

938-0500

Agency for International Development
Washington, D.C. 20523

PDC 4515

AUG 27 1991

World Vision Relief and Development, Inc. (WVRD)
919 West Huntington Drive
Monrovia, CA 91016

Attn: Ms. Jana L. Phifer
Subject: Grant No. PDC-0500-G-00-1065-00

Dear Ms. Phifer:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to WVRD, hereinafter referred to as "WVRD" or "Grantee") the sum of \$2,460,000. This funding is provided as support for WVRD's proposal dated August 16, 1991 entitled "New Child Survival Grant" which is hereby incorporated by reference into this Grant, and which is more fully described in Attachment 2 to this Grant, entitled "Program Description."

This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of project objectives during the period from August 1, 1991 and July 30, 1994. Funds disbursed by A.I.D., but uncommitted by the Grantee at the expiration of this period, shall be refunded to A.I.D.

This Grant is made to WVRD on the condition that the funds will be administered in accordance with the terms and conditions as set forth in this cover letter, Attachment 1, entitled "The Schedule," Attachment 2, entitled "Program Description," and Attachment 3, entitled "Standard Provisions," which have been agreed to by your organization constitute the complete Grant agreement.

The total estimated amount of A.I.D. support is \$2,509,500, of which \$2,460,000 is hereby obligated. A.I.D. shall not be liable for reimbursing the Grantee for any costs in excess of the obligated amount.

Please sign the original and all copies of this letter to acknowledge your receipt of the Grant, retain one set for your files, and return the original and remaining copies to the undersigned.

Sincerely,

Edward H. Thomas

Edward H. Thomas
Grants Officer
Washington Division
Office of Procurement

Attachments:

1. The Schedule
2. Program Description
3. Standard Provisions
4. Not Applicable
5. Special Provision 40.1

ACKNOWLEDGED:

WVRD

By. 

Title: Director, Administration & Finance

Date: October 4, 1991

FISCAL DATA

PIO/T(s)	:	(a)1385021 (b)1381208
Appropriation	:	(a)72-1111021.7 (b)72-1111021.3
Allotment	:	(a)147-38-099-00-76-11 (b)143-38-099-00-76-11
Budget Plan Code	:	(a) EDCA-91-13810-KG11 (b)EDNA-91-13810-KG11
Obligated Amount(s)	:	(a)\$2,390,000 (b)\$70,000
Total Obligation(s)	:	\$2,460,000
Total Grant Amount	:	\$2,509,500
Unobligated	:	\$ 49,500
DUNS NO.	:	071903322
TIN	:	950059300
Letter of Credit No.	:	72-00-1466
Technical Office	:	FVA/PVC/CSH

MS/OP/W/CO, Room 1571, x5-1062, MGibbons, 08/20/91, WVRDCVR

THE SCHEDULE

ARTICLE A - PURPOSE OF GRANT

The purpose of this Grant is to provide support for WVRD's program as more fully described in its proposal dated August 16, 1991 which is incorporated by reference into this Grant, and in Attachment 2 to this Grant.

ARTICLE B - PERIOD OF PERFORMANCE

The effective date of this Grant is the date of the Cover Letter and the expiration date is July 30, 1994; funds obligated hereunder are authorized for program expenditures during the period of August 1, 1991 to July 30, 1994; the effective period.

ARTICLE C - AMOUNT OF GRANT AND PAYMENT

1. A.I.D. hereby obligates the amount of \$2,460,000 for the purposes of this Grant. A.I.D. shall not be liable for reimbursing the Grantee for any costs in excess of the obligated amount.
2. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 - Additional Standard Provision Number 1, entitled "Payment - Letter of Credit."
3. The total estimated cost of this project is \$4,215,000 as described per WVRD's letter of August 16, 1991, of which A.I.D. is providing \$2,460,000.

ARTICLE D - FINANCIAL PLAN

1. FVA/PVC/CSH is contributing \$2,460,000 to provide support to it's program and the budget breaks down as follows:

BUDGET SUMMARY BY LINE ITEM**

YEARS	One (1)		TWO (2)		THREE (3)	
	<u>AID</u>	<u>PVO</u>	<u>AID</u>	<u>PVO</u>	<u>AID</u>	<u>PVO</u>
Salaries	382,600	57,533	417,482	107,289	453,189	113,864
Overhead	132,060	298,032	138,064	265,071	143,194	263,721
Travel	69,449	22,131	67,449	24,682	67,301	20,974
ODCs	222,708	341,921	214,221	105,422	201,785	84,846
<u>TOTAL</u>	<u>806,817</u>	<u>719,617</u>	<u>837,216</u>	<u>502,464</u>	<u>865,469</u>	<u>483,405</u>

TOTALS

	<u>AID</u>	<u>PVO</u>
Salaries	1,253,271	278,686
Overhead	413,318	826,824
Travel	204,199	67,787
ODCs	638,714	532,189
<u>TOTAL</u>	<u>2,509,500</u>	<u>1,705,500</u>

Total Amount to be Funded by A.I.D: \$2,509,500
Total Amount Funded by Grantee : \$1,705,500
 Total Amount of Project : \$4,215,000

2. Inclusion of any cost in the budget of this Grant does not obviate the requirement for prior approval by the Grant Officer of cost items designated as requiring prior approval by the applicable cost principles (see the Mandatory Standard Provision of this Grant set forth in Attachment 3 entitled "Allowable Costs") and other terms and conditions of this Grant.

ARTICLE E - REPORTING AND EVALUATION

1. Financial Reporting

- a. Financial reporting requirements shall be in accordance with the Additional Standard Provision of the grant entitled "Payment - Letter of Credit", as shown in Attachment 3.
- b. The original and two copies of all financial reports shall be submitted quarterly to:

A.I.D.
 Office of Financial Management
 FA/FM/CMPD/DC
 Room 700, SA-2
 Washington, D.C. 20523-0209.

In addition, two copies of all financial reports shall be submitted to the A.I.D. Project Office specified below, one copy for the Project Officer and the other copy for the official grant file in Operations Support Division.

FVA/PVC/CSH
Room 103C SA-2
A.I.D.
320 21st Street, N.W.
Washington, D.C. 20523-0008
(1) Attn: Mr. Charles Habis (or)
(2) Attn: Mr. John McEnaney
Phone: (202) 663-2616

2. Program Performance Reporting

- a. The Grantee shall submit quarterly progress reports, and a final report. These reports should document progress vis-a-vis program objectives, problems encountered, corrective procedures that were followed, significant program development during the period, and projected accomplishments for the coming quarter. Two copies of each program performance report should be submitted to FVA/PVC/CSH.

Notes: At the time all required reports are submitted by the PVO to FVA/PVC, a copy should simultaneously be sent to the A.I.D. Mission in each respective country.

Additionally, all work to be charged to this agreement, including preparation of final reports, must be completed prior to expiration of this grant.

(1) ANNUAL REPORT: Five copies of the Annual Report will be submitted to the AID/FVA/PVC Project Officer by October 15 of each year of the program; the first report is due October 15, 1992. 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 ORT, 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 report will replace 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 grant (including the final year; and for each PVO-funded CS project. Other A.I.D.-funded grants, 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 reports 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 AID/FVA/PVC Project Officer as soon as the following types of conditions are 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 in collaboration with A.I.D. The Recipient should work closely with the FVA/PVC Project Officer to plan for this evaluation including scheduling 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 grants.)

(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 date of the agreement, in accordance with final evaluation guidelines provided by FVA/PVC. 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 the Grant period (see ARTICLE B above), 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 the AID/FVA/PVC Office as specified in ARTICLE E.1.b. above. The final report will cover all information shown in ARTICLE E.2 above.

(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.)

- b. The reports should briefly present the following information:
- (1) A comparison of actual accomplishments with the goals established for the period. If the output of programs or projects can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.
 - (2) Reasons why established goals were not met.
 - (3) Analysis and explanation of actual costs versus budgeted costs.
 - (4) Other pertinent information including, when appropriate, analysis and explanation of cost overruns.
- c. If any performance review conducted by the Grantee discloses the need for change in the budget estimates in accordance with the criteria established in the Standard Provision of this grant entitled "Revision of Grant Budget" or by ARTICLE D.2. of this Schedule, the Grantee shall submit a request for budget revision.

ARTICLE F - SPECIAL PROVISIONS

1. For purposes of this grant, reference to "OMB Circular A-122" in the Mandatory Standard Provisions of this grant shall include the A.I.D. implementation of such Circular, as set forth in subpart 731.7 of the A.I.D. Acquisition Regulations (A.I.D.A.R.) (41 CFR Chapter 7).
2. The Additional Standard Provisions, appended hereto as Attachment 3, applicable to this grant are marked with an "x".
3. The geographic code for procurement of goods and services is as prescribed under Additional Standard Provision of the grant entitled "Eligibility Rules for Goods and Services Payment", as shown in Attachment 3.
4. Conflicts between any of the Attachments of this Grant shall be resolved by applying the following order of precedence:

Attachment 1 - Schedule
Attachment 2 - Program Description
Attachment 3 - Standard Provisions
5. Closeout Procedures (OMB Circular A-110)
 - a. This paragraph prescribes uniform closeout procedures for AID grants.
 - b. The following definitions shall apply for the purpose of this paragraph.
 - 1) Closeout. The closeout of a grant is the process by which AID determines that all applicable administrative actions and all required work of the grant have been completed by the recipient and AID.
 - 2) Date of completion. The date of completion is the date on which all work under grants is completed or the date on the award document, or any supplement or amendment thereto, on which AID sponsorship ends.
 - 3) Disallowed costs. Disallowed costs are those charges to a grant that AID or its representative determines to be unallowable, in accordance with the applicable Federal cost principles or other conditions contained in the grant.

c. AID closeout procedures include the following requirements:

- 1) Upon request, AID shall make prompt payments to a recipient for allowable reimbursable costs under the grant being closed out.
- 2) The recipient shall immediately refund any balance of unobligated (unencumbered) cash that AID has advanced or paid and that is not authorized to be retained by the recipient for use in other grants or cooperative agreements.
- 3) AID shall obtain from the recipient within 90 calendar days after the date of completion of the grant all financial, performance, and other reports required as the condition of the grant. AID may grant extensions when requested by the recipient.
- 4) When authorized by the grant, AID shall make a settlement for any upward or downward adjustments to AID's share of costs after these reports are received.
- 5) The recipient shall account for any property acquired with AID funds, or received from the Government in accordance with any provisions of this grant.
- 6) In the event a final audit has not been performed prior to the closeout of the grant, AID shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.

6. Countries: The following countries are approved for direct in-country program support under this Agreement:

Bangladesh, Dominican Republic, Haiti, Mali, Senegal, Zimbabwe

Other countries may be approved during the period of the Agreement only with the express written approval of AID/FVA/PVC.

The recipient will carry out the following activities:

- a. Submit a Detailed Implementation Plan (DIP) for each country program by April 1, 1992, in accordance with FVA/PVC guidelines. Illustrative guidelines are available from FVA/PVC and will be furnished to you in the fall of 1991.
- 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 be able to provide A.I.D. with information for tracking program performance. This system should be described in the first year progress report.

ARTICLE G - INDIRECT COST RATES

1. Pursuant to the Additional Standard Provision of this grant entitled "Negotiated Indirect Cost Rates - Provisional", the allowable indirect costs under this Grant Number PDC-0500-G-00-1065-00 shall be obtained by applying the provisional indirect cost rate to the base agreed upon by the Grantee and A.I.D. The following indirect rate agreed to by the Grantee shall be the billing rate used during the full period of performance of this Grant, as set forth in ARTICLE B above.

INDIRECT COST RATES

<u>TYPE</u>	<u>RATE</u>	<u>APPLICABLE TO</u>
Provisional	20.0	Total direct cost excluding equipment and capital expenditures.

ATTACHMENT TWO (2)

GRANT NO. PDC-0500-G-00-1065-00

PROGRAM DESCRIPTION

FOR

Bangladesh (PAGE 1)
Dominican Republic (PAGE 1)
Haiti (PAGE 1)
Mali (PAGE 1)
Senegal (PAGE 1)
Zimbabwe (PAGE 1)

SUMMARY DESCRIPTION OF PROJECT

This three-year extension/expansion project will be located in Dhaka City, Bangladesh. It consists of two densely-populated urban impact areas, Area A (Kamalapur; Ward 51) and Area B (Mohammedpur; Wards 12, 13, 14). Of the total 160,973 people, the priority population includes 38,880 women 15-45 years, 4,888 children 0-11 months, 4,774 children 12-23 months and 12,601 children 24-59 months. This proposal requests extension funding for: WVB's USAID-funded CSP in Area A, and expansion funding into its other CSP in area B.

The goal of this project is to reduce mortality and morbidity of children under six and of women 15-45 years, and facilitate public and private institutions to become key players in the sustained delivery of integrated CS interventions in the two impact areas over a period of three years.

Key interventions: include (a) immunization of infants and women 15-45 years; (b) ORS packet distribution and increasing competency of mothers in ORT use; (c) nutrition education (d) child-spacing promotion; (e) promoting maternal recognition of childhood pneumonia signs/symptoms; (f) Vitamin A distribution to children and lactating mothers; and (g) maternal health promotion.

End-of-project objectives are: a) 85 percent of children 12-23 months shall be immunized by age 12 months by BCG, DTP3, OPV3 and measles vaccine; (b) 85 percent of women 15-45 years who delivered in the last 12 months shall receive two doses of tetanus toxoid; (c) 80 percent of registered households with under-five children will be competent in ORT usage; (d) 75 percent of diarrhea episodes in the past two weeks in children 0-59 months shall be treated with ORT; (e) 90 percent of children 6-71 months shall receive appropriate Vitamin A doses semiannually; (f) Night blind children 7-15 years shall receive therapeutic VAC doses; (g) 90 percent of women 15-45 years who delivered in the last 12 months shall receive a VAC dose within first month of delivery; (h) 80 percent of mothers with children 0-23 months would know correct weaning and infant feeding practices; (i) 60 percent of eligible couples with under-two children shall practice modern contraceptive methods; (j) 50 percent of mothers with children 0-59 months shall be able to name two out of three pneumonia signs which indicate need for treatment or referral; and (k) 50 percent of women 15-45 years who delivered in the last 12 months shall receive at least three checkups (two prenatal and one postnatal) by a trained person.

Additional project components are: disease surveillance, qualitative research to address the knowledge-practice gap in health behavior, sanitation education and steps to improve program quality. A strong monitoring and evaluation component emphasizing data quality control is built in.

The project will track indicators on the administrative, technical and financial aspects of sustainability. To generate sustained community demand for CS services, 375 Community Volunteers, 130 Neighborhood Health Committees and four Ward Coordination Committees will be mobilized. To ensure a sustained supply after project phaseout, four NGO consortia will be facilitated to take over CS activities. To promote financial viability of these institution-building efforts, WVB will explore cost-recovery and income-generation methods and improve cost effectiveness.

REVISED SUMMARY DESCRIPTION OF PROJECT

The project will be implemented on a phased basis in Barahona Province of Region IV. This province has consistently lagged behind in the provision of social services, especially in health care service delivery.

Barahona has an estimated population of 152,405 in 1990. The target group consists of 33,569 children 0-59 months and 57,547 women 15-45 years. Activities will be conducted in a phased basis in "select" peri-urban communities.

The key interventions of this project will include immunization, ORT, and ALRI. The goal of the project is to reduce infant and child morbidity and mortality due to measles, neonatal tetanus, diarrheal dehydration, ALRI, and associated malnutrition in Barahona through a program of vaccination, ORT, environmental sanitation, nutrition - growth monitoring/promotion, and ALRI management in partnership with MOH, other PVOs, private practitioners, and the community.

The end-of-project objectives are:

EPI: Reduction in mortality and morbidity due to or associated with measles, neonatal tetanus and polio among children 0-11 months and 12-59 months.

- 85% full immunization coverage among infants before their first birthday. (Antigen-specific coverage: BCG-85%, DPT3/OPV3-85%, Measles-85%)
- 85% tetanus toxoid coverage among women (15-45) before delivery.

ORT: Reduction in mortality (50%) due to diarrheal dehydration and incidence (30%) of diarrhea among under fives in "select" peri-urban communities to its pre-intervention levels.

- 80% of mothers/mother substitutes with under fives are competent in ORT usage (defined as use of ORS/other home-mix solutions)
- 70% of children 0-59 months with diarrhea during the last two weeks will be treated with ORS/ORT.

ARI: Reduction in ARI (50%) mortality and morbidity (30%) among under-fives to its pre-intervention levels.

- 70% of mothers with children 0-59 months are able to recognize two out of three signs of pneumonia (rapid respiration, in-drawn chest and/or inability to drink) and know where to refer children with pneumonia.

Nutrition: 30% reduction in malnutrition rate (W/A ≥ 2 SD below the mean) among children 0-59 months to its pre-intervention levels.

- 70% of mothers with children 0-23 months will breastfeed for at least 18 months.
- 60% of infants 0-11 months are appropriately fed (exclusive breastfeeding if less than three months old, breastfed throughout infancy, weaning foods introduced at 4 months, no bottlefeeding).

Training: 160 MOH staff and 45 health promoters will be trained on prescribed training modules of MOH.

SUMMARY DESCRIPTION OF PROJECT

This proposal seeks the extension of ongoing Child Survival and Vitamin A activities in La Gonave, an island 30 km offshore from Port-au-Prince, the national capital of Haiti. The island has a land area of 680 square km and a population of 73,922 (1990 estimate).

The target population includes the following: 2,587 infants 0-11 months; 2,565 children 12-23 months; 9,607 children 24-59 months and 17,003 women of childbearing age.

WVRD's current CS project was started in 1987, and a Vitamin A component was added in 1988. A recent evaluation of the project conducted in August 1990 documented improvement in the health status of the target population. A major finding was that the project's current interventions are available to 95% of the island's population, in spite of major transport difficulties all over the island.

This proposed extension has as its goal to reduce under-five mortality and morbidity due to diarrhea, vaccine-preventable diseases, malaria, pneumonia and malnutrition by strengthening the island's health service delivery system in collaboration with institutions already working on the island.

End-of-project objectives are the following:

1. Increase from 18 percent to 70 percent (correct and complete) full immunization coverage with EPI vaccines before the age of one. Increase the following coverage according to specific antigen in the same age group: BCG - 38% to 85% (BCG with scar); DPT3/OPV3 - 52% to 85%; Measles - 43% to 80%.
2. Increase from 37% to 85% TT2 coverage among women 15-45 years old.
3. 80 percent mothers with under-twos with diarrhea correctly practice ORT (defined as correct use of ORS, continued breastfeeding, proper dietary management during and after diarrhea).
4. 70 percent mothers with under-twos correctly know the signs and symptoms of ALRI (using WHO criteria).
5. 80 percent ALRI cases among under-twos seen by health agents are referred to the nearest health facility.
6. 50 percent pregnant women and children under six with positive malaria smears will receive the full course of antimalarial therapy.
7. Decrease malnutrition rate (M1, M2, M3) from 72% to 40% among children 0-59 months.
8. Increase from 49% to 70% VAC coverage (past four months) among children 6-83 months.
9. Increase from 17% to 60% single dose VAC coverage among mothers within one month of delivery.
10. Increase contraceptive use from 12% to 40% among couples in union.

SUMMARY DESCRIPTION OF THE PROJECT

The project is located in the Cercle/District of Koutiala of the 3rd/Sikasso Region. This is a rural area located 380 km. southeast of Bamako, the capital of the Republic of Mali in West Africa. The project will concentrate its interventions in the two subdistricts (arrondissements) of Central and M'Pessoba, but will continue providing significant inputs to the district-wide EPI activities as it has done in the past. The estimated target population for 71 villages in the two arrondissements is children 0 to 6 years (26,700) and women 15 to 45 years (25,600). The total population in the expanded impact area is 121,000. The project interventions include: nutrition, diarrhea control and ORT management, maternal health & family planning, EPI promotion, vitamin A, and income generating activities.

The primary project goal is to reduce infant and maternal morbidity and mortality in the project area in close partnership with the MOH and active participation of project communities.

Major project objectives are the following:

- 1) Lower the rate of severe malnutrition from 51 percent to 15 percent.
- 2) Increase the ORT usage rate from 17 percent to 60 percent for children with diarrhea in the past two weeks.
- 3) Increase the number of pregnant women seen twice for prenatal care to 40 percent.
- 4) Increase the number of assisted deliveries by trained TBAs, matrone, or sage-femmes to 60 percent.
- 5) Increase usage rate of modern family planning methods from 7 percent to 20 percent.
- 6) Increase to 80 percent the full immunization coverage of children 0-11 months and women of childbearing age against six EPI diseases.
- 7) Encourage the production and consumption of Vitamin A rich foods.
- 8) Initiate income generating activities in 25 percent of project villages.
- 9) Train 100 percent of the local village animatrices and VHCs in project health messages, education techniques, and the collection of simple health indicators.

The project builds on the work and experiences gained from the original CS project. The expansion project focuses on intensive community education and involvement. This emphasis indicates the project's broader goal of raising each community's awareness of its own health needs while demonstrating the efficacy of preventive health measures. Through this active community participation, the villagers will gain the skills necessary to continue project activities and further improve their health status.

SUMMARY DESCRIPTION OF PROJECT (Revised)

This child survival project will be the health component of World Vision's Thies Integrated Development Project. The total population of 49,853 is located in a rural department of Senegal, 100 kilometers north of Dakar. The target population includes 2,392 children 0-11 months; 2,019 children 12-23 months; 4,783 children 24-60 months. The total number of women of childbearing age is 9,766. The key interventions are CHW/TBA/VHP training at the village level, nutrition promotion, including breast feeding, ORT, high-risk births, and malaria prophylaxis. The above interventions are intended to support the overall goal of the project to reduce morbidity and mortality among mothers and children under five within the framework of an integrated, sustainable community development approach.

The objectives include the following:

1. Assist the health center in Méckhé and 4 rural communities to plan, initiate, follow up and evaluate their village health and development programs.
2. Train 33 Secouristes, 33 TBAs and 66 health promoters in the arrondissement of Niakhène in preventive and promotive healthcare activities.
3. Seventy percent of children from 12-36 months with less than 80 percent weight for age shall be weighed once a month.
4. Eighty percent of mothers of infants under one year shall receive nutritional advice and training.
5. Seventy-five percent of mothers shall be able to prepare and administer ORT in children less than five years of age in case of diarrhea.
6. Sixty percent of mothers shall use ORT (sachets and home mix) to prevent dehydration due to the diarrhea in their children.
7. Fifty percent of deliveries shall be supervised by a midwife or a trained TBA.
8. Sixty percent of pregnant mothers shall have two prenatal consultations.
9. Sixty percent of mothers who deliver shall receive postnatal follow-up 60 days post-partum.
10. Eighty-five percent of children 12-23 months shall be completely vaccinated before their first birthday.
11. Seventy-five percent of pregnant mothers shall receive two doses of tetanus toxoid prior to delivery.
12. Seventy percent of children 6-36 months and 60 percent of pregnant mothers shall receive malaria prophylaxes for four months during the rainy season.

SUMMARY DESCRIPTION OF PROJECT

This proposed Child Survival Project will be located in Shamva District, Mashonaland Central Province, about 100 km. north-northeast of the capital, Harare. To the east and south is Mashonaland East province, to the west is Bindura district, and to the north is Mt. Danvin district. The district has a total population of 84,195. The total target population is approximately 35,000. There are 3,368 children 0-11 months, 3,262 children 12-23 months, 9,788 children 24-60 months, and 34,940 WCBA.

Project Goal: World Vision Zimbabwe seeks to assist MOH efforts to reduce infant, childhood, and maternal mortality and morbidity by enhancing, strengthening and supporting CS/PHC programs in Shamva District.

The key interventions are as follows:

- i) Identification and proper management of high risk births.
- ii) Reduction of malnutrition in the under-fives.
- iii) Control and proper management of diarrhoeal diseases in childhood.
- iv) Proper management of Acute Respiratory Infections in children 0-59 months.
- v) Immunization of infants against six target EPI diseases and WCBA against tetanus.

The objectives of the project include the following:

1. Increase to 85% the full immunization coverage of children 0-11 months against six EPI diseases.
2. Immunize 85% of WCBA with TT2.
3. Ensure 80% of mothers of children 0-59 months know how to correctly prepare and administer ORT to treat diarrhea in their children.
4. Increase contraceptive prevalence to 50% of women of childbearing age.
5. Reduce the prevalence of malnutrition to <10% of children under five.
6. Reduce by 80% mortality associated with pregnancy delivery and supervision through TBA training, proper management of high risk births, and child spacing promotion.
7. Ensure 70% of mothers with children 0-59 months know the correct signs and symptoms of ALRI using MOH guidelines.

The above objectives will be achieved through close collaboration between World Vision project staff and the MOH, whose commitment to continue program activities and re-absorb seconded staff will ensure sustainability.

The project will replicate the success of the Murewa CS project in another province of Zimbabwe. This was the very first CS project of WVRD.

AID 1350 I 3871 *PIO:T AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	1 Cooperating Country Centrally Funded	Page 1 of _____ Pages
	2. PIO:T No See Attachment	3 <input checked="" type="checkbox"/> Original or Amendment No. _____
	4 Project Activity No and Title World Vision Relief and Development (WVRD)	

5 Appropriation Symbol See Attachment		6. Budget Plan Code See Attachment			
7 Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document		8 Project Assistance Completion Date (Mo., Day, Yr)			
9 Authorized Agent A.I.D./W		10 This PIO T is in full conformance with PRO:AG No _____ Date _____			
11a Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (HB 14) <input checked="" type="checkbox"/> AID Grant or Cooperative Agreement (HB 13) <input type="checkbox"/> PASA/RSSA (HB 12) <input type="checkbox"/> 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 2,460,000	(3) Decrease	(4) Total to Date 2,460,000
	B U.S.-Owned Local Currency				
13 Mission References					
14A Instructions to Authorized Agent SER/OP/W/MS is requested to execute a three-year child survival agreement with World Vision Relief and Development (WVRD) for a total LOP of \$2,539,506. (\$2,469,506 will be provided from the child survival fund and \$70,000 from the Vitamin A account). Funds will be distributed as follows: See attached sheet.					
14B. Address of Voucher Paying Office PPM/FM/CMPD, Room 700, SA-2 Washington, D.C. 20523					

OFFICE OF FINANCIAL MANAGEMENT
 Date Posted: 6/11/91
 PPM/FM/A/PNP
 Initials: E. Anderson
 FUNDS RESERVED BY:

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:CHabis	Phone No 32616	B The statement of work or program description lies within the purview of the initiating office and approved agency programs. FVA/PVC/IPS:LWatlington	Date 5/29/91
	Date 6/28/91		Date
C. FVA/PVC/CSH:JMcEnaney	Date 6/26/91	D Funds for the services requested are available	Date
E. FVA/PPM/PMS:EJefferson	Date 5/30/91		

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 Carlos Quiros Signature _____ Date 5/30/91 Title Carlos Quiros, Director, FVA/PPM
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*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.

Grantee: World Vision Relief and Development (WVRD)

Project No.: 938-0500
Appropriation No.: 72-1111021.7
Allotment: 147-38-099-00-76-11
Budget Plan Code: EDCA-91 13810 KG11
Amount: \$ 2,390,000
Obligation No.: 1385021

Project No.: 938-0284
Appropriation No.: 72-1111021.3
Allotment: 143-38-099-00-76-11
Budget Plan Code: EDNA-91 13810 KG11
Amount: \$ 70,000
Obligation NO.: 1381208

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

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