primary job of community health facilitator or health educator is to ask mothers what they are doing and engage them in discussion about health practices rather than preaching to them. With these two major challenges often facing a maternal and child health NFE program, the K(nowledge) A(ttitudes) and S(kills) principle has to be reformulated to ASK (Attitudes, Skills and Knowledge), thus placing emphasis not only on what the facilitator is to do but also on the development of critical attitudes. The team's task is to make sure these principles carry over not only into the materials which are developed, but also into the process which is being used to develop the materials.

Experience in the Philippines and elsewhere has demonstrated the need to plan for a second level of materials development workshops, in which the draft materials are further enriched and refined, and in which interagency participation is further emphasized. Similarly in Cambodia, a second materials development workshop will be planned, at the end of which a finalized set of draft materials will be ready for field testing. The product for the field test will be a full set of materials: facilitator's guide, flip charts, word and sentence cards for key concepts and other visuals like discussion pictures.

d. Using the Maternal and Child Health NFE Materials in Community Health Promotion Activities

The individuals recruited by the project to become community health facilitators/educators are the people who will plan and implement health education activities as part of the on-going programming of collaborating NGOs. Their training will be an example of how to carry out a nonformal health education activity, and will include facilitator involvement in the design and development of health education materials and visual aids. The

training of community health educators will be highly participatory, will focus on the development and communication of positive attitudes on the part of the facilitators, and will emphasize the importance of the learner-centered approach advocated in the maternal and child survival NFE materials.

Starting in the fifth month of the project, the community health educators will begin using the materials they have helped develop in community health education sites. The sites will be selected by the participating NGOs and the communities they serve. Maternal and child survival health education activities could be scheduled in existing clinics, health posts, in homes or central community sites. Where necessary, the project will provide assistance to the community and the health educator in improving the site so that it is more usable. All health materials and visual aids will be provided for the community health educators by the project.

The materials will be designed for use with family members with low levels of literacy skills. Each lesson begins with a picture discussion activity which seeks to do a number of things. For example, in the first lesson on immunization, the discussion is structured to find out what current immunization practices are and why mothers may view immunizations positively or negatively. At the same time, the discussion creates a level of oral fluency around the topic being discussed. This process of finding out where participants are both in terms of knowledge and practice on the specific concepts provides the facilitator with valuable information before she or he launches into the lesson proper. As the discussion in the lesson proceeds, the job of the facilitator is to reinforce basic principles about immunization which come from the learners, correct any misinformation which may have been suggested by mothers, and in general, to summarize and reinforce what the mothers have said.

After the picture discussion in each lesson, literacy and numeracy elements are introduced using a whole word approach, followed by syllable practice. For instance, in the breast feeding example of "Mother's milk is best milk for baby", the words presented in written form to the mothers are the words "breast", then "milk", then "best", with the words for "mother" and "baby" having been presented in a previous lesson. After practice with the three new words, and a review of words from previous lessons, the facilitator returns to the key concept, "Mother's milk (or breast milk) is best milk for baby." By the end of the lesson mothers have read a whole sentence which, in this case, is the key concept.

4.2. Project Beneficiaries

There are two levels of beneficiaries foreseen in the NFE Maternal Health and Child Survival Health Education Project. They are:

- o children, mothers and families, in both rural and urban settings, who are currently being under served by existing NGO and community health delivery systems. A major objective of the project is to make mothers active participants and actors in their own health care.; and

- o NGOs currently working in health care delivery and community development who are interested in upgrading their abilities to provide more up-to-date messages focussing on preventive health care so as to extend services and make them more effective and efficient and effective.

The general status of the first group of beneficiaries has been reviewed in an earlier section of this proposal.

4.3. Development Context of the Proposed Project

Several NGOs are involved in maternal and child health care delivery activities in Cambodia. Many of those activities have been emergency in nature and focus largely on the curative side of the health care delivery equation. The World Education NFE Maternal and Child Health Education Project will work with NGOs already engaged in service delivery and help them expand their coverage. Rather than be duplicative in nature, the project is designed to support and extend existing PVO services thus maximizing potential for improved maternal and child health.

In Prey Veng Province, which is a potential site for World Education's program, two American PVOs are currently working in health and community development activities. They are the Mennonite Central Committee (MCC) and OXFAM/America (which is working through PADEK, a consortium of five NGOs implementing projects jointly in several areas of the country).

Preliminary, and very positive, discussions have taken place with staff of both organizations. World Education, MCC and OXFAM (PADEK) have explored areas of mutual concern and the potential for collaboration on health education issues in support of the work of each organization. In the case of MCC, which has carried out some public health and MCH work with traditional birth attendants, health education around preventive measures is a high priority. In the case of the PADEK project, health education is not scheduled to come on line as a program area until early 1992 once the project's two community development workers have carried out a more in-depth survey of health needs and issues. Although additional discussions would need to take place in the field, it would appear that the World Education project would be able to make timely contributions to the expansion of each group's existing and proposed health care delivery projects.

4.4. Cost Per Beneficiary

Although many project decision about sites and exact communities to be served have yet to be finalized, it is possible to make rough projections about cost per beneficiary. In making these projections, one should keep in mind that the initial investments in the one year project have a longer life than the project itself. Two NGOs will have experimented with and institutionalized a materials development and nonformal education process. Twenty community health educators will have been trained and will have taken up positions within the context of the health programs of the two participating NGOs. Materials will have been developed not only for use with the first participants in maternal and child survival health education

activities but will be ready for use with a larger number of beneficiaries in subsequent cycles.

Assuming that the project works with two NGOs during the next year, and assuming that 20 community health educators are trained and carry out two cycles of maternal and child survival health activities, the project could feasibly reach between 1,600 and 2,000 participants in the first two cycles of activities. If one assumes that those 2,000 participants are members of families of at least 4 persons, the direct beneficiary total could be 8,000.

If one stops the assumptions at 2,000 participants, the cost per beneficiary is roughly \$125. If one continues to the level of participants' families, the cost per beneficiary could be as low as \$31.25.

4.5. Government Approval of Proposed Project

World Education has been counseled that the proposed project will have to be approved by the Ministry of Health and the Prey Veng Health Committee. We do not anticipate problems with approval at the level of the Ministry of Health as there is a Vice Minister from Prey Veng Province who has facilitated the approval of several other health projects for the province in the recent past. An adequate level of cooperation is also said to exist at the level of the Prey Veng Health Committee. Working with and through PVO programs already functioning at the local level is viewed as a very positive point in gaining approval.

5. Projected Outcomes

The projected outcomes of the first year of this project include the following:

- o improved nutritional practices, development of positive maternal attitudes and practices toward breast feeding, birth spacing, immunization, and the control of diarrhoeal diseases; (This data will be collected in the context of existing NGO health care programs participating in the project.)
- o a well designed set of basic nonformal education materials to directly enhance maternal and child health service delivery programs in both urban and rural areas;
- o the institutionalization of an NFE materials development and training process within a number of NGO projects and within the NGOs themselves;

6. Program Management

6.1. Staffing

In the United States. Technical oversight for World Education's Maternal Health and Child Survival Nonformal Education Program will be provided by Dr. David W. Kahler, head of World Education's Training and Organizational

Development Division and the staff person responsible for the development of World Education's most recent maternal and child health education programs. Dr. Kahler will also provide short term technical assistance in the field on the design of training and materials development workshops. Additional technical assistance in the field will be provided by Dr. Mary Carnell, M.D. who has extensive child survival experience in the third world. Resumes and AID Biodata sheets for both Dr. Kahler and Dr. Carnell are included in Annex C.

Dr. Kahler is a vice president of World Education and has 26 years of development experience. He holds a doctorate in education with a specialization in curriculum design. In the recent past he has provided technical oversight and direct technical assistance to health and environmental training programs in several Asian countries including the Philippines, People's Republic of China, India, Sri Lanka, Indonesia and Bangladesh.

Dr. Carnell is an M.D. who also holds an MPH in International Health. She currently is a senior technical officer for the Resources in Child Health Project, where she has provided short-term technical assistance worldwide in immunization and acute respiratory infections. Specific projects which she has backstopped have been located in Philippines, Bangladesh and Haiti. She has provided short term assistance to projects in Chad, Mali, Kenya and Rwanda.

In Cambodia. The project will be directed in Cambodia by a health educator with a masters in public health. Several candidates for the position have been identified and have indicated a strong interest in the position. Once the grant is awarded, WE will proceed with recruitment. The health educator will be responsible for the day to day operations of the project on the ground and the design and implementation all training and materials development activities carried out through the project. He/she will provide all necessary liaison with NGOs and any necessary interactions with the government. The project director will prepare bi-annual reports for AID, and monitor all field level expenditures.

6.2. Implementation Plan

Major program tasks	Completion date
1. Select initial project area/site	Month 1
2. Survey maternal and child health knowledge, attitudes, skills in site district/province	Month 3
3. Create interagency team of trainers and recruit community health educators	Month 3
4. Organize and implement initial work-for team of NGO trainers and community educators	Month 4

- | | |
|--|------------|
| 5. Prepare first draft of NFE health materials | Month 4 |
| 6. Select health education sites/organize activities/prepare sites and begin maternal and child survival NFE health education activities | Month 5-6 |
| 7. Evaluate first six months' activities | Month 6 |
| 8. Prepare first report for AID | Month 6 |
| 9. Revise materials and health education activities as necessary on basis of first cycle of activities | Month 7-8 |
| 10. Organize/implement second cycle of maternal and child survival NFE health education activities | Month 8-11 |
| 11. Evaluate second cycle of activities with NGO participation | Month 12 |
| 12. Prepare second report for AID | Month 12 |

7. Sustainability

The proposed project is designed to strengthen the capabilities of NGOs to expand existing health care delivery in Cambodia by involving staff from those NGOs in two critical program tasks: the development of maternal and child survival health education materials which focus on preventive health measures and the training of community health educators who will be available to work in NGOs programs.

At the end of the year, it is anticipated that staff from 3-5 NGOs will have worked with World Education staff and some 20 project community health educators on the design and use of materials developed in the project. NGO staff will have mastered the materials development process, as will the community health educators. NGOs will have used the materials to expand their health care delivery systems and reached increased numbers of mothers and other family members with critical health messages. NGOs will have worked with the project's community health educators, and will have begun to look for ways to incorporate both these human and material resources into their on-going program work in the area of maternal and child survival health.

While continued inputs from AID would be desirable, the actual work done in the year-long project should be viewed as useful beyond the project's life.

8. Monitoring and Supervising Maternal Health and Child Survival NFE Activities in the Field

Evaluation activities will be largely formative in nature, seeking to strengthen the Maternal Health and Child Survival NFE Program and improve its capabilities to deliver the health education activities in support of existing NGO health delivery networks. Several kinds of data will be collected through the project's monitoring system including attendance at health education activities; coverage and utilization of health care centers; and program impact on maternal attitudes, knowledge and skills/practices viz a viz maternal and child health interventions.

Learning--attitudes, skills and health related information-- is monitored closely in each lesson. Each lesson has an evaluation component which is designed to provide participants with immediate and positive reinforcement of the learning which has just taken place. At the same time, the evaluation exercises provide the community health facilitator with information on what has gone well and what has not. Over time, the information from these daily evaluations finds its way into the revision and modification of the facilitator's guide. Thus, as the team and the materials developers begin work on the development of the NFE materials, they have a built in process for collecting good information from the field about what works well and what does not, what functional content is too difficult and why, and what needs to be revised and how to revise it.

9. Reporting

Reporting to AID on the proposed outcomes of the project will take place twice during the year. These reports will be narrative in nature, providing AID with detailed reporting on the numbers of mothers and other family members availing themselves of health education activities, changes in maternal and child health status which might be have been impacted by participation in the health education classes, the adaptation of the nonformal education materials development process and educational process to the Cambodian context, and the potential for institutionalization of the process and the materials in other NGO health programs and projects.

A draft outline for a semi annual report is included in Annex D.

10. Estimated Budget and World Education Contribution

The estimated budget of \$292,686 is detailed on the next page. The amount requested of AID is \$249,216. World Education's contribution to the proposed budget at this time is estimated at \$43,470. Of this amount, roughly \$26,570 is a cash contribution and \$16,900 is in-kind.

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**OPTIONAL STANDARD PROVISIONS FOR
U.S., NONGOVERNMENTAL GRANTEES**

The following standard provisions are required to be used when applicable. Applicability statements are contained in the parenthetical statement preceding the standard provision. When a standard provision is determined to be applicable in accordance with the applicability statement, the use of such standard provision is mandatory unless a deviation has been approved in accordance with Paragraph 1E of Chapter 1 of Handbook 13. Each grant is required to have a payment provision. Check off the optional standard provisions which are included in the grant. Only those standard provisions which have been checked off are included physically within this grant.

- | | |
|---|-------------------------------------|
| 1. Payment - Letter of Credit | <input checked="" type="checkbox"/> |
| 2. Payment - Periodic Advance | <input type="checkbox"/> |
| 3. Payment - Cost Reimbursement | <input type="checkbox"/> |
| 4. Air Travel and Transportation | <input checked="" type="checkbox"/> |
| 5. Ocean Shipment of Goods | <input checked="" type="checkbox"/> |
| 6. Procurement of Goods and Services | <input checked="" type="checkbox"/> |
| 7. AID Eligibility Rules for Goods and Services | <input checked="" type="checkbox"/> |
| 8. Subagreements | <input checked="" type="checkbox"/> |
| 9. Local Cost Financing | <input checked="" type="checkbox"/> |
| 10. Patent Rights | <input type="checkbox"/> |
| 11. Publications | <input type="checkbox"/> |
| 12. Negotiated Indirect Cost Rates - Predetermined | <input type="checkbox"/> |
| 13. Negotiated Indirect Cost Rates - Provisional | <input type="checkbox"/> |
| 14. Regulations Governing Employees | <input checked="" type="checkbox"/> |
| 15. Participant Training | <input type="checkbox"/> |
| 16. Voluntary Population Planning | <input type="checkbox"/> |
| 17. Protection of the Individual as a Research Subject | <input type="checkbox"/> |
| 18. Care of Laboratory Animals | <input type="checkbox"/> |
| 19. Government Furnished Excess Personal Property | <input type="checkbox"/> |
| 20. Title to and Use of Property (Grantee Title) | <input checked="" type="checkbox"/> |
| 21. Title to and Care of Property (U.S. Government Title) | <input type="checkbox"/> |
| 22. Title to and Care of Property (Cooperating Country Title) | <input type="checkbox"/> |
| 23. Cost Sharing (Matching) | <input type="checkbox"/> |
| 24. Use of Pouch Facilities | <input checked="" type="checkbox"/> |
| 25. Conversion of United States Dollars to Local Currency | <input checked="" type="checkbox"/> |

(INCLUDE THIS PAGE IN THE GRANT)

(Appendix Continues on Page 4C-9)

1633162

AID 1250 (3 87)

*PIO/

APPROVED
1/8/91
7/8/91

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES

1. Cooperating Country
ENE/Regional

2. PIO/T No
444-0102-3-1633162

3. Original or Amendment No

4. Project/Activity No and Title
Project No. 442-0102: Humanitarian Aid to the Children of Cambodia
World Education

DISTRIBUTION

5. Appropriation Symbol
72-1111021.7 (047-63-442-00-69-11)

6. Budget Plan Code
QDCA-91-33442-IG-15

7. Obligation Status
 Administrative Reservation Implementing Document

8. Project Assistance Completion Date (Mo, Day, Yr.)

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
					\$249,216
	B U S Owned Local Currency				

13. Mission References

14A. Instructions to Authorized Agent
Please negotiate a grant agreement with World Education (Attachment 1 is budget) for provision of services and activities described in their proposal "Supporting Child Survival in Cambodia." (Attachment 2)

14B. Address of Voucher Paying Office
AID/W FA/FM/CMP/DC, 700-SA2

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 ENE/PCAP:MFeldstein <i>MF</i>	Phone No 647-9137 Date 7/3/91	B. The statement of work or program description lies within the purview of the initiating office and approved agency programs ENE/PCAP:Paul E. White <i>PEW</i>	Date
c. ENE/PD/PCAP:TMarr <i>TM</i> ENE/PDP/F:MCrawford <i>MC</i>	Date 2-5-91 7-5-91	D. Funds for the services requested are available <i>of Sameed Jan</i> PFM/FM:Rose Anderson	Date 7/8/91
e. ENE/DP:LRogers <i>LR</i> APRE/DR:TNicastro <i>TN</i>	Date 7-5-91		

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 Satish Shah Date 7/5/91
Title Satish Shah, Deputy Director, ENE/PDP

*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.

OFFICE OF FINANCIAL MANAGEMENT

Date Posted: 7/8/91
Initials: *MF*
FUNDS RESERVED BY: PFM/FM/A/PNP