



UNITED STATES OF AMERICA

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



UNITED STATES ADDRESS
ABIDJAN (REDSO)
DEPARTEMENT OF STATE
WASHINGTON, D C 20523-2010

INTERNATIONAL ADDRESS
REDSO / WCA
C/O AMERICAN EMBASSY
01 BP 1712 ABIDJAN 01
COTE D'IVOIRE

July 1, 1991

Helen Keller International Incorporated
15 West 16th Street
New York, NY 10011

Subject: Grant No. 624ⁱ-0277-G-SS-1077-00

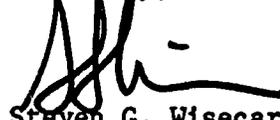
Dear Sirs:

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 Helen Keller International Incorporated (hereby referred to as "Hellen Keller International" or "Grantee") the sum of \$ 395,982 to provide support for a program for the Prevention of the Recurrence of Onchocerciasis in Niger, as described in the Schedule of this grant and the Attachment 2, entitled "Program Description." This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives during the period beginning with the effective date and ending December 31, 1994.

This grant is made to Helen Keller International 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 and Optional Standard Provisions for U.S., Non-governmental Grantees," which have been agreed to by your organization.

Please sign the original and each copy of this letter to acknowledge your receipt of the grant, and return the original and all but one copy to the A.I.D. Grant Officer indicated below at REDSO/WCA/Office of Procurement, Abidjan (AID), Department of State, Washington, D.C. 20521-2010.

Sincerely,

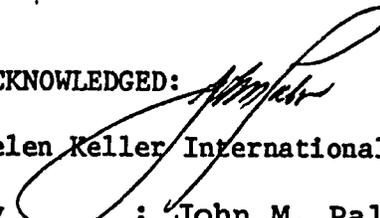


Steven G. Wisecarver
Grant Officer

Attachments:

1. Schedule
2. Program Description
3. Mandatory Standard Provisions, and
Optional Standard Provisions for U.S., Non-governmental
Grantees

ACKNOWLEDGED:



Helen Keller International

By : John M. Palmer

Title : Executive Director

Date : 10/21/91

FISCAL DATA

Appropriation	: 72-1111021.8
Budget Plan Code	: GDHA-91-21683-IG13
RCN	: F100046
PIO/T No.	: 683-0277-3-10065
Project No.	: 683-0277
Total Estimated Amount:	: \$ 399,892
Total Obligated Amount:	: \$ 399,892
DUNS Number:	: -0-
IRS Employer Identification Number:	: 13-5562162
Letter of Credit No.	: 72-00-1481
Paying Office	: PFM/FM/CMP/LC
Technical Office	: S&T/H/CD USAID/Niger HDO

ATTACHMENT 1

SCHEDULE

A. Purpose of Grant

The purpose of this Grant is to provide support for a program to control and prevent the recurrence of onchocerciasis in Niger. This program is outlined in Attachment 2 of this Grant entitled "Program Description," and more specifically described in Helen Keller's application dated March 11, 1991, revised on August 15, 1991, which is hereby incorporated into and made a part of this Grant. In case of any inconsistency between the grantee's application and this Schedule, the latter shall take precedence.

B. Period of Grant

1. The effective date of this Grant is July 1, 1991. The expiration date of this Grant is December 31, 1994.

C. Amount of Grant and Payment

1. A.I.D. hereby obligates the amount of \$ ~~399,982~~⁸⁹² for the purposes of this Grant.

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

D. Grant Budget

The following is the Grant Budget, including local cost financing items, if authorized. Revisions to this budget shall be made in accordance with Mandatory Standard Provision 4. of this Grant, entitled "Revision of Grant Budget."

Grant Budget
(07/01/91)-(12/31/94)

<u>Cost Element</u>	<u>Total Estimated and Obligated Amount</u>
A. FIELD OPERATIONS	\$ 273,538
1. Personnel	82,213
2. Administrative	38,000
3. Mobile Surveillance Team	82,290
4. Training	21,535
5. Technical Assistance	25,000
6. Field Trips	24,500

B. HKI HEADQUARTERS		\$ 52,639
1. Personnel	42,354	
2. Administrative	10,285	
C. OVERHEAD (22.6%)		\$ 73,712
		712
		715

TOTAL ESTIMATED AMOUNT		\$ 399,892

E. Reporting and Evaluation

1. Monitoring and Reporting Program Performance:

This paragraph sets forth the procedures for monitoring and reporting program performance of grantees.

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

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

- i. A comparison of actual accomplishments with the goals established for the period, the findings of the investigator, or both. If the output of programs can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.
- ii. Reasons why established goals were not met.
- iii. Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

c. The Grantee shall submit the performance or technical reports to A.I.D. and the Financial Status Reports covering the same period in the frequency established for the Financial Reporting of this Grant. A final technical or performance report shall be submitted within sixty days after the expiration date of this Grant.

d. Between the required performance reporting dates, events may occur that have significant impact upon the program. In such instances, the grantee shall inform A.I.D. as soon as the following types of conditions become known:

- i. 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 work units by established time periods. This disclosure shall be accompanied by a statement of the action taken, or contemplated, and any A.I.D. assistance needed to resolve the situation.
 - ii. Favorable developments or events that enable time schedules to be met sooner than anticipated or more work units to be produced than originally projected.
- e. If any performance review conducted by the grantee discloses the need for change in the budget estimates, the grantee shall submit a request for budget revision.
- f. All reports shall be submitted to:

Grant Officer
REDSO/WCA/OP (AID)
Department of State
Washington, D.C.
20521-2010

and

Health Development Officer
USAID/Niger (AID)
Department of State
Washington, D.C. 20521-2420

2. Financial Reporting

This paragraph prescribes uniform reporting procedures for grantees to: summarize expenditures made and A.I.D. funds unexpended for this grant, report the status of A.I.D. cash advanced, request advances and reimbursement when the letter of credit method is not used; and promulgates standard forms incident thereto.

a. Financial Status Report

(i) The grantee is required to use the standardized Financial Status Report, SF 269, to report the status of funds for all nonconstruction programs.

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

(iii) The report shall be required quarterly only. A final report shall be required at the completion of the Grant.

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

b. Federal Cash Transactions Report

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

(ii) The grantee shall forecast Federal cash requirements in the "Remarks" section of the report.

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

(iv) Recipients shall submit not more than an original and one copy of the Federal Cash Transactions Report within 15 working days following the end of each quarter. A monthly report shall be submitted by those grantees receiving advances totaling \$1 million or more per year.

d. The grantee shall submit duplicate copies of all documents sent to PFM/FM/CMP/LC, Room 700, SA-2, AID/Washington, 20523-0209 to:

Grant Officer
REDSO/WCA/OP (AID)
Department of State and
Washington, D.C.
20521-2010

Controller's Office
USAID/Niger (AID)
Department of State
Washington, D.C. 20521-2420

F. Special Provisions

1. Medical Clearances: All of the grantee's personnel must be medically fit for service in the Cooperating Country and have SOS/Medevac insurance in place prior to their arrival in the country.

2. Logistical Support: The following logistical support will be provided by A.I.D. or the Cooperating Country.

- Commissary (per Mission policy)
- Medical Facilities/Health Room (per Exhibit 1)
- Diplomatic Pouch (Per Exhibit 2)

All other logistical support shall be provided or arranged for by the grantee.

3. Relationship and Responsibilities: The grantee will be responsible to the Health Development Officer, USAID/Niger, or his/her designee. The Program Coordinator, Directorate of Ambulatory Medicine, Ministry of Health or his/her designee shall be the liason official for the Government of Niger.

4. Cost Sharing (Matching) Requirements: For the purposes of this Grant, and in accordance with AID Handbook 13 Chapter 4B.1.(e), the requirement for a 25% matching contribution from non-federal sources has been waived by the Mission.

G. Indirect Cost Rate

Pursuant to Clause No. 13 entitled, "Negotiated Indirect Cost Rates - Provisional," of the Optional Standard Provisions of this Grant, an indirect cost rate or rates shall be established for each of the 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 rate(s) applied to the base which is (are) set forth below:

<u>Type</u>	<u>From</u>	<u>Through</u>	<u>Rate</u>
Overhead	7/1/89	until amended	22.60

Base of Application:

Total Direct Costs

H. Title to Property

Standards provisions related to title to and use of property are included in Attachment 3, Optional Standard Provisions, 22. "Title to and Use of Property (Cooperating Country Title)" (November 1985).

I. Standard Provisions

The Mandatory Standard Provisions For U.S., Nongovernmental Grantees and the following Optional Standard Provisions For U.S., Nongovernmental Grantees found in Attachment 3 are applicable to this Grant :

1. Payment - Letter of Credit
4. Air Travel and Transportation
5. Ocean Shipment of Goods
6. Procurement of Goods and Services
7. AID Eligibility Rules for Goods and Services
8. Subagreements
9. Local Cost Financing
10. Patent Rights
11. Publications
13. Negotiated Indirect Cost Rates - Provisional
14. Regulations Governing Employees
15. Participant Training
22. Title To and Care of Property (Cooperating Country Title)
25. Conversion of United States Dollars to Local Currency
26. Drug Free Workplace

End of ATTACHMENT 1

8

ATTACHMENT 2

PROGRAM DESCRIPTION

I. OBJECTIVE

The Objective of this Grant with Helen Keller International (HKI) is to undertake a program to control and prevent the recurrence of onchocerciasis in Niger and to assist officials of the Ministry of Health and community groups to establish a Nigerien capacity to monitor, prevent and treat onchocerciasis.

II. BACKGROUND

River Blindness, or onchocerciasis, is a parasitic disease which affects 19 million people in 35 developing countries. It is caused by tiny thread-like worms and spread by the bites of blackflies which breed in fast-flowing streams. In addition to causing blindness in its victims, the disease may cause severe itching and lesions, nodules and discoloration of the skin, as well as nodules in deeper organs of the body. The Onchocerciasis Control Programme (OCP) of the World Health Organization (WHO) has been active in West Africa since 1974. Successful disease control since 1974 has been carried out by OCP through aerial spraying of insecticides over the streams and rivers where the blackflies breed. More recently, OCP has tested and initiated the use of the drug Mectizan to control blindness and other severe symptoms of onchocerciasis. The introduction of this drug has coincided with the cessation of aerial spraying in a large part of the OCP target area, which has experienced markedly reduced transmission of the disease as a result of the aerial spraying program. Eleven countries, including Niger, are currently involved in OCP activities in the region.

It is estimated that Niger had some 15,000 persons severely infected with the parasite *Onchocerca volvulus* and 150,000 at risk of infection in 1975. By 1991, however, Niger along with Burkina Faso had become the only OCP countries where the transmission of onchocerciasis has been virtually eliminated. Nevertheless these gains remain precarious. Even in an area where transmission is low, there is still the potential for recurrence of onchocerciasis. In Niger, a number of conditions favor contact between humans and the residual vector (i.e., blackflies) which are impossible to eliminate totally from the environment. There is now considerable resettlement in previously infested areas and there has been constant in-migration from Benin and, more importantly, Nigeria where onchocerciasis is hyper-endemic. These factors along with the persistence of the reservoir of parasitic worms in the human population could result in the recurrence of onchocerciasis.

During fiscal year 1991, Congress earmarked \$5 million for activities relating to the control, prevention and eradication of River Blindness: \$2.5 million to support the Onchocerciasis Control Program of West Africa; and \$2.5 million to support A.I.D.'s Ivermectin Distribution Program (IDP) in selected countries in Africa and Central America. This second program is intended as a three year pilot effort to assess the feasibility of using PVO's to strengthen the institutional capacity of indigenous health systems to provide cost effective and sustainable delivery of Ivermectin to those selected countries. The IDP process began in February of 1991 when S&T/Health issued a Request for Assistance for U.S. Private and Voluntary Organizations to submit proposals to outline how they would design and implement Ivermectin Distribution. S&T/Health received the proposals in early March, and held a formal review to select the best proposals in early April. Although Niger was one of five country proposals selected by the technical review committee, S&T/Health was unable to fund this proposal due to funding requirements approval under the other four proposals.

III PROGRAM DESCRIPTION

The proposed Grant will cover a period of approximately 42 months, including a brief pre-obligation period to complete required project planning and negotiation with AID and host government officials. The goal of the Grant is to ensure the permanent control of onchocerciasis in Niger through the prevention of recurrence of transmission and through direct treatment of the disease. The immediate objectives toward meeting this goal are:

- A. To work with the Niger Ministry of Health (MOH), the Onchocerciasis Control Programme and national and community groups to implement an onchocerciasis surveillance and prevention-of-recurrence system.
- B. To train a surveillance team of nine persons in the proper techniques of onchocerciasis surveillance to periodically evaluate the degree of onchocerciasis endemicity in selected sentinel villages in high-risk areas.
- C. To identify those communities where the average rate of onchocerciasis infection is above the established acceptable threshold and to distribute Mectizan, when indicated, on a preventive basis in those communities.
- D. To identify and treat individuals living in selected villages in high-risk areas who are recent in-migrants and are infected, as well as any individuals showing evidence of unacceptable clinical manifestations.

- E. To promote awareness, acceptance and utilization of the surveillance and referral systems by providing information and public outreach services.
- F. To determine, through data analysis, whether these means of surveillance and treatment are effective means of maintaining a low level of incidence and prevalence of onchocerciasis.
- G. To develop a network for referrals of the blind and visually impaired population to integrated education and rehabilitation services.
- H. To design and implement an innovative cost-recovery system.

The principal target of surveillance activities planned under the Grant are all children between the ages of 5 and 15 years old and all adult males between the ages of 20 and 60 years old living in the most at-risk communities along the tributaries of the Niger River. The districts of Tera and Say, in the department of Tillaberi, will be evaluated for possible disease recrudescence, with more limited scrutiny in the districts of Gaya and Boboye, in the department of Dosso along the Nigerian border, due to their proximity to the hyper-endemic conditions in that country. The specific tasks to be carried out by the Grantee, working in close collaboration with the Ministry of Health (MOH), are provided below.

- A. Assist the MOH to establish a central coordination office, including provision of office supplies and furnishings, data processing equipment and software and a four-wheel drive vehicle for the completion of required fieldwork.
 - B. Provide required training, supplies and logistic support to expand responsibilities and strengthen technical competence of existing MOH mobile teams, in the districts of Tera, Say, Gaya and Boboye, to include the additional program activity of onchocerciasis control. These teams will carry out skin snip and community surveys to test for the presence of onchocerciasis and determine residents' perceptions of the prevalence of blindness and other signs and symptoms of the onset of onchocerciasis. The teams will also complete associated laboratory analysis of specimens collected, distribute the drug Mectizan on an individual or community-wide basis and refer more advanced cases to appropriate rehabilitation and educational programs.
 - C. Complete training-of-trainers programs for at least 3 members from each of the selected 9 person mobile teams; and organize continuing in-service training at the secondary level to train up to 30 rural health nurses to carry out the special duties related to onchocerciasis control in the 4 districts targeted under the Grant.
- //

- D. Conduct a survey of onchocerciasis activity in the target areas as a basis for the selection of 21 "sentinel" villages and assist the MOH in the installation of a health information system to enable ongoing monitoring of activities covered under the program. Approximately 16 of these sentinel villages will be located in the districts of Tera and Say, with the remaining 5 villages in the districts of Gaya and Boboye.
- E. Develop a system to recover costs associated with the distribution of Mectizan. Although the drug Mectizan will be provided free of charge by Merck and Company, a cost recovery system, abiding by criteria established for obtaining Mectizan gratis, must be put in place to offset distribution costs and assure program sustainability.
- F. Carry out technical monitoring and evaluation of activities financed under the Grant--including routine field supervisory visits by a local Program Coordinator to review the performance of mobile teams and rural health facility staff; visits by HKI/New York and consultant (John Hopkins University) staff; and the completion of mid-term and final evaluations.

IV. Reporting Requirements

The Grantee will submit quarterly financial and progress reports. The quarterly progress reports will include information on each of the indicators listed below.

- * Training and re-training of field staff.
- * Turnover and replacement of field staff.
- * Number of "awareness" meetings held with population and local officials.
- * Number and location of sentinel villages targeted for surveillance.
- * Number of persons surveyed in each village by each mobile team.
- * Number of cases of onchocerciasis or leprosy recorded.
- * Rate of infection of the blackfly vectors.
- * Number of persons receiving Mectizan in targeted community distribution.
- * Number of persons receiving Mectizan at health clinics.
- * Number of persons referred for treatment and/or rehabilitation.
- * Any problems with data collection, processing or analysis.
- * Supply problems regarding petrol, field equipment, laboratory equipment and/or Mectizan.
- * Supervision and payment of field workers.
- * Relationship and communications (formal and informal) with the MOH and the OCP.

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Helen Keller International
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Following the installation, appraisal and successful operation of the effective health information system, the Grantee will also be required to submit further interim status reports to provide any additional information, beyond the indicators listed above, concerning progress toward the achievement of the objectives of the Grant.

END ATTACHMENT 2

Exhibit 1

Use of Embassy Health Unit by Non-Direct hire U.S. Contract Employees

The following guidelines have been developed to ensure that the best medical care possible will be provided U.S. employees and families within the scope of our resources in Niger. These requirements, including the medical clearance policy, protect both patient and the health care provider, that is, the Department of State in terms of medical and legal risks. The Embassy Health Unit cannot be responsible for individuals arriving at post who have not met these requirements.

1. Requirements to be met for use of Embassy Health Unit:

A. Employee must be a United States citizen;

B. Employee and each family member must have had a complete physical examination within six (6) months prior to arrival at post. Employee must bring a fully executed "Medical History Examination for Foreign Service" (DS-1843 or DS-1622 for children under 12 years of age), including an affirmative statement from M/MED, Department of State, that the criteria established in the "Physical Standards for Foreign Service Duty - Niger" have been met and the employee is physically fit to work in Niger. Based upon M/MED clearance, the Foreign Service Nurse Practitioner (FSNP) will expedite use of Embassy medical facilities.

The Health Unit will not provide care for pre-existing conditions wherein these criteria are not met EXCEPT for the routine immunizations, malaria suppressants and routine consultations.

C. Medical and emergency evacuation insurance must be established prior to arrival or immediately thereafter.

D. Membership in the Gamkalley (Medical) Clinic must be obtained for the employee and his/her family members at post.

E. Upon completion of the above requirements, the use of the Embassy Health Unit by the contractor must also have the authorization and written permission of the Ambassador.

2. Reimbursement for service must be arranged with the administrative counselor. (USAID contractors have those costs included in their contract and they are handled for them automatically.

3. If an individual's health condition changes, the medical clearance will be re-examined by the FSNP and/or RMO. Embassy Health Unit services may be terminated upon their recommendation and with the approval of the Ambassador.

4. If the embassy Health Unit capabilities should change, resulting in lesser quality care of direct-hire beneficiaries of agencies with full service agreements with the Department of State, services to non-direct

EXHIBIT 2

Pouch Facilities:

- (1) U.S. Contract is authorized use of pouch facilities for transmission and receipt of up to a maximum of two pounds per shipment of correspondence and documents needed in the administration of contract work;
- (2) Personal mail (for U.S. Citizen Contractor and authorized dependents) up to a maximum of one pound per shipment except merchandise, parcels, magazines or newspapers;
- (3) Official and personal mail sent by pouch must be addressed as follows: name (followed by the letter "C"), USAID/Niger, Agency for International Development. Washington, DC 20523-2420.

AID 1350 1
(3 87)

*PIO/T

AGENCY FOR
INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION
ORDER/TECHNICAL
SERVICES

1 Cooperating Country
Niger

2 PIO/T No
683-0277-3-10065

3 Original or
Amendment No _____

4 Project/Activity No and Title
**RCN : F100046
Niger Onchocerciasis Prevention Project**

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DISTRIBUTION

5 Appropriation Symbol
72-1111021.8

6 Budget Plan Code
GDHA-91-21683-IG13

7 Obligation Status
 Administrative Reservation Implementing Document

8 Project Assistance Completion Date
(Mo, Day, Yr.) **12/31/94**

9 Authorized Agent
REDSO/WCA/RCO

10 This PIO/T is in full conformance with PRO/AG No
Date **N/A**

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)

ACS
Reserved
DISTRIBUTED
H. Luciers
TE 08/30/91

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

Maximum AID Financing Available	A Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
		-	399,892	-	399,892
	B U S Owned Local Currency				

13 Mission References

14A Instructions to Authorized Agent
Authorized Contracts Officer is requested to award a Grant to Helen Keller International (HKI) to undertake a program to control and prevent the recurrence of Onchocerciasis in Niger and to assist officials of the Ministry of Health and community groups to establish a Nigerien capacity to monitor, prevent and treat onchocerciasis, as detailed under the attached Statement of Work. The present obligation covers the period July 1, 1991 through December 31, 1994 (42 months).

14B Address of Voucher Paying Office
**Controller, USAID/Niger
c/o American Embassy
Niamey, Niger**

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	Phone No x 210 Date 8/28/91	B The statement of work or program description lies within the purview of the initiating office and approved agency programs PROG: BBeyer	Date 9/3/91
HDO: CARahmaan <i>CARahmaan</i>	Date 8/30/91	D Funds for the services requested are available A/CONT/ Ghemphill	Date 8/30/91
EXO: AVodraska <i>AVodraska</i>	Date 8/30/91		
GDO: HSoos <i>Helen Soos</i>	Date 8/30/91		

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

Signature _____ Date _____

Title **N/A**

17 For the Agency for International Development

Signature *George...* Date _____

Title **Director**

SEP - 4 1991

*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

18 Statement of work or program description for this project is described in Attachment No 1

19 Special Provisions

- A Language Requirements (specify) French S-3, R-3
(If marked, testing must be accomplished by AID to assure desired level of proficiency)
- B Access to classified information will will not be required by technical specialists (Indicate level) _____
- C Duty post(s) and duration of technical specialist(s) services at post(s) (months) Niger, 3 year Grant
- D Dependents will will not be permitted to accompany technical specialist(s)
- E Geographic code applicable to procurement under this PIO/T is 000 899 935 941 Other (specify) _____
(If other than authorized in HB 1, Sup B, Chap 5, Para 5A1d, attach waiver(s))
- F Salary approval(s) to exceed FS-1 salary ceiling are attached in process N/A
- G Cooperating country acceptance of this project (applicable to AID/W projects only)
 has been obtained is in process is not applicable to services required by PIO/T
- H Justification for use of external resources for consulting services is attached N/A
- I Clearance for procurement of ADP equipment, software, and services is attached in process N/A.
- J OMB approval of any report to be completed by ten or more members of the general public under the statement of work is attached in process N/A
- K Participant training is is not being funded as part of this PIO/T
- L Requirement (contracts only) is recommended for small business set aside SBA 8(a) Program neither
- M Other (specify)

20 Provisions for Logistic Support

A Specific Items (Insert 'X' in applicable column at right
If entry needs qualification insert asterisk and explain
below in C 'Comments')

	IN KIND SUPPLIED BY		FROM LOCAL CURRENCY SUPPLIED BY		TO BE PROVIDED OR ARRANGED BY SUPPLIER	N/A
	AID	COOPERATING COUNTRY	AID	COOPERATING COUNTRY		
(1) Office Space					X	
(2) Office Equipment					X	
(3) Housing and Utilities					X	
(4) Furniture					X	
(5) Household Appliances (Stoves, Refrig, etc)					X	
(6) Transportation in Cooperating Country					X	
(7) Transportation To and From Country					X	
(8) Interpreter Services/Secretarial					X	
(9) Medical Facilities (Health Room)					X	
(10) Vehicles (official)					X	
(11) Travel Arrangements/Tickets					X	
(12) Nightwatchman for Living Quarters					X	
(13)					X	
(14)						
(15)						

(OTHER SPECIFY)

20. Provisions for Logistic Support (Continued)

B. Additional Facilities Available From Other Sources

Diplomatic pouch

PX

Commissary

Other (specify, e.g., duty free, entry, tax exemption)

C. Comments

21. Relationship of Contractor or Participating Agency to Cooperating Country and to AID

A Relationships and Responsibilities The Grantee will work under the general guidance and technical direction of the USAID Health Development Division, Office of General Development.

B Cooperating Country Liaison Officials Dr. Hassan Barage Program Coordinator, Directorate of Ambulatory Medicine, MOH

C AID Liaison Officials Mr. Carl Abdou Rahman, Health Development Officer, USAID/Niger
Ms. Nancy Lowenthal, Child Survival Coordinator, USAID/Niger
Mr. Dennis Carrol, VBC Project Manager, AID/W/S+T/H

22 Background information (additional information useful to authorized agent)

- HKI Proposal for the Prevention of the Recurrence of Onchocerciasis in Niger, March 11, 1991.

- Alexander/Abdou Rahman memorandum dated August 16, 1991.

23 Summary of attachments that accompany the PIO/T (check applicable boxes)

A Detailed budget estimates in support of increased funding (Block 12)

B Evaluation criteria for competitive procurement (Block 14A)

C Justification for procurement by other than full and open competition or noncompetitive assistance

D. Statement of work or program description (Block 18)

E. Waiver(s) justification(s), clearance(s), certification(s) (Block 19) (specify number _____)

ATTACHMENT No. 1: Statement of Work

I Background

River Blindness, or onchocerciasis, is a parasitic disease which affects 19 million people in 35 developing countries. It is caused by tiny thread-like worms and spread by the bites of blackflies which breed in fast-flowing streams. In addition to causing blindness in its victims, the disease may cause severe itching and lesions, nodules and discoloration of the skin, as well as nodules in deeper organs of the body. The Onchocerciasis Control Programme (OCP) of the World Health Organization (WHO) has been active in West Africa since 1974. Successful disease control since 1974 has been carried out by OCP through aerial spraying of insecticides over the streams and rivers where the blackflies breed. More recently, OCP has tested and initiated the use of the drug Mectizan to control blindness and other severe symptoms of onchocerciasis. The introduction of this drug has coincided with the cessation of aerial spraying in a large part of the OCP target area, which has experienced markedly reduced transmission of the disease as a result of the aerial spraying program. Eleven countries, including Niger, are currently involved in OCP activities in the region.

It is estimated that Niger had some 15,000 persons severely infected with the parasite *Onchocerca volvulus* and 150,000 at risk of infection in 1975. By 1991, however, Niger along with Burkina Faso had become the only OCP countries where the transmission of onchocerciasis has been virtually eliminated. Nevertheless these gains remain precarious. Even in an area where transmission is low, there is still the potential for recurrence of onchocerciasis. In Niger, a number of conditions favor contact between humans and the residual vector (i.e., blackflies) which are impossible to eliminate totally from the environment. There is now considerable resettlement in previously infested areas and there has been constant in-migration from Benin and, more importantly, Nigeria where onchocerciasis is hyper-endemic. These factors along with the persistence of the reservoir of parasitic worms in the human population could result in the recurrence of onchocerciasis.

During fiscal year 1991, Congress earmarked \$5 million for activities relating to the control, prevention and eradication of River Blindness: \$2.5 million to support the Onchocerciasis Control Program of West Africa; and \$2.5 million to support A.I.D.'s Ivermectin Distribution Program (IDP) in selected countries in Africa and Central America. This second program is intended as a three year pilot effort to assess the feasibility of using PVO's to strengthen the institutional capacity of indigenous health systems to provide cost effective and sustainable delivery of Ivermectin to those selected countries. The IDP process began in February of 1991 when S&T/Health issued a Request for Assistance for U.S. Private and Voluntary Organizations to submit proposals to outline how they would design and implement Ivermectin Distribution. S&T/Health received the proposals in early March, and held a formal review to select the best proposals in early April. Although Niger was one of five country proposals selected by the technical review committee, S&T/Health was unable to fund this proposal due to funding requirements approval under the other four proposals.

II Objective

The purpose of this PIO/T is finance a Grant with Helen Keller International (HKI) to undertake a program to control and prevent the recurrence of onchocerciasis in Niger and to assist officials of the Ministry of Health and community groups to establish a Nigerien capacity to monitor, prevent and treat onchocerciasis.

III Statement of Work

The proposed Grant will cover a period of approximately 42 months, including a brief pre-obligation period to complete required project planning and negotiation with AID and host government officials. The goal of the Grant is to ensure the permanent control of onchocerciasis in Niger through the prevention of recurrence of transmission and through direct treatment of the disease. The immediate objectives toward meeting this goal are:

- A. To work with the Niger Ministry of Health (MOH), the Onchocerciasis Control Programme and national and community groups to implement an onchocerciasis surveillance and prevention-of-recurrence system.
- B. To train a surveillance team of nine persons in the proper techniques of onchocerciasis surveillance to periodically evaluate the degree of onchocerciasis endemicity in selected sentinel villages in high-risk areas.
- C. To identify those communities where the average rate of onchocerciasis infection is above the established acceptable threshold and to distribute Mectizan, when indicated, on a preventive basis in those communities.
- D. To identify and treat individuals living in selected villages in high-risk areas who are recent in-migrants and are infected, as well as any individuals showing evidence of unacceptable clinical manifestations.
- E. To promote awareness, acceptance and utilization of the surveillance and referral systems by providing information and public outreach services.
- F. To determine, through data analysis, whether these means of surveillance and treatment are effective means of maintaining a low level of incidence and prevalence of onchocerciasis.
- G. To develop a network for referrals of the blind and visually impaired population to integrated education and rehabilitation services.
- H. To design and implement an innovative cost-recovery system.

The principal target of surveillance activities planned under the Grant are all children between the ages of 5 and 15 years old and all adult males between the ages of 20 and 60 years old living in the most at-risk communities along the tributaries of the Niger River. The districts of Tera and Say, in the department of Tillaberi, will be evaluated for possible disease recrudescence, with more limited scrutiny in the districts of Gaya and Boboye, in the department of Dosso along the Nigerian border, due to their proximity to the hyper-endemic conditions in that country. The specific tasks to be carried out by the Grantee, working in close collaboration with the Ministry of Health (MOH), are provided below.

- A. Assist the MOH to establish a central coordination office, including provision of office supplies and furnishings, data processing equipment and software and a four-wheel drive vehicle for the completion of required fieldwork.
- B. Provide required training, supplies and logistic support to expand responsibilities and strengthen technical competence of existing MOH mobile teams, in the districts of Tera, Say, Gaya and Boboye, to include the additional program activity of onchocerciasis control. These teams will carry out skin snip and community surveys to test for the presence of onchocerciasis and determine residents' preceptions of the prevalence of blindness and other signs and symptoms of the onset of onchocerciasis. The teams will also complete associated laboratory analysis of specimens collected, distribute the drug Mectizan on an individual or community-wide basis and refer more advanced cases to appropriate rehabilitation and educational programs.
- C. Complete training-of-trainers programs for at least 3 members from each of the selected 9 person mobile teams; and organize continuing in-service training at the secondary level to train up to 30 rural health nurses to carry out the special duties related to onchocerciasis control in the 4 districts targeted under the Grant.
- D. Conduct a survey of onchocerciasis activity in the target areas as a basis for the selection of 21 "sentinel" villages and assist the MOH in the installation of a health information system to enable ongoing monitoring of activities covered under the program. Approximately 16 of these sentinel villages will be located in the districts of Tera and Say, with the remaining 5 villages in the districts of Gaya and Boboye.
- E. Develop a system to recover costs associated with the distribution of Mectizan. Although the drug Mectizan will be provided free of charge by Merck and Company, a cost recovery system, abiding by criteria established for obtaining Mectizan gratis, must be put in place to offset distribution costs and assure program sustainability.
- F. Carry out technical monitoring and evaluation of activities financed under the Grant—including routine field supervisory visits by a local Program Coordinator to review the performance of mobile

teams and rural health facility staff; visits by HKI/New York and consultant (John Hopkins University) staff; and the completion of mid-term and final evaluations.

IV. Reporting Requirements

The Grantee will submit quarterly financial and progress reports. The quarterly progress reports will include information on each of the indicators listed below.

- * Training and re-training of field staff.
- * Turnover and replacement of field staff.
- * Number of "awareness" meetings held with population and local officials.
- * Number and location of sentinel villages targeted for surveillance.
- * Number of persons surveyed in each village by each mobile team.
- * Number of cases of onchocerciasis or leprosy recorded.
- * Rate of infection of the blackfly vectors.
- * Number of persons receiving Mectizan in targeted community distribution.
- * Number of persons receiving Mectizan at health clinics.
- * Number of persons referred for treatment and/or rehabilitation.
- * Any problems with data collection, processing or analysis.
- * Supply problems regarding petrol, field equipment, laboratory equipment and/or Mectizan.
- * Supervision and payment of field workers.
- * Relationship and communications (formal and informal) with the MOH and the OCP.

Following the installation, appraisal and successful operation of the effective health information system, the Grantee will also be required to submit further interim status reports to provide any additional information, beyond the indicators listed above, concerning progress toward the achievement of the objectives of the Grant.

V. Other Information

Due to the pilot nature of the proposed activity, the Grantee was required to carry out intensive planning and negotiations with AID and host government officials to reach agreement on technical details and plans for the onchocerciasis control program. Accordingly, USAID/Niger requests the Contract Officer to authorize reasonable pre-award expenditures made by the Grantee in preparing final documentation and plans for the proposed Grant. Furthermore, USAID/Niger recommends that the 25% matching contribution by the Grantee be waived.

ATTACHMENT No. 2: Illustrative Budget

A. Field Operations		\$273,538
1. Personnel	\$82,213	
2. Administrative Support	38,000	
3. Field Surveillance Activities	82,290	
4. Training	21,535	
5. Technical Assistance	25,000	
6. International Travel	24,500	
B. HKI Headquarters Support		52,639
1. Personnel	42,354	
2. Administrative Support	10,285	
C. Overhead		<u>73,716</u>
	Total Project Budget	\$399,892