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C. PAYNE LUCAS



Africare House, 440 R Street, N.W., Washington, D.C. 20001
Telephone: (202) 462-3614 • Fax: (202) 387-1034 • Telex: 64239

Country Project Proposal

**Gurage Zone Child Survival/Maternal Health
Gumer, Kokir & Silte Woredas (Districts)
Ethiopia**

CS X

Project Period: 01 Oct 94 - 30 Sept 1997

Submitted to:

**U.S. Agency for International Development
Bureau of Food and Humanitarian Assistance
Office of Private and Voluntary Cooperation
Washington, DC**

Submitted by Africare, Inc.

**400 R Street NW
Washington, DC 20001
Contact Person: Alan C. Alemian
Regional Director**

**FAX: 202-387-1034
Telex: 64239 AFRIC UW
Telephone: 202-462-3614**

January 12, 1994

"Improving the quality of life in rural Africa through the development of water resources, increased food production and the delivery of health services."

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1. SUMMARY DESCRIPTION OF PROJECT

a. Narrative

Africare requests a \$1,008,586 grant from USAID for a 3-year \$1,449,889 Child Survival/Maternal Health Project to benefit at least 28,830 infants, 69,200 children 1 to 4 years of age, and 126,850 WRAs in three woredas (districts) of the Gurage Zone, in the Southern Region of Ethiopia. Clinic records in this Zone indicate diarrhea as a major cause of child death, tuberculosis still a notable cause of mortality, and diet a major factor in poor maternal/child health. Most women deliver at home without a trained attendant, such that maternal death is well known to the target communities. During the project period (10/01/94 to 09/30/97), the approximate USAID budget allocations will be: Yr 1 \$407,300; Yr 2 \$340,000 and Yr 3 \$261,300. The project will be undertaken in collaboration with both the Ethiopian Red Cross Society and the Ethiopian Ministry of Health

The project's goal is to reduce maternal/child morbidity and mortality in the intervention areas and serve as a model, by strengthening the management, technical, and outreach capabilities of three woreda PHC programs (two currently functioning and one to be established by the EMOH in 1994), and by supporting water supply, sanitation and home gardening sub-projects. The specific project objectives are as follows: (1) each target woreda will have sustainable mechanisms to maintain full immunization coverage of 70% or better of all infants (0-11 months of age) during a given year; (2) each target woreda will have strengthened management systems and outreach capabilities for the distribution of essential drugs; (3) at least 60% of an estimated 126,850 WRAs will be taught by CHAs, TBAs, EMOH Health Staff, and Project Staff to properly prepare and administer packaged ORS and/or home-mixed SSS, and 30% will use ORT to treat their children's diarrhea; (4) at least one-third of all home deliveries (none currently assisted by trained attendants) will be assisted by a trained birth attendant; (5) at least 19,500 WRAs will be made aware of modern child spacing methods, as well as the significance and means of HIV transmission and prevention, and the percentage of contraceptive acceptors will increase from an estimated 1% to 5%; (6) at least one-third of the 126,850 WRAs will receive two doses of tetanus toxoid vaccine; (7) at least 19,500 WRAs will be made aware of the importance of exclusive breast feeding and appropriate weaning foods, and 80% of these women will breastfeed exclusively for 4-6 months and introduce appropriate weaning foods at the correct age; and, (8) 9 to 30 self-help projects (up to 5 per woreda in Yr 2, and 5 per woreda in Yr 3) will be supported by Africare private match funds, providing improved access to clean water, sanitation facilities, and home gardens to an estimated 14,800 WRAs, 3,370 infants, 8,100 children 1 to 4 yrs of age, and 20,900 children 5 to 14 yrs of age.

TABLE A: FIELD PROJECT SUMMARY

Africare/Ethiopia

Project Duration: 3 years

Project Start Date: 10/1/94

Estimated Completion Date: 09/30/97

PAGE 1 OF 2

1. BUDGET SUMMARY IN U.S. DOLLARS

(a)	(b)	(c)	(d)
a. By year of project	A.I.D. Contribution (field + HQ)	PVO Contribution (field + HQ)	Total Contribution (field + HQ)
Year 1	\$407,286	\$188,763	\$596,049
Year 2	\$339,966	\$148,231	\$488,197
Year 3	\$261,333	\$104,310	\$365,643
Country project total	\$1,008,585	\$441,304	\$1,449,889

b. Percent of PVO Match	<input style="width: 80%;" type="text" value="30%"/>
(PVO Contribution divided by Total Contribution: sum of column "c" divided by the sum of column "d")	

3. PERCENT OF TOTAL A.I.D. CONTRIBUTION by INTERVENTION

INTERVENTION	Percent of Project Effort (%)	Percent of A.I.D. Funds in US \$
a. Immunization	30	\$302,576
b. Control of Diarrheal Diseases	20	\$201,717
c. Nutrition	15	\$151,288
d. Vitamin A	5	\$50,429
e. Iodine		\$0
f. Control of Pneumonia	10	\$100,859
g. Maternal Care/Family Planning	20	\$201,717
h. Malaria Prevention & Management		\$0
i. HIV/AIDS		\$0
j. Other (specify)		\$0
k. Other (specify)		\$0
l. Other (specify)		\$0
m. Other (specify)		\$0
TOTAL	100%	\$1,008,585

2. SIZE OF THE POTENTIAL BENEFICIARY POPULATION

Note: POTENTIAL BENEFICIARIES are defined as those in the project area who are eligible to receive services for a given intervention, not the percent you expect to provide services to – which may be smaller than the eligible population.

(e)	(f)
a. Current population within each age group*	Number of Potential Beneficiaries
infants, 0–11 months	28,830
children, 12–23 months	25,950
children, 24–59 months	43,245
children, 60–71 months (If Vitamin A component)	23,000
females, 15–19 years (high risk pregnancy)	20,296
females, 20–34 years	54,546
females, 35–49 years (high risk pregnancy)	52,009
children, 5–14 years	178,746
Other (specify)	

b. Additional births	
Total estimated live births, years 2 and 3	58,000

c. Total Potential Beneficiaries	484,622
---	----------------

* Note: Females (ages 15 – 49) should only be included as potential beneficiaries where they are direct beneficiaries of services (for example, TT immunizations, or family planning services), and not for educational interventions (for example, education on proper use of ORT).

4. CALCULATION OF A.I.D. DOLLARS per BENEFICIARY per YEAR

a. Total A.I.D. Contribution to Country Project (sum of column "b" in table 1, this page)	<input style="width: 80%;" type="text" value="\$1,008,585"/>
b. Total Potential Beneficiaries (sum of column "f" in table 2, this page)	<input style="width: 80%;" type="text" value="484,622"/>
c. A.I.D. Funding per Beneficiary for Project (line a. divided by line b. in table 4, this page)	<input style="width: 80%;" type="text" value="\$2.08"/>
d. A.I.D Funding per Beneficiary per year (line c. above divided by 3 years)	<input style="width: 80%;" type="text" value="\$0.69"/>

TABLE A: FIELD PROJECT SUMMARY

5. ACTIVITIES: Circle all activity codes that apply for each intervention

h. Malaria Prevention and Management

a. Immunization

- ① = Distribute vaccines
- ② = Immunize mother/children
- ③ = Promote immunization
- ④ = Surveillance for vaccine preventable diseases
- 5 = Training in immunization
- = Other: _____

- ① = Vitamin A deficiency treatment
- ② = Vitamin A supplementation
- 3 = Vitamin A fortification
- ④ = Vitamin A education
- ⑤ = Vitamin A food production
- 6 = Other: _____

- 1 = Residual insecticides
- 2 = Larvaciding
- 3 = Provision of bednets
- 4 = Provision of commodities
- 5 = Treatment
- 6 = Health education
- 7 = Training
- Other _____
(specify)

b. Control of Diarrheal Diseases

- ① = Distribute ORS packets
- ② = Promote use of ORS packets
- ③ = Promote home-mix
- ④ = Promote SSS home-available fluids
- ⑤ = Dietary management of diarrhea
- ⑥ = ORT training
- ⑦ = Hand washing
- Other _____
(specify)

e. Iodine

- 1 = Iodine deficiency treatment
- 2 = Iodine supplementation
- 3 = Iodine fortification
- 4 = Iodine education
- 5 = Iodine food production
- Other _____
(specify)

i. HIV/AIDS Prevention

- ① = Distribution of Condoms
- ② = AIDS education
- ③ = HIV testing and counseling
- ④ = Staff/CHA/TBA training
- Other _____
(specify)

c. Nutrition

- 1 = Distribute food
- ② = Provide iron, folic acid, vitamins
- ③ = Provide scales and growth charts
- ④ = Sponsor mother-to-mother breastfeeding/promotion support groups
- ⑤ = Conduct food demonstrations
- ⑥ = Counsel mothers on breastfeeding and weaning practices
- ⑦ = Conduct group sessions
- ⑧ = Training in breastfeeding and weaning
- ⑨ = Training in maternal nutrition
- ⑩ = Training in growth monitoring
- ⑪ = Self-help food production such as home gardening and poultry production
- Other _____
(specify)

f. Control of Pneumonia

- 1 = Promote antibiotics
- ② = Health education
- ③ = Improve referral sites
- 4 = Training
- Other _____
(specify)

j. Potable Water

- ① = Well Drilling
- ② = Water pump/tank installation
- ③ = Water storage/handling education
- Other _____
(specify)

g. Maternal Care/Family Planning

- ① = Distribute contraceptives
- ② = Promote exclusive breastfeeding to delay conception
- ③ = Promote child spacing or family planning
- ④ = Antenatal care
- 5 = Promote malaria prophylaxis
- ⑥ = Train TBAs in improved birth practices
- 7 = Family planning training
- ⑧ = Improve Referral Sites
- Other _____
(specify)

k. Sanitation:

- ① = Latrine demonstration
- Other _____
(specify)

l. Other
Specify:

2. DETAILED PROJECT DESCRIPTION

a. Goals & Objectives

(1) **Goal** - The project's goal is to reduce maternal and child morbidity and mortality in the intervention areas and serve as a model by strengthening the management, technical, and outreach capabilities of three woreda PHC programs (two currently functioning and one to be established by the EMOH in 1994), and by supporting self-help activities in the provision of a clean water supply, sanitation, and home gardening.

(2) **Objectives** - The specific life of project objectives are that by the end of the project period:

i) Each target woreda will have sustainable mechanisms in place to maintain full immunization coverage of 70% or more of all infants 0-11 mos. of age during a given year, measured in 12-23 mos children.

ii) Each target woreda will have strengthened management systems and outreach capabilities in place for the distribution of essential drugs.

iii) At least 60% of an estimated 126,850 WRAs will be taught by CHAs, TBAs, EMOH health staff, and project staff to properly prepare and administer packaged ORS and/or home mixed SSS, and 30% will use ORT to treat their children's diarrhea.

iv) At least one-third of all home deliveries (none currently assisted by trained attendants) will be assisted by a trained birth attendant.

v) At least 19,500 WRAs will be made aware of modern child spacing methods, as well as the significance and means of HIV transmission and prevention, and the percentage of contraceptive acceptors will increase from an estimated 1% to 5%.

vi) At least one-third of the 126,850 WRAs, will receive two doses of tetanus toxoid vaccine.

vii) At least 19,500 WRAs will be made aware of the importance of exclusive breast feeding and appropriate weaning foods, and 80% of these women will breastfeed exclusively for 4-6 months and introduce appropriate weaning foods at the correct age.

viii) Nine to 30 self-help projects (up to 5 per woreda in Yr 2, and 5 per woreda in Yr 3) will be supported by Africare, with private match funds, providing improved access to clean water, sanitation facilities, and home gardens to an estimated 14,800 WRAs, 3,370 infants, 8,100 children who are 1 to 4 yrs of age, and 20,900 children 5 to 14 yrs of age.

b. Identification of Problems

(1) **Project Location** - The project will operate in three rural woredas (districts) of Gurage Zone (see Maps A & B) which consists of 11 woredas and an estimated total population of 1.5 million. The three target woredas are Gumer, which has a population of

276,630 and a land area of 716 sq km, Kokir, with a population estimated at 50,000 and an area of 142 sq km, and Silte, with an estimated population of 250,000 and an area of 680 sq km. Gumer, Kokir, and Silte were chosen by the Head of the Gurage Zonal Health Bureau (the Zonal representative of the EMOH), Dr. Gera Baruda, because they are poorly served (or not presently served at all), have alarmingly negative health indicators, and have plans in place or already in effect to provide PHC services to their respective populations.

(2) **Health Indicators** - While the Ethiopian people suffer from many health problems, statistics on diseases and deaths occurring outside the health care system are very limited. In a 1993 UNICEF Report, Ethiopia is listed as having the world's seventh highest under-5 child mortality rate (212 per 1000 live births), and the world's lowest level of measles immunization (17%). Contributing to the high national rate of child mortality are figures showing that 7.6% of children under five have extreme (third degree) malnutrition, measured by weight-for-age below 60% of standards. Lack of proper antenatal nutrition contributed to an estimated maternal mortality rate of 600 to 1000 per 100,000 total births¹. In December of 1993, during the project design mission, the head of the Gurage Zone Health Bureau and the nurse in charge of the Gumer Woreda Health Service reported on the following conditions in Gumer:

- The main child health problem is diarrhea often leading to dehydration and death, due to intestinal parasites ingested from drinking water.
- Less than 1% of the Gumer population has access to clean water and less than 1% of mothers have been taught how to prepare ORS.
- The other major causes of child morbidity & mortality consist of acute respiratory infections (pneumonia, pulmonary tuberculosis, bronchitis, and tonsillitis), malnutrition and neonatal tetanus.
- While signs of xerophthalmia have been observed in young children, vitamin A-rich foods, with the exception of eggs, are not generally available, and the price of an egg is beyond the means of many mothers.
- An estimated 9.2% of infants and 2.8% of 12-24 month olds in Gumer are currently fully immunized against the six childhood diseases.
- With over 98% of births attended by untrained TBAs, maternal mortality is known to be high (as no surveillance system exists, the IMR and MMR are not known).
- Approximately 25% of women visiting Gumer's health stations show clinical signs of anemia.
- There appears to little or no awareness among community members of the relationship between child spacing and maternal/child health.

¹ From 1992 figures published by the EMOH National Nutritional Surveillance Program.

Map A - Ethiopia

KEY TO REGIONS

- Reg. 10**
- 1 Basketo
 - 2 Mursi
 - 3 Ari
 - 4 Harer
 - 5 Arbore
 - 6 Dasenech
 - 7 Grangtom
 - 8 Tsemal
 - 9 Male
 - 10 Dime
 - 11 Bodi
- Reg. 11**
- 1 Keficho
 - 2 No'o
 - 3 Dizi
 - 4 Surma
 - 5 Zelma
 - 6 Sheko/Mocha
 - 7 Meln
 - 8 Chare
 - 9 Bench
 - 10 Sheko

- Reg. 12**
- 1 Agwat
 - 2 Huer
 - 3 Mejengir

- Reg. 13**
- 1 Harari

- Reg. 14**
- Addis Ababa

- Reg. 1**
- 1 Tigray
 - 2 Saho
 - 3 Kunama

- Reg. 2**
- 1 Afar

- Reg. 3**
- 1 Amara
 - 2 Agew-Kemt
 - 3 Agew-Aangi
 - 4 Oromo-Katu

- Reg. 4**
- 1 Oromo

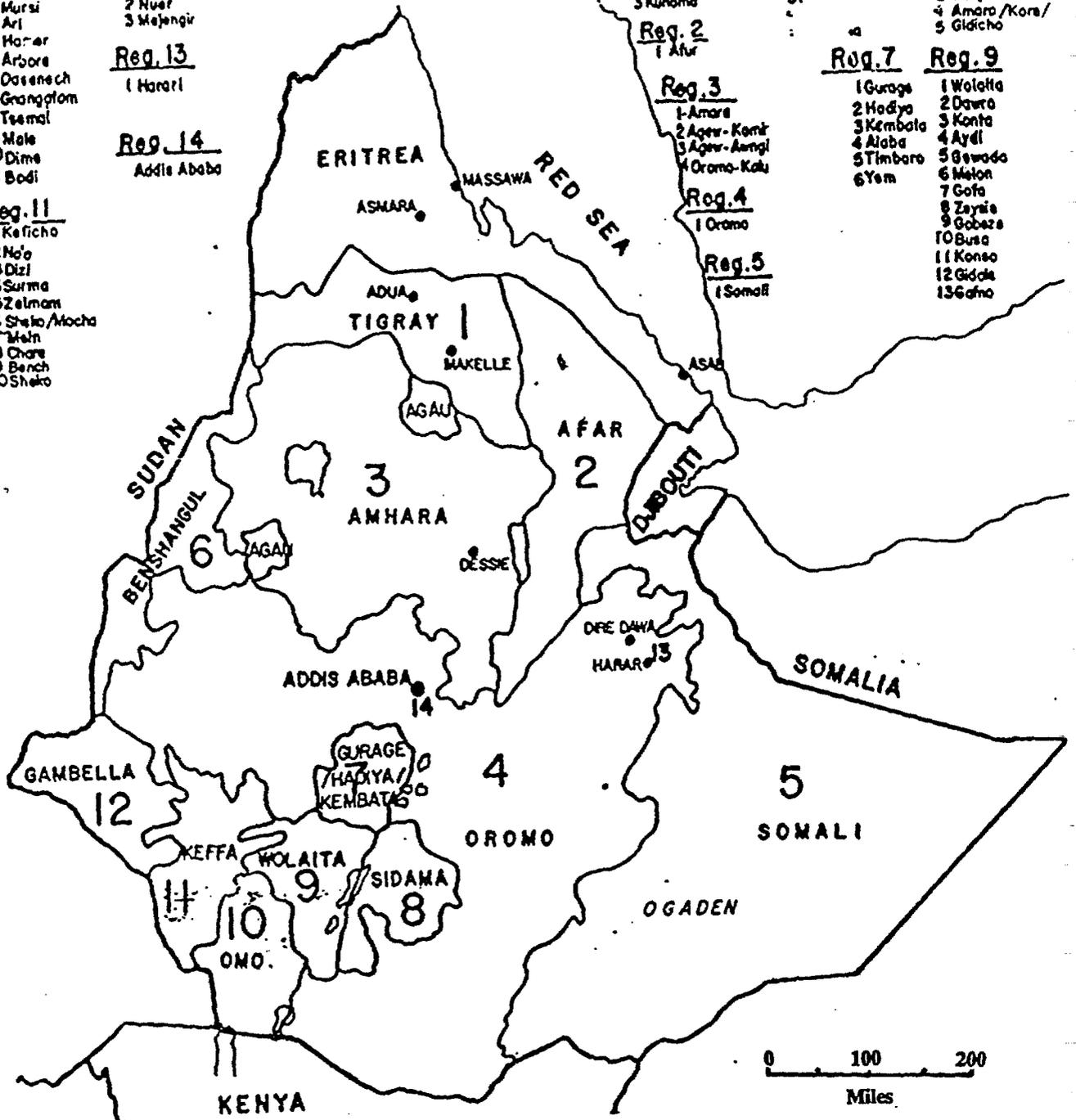
- Reg. 5**
- 1 Somali

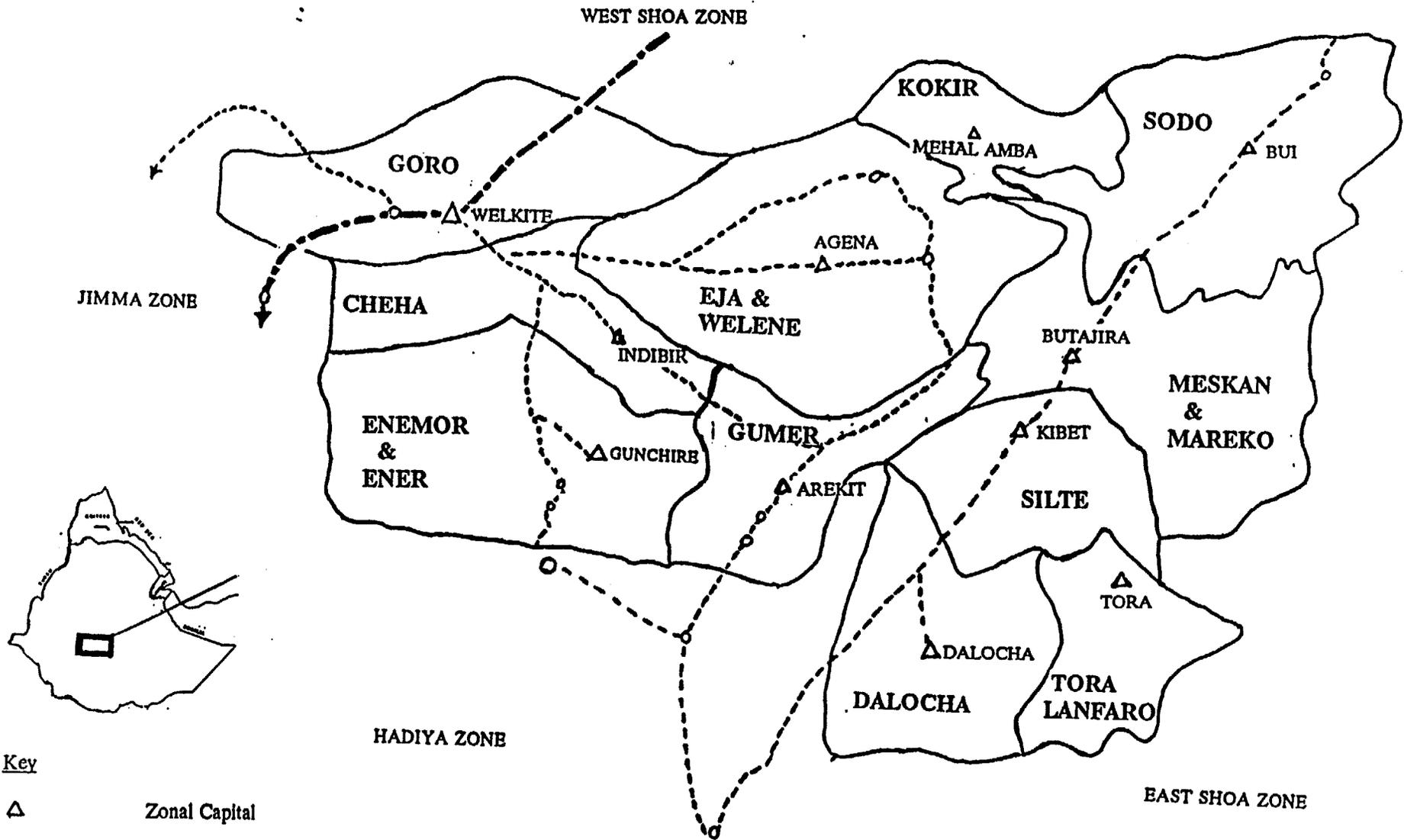
- Reg. 6**
- 1 Gumuz
 - 2 Kar
 - 3 P

- Reg. 7**
- 1 Gurage
 - 2 Hadya
 - 3 Kembata
 - 4 Alaba
 - 5 Timbaro
 - 6 Yem

- Reg. 8**
- 1 Sidama
 - 2 Gedeo
 - 3 Burji
 - 4 Amaro/Kora
 - 5 Gidicho

- Reg. 9**
- 1 Wolaita
 - 2 Dawro
 - 3 Konta
 - 4 Aydi
 - 5 Gewada
 - 6 Melon
 - 7 Gofa
 - 8 Zayna
 - 9 Goba
 - 10 Busa
 - 11 Koneo
 - 12 Gidde
 - 13 Gamo





- Key
- △ Zonal Capital
 - Asphaltic Roads
 - - - - - Gravel Road
 - Zonal Boundary Line

Map B
GURAGE ZONE



- While no lab facilities exist to check for HIV, 780 cases of other STDs (gonorrhoea being the most common) were diagnosed in Gumer Woreda in 1992.

Health conditions in Silte Woreda are believed to be similar to those reported in Gumer.

(3) Current Health Programming and Policy in the Project Area - Primary Health Care, by national policy, is the means through which the extensive health problems of women and children throughout Ethiopia are to be addressed. While woreda health personnel know the theory of PHC, they are short in managerial, technical, and resource capacity to effectively implement adequate clinic-based and outreach services. As noted earlier, two (Gumer and Silte) of the three woredas have operating PHC programs. The four Gumer Woreda Health Stations, and a like number in Silte Woreda, operate under similar conditions:

- There is a functioning cold chain which covers vaccine delivery services to each woreda's four health stations and their more numerous monthly immunization outreach sites (Kokir will begin to receive such physical infrastructure from the EMOH in 1994, see *Appendix C*, letter of support). The four Gumer health stations are all staffed and operated by the EMOH, and in Silte three by the EMOH and one an Islamic Relief clinic. A nurse is responsible for the overall PHC program in each woreda, and health assistants staff the health stations.
- Only mothers with babies that have diarrhea are shown how to prepare ORS using a packet. ORS packets are manufactured in Ethiopia and appear to be in good supply. Because the packets are plentiful, mothers are not taught how to mix SSS at home.
- Mothers that come to a health station with a baby are advised to exclusively breastfeed during the baby's first 4 to 6 months of life, and to use proper feeding practices from 6 to 24 months of age. It is estimated that these messages reach less than 5% of mothers with under-2s.
- Advice on providing children with enough vitamin A-rich foods is not given, as these are not thought to be accessible to most mothers.
- Although anemia is often observed among women coming to clinic, iron supplements are not among the supplies distributed to the woreda health service.

The Ethiopian Government has stated as its policy an active campaign to decentralize (i.e. regionalize) the management and operation of government services including health care. The work proposed by Africare, in concert with regional and district health authorities and in concert with the Ethiopian Red Cross, is consistent with national policy in respect to regionalization, and in respect to stated objectives of the government to strengthen local private Non-Governmental Organization initiatives.

(4) Priority Problems Identified by the Community - At meetings held with 67 Peasant Association Chairmen in Gumer and 14 Peasant Association Chairmen in Kokir, the following priority problems were expressed:

- difficult access to water and no access to clean water;
- maternal deaths, sometimes with the fetus still alive in the womb (women often die on the way to the nearest health station, Mehal Amba, 54 miles from Kokir's capital by rough road);
- eye diseases (infections and cataracts);
- acute respiratory infections (pneumonia, specifically); and,
- measles and pertussis.

The Peasant Association Chairmen with whom we spoke expressed a strong willingness to select and support Community Health Agents that would be largely responsible for implementing the project's objectives. A letter of support sent collectively from the Gumer Woreda Peasant Associations is shown in Appendix C.

c. Experience and Lessons Learned

(1) Africare's Activities in Ethiopia - Africare assistance in Ethiopia began in 1984 in response to the severe famine affecting the country, when Africare raised more than \$4 million, mostly from private donors in the United States, which it devoted to relief and rehabilitation projects in food, water and health. Africare assistance included the delivery of urgently needed butter oil supplements for feeding shelters, the fielding of emergency medical teams to assist the Ethiopian Government in providing emergency medical care at three locations (the Africare medical team posted at Kate-Bare was supported by a grant from USAID/OFDA), the distribution of oxen and teff seed and the construction of irrigated agricultural perimeters to restore food production, and the drilling and equipping of deep bore wells at a number of locations. Africare's current projects for Ethiopia consist of borehole drilling and rehabilitation, installation of water pumps and the training of local pump maintenance technicians, provision and deflouridation of municipal and village water supplies, dam construction, vegetable trough construction (to promote home gardening in areas where moisture is scarce), small-scale irrigation, the installation of grinding mills, and support to the national essential drugs program of the Ministry of Health. Africare is also setting in place with the Ministry of Health a project of support to the national AIDS prevention program, part of which is to be defined for the Gurage Zone in concert with the proposed CS/MH activities.

(2) Africare's Child Survival Lessons Learned in Africa - In Child Survival, Africare has implemented projects in Nigeria, Mali, Burkina Faso, Niger, and the Central African Republic. Perhaps the most important lesson learned in these activities is the paramount importance of working in total collaboration with the host government ministry of health, indigenous NGOs, private health care providers, and the people of the beneficiary communities. Africare views maternal health and child survival project support to Ethiopia as an opportunity to assist and strengthen local capabilities, and

every step of project planning, implementation and evaluation will be carried out with and through the Ministry of Health. Only in this way will project supported activities be effective and sustainable.

Integrating maternal health interventions with all child survival activities is a second vital lesson from Africare's previous experience. In Nigeria, for example, Africare provided extensive and successful support to a range of maternal health activities, including incorporating private maternity institutions into the government's PHC program, training TBAs, promoting the end of female circumcision, organizing women's income-generating activities, and initiating an adult literacy program that benefitted primarily women. Women's health is clearly a major problem in Ethiopia and a priority of both the Ethiopian government and the targeted communities.

d. Project Design

(1) Interventions and Approach

(a) Activities (Note, the below stated percentages are different from those stated in Table A1 which lists percentages only for USAID funded activities; the below percentages are for all activities, i.e. both USAID and privately funded.)

Immunization (24.5%)

Train health staff to improve the management of immunization activities at the woreda and zonal levels, in accord with the National Principles of Immunization: a) integration in MCH programs; b) health education; c) disease surveillance; d) monitoring & evaluation; and e) operational research. Improve woreda outreach by including the importance of immunization in the ERCS health education training given to CHAs.

Water/Sanitation (6.6%)

Supply technical and material assistance for self-help water/sanitation projects, including borehole drilling, water pump installation, and well/pump maintenance training that will directly benefit project efforts to control of diarrheal diseases; promote personal hygiene, proper waste disposal, and filtering of water to prevent gastrointestinal infections.

Maternal Health/Family Planning (19.7%)

Train CHAs to educate families about the health benefits of properly spaced births; provide ERCS training to at least one TBA per Peasant Association to a) perform sanitary and safe childbirth; b) be aware of and act on signs of complications requiring health station referral; c) promote institutional antenatal care including TT vaccination, even when home delivery is planned; and d) explain the health advantages -- to both the mother and child -- of spacing pregnancies by at least two years. Assisting with the construction and equipping of 120 health posts at the woreda level (balance to come from Red Cross and communities).

Control of Diarrheal Disease (16.4%)

Train CHAs to teach and promote the use of both packaged ORS packets and of home mixed SSS to treat diarrhea; encourage proper dietary management of diarrhea and referral of serious cases to the nearest health station; train woreda health personnel to perform performance oriented supervision of CHAs and TBAs; develop and distribute simple pictorial instructional leaflets.

Nutrition/Vitamin A (18.8%)

Train CHAs and TBAs to promote exclusive breast feeding for the first 4 to 6 months, in the use of appropriate and vitamin-A rich weaning foods, in growth monitoring (with effective follow-up as needed), and enhanced maternal nutrition; provide material and technical assistance for home gardening, food processing and income generation by way of selling produce; train woreda health staff to carry out food demonstrations.

Prevention of infectious diseases/HIV transmission (11.1%)

CHAs will be trained in the early detection and referral of locally common infections, and on their prevention through health education. Particular emphasis will be placed on the control of pneumonia and on the prevention of HIV/AIDS and other STDs.

Essential Drugs Management, Outreach and Distribution (2.9%)

Support the EMOH in its program to strengthen central, regional and zonal management systems for management and distribution of essential drugs, and make essential drugs available through CHAs to rural populations.

(b) Approach - The approach (also, see Appendix A) will be to strengthen zonal and woreda PHC, providing management training to health staff and administrators in planning, budgeting and logistics for implementing PHC within their resource constraints. The project will provide the zonal and woreda authorities with periodic reports of their recurrent costs to assist sustainability planning. Technical training will prepare zonal personnel to train and supervise staff to collect relevant information from CHAs and TBAs. The CHAs and TBAs (working through local community leaders) will organize mothers and community groups to participate in community outreach, health promotion, health education and self-help water, sanitation and home gardening activities. Maternal/child health promotion and education will include demonstrations and discussions: a) at community meetings; b) at health stations; and c) with mothers through home visits by TBAs and CHAs. The project's CS/MH approach aims to improve the capacity of local health staff to implement and support PHC, and that of the community to help itself, recognizing that in the current Ethiopian context, building an effective woreda/community supported program is the most sustainable way to improve child survival. The CS/MH activities will be complemented by assistance to organize communities to support self-help water, sanitation, and food projects.

The data on Potential Beneficiaries (target groups for ORT, immunizations, nutrition, child spacing, and other interventions) in Table A was obtained by applying standard African population pyramid

percentages to the total population estimate of the three target woredas.

(c) **Priority Population and Target Groups - The Ethiopian Government** estimates that the population of three intervention woredas is about 576,600. The MOH estimates that approximately 127,000 (22% of total population) are women of reproductive age, and that 98,000 (17% of the total population) are children under five, and 29,000 (5% of the total population) are children less than one. EPI activities will focus on children up to 2 years of age, and women of reproductive age; ORT activities primarily on mothers of children below two years, though all under fives may benefit; nutrition education on mothers of children below two years; antenatal care and trained delivery assistance on pregnant women; child spacing promotion and HIV/AIDS prevention on all WRAs and their spouses; ARI diagnosis and treatment for all under fives; health post establishment and essential drugs distribution on all members of the community, however with emphasis on availing needed medications to mothers and children.

(d) **Project Outputs** are summarized on the chart on the following page.

(e) **The duration** of the proposed project is thirty-six months, beginning in October 1994 and extending through September 1997.

(2) Health Information System

(a) **Indicators by intervention** will include:

Immunization: Access/Coverage/Drop Out Rate - As indicated by card:

(a) % children 12 - 23 mos who received DPT1 (Access), OPV3 and measles (Cvrg); (b) % change between DPT1 and DPT3.

Diarrhea Management: ORT Usage/Continued Breastfeeding/Continued Fluids/Continued Feeding - % children <24mos w/diarrhea in the past 2 weeks: (a) treated with ORT; (b) given the same amount or more (i) breastmilk, (ii) fluids other than breastmilk, (iii) food.

Child Spacing: Use of Modern Contraceptive Methods - % of mothers using a modern contraceptive method who say they: (a) desire to have no more children in the next 2 years; (b) are not sure.

Maternal Health: Antenatal and Delivery Care - % of mothers with a maternal card, and as indicated by card, the % of mothers who; (a) received 2 doses of TT; (b) had at least 1 antenatal visit prior to childbirth; (c) who delivered with a trained TBA.

Appropriate Infant/Child Feeding Practices: Exclusive Breastfeeding Initiation, Persistence, Introduction/Types of Foods - Percent of: (a) % children <24mos who were breastfed within first 8 hours after birth; (b) infants <4mos who are being given only breastmilk; (c) children 20-24 mos still breastfeeding who are being given solid or semi-solid foods; (d) infants 5-9 mos being given solid or semi-solid foods; (e) infants/children being given (i) foods containing carotene; (ii) meat or fish; (iii) beans/peas; (iv) eggs/dairy products; (v) diet additives such as honey, sugar, fat, lard, iodized salt.

Project Outputs	Yr 1	Yr 2	Yr 3
1. Completion of baseline survey/DIP	W1	W2,3	
2. Staff trained for woreda house numbering, placement of home-based records and community registration	W1	W2,3	
3. Full population registration for targeted communities	W1	W2,3	
4. Trained zonal/woreda personnel in management.	W1	W2,3	
5. Trained zonal trainers for CHA, TBA and other PHC training activities	W1	W2,3	
6. At least 120 TBAs ² trained in safe delivery methods, promotion of child spacing and preparation of ORT, and posted: Gumer Woreda Kokir Woreda Silte Woreda	67	19 34	W1,2,3
7. At least 120 CHAs trained in PHC: emphasizing health education, preventive/simple curative health care, and the proper use of Essential Drugs, and posted: Gumer Woreda Kokir Woreda Silte Woreda	67	19 34	W1,2,3
8. At least 19,500 women counseled on the benefits of child spacing, and an increase in the adoption of modern contraceptive methods to 5% (6,343 women)			W1,2,3
9. Full immunization of at least 20,200 children 0-11 months of age			W1,2,3
10. At least one clinic equipped in each woreda to perform child spacing services		W1	W2,3
11. At least 9 self-help projects (3/woreda) in water/sanitation, home gardening, and/or income generation.		W1	W2,3
12. Quarterly narrative, financial and recurrent cost reports	W1	W1,2,3	W1,2,3

² Up to 200 TBAs and CHAs will be trained, so that even with attrition at least 120 of each will be maintained.

Maternal/Child Nutrition - % of mothers: (a) growing dark green leafy and other vegetables containing carotene, beans, peas; (b) doing work that generates income; (c) using these foods and/or income earned to appropriately supplement their diet during pregnancy and nursing; (d) using foods/income to supplement children's diets.

Diarrhea Prevention; Water/Sanitation - % of households: (a) obtaining water from a protected well/spring; (b) transporting and storing water in hygienic containers; (c) if obtaining drinking water from unprotected source, filtering and/or boiling it; (d) using proper waste disposal.

Sustainability - a) number of static EPI centers routinely immunizing children 0-11; b) timely woreda monthly reports from data collected from communities/health units; c) incremental increase in woreda budget allocations to absorb recurrent costs of maintaining CS/PHC interventions; d) numbers of CHAs and TBAs who continue to carry out PHC functions.

Data Collection Methods - The project will use a system that collects community and clinic data through registration and complete population coverage in targeted communities. The HIS process will involve placement and maintenance of home-based household records including maternal cards for mothers and immunization records for children, the upkeep of community-based records by local workers (CHAs and TBAs), use of standardized HIS instruments at health institutions, focus group discussions, and regular collection and tabulation of information by woreda health authorities. The project thus will be able to: conduct surveillance of EPI preventable diseases; calculate accurate rates for a wide range of important indicators such as immunization coverage, diarrhea incidence, and contraceptive acceptance; reasonably estimate the impact of project activities in other communities where community-based PHC/CS are being implemented; and, provide a model for replication. In full registration areas and others, the project's needs and impact will be assessed using the standard FHA/PVC baseline and evaluation random sample household survey methodology and questionnaires, with which Africare has previous experience in Imo State, Nigeria.

(b) Monitoring and Evaluation Schedule - Data will be collected from the CHAs and health facilities monthly. The project will produce quarterly summaries of key information to assist local planners and partners to map out and adjust project activities, and quarterly as well as annual reports to Africare/Addis Ababa and Washington. Other key activities will unfold as follows:

Baseline Des/Prep	Yr 1	Mo 2		
Baseline Woreda 1/2&3	Yr 1	Mo 3	Yr 2	Mo 3
DIP	Yr 1	Mo 4		
Develop/Test HIS	Yr 1	Mo 6-12	Yr 2	ongoing
Train/Post CHAs 1/2&3	Yr 1	Mo 9	Yr 2	Mo 5
Mid-term Evaluation	Yr 2	Mo 7		
Final Evaluation	Yr 3	Mo 9		

(c) Responsibility for the HIS - Overall field HIS responsibility will rest with the local hire HIS Manager who will be technically guided and assisted in this role by local Project Manager and Expatriate Adviser. Information gathering will be accomplished by project field staff, clinic staff, and CHAs working closely with the zonal and woreda health staff to institute the monitoring and evaluation System. As the goal of the project is to transfer CS/PHC responsibility to the woreda, the HIS Manager and field staff will work closely with woreda health staff in assembling and analyzing health information.

(d) Use of HIS data - The HIS Officer, assisted by the Project Advisor, will compile quarterly reports that will be presented to the Gurage Zonal Health Bureau, ERCS Headquarters (through the local ERCS Branch Office), Africare/Ethiopia and will be made available to project/woreda health staff. This data will be used to regulate project activities relative to reported progress and constraints, and to identify in-service training needs of woreda health staff, CHAs, and TBAs. Africare experience in other child survival projects has demonstrated that it is also useful to orally present information on a project's progress to community leaders.

(e) Technical Assistance for the HIS - The expatriate Project Adviser, supported by Africare/Addis and by HIS consultants will design the zonal/woreda/community HIS system, train counterparts at the zonal/woreda level, and with them train enumerators; consultants will help to design the baseline survey and set up a regular process of analysis for collected data. The extent of such assistance will depend in part on the skills brought to the process by the Project Manager. External consultants (public health professionals with strong quantitative/HIS skills and experience) are planned to lead the mid-term and final evaluation exercises. Africare has used a number of such persons in the past, taking advantage of services offered and recommended by the JHU/PVO Child Survival Support Program. Primary responsibility for all Africare projects in Ethiopia lies with the Country Rep, presently Mr. James Williams, who has many years of experience in international development assistance including nutrition aspects of public health programs. (See Appendix D for CVs). Williams is assisted by a local hire Health Program Coordinator. The Country Rep and Health Program Coordinator will visit the project quarterly or more often as needed. At Africare headquarters (see HQ proposal), public health specialists Mr. Alan C. Alemian (also Regional Director), Mr. Gabriel Daniel (an Ethiopian), and Mr. Stephan Solat will backstop the project. Messrs. Alemian, Daniel and Solat have supervised and supported child survival and other health programs in Africa for years, and have participated in health workshops including those for Child Survival. They have extensive experience and skills in child survival, maternal health, water supply, sanitation and income generation, and are well versed with HIS requirements of development assistance projects. Mr. Solat has field experience in health project coordination, training, and management, including village level experience in PHC, food production, community needs assessment, HIS training and implementation. He led Africare's design of the

presently proposed project. Headquarters project visits will be at minimum bi-annual.

(f) Budget Allocation for HIS - The total portion of the direct field budget allocated uniquely for staff, transport and per diems for project monitoring and evaluation (including baseline surveys, the surveillance system, consultants, annual reports to A.I.D., and mid-term and final evaluations) is roughly \$50,000 (about 5% of the total direct field budget), added to which will be the portion of ongoing time and resources devoted by project and headquarters staff. The project will identify\use local consultants along with, and instead of, international consultants whenever possible. Ethiopia has a large number of highly skilled public health professionals who can provide much of the assistance required by the project. A total of about \$8,500 has been earmarked for hire of local consultants, enumerators and support staff, in addition to about \$9,600 for expatriate consultants, for the baseline survey, mid-term and final evaluation.

(3) Sustainability Strategy

(a) Sustainability Objectives - The project's basic strategy to ensure sustainability is to implement child survival activities that are fully integrated into zonal and woreda PHC programs. PHC in Ethiopia is under the jurisdiction of the Regional and Zonal Health Bureaus. While the Gurage Zone does not currently have the resources to implement PHC as envisioned by the EMOH, it is a basic premise of this child survival project that woreda health personnel will be enabled to dramatically improve and expand their PHC programs with some relatively simple management, technical, and outreach training and infrastructural improvement. The sustainability objectives for which indicators will be developed in the DIP will be that by the end of the project:

1. Red Cross and EMOH staff who work as project staff or with the project in collaborative capacities such as in needs assessment, planning, training, service delivery, data collection and analysis, and evaluation will have strengthened skills in these areas so as to enable them to continue to manage MCH/PHC activities in Gurage Zone without Africare technical assistance.
2. Effective strategies and lessons will be documented and shared with regional health authorities.
3. Mechanisms for service delivery and community education will be in place enabling the zonal health bureau to maintain key maternal health and child survival services such as immunization, antenatal care, treatment for ARI, and family planning services through established health institutions and CHAs and TBAs.
4. Unit recurrent costs will be kept to a minimum so that the government will be able to continue MCH/PHC program implementation beyond the project period.
5. The role of CHAs and TBAs in local communities will be valued and supported by their communities and sustainable mechanisms will be in place both within the community and on the part of the

zonal health bureau to provide community-based workers the supervision, supplies and motivation they need to continue effective work.

Progress toward these objectives will be monitored by establishing with the Red Cross, MOH and the targeted communities a series of steps that can lead to complete assumption of responsibility for project initiated activities by local institutions. These steps will be laid out in the DIP and progressively initiated during the second and third year of project implementation. Possible steps may include: 1) gradual absorption of project staff responsibilities by the zonal health bureau and woreda health staff; 2) strengthening and establishment of community health committees responsible for overseeing community efforts to support VHWS and TBAs; 3) mid-term evaluation team recommendation to the zonal bureau of a Year 4 (post-project) work plan.

(b) Responsiveness to Community Health Priorities - The community expressed its health priorities through the Chairmen of the 86 Gumer and Kokir Peasant Associations and zonal government representatives, with whom Africare staff consulted in December of 1993. The local government clearly stated that expanding the scope of their PHC activities is of the highest priority. In addition, local people have expressed strong concerns about the lack of clean water, unsafe childbirth conditions, and acute respiratory infections. The project's design focuses on establishing sustainable community-based solutions to these and other identified problems.

(c) Local Capacity to Sustain Project Activities - The project will improve PHC delivery in the target woredas by strengthening the skills and confidence of existing zonal and woreda health personnel, by providing appropriate training in safe childbirth to existing (currently untrained) TBAs, and by creating a cadre of community-selected and supported CHAs that will each be responsible to their respective Peasant Association. The primary players will be woreda personnel and community members, so that the fundamental responsibility to implement PHC will not dissipate after the project ends. Fully involved in the design and implementation of CS/PHC activities, they will find it in their own interest to retain better health services in the community.

(d) Strengthening Management Skills - As a top project priority, management training is planned for zonal and woreda health administrators, clinical staff, and CHA supervisors. It will be conducted (or arranged) by the ERCS and will focus on helping Zones and woredas to plan and budget work effectively to assure that health sector resources are best used.

(e) Recurrent Costs/Cost Recovery - Cost recovery will be effected through the following mechanisms:

- Africare, based on its experience at prior water supply installation sites, will assist the communities to establish

and operate an affordable payment plan through which community members contribute for water pump maintenance.

- CHAs, in cooperation with their respective Peasant Associations, will implement an **Essential Drug Revolving Fund** which will allow them to realize a small profit on each essential drug sold, while still keeping prices affordable. This activity will be closely regulated and monitored by the ERCS and Zonal/woreda health staff, and provision will be made for persons unable to pay for an essential drug. The ERCS has successfully organized such revolving funds in other parts of Ethiopia.
- The Peasant Associations in Gumer and Kokir have pledged their support to future CHAs. Traditionally, support is provided by tending a worker's land while s/he is serving the community.
- Home gardening and income generating projects (see *Appendix E*) are designed to become self-supporting.

From the project's outset, the Zone and woredas will meet significant local costs of staff, clinic support and project operations, and take increased responsibility over the life of the project. Agreements will be worked out to gradually increase the Zone's allocation for health to assume the recurrent costs of the project.

(4) Work Plan

(a) Narrative - The project's plan of action will be carried out along roughly similar lines in each of the three intervention woredas, divided into several distinct sets of activities undertaken collaboratively by the Zonal Health Bureau, the ERCS, and Africare:

- Preliminary data collection will be undertaken for the purposes of needs assessment, project planning, and the putting into place of a health information system. The Zonal Health Bureau has expressed concern about the lack of adequate health data and is interested in having an effective health information component built into the project.
- Building upon the findings of the baseline survey, the staff of the Zonal Health Bureau, assisted by the ERCS, Africare and specialist consultants, and working closely with target communities, will recruit, train, post and support CHAs and TBAs in accordance with the priority CS/MH needs of each woreda.
- In keeping with the ERCS PHC Program, which includes CHA training in the diagnosing of and prescribing for certain common illnesses and injuries, the project will make a significant contribution to the availability of Essential Drugs, properly administered, to its target populations. Giving CHAs the ability to offer basic curative care improves their credibility vis-a-vis their respective Peasant Association, and increases their potential effectiveness in promoting preventive health measures. (While PHC largely focuses on prevention, the provision of curative care is

usually what most convinces a population of the value of a health provider.) A cost recovery mechanism, described in the section on Sustainability, is also built into the Essential Drug distribution component. Africare is currently supporting Ethiopian MOH central activities to strengthen management and distribution of drugs to rural areas, beginning with support to the MOH's production of a manual on essential drugs management and distribution, and followed by support to the MOH for conduct of management workshops. Africare will work with the MOH and the ERCS to provide whatever further support it can for the joining of this central activity with management training for zonal and woreda needs.

- Given the high number of STD diagnoses in one of the project woredas (780 were recorded in Gumer in the latter half of 1992, accounting only for those individuals who sought treatment at a health station), and due to similar clinic reports coming in from other woredas, the Gurage Zonal Health Bureau is understandably alarmed at the potential for the rapid spread of HIV. In response to this strongly expressed concern, the project will include an STD/HIV surveillance and prevention activity, which will include: i) health education on the danger, transmission, and prevention of HIV/STDs; and, ii) making condoms consistently available through clinic sites. Africare will also examine, and possibly assist with the establishment of an HIV lab detection capability for at least one target area health station.
- Parallel and subsequent to training of CHAs/TBAs, the Africare Country Representative, Project Manager, Project Adviser, and other project staff, will help community groups to identify and design self-help food production and potable water sub-projects. As suitable projects are designed, the Country Representative will process them through the appropriate channels in Ethiopia and submit them to Africare/Washington for review. Projects approved by Africare/Washington will be prepared by the East Africa Regional Office for submission to potential private donors, and funds raised will be used by Africare to support the sub-projects beginning in the second year.
- Africare will also attempt to raise funds to help the ERCS to establishment a health post in each of 120 peasant associations, with the objective of assisting approximately 60 peasant associations by the end of Year 2 and the remainder in Year 3.

(b) **Schedule of Activities** - See Table B on following three pages.

(c) **Potential Constraints** - A smooth transition to democratic civilian rule, where all major Ethiopian ethnic groups are fairly represented, would bring about an atmosphere conducive to development in all sectors. In a less than smooth transition, the close involvement of the ERCS, perceived as a valuable,

TABLE B: FIELD SCHEDULE OF ACTIVITIES

PVO: Africare

Country: Ethiopia

	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
1. Personnel in Position												
a. Project Manager	X											
b. Technical Coordinator	X											
c. Health Information System Manager	X											
d. Community/Village health workers				W1				W2,3				
e. Other Support		X										

2. Health Information System												
a. Baseline Survey												
- Design/preparation	W1				W2,3							
- Data collection and analysis	W1	W1			W2,3	W2,3						
- Dissemination and feedback to community and project management		W1	W1			W2,3	W2,3					
b. Consultants/contract to design HIS		X										
c. Develop and test HIS		X	X									
- Implementation			X	X	X	X	X	X	X	X	X	X
- Development and feed back to community and project management				X	X	X	X	X	X	X	X	X

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TABLE B: FIELD PROJECT SCHEDULE OF ACTIVITIES

PVO: Africare

Country: Ethiopia

	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
3. Training												
a. Design		X	X									
b. Training of trainers			X									
c. Training sessions				X		X				X		
d. Evaluation of knowledge of skills				X			X		X		X	

4. Procurement of Supplies	W1				W2,3							
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5. Service Delivery to be initiated												
a. Area 1 (Gumer Woreda)												
- Control of Diarrheal Diseases				X								
- Immunization				X								
- Nutrition:												
Breastfeeding				X								
Growth Monitoring/Promotion				X								
- Micronutrients (Vitamin A)				X								
- HIV				X								
- Control of Pneumonia				X								
- Maternal Care/Family Planning				X								
- Malaria Control												

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TABLE B: FIELD PROJECT SCHEDULE OF ACTIVITIES

PVO: Africare

Country: Ethiopia

	Year 1				Year 2				Year 3			
	1	2	3	4	1	2	3	4	1	2	3	4
b. Area 2 (Silte and Kokir Woredas)												
- Control of Diarrheal Diseases								X				
- Immunization								X				
- Nutrition:												
Breastfeeding								X				
Growth Monitoring/Promotion								X				
- Micronutrients (Vitamin A)								X				
- HIV								X				
- Control of Pneumonia								X				
- Maternal Care/Family Planning								X				
- Malaria Control												

6. Technical Assistance												
a. HQ/HO/Regional office visits	X		X			X			X			X
b. Local Consultants	X	X	X	X	X	X		X				X
c. External technical assistance	X		X		X	X						X

7. Progress Reports												
a. Annual project reviews				X				X				X
b. Annual reports				X				X				X
c. Mid-term evaluation						X						
d. Final evaluation												X

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though neutral, Ethiopian institution should help to maintain the integrity of project activities.

5. Collaboration

EMOH - The health development policy recently published by the Transitional Government of Ethiopia emphasizes the following five elements:

- 1) PHC with enhanced emphasis on community participation
- 2) Disaster prevention and preparedness (health sector component)
- 3) A national safe motherhood strategy
- 4) A national food and nutrition strategy
- 5) A strategy to control population growth

In accord with both EMOH and ERCS policies, the interventions being undertaken or strengthened by the project are viewed as forming parts of a PHC program that is in the process of being developed. As safe motherhood, nutrition, and child spacing are essential components, the project design is a close reflection of the National Government's highest health priorities.

ERCS - In addition to the integral project role of the EMOH at the Zonal and woreda levels, as already described, the project will be planned, implemented, monitored, and evaluated in partnership with the Ethiopian Red Cross Society (ERCS).

Moreover, the Country Project Proposal and Budget have been developed with the full participation of the National ERCS PHC Coordinator who, along with the local ERCS Branch Secretary, accompanied Africare and the Gurage Zonal Health Bureau on the initial assessment of the project sites.

The major input from the ERCS will be through its closest Branch Office, based in the town of Weliso, which is located approximately 50 kilometers from Kokir Woreda. The Branch Secretary and Program Coordinator are well-placed to effectively contribute their skills and experience to the training, medical/technical, and educational aspects of the project. ERCS Headquarters, in Addis Ababa, will play a crucial role in initial project planning and organization and subsequent project monitoring and evaluation.

The ERCS CHA Training Curriculum is shown in *Appendix B*.

e. Human Resources: Key Full-Time Staff Positions

Project Manager (36 person months): A host country public health professional with extensive PHC management experience, a Gurage speaker, preferably experienced in design and management of PHC training, and with demonstrated administrative abilities.

Project Adviser (36 person months): An expatriate public health professional (MPH or related degree) with significant experience in PHC training and H/MIS and in overseeing an external assistance project.

Finance/Admin Officer (36 person months): An Ethiopian with a degree in accounting/business administration who will maintain the project's day to day financial records and perform routine administrative duties.

HIS Officer HIS/O (36 person months): Ideally seconded by the MOH, a mid-level health officer with experience and responsibility in data collection, statistical analysis and planning. Will work closely with the PA to design and maintain HIS system and compile bi-annual reports to the PM for submission to the MOH with relevant data about project achievements and information necessary to adjust project management.

3 Field Coordinators (36 person months each): Senior zonal or woreda health officers with primary responsibility over a PHC program, will work closely with the project to develop, implement and sustain project activities.

The selection of these personnel will be finalized at the time that the project is funded.

f. Financial Plan

1. Country Project Budget (Table C follows Schedule of Activities)

2. Budget Justification

The USAID funding per potential beneficiary is about \$0.69 per year, which is well within reason for the project. The project will introduce methodologies and strengthen local commitment to Child Survival and Maternal Health activities that can be sustained at local levels with minimal EMOH recurrent costs. See Appendix G for Budget Narrative and Detailed Line Item Budget.

TABLE D - HEADQUARTERS/FIELD BUDGET

PVO/COUNTRY: Africa, Garage Zone, Ethiopia

Check One: ORIGINAL BUDGET: X REVISED BUDGET: _____

Date Budget Prepared: Jan 07, 1994

Date Submitted to AID: Jan 12, 1994

		Year 1		Year 2		Year 3		Years 1 - 3		Year 1 - 3
		USAID	Africa	USAID	Africa	USAID	Africa	USAID	Africa	TOTAL
I. DIRECT COSTS										
A. PERSONNEL (salaries, wages & fringes)	1. Headquarters - wages/salaries	\$19,593	\$7,298	\$20,542	\$7,663	\$21,539	\$8,046	\$61,675	\$23,008	\$84,683
	2. Field, Technical Personnel - wages/salaries	\$60,579	\$4,050	\$63,590	\$4,252	\$66,752	\$4,465	\$190,920	\$12,767	\$203,688
	3. Field, Other Personnel - wages/salaries	\$9,679	\$0	\$9,096	\$0	\$9,654	\$0	\$28,429	\$0	\$28,429
	4. Fringes - Headquarters & Field	\$28,457	\$3,412	\$28,515	\$3,583	\$30,127	\$4,843	\$87,099	\$11,838	\$98,937
	SUBTOTAL - PERSONNEL	\$118,308	\$14,760	\$121,744	\$15,498	\$128,071	\$17,355	\$368,123	\$47,613	\$415,736
B. TRAVEL/PER DIEM	1. Headquarters - Domestic (USA)	\$1,731	\$0	\$1,725	\$0	\$1,694	\$0	\$5,150	\$0	\$5,150
	2. Headquarters - International	\$6,638	\$2,484	\$4,725	\$1,491	\$2,863	\$0	\$14,225	\$3,975	\$18,200
	3. Field - In-country	\$102,506	\$11,627	\$87,681	\$7,276	\$29,858	\$3,260	\$220,045	\$22,164	\$242,208
	4. Field - International	\$15,270	\$0	\$2,499	\$0	\$15,916	\$0	\$33,685	\$0	\$33,685
	SUBTOTAL - TRAVEL/PERDIEM	\$126,145	\$14,112	\$96,629	\$8,767	\$50,331	\$3,260	\$273,105	\$26,139	\$299,243
C. CONSULTANCIES	1. Evaluation Consultants - Fees	\$6,870	\$0	\$9,341	\$0	\$5,037	\$0	\$21,247	\$0	\$21,247
	2. Other Consultants - Fees	\$5,454	\$1,645	\$3,077	\$1,316	\$493	\$987	\$9,024	\$3,947	\$12,971
	3. Consultant Travel/per diem	\$12,688	\$3,094	\$5,913	\$1,856	\$3,225	\$0	\$21,825	\$4,950	\$26,775
	SUBTOTAL - CONSULTANCIES	\$25,011	\$4,738	\$18,330	\$3,172	\$8,755	\$987	\$52,096	\$8,897	\$60,993
D. PROCUREMENT & TRAINING	1. Supplies									
	a. Headquarters	\$240	\$0	\$240	\$0	\$240	\$0	\$720	\$0	\$720
	b. Field - Pharmaceuticals	n.a.	in-kind	n.a.	in-kind	n.a.	in-kind	\$0	in-kind	in-kind
	c. Field - Other	\$10,260	\$31,340	\$8,000	\$70,863	\$4,720	\$59,438	\$22,980	\$161,640	\$184,620
	2. Equip, Vehicles, Equip Repair/Rental									
	a. Headquarters	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Field	\$21,548	\$83,850	\$12,990	\$18,750	\$3,743	\$0	\$38,280	\$102,600	\$140,880
	3. Train/Ed Supp, Mtns, Meeting, Fees									
	a. Headquarters	\$495	\$0	\$420	\$0	\$345	\$0	\$1,260	\$0	\$1,260
	b. Field	\$5,610	\$2,250	\$2,060	\$1,000	\$510	\$1,250	\$8,180	\$4,500	\$12,680
SUBTOTAL - PROC & TRAINING	\$38,152	\$117,440	\$23,710	\$90,613	\$9,558	\$60,688	\$71,420	\$268,740	\$340,160	
E. OTH DIR COSTS	1. Communications									
	a. Headquarters	\$2,000	\$400	\$2,000	\$400	\$2,000	\$400	\$6,000	\$1,200	\$7,200
	b. Field	\$4,800	\$1,000	\$3,600	\$1,000	\$3,600	\$1,000	\$12,000	\$3,000	\$15,000
	2. Facilities									
	a. Headquarters	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	b. Field	\$7,200	\$1,200	\$7,200	\$1,200	\$6,900	\$1,200	\$21,300	\$3,600	\$24,900
	3. Other									
	a. Headquarters	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Field	\$10,170	\$40	\$3,200	\$40	\$2,530	\$40	\$15,900	\$120	\$16,020
SUBTOTAL - OTH DIR COSTS	\$24,170	\$2,640	\$16,000	\$2,640	\$15,030	\$2,640	\$55,200	\$7,920	\$63,120	
TOTAL DIRECT COSTS		\$331,786	\$153,690	\$276,413	\$120,690	\$211,745	\$84,929	\$819,944	\$359,309	\$1,179,253
II. INDIRECT COSTS										
A. INDIRECT COSTS	1. Level I (A, B, C, D.3, & E) USAID 23.91%, Private 22.82%	\$71,667	\$8,786	\$61,014	\$7,092	\$48,548	\$5,817	\$181,229	\$21,695	\$202,924
	2. Level II (D.1 & D.2) USAID 11.96%, Private 22.82%	\$3,833	\$26,286	\$2,539	\$20,450	\$1,041	\$13,564	\$7,413	\$60,300	\$67,712
	TOTAL INDIRECT COSTS	\$75,500	\$35,072	\$63,553	\$27,541	\$49,588	\$19,381	\$188,642	\$81,994	\$270,636
GRAND TOTAL (DIRECT AND INDIRECT)		\$407,286	\$188,763	\$339,966	\$148,231	\$261,333	\$104,310	\$1,008,586	\$441,304	\$1,449,889

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TABLE C -- FIELD BUDGET

PVO/COUNTRY: Africa, Garage Zone, Ethiopia

Check One: ORIGINAL BUDGET: X REVISED BUDGET: _____

Date Budget Prepared: Jan 07, 1994

Date Submitted to AID: Jan 12, 1994

		Year 1		Year 2		Year 3		Years 1 - 3		Year 1 - 3
		USAID	Africa	USAID	Africa	USAID	Africa	USAID	Africa	TOTAL
I. DIRECT COSTS										
A. PERSONNEL (salaries, wages & fringes)	1. Headquarters - wages/salaries	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	2. Field, Technical Personnel - wages/salaries	\$60,579	\$4,050	\$63,590	\$4,252	\$66,752	\$4,465	\$190,920	\$12,767	\$203,688
	3. Field, Other Personnel - wages/salaries	\$9,679	\$0	\$9,096	\$0	\$9,654	\$0	\$28,429	\$0	\$28,429
	4. Field - Fringes	\$22,932	\$1,263	\$22,714	\$1,327	\$24,035	\$2,474	\$69,681	\$5,064	\$74,746
	SUBTOTAL -- PERSONNEL	\$93,190	\$5,313	\$95,400	\$5,579	\$100,441	\$6,939	\$289,031	\$17,832	\$306,863
B. TRAVEL/PER DIEM	1. Headquarters - Domestic (USA)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	2. Headquarters - International	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	3. Field - In-country	\$102,506	\$11,627	\$87,681	\$7,276	\$29,858	\$3,260	\$220,045	\$22,164	\$242,208
	4. Field - International	\$15,270	\$0	\$2,499	\$0	\$15,916	\$0	\$33,685	\$0	\$33,685
	SUBTOTAL -- TRAVEL/PERDIEM	\$117,776	\$11,627	\$90,179	\$7,276	\$45,775	\$3,260	\$253,730	\$22,164	\$275,893
C. CONSULTANCIES	1. Evaluation Consultants - Fees	\$6,520	\$0	\$7,941	\$0	\$3,987	\$0	\$18,447	\$0	\$18,447
	2. Other Consultants - Fees	\$4,104	\$1,645	\$2,627	\$1,316	\$493	\$987	\$7,224	\$3,947	\$11,171
	3. Consultant Travel/per diem	\$12,688	\$3,094	\$5,913	\$1,856	\$3,225	\$0	\$21,825	\$4,950	\$26,775
	SUBTOTAL -- CONSULTANCIES	\$23,311	\$4,738	\$16,480	\$3,172	\$7,705	\$987	\$47,496	\$8,897	\$56,393
D. PROCUREMENT & TRAINING	1. Supplies									
	a. Headquarters	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	b. Field - Pharmaceuticals	\$0	Inkind	\$0	Inkind	\$0	Inkind	\$0	\$0	\$0
	c. Field - Other	\$10,260	\$31,340	\$8,000	\$70,863	\$4,720	\$59,438	\$22,980	\$161,640	\$184,620
	2. Equipmt, Vehicles, Equipmt Repair/Rental									
	a. Headquarters	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	b. Field	\$21,548	\$83,850	\$12,990	\$18,750	\$3,743	\$0	\$38,280	\$102,600	\$140,880
	3. Train/Ed Supls, Mntr, Meeting, Fees									
	a. Headquarters	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	b. Field	\$5,610	\$2,250	\$2,060	\$1,000	\$510	\$1,250	\$8,180	\$4,500	\$12,680
SUBTOTAL -- PROC & TRAINING	\$37,417	\$117,440	\$23,050	\$90,613	\$8,973	\$60,688	\$69,440	\$268,740	\$338,180	
E. OTH DIR COSTS	1. Communications									
	a. Headquarters	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	b. Field	\$4,800	\$1,000	\$3,600	\$1,000	\$3,600	\$1,000	\$12,000	\$3,000	\$15,000
	2. Facilities									
	a. Headquarters	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0
	b. Field	\$7,200	\$1,200	\$7,200	\$1,200	\$6,900	\$1,200	\$21,300	\$3,600	\$24,900
	3. Other									
a. Headquarters	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	\$0	\$0	\$0	
b. Field	\$10,170	\$40	\$3,200	\$40	\$2,530	\$40	\$15,900	\$120	\$16,020	
SUBTOTAL -- OTH DIR COSTS	\$22,170	\$2,240	\$14,000	\$2,240	\$13,030	\$2,240	\$49,200	\$6,720	\$55,920	
TOTAL DIRECT COSTS		\$293,864	\$141,359	\$239,109	\$108,880	\$175,923	\$74,114	\$708,897	\$324,353	\$1,033,249
II. INDIRECT COSTS										
A. INDIRECT COSTS	1. Level I (A, B, C, D.3, & E) USAID 23.91%, Private 22.82%	\$62,658	\$5,972	\$52,152	\$4,397	\$40,040	\$3,349	\$154,850	\$13,718	\$168,568
	2. Level II (D.1 & D.2) USAID 11.96%, Private 22.82%	\$3,804	\$26,286	\$2,510	\$20,450	\$1,012	\$13,564	\$7,327	\$60,300	\$67,626
	TOTAL INDIRECT COSTS	\$66,462	\$32,258	\$54,663	\$24,846	\$41,052	\$16,913	\$162,177	\$74,017	\$236,194
GRAND TOTAL (DIRECT AND INDIRECT)		\$360,326	\$173,617	\$293,772	\$133,726	\$216,975	\$91,026	\$871,073	\$398,370	\$1,269,443

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TABLE 3 - HEADQUARTERS BUDGET

FVO/COUNTRY: Africa, Gorge Zone, Ethiopia

Date Budget Prepared: Jan 07, 1994

Date Submitted to AID: Jan 12, 1994

Check One: ORIGINAL BUDGET: X REVISED BUDGET: _____

		Year 1		Year 2		Year 3		Years 1 - 3		Year 1 - 3
		USAID	Africa	USAID	Africa	USAID	Africa	USAID	Africa	TOTAL
I. DIRECT COSTS										
A. PERSONNEL (salaries, wages & fringes)	1. Headquarters - wages/salaries	\$19,593	\$7,298	\$20,542	\$7,663	\$21,539	\$8,046	\$61,675	\$23,008	\$84,683
	2. Field, Technical Personnel - wages/salaries	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	3. Field, Other Personnel - wages/salaries	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	4. Headquarters - Fringes	\$5,525	\$2,149	\$5,801	\$2,256	\$6,091	\$2,369	\$17,418	\$6,774	\$24,191
	SUBTOTAL - PERSONNEL	\$25,118	\$9,447	\$26,344	\$9,919	\$27,631	\$10,415	\$79,092	\$29,782	\$108,874
B. TRAVEL/PER DIEM	1. Headquarters - Domestic (USA)	\$1,625	\$0	\$1,300	\$0	\$1,375	\$0	\$4,300	\$0	\$4,300
	2. Headquarters - International	\$6,638	\$2,484	\$4,725	\$1,491	\$2,863	\$0	\$14,225	\$3,975	\$18,200
	3. Field - In-country	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	4. Field - International	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	SUBTOTAL - TRAVEL/PERDIEM	\$8,263	\$2,484	\$6,025	\$1,491	\$4,238	\$0	\$18,525	\$3,975	\$22,500
C. CONSULTANCIES	1. Evaluation Consultants - Fees	\$350	\$0	\$1,400	\$0	\$1,050	\$0	\$2,800	\$0	\$2,800
	2. Other Consultants - Fees	\$1,350	\$0	\$450	\$0	\$0	\$0	\$1,800	\$0	\$1,800
	3. Consultant Travel/per diem	\$106	\$0	\$425	\$0	\$319	\$0	\$850	\$0	\$850
	SUBTOTAL - CONSULTANCIES	\$1,806	\$0	\$2,275	\$0	\$1,369	\$0	\$5,450	\$0	\$5,450
D. PROCUREMENT & TRAINING	1. Supplies									
	a. Headquarters	\$240	\$0	\$240	\$0	\$240	\$0	\$720	\$0	\$720
	b. Field - Pharmaceuticals	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	c. Field - Other	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	2. Equip, Vehicles, Equip Repair/Rental									
	a. Headquarters	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Field	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	3. Train/Ed Suppl, Mtrls, Meeting, Fees									
	a. Headquarters	\$495	\$0	\$420	\$0	\$345	\$0	\$1,260	\$0	\$1,260
	b. Field	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
SUBTOTAL - PROC & TRAINING	\$735	\$0	\$660	\$0	\$585	\$0	\$1,980	\$0	\$1,980	
E. OTH DIR COSTS	1. Communications									
	a. Headquarters	\$2,000	\$400	\$2,000	\$400	\$2,000	\$400	\$6,000	\$1,200	\$7,200
	b. Field	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	2. Facilities									
	a. Headquarters	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Field	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0
	3. Other									
	a. Headquarters	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Field	n.s.	n.s.	n.s.	n.s.	n.s.	n.s.	\$0	\$0	\$0	
SUBTOTAL - OTH DIR COSTS	\$2,000	\$400	\$2,000	\$400	\$2,000	\$400	\$6,000	\$1,200	\$7,200	
TOTAL DIRECT COSTS		\$37,921	\$12,331	\$37,304	\$11,810	\$35,822	\$10,815	\$111,047	\$34,957	\$146,004

II. INDIRECT COSTS										
A. INDIRECT COSTS										
1. Level I (A, B, C, D.3, & E) USAID 23.91%, Private 22.82%		\$9,010	\$2,814	\$8,862	\$2,695	\$8,508	\$2,468	\$26,379	\$7,977	\$34,356
	2. Level II (D.1 & D.2) USAID 11.96%, Private 22.82%	\$29	\$0	\$29	\$0	\$29	\$0	\$86	\$0	\$86
TOTAL INDIRECT COSTS		\$9,038	\$2,814	\$8,891	\$2,695	\$8,536	\$2,468	\$26,465	\$7,977	\$34,442

GRAND TOTAL (DIRECT AND INDIRECT)		\$46,960	\$15,145	\$46,194	\$14,505	\$44,358	\$13,283	\$137,512	\$42,934	\$180,446
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Appendix A
Project Methodology

Project Public Health Methodology by Intervention

1. Expanded Programme on Immunizations (EPI)

To strengthen the intervention woreda's EPI activities, the Child Survival Project (CSP) will help to improve the management capacity of each woreda to set up and sustain a regular immunization program. Specifically, this will involve instruction for local managers in rational, systematic planning to assure sufficient utilization of limited resources.

A vital component of CSP activities in the intervention woredas will be to assist each woreda with house numbering, placement of home and clinic based records, and full registration of targeted communities. This component of the program will enable the project to collect extremely valuable information with proper denominators. This information will assist the project in assessing progress in achieving its objectives and serve the local and Zonal governments as a precious database. Such a comprehensive health information system will enable the project to identify and target immunization defaulters.

In addition to instituting a comprehensive PHC health information system and supporting management training for Zonal and woreda health planners, the project will also collaborate with the Zonal Health Bureau to design and carry out training activities for woreda health staff in the technical aspects of implementing a sustainable immunization program. Components of this training will include cold chain maintenance, proper administration of immunizations, upkeep of records, tracing defaulters, and evaluating immunization coverage.

The project-sponsored ERCS training sessions for Community Health Agents (CHAs), selected and supported by their respective peasant association, will train CHAs to raise awareness about the importance of childhood immunization, disseminate the schedule of immunizations, and publicize the times and places where regular EPI services are available. CHAs will also be able to track immunization defaulters. Part of the ERCS training for TBAs includes the promotion of TT immunization among pregnant women.

2. ORT/Control of Diarrheal Diseases

Because Ethiopian-produced ORS packets have been readily available to health stations and centers, little or no effort has been made to promote home-mixed Sugar-Salt-Solution (SSS).

The primary diarrheal disease control intervention of the CSP will be the ORT component of the ERCS training of CHAs, who will then disseminate knowledge about the purpose, preparation and correct administration of both the pre-packaged ORS and home-mixed

SSS. Woreda health station personnel and CHAs will be taught a simple system to track the incidence of diarrhea, and to measure the awareness and use of ORT to treat diarrhea in young children. ORT training and outreach activities will be supplemented by the mass production of a simple, illustrated flyer explaining the preparation and administration of ORS packets and home-mixed SSS; these will be distributed at the household level.

Additionally, the CSP Field Coordinators and CHAs will work with communities to educate them on the importance of proper individual hygiene, home/community sanitation practices, and the protection of drinking water from contamination, and the project will provide material support to their efforts in these respects. For example, raised sides, covers and pumps can be installed to protect open wells, and containers can be fabricated locally (e.g. clay pots for proper water storage in the home). Cottage industry manufacture of concrete slabs can also serve as a means of providing floors for improved latrines.

3. Maternal Health/High Risk Births

High risk births are a deeply felt concern of Gurage Zone communities, but one that has not yet been addressed by the health system in the target woredas. To address high maternal morbidity and mortality, the project aims to provide ERCS training to TBAs. Over 95% of women deliver in the home, so that the most effective way for a health project to improve pregnancy outcomes is to increase the likelihood that a home delivery will be a safe one.

To achieve this goal, the project will organize Training of Trainer (TOT) workshops in the intervention woredas which will insure that a cadre of woreda personnel exist who can competently train TBAs and evaluate their activities. Participation of Regional and Zonal EMOH officers, as well as woreda personnel, will be important to help encourage the replication of TBA training in other Zones and woredas.

TBAs will be trained to provide appropriate antenatal care, including proper maternal nutrition, tetanus toxoid immunization, and periodic antenatal examinations by health professionals. Institutional antenatal care can be promoted even while retaining the custom of home delivery, particularly if TBAs and mothers are taught to understand and respond to the signs of a high risk pregnancy which should lead to delivery by a health professional. If TBAs are aware of these danger signs, then routine deliveries can still be conducted safely in the home.

In addition to being taught modern delivery techniques, TBAs will be educated about the health risks of early marriage and pregnancy, the benefits of child spacing, and the importance of encouraging other beneficial maternal and child health behaviors.

Home gardening projects (using improved, dry land techniques) will promote both maternal and child health by increasing the local

production of dark green leafy and other vegetables that are usually lacking in the diets of both pregnant women and babies.

4. Child Spacing

A 1993 UNICEF report entitled "The Progress of Nations" indicates that "Ethiopia has one of the highest fertility rates in the world and is one of a handful of countries where the birth rate continues to rise." Given the human costs in morbidity and mortality and the social and economic costs of many children being born too close together, the EMOH supports a strong child spacing component in any Ethiopian PHC program.

There apparently is an increasing demand for child spacing services. However, lack of access to services, an absence of awareness about available services, and a reluctance to use services even where they are available, has kept modern contraceptive use rates very low.

The population strategy of the project is to convey the health benefits of child spacing through accepted agents in the community, specifically health station personnel, CHAs, and trained TBAs. TBAs have access to women of child bearing age through a trusted and important relationship. If TBAs can be educated to promote child spacing, this should have a substantial impact on raising women's awareness. And CHAs will play a pivotal role in swaying the opinion of men to understand that child spacing is a health promotive behavior.

To assure that women have the opportunity to practice child spacing if they choose, services must be available. The CSP will assist the woredas to upgrade their health stations so that they can offer modern contraceptive counselling, supplies and services.

Appendix B

ERCS Curriculum for Training of CHAs

CURRICULUM FOR THE TRAINING
OF CHA'S

SER. No.	S U B J E C T	CREDIT TIME	
		THEORITICAL	PRACTICAL
1	General health information	8 hours	-
2	Primary health care	8 "	6 hours
3	Health education	18 "	10 "
4	Environmental & personal hygiene	24 "	24 "
5	Control of communicable diseases	24 "	24 "
6	Nutrition	12 "	12 "
7	Home Economics	18 "	26 "
8	MCH	36 "	36 "
9	Anatomy & Physiology	16 "	10 "
10	Diagnosis & treatment	32 "	44 "
11	Handling & use of medical equipment	16 "	12 "
12	Traditional medicine	8 "	8 "
13	Data collection	10 "	10 "
14	Management	6 "	6 "
15	Field work	-	102 "
16	Theoretical & practical examination	12 "	12 "
	TOTAL...	248	342

Appendix C
Letters of Support

(Official letter of request from Head of Gurage Zone
Urban Housing and Development Section, Gurage Zonal
Council)

TO: Africare/ Ethiopia

Subject: The health problems in Gumer Woreda in the Gurage Zone.

The main problems suffered by the people in Gumer Woreda are related to health, especially that of women and young children.

Because of the unavailability of even the most basic health services to most of the people in Gumer, many preventable deaths and serious illnesses occur each year. These even include the deaths of our pregnant women, while the baby is still in the womb.

In response to this situation the residents of this Woreda have already submitted several requests for health service assistance to the Ethiopian Ministry of Health.

We are therefore submitting this letter of intended cooperation to Africare, stating that we would wholeheartedly support, in any way possible, a child survival project for our women and children.

We thank you in advance in the name of the people of Gumer Woreda for your cooperation and assistance.


DINO GERARD
Head, Gurage Zone Urban
Housing & Devt
Head, P. O. C.



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Date 01/04/86
Ref. 2045/36/86

To AFRI CARE

The visit & discussion held with the team from AFFI care & Ethiopian Red cross society has been fruitful & has led us to have a common understanding on the need for intervntion in the improvement of the health of children & motherg in our area.

We have understood that these organizations represented by the team members are interested to help us improve the health situation of our people taking this opportunity in to account we express our deep interest to work with AFFICARE & Ethiopian Red cross Society in the would be health project implementation.



regards

- CC. Ethiopian red cross Society
- Southern peoples government regional health department.

Handwritten notes and signatures:
A/C 2A 048
048

(Official letter of request from Peasant Association Chairmen of Gumer Woreda, Gurage Zone, Southern Ethiopian Peoples Administrative Region)

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ጤና ሚኒስቴር

Date 21/30/75/86
No 12/4/86

TO AFRICARE ETHIOPIA

A.A

During your visit to the Gurage Zone you have not been able to see a functional Health station in Kokir woreda.

The Gurage zone Health department has planned to Construct a health station in two woreda's of which one will be in kokir.

We assure you that the Health department is Committed to Completing Construction of a Health station and to start PHC activities by the end of 1994.



የ/ር/ 26/12/86
የ/ር/ 12/4/86
የ/ር/

(Official letter from head of Gurage Zonal Health Bureau clarifying MOH intent to open health station in Kokir Woreda by December of 1994)

Appendix D
Resumes of Key Staff

Alan C. Alemian

**508 Dartmouth Avenue
Silver Spring, MD 20910**

**Home: (301)587-1218
Office: (202)462-3614**

**Public Health Specialist in community
based, primary health care**

**Rural Development Specialist in the planning, design and management
of international development assistance projects in health,
water resource development, food production and the environment.**

Education

**Masters in Public Health, Tulane Univ. School of Public Health and
Tropical Medicine, New Orleans, 1974, (Family Health)
Teacher Training, Secondary Ed., Columbia University, New York, NY, 1964
Bachelor of Science, Biology, Tufts Univ., Medford, MA, 1964
Computer Skills: Word Perfect, Lotus**

Professional Experience

- 1985 - Present:** **Director, East Africa Region/Specialized
Health Projects (Africare, Washington, DC)**
- Participate in formulation and implementation of organization policy.
 - Supervise Africare Country Representatives, project staff and programs in East Africa, Egypt, Nigeria, Sierra Leone and Ghana.
 - Plan, design, manage, implement, provide specialist assistance to, and evaluate rural development projects.
 - Manage administrative and fiscal affairs of the East Africa Region and Specialized Health Projects.
- 1980 - 1985:** **Regional Development Officer, Eastern and Southern Africa
(Africare, Washington, DC)**
- 1977 - 1980:** **Program Coordinator (Africare, Wash., DC)**
- 1974 - 1976:** **Field Program Coordinator, Maternal and Child Health
Project Dahomey, Gambia & Lesotho (Univ. of California,
Cotonou)**
- 1973 - 1974:** **Program/Reports Officer (The Family Health Foundation, New
Orleans, LA)**

(Alan C. Alemian, Pg. 2)

- 1972 - 1973:** Program Development Specialist (FHF, New Orleans, LA)
- 1971 - 1972:** Chief, Programming and Local Voluntary Action, Office of Policy and Program Development, (ACTION/Peace Corps, Washington, DC)
- 1971:** Assistant Program and Training Chief, East Asia Region (Peace Corps, Washington, DC)
- 1970:** Training Coordinator, East Asia Region (Peace Corps, Washington, DC)
- 1969:** Associate Director and Coordinator of Incountry Training (Peace Corps, Sierra Leone)
- 1967 - 1968:** Education Program Technical Representative and Northern Province Director (Peace Corps, Sierra Leone)
- 1966:** Headmaster and Science Teacher as Peace Corps Volunteer (Kinyasano Senior Secondary School, Rukungiri, Kigezi District, Uganda)
- 1965:** Biology, Chemistry and Physics Teacher as Peace Corps Volunteer, (Kinyasano Senior Secondary School, Uganda)
- 1963 - 1964:** Laboratory Instructor, Embryology and Comparative Anatomy, Biology Department (Tufts University, Medford, MA)

Foreign Languages

French, and Sierra Leonean Krio

Honors

Cum Laude, Tufts University, 1964

**Dean's Scholarship Award (4.0 cumulative average), Tulane University
School of Public Health and Tropical Medicine, 1974**

Delta Omega Society

GABRIEL DANIEL
(aka- Akile G. Giorgis)

Work:

**Africare, 440 R Street, N.W.,
Washington, D.C. 20001**

**Tel: (202) 462-3614
Fax: (202) 387-1034**

Residence:

**6733 New Hampshire Ave. #204N
Takoma Park, MD 20912**

(301) 270-2239

PROFESSIONAL FOCUS

**PHARMACY, PRIMARY HEALTH CARE, MODERN & TRADITIONAL MEDICINE, TRAINING,
MANAGEMENT, REFUGEES, INCOME GENERATING PROJECTS, INFORMATION SYSTEMS.**

EMPLOYMENT

**1987 -
Present**

**Africare/Washington
Pharmaceutical/Public Health Specialist (Headquarters & Field)**

Design and management of Pharmaceutical, Child Survival and other specialized health projects related to AIDS, River Blindness (Onchocerciasis), Vitamin A, Family Planning, Health Financing and Information Systems etc. Focus countries included The Gambia, Sierra Leone, Uganda, Nigeria, Ghana, Chad and Ethiopia.

**11/85
Thru
12/86**

**Africare/Sierra Leone & Gambia
Pharmaceutical Management and Distribution Systems Specialist**

Implement pharmaceutical project focusing on improved procurement, storage, distribution, record keeping, cost recovery, rational use & quality assurance.

**01/84
Thru
01/85**

**ICMC/Geneva & Sudan Aid Sub-Office Programs
Program Director**

Direct relief, rehabilitation and development program for several thousand refugees in settlements in E. Sudan.

1980/83

**International Rescue Committee IRC/Sudan
Self-Help Projects Coordinator
Program Officer for health, education and relief.**

1971/77

**Ministry of Health/Ethiopia
Pharmacist, planner and organizer for the national medical supplies corporation and hospital pharmacy.**

EXPERIENCE

Management/Administration:

- Directed, managed and backstopped refugee, PHC, pharmaceutical, medical, and training programs.
- Wrote proposals, developed program, secured funding and implemented wide ranges of projects.
- Hired, oriented and supervised staff with divergent skills.
- Liaised, negotiated and contracted with private business, non-profit organizations, UN and government agencies.
- Worked on policy/procedure manual for improvement of pharmaceuticals management & distribution system.

Refugee and Displaced People:

- Coordinated and supervised construction of shelters, provision of clothing, and feeding and health programs.
- Organized registration, counselling and employment services.

Income and Service Generating Project:

- Developed program, wrote proposal and implemented various projects to benefit able-bodied and vulnerable group members of the refugee population in vegetable gardening, metal work, carpentry, carpet and cloth making, fabric printing, soap making, and other trades.

Training/Workshop:

- Trained health assistants, pharmacy technicians, medical store keepers, kardex and accounts clerks.
- Organized and supervised training of refugees in technical and marketable skills.
- Assisted in the development of medical curriculum for all categories of health professionals.
- Designed, coordinated and conducted tour training for pharmacists from Ghana in Sierra Leone.

Health Related:

- Managed, supervised and organized procurement, storage, distribution, record keeping and use of pharmaceutical, medical/surgical supplies, family planning commodities at various levels.
- Diagnosed, managed and counselled patients in modern and traditional medical methods.
- Evaluation team member/leader of TB program, child survival project, ivermectin distribution/river blindness control program, essential drugs program.
- Designed and conducted workshops and study tours for various categories of health professionals in the areas of pharmaceutical management, health financing and health information systems.
- Developed cost recovery system in hospitals, medical stores and peripheral health units based on revolving fund concept.
- Created an occupational therapy home for handicapped and other vulnerable group refugees.
- Served as member of the United States Pharmacopeial (USP) Advisory Panel-Drug Information Division.

- Participated in several international meetings on AIDS, Vitamin A, River Blindness, Health Financing, Pharmaceuticals, Child Survival etc.
- Presented papers on quality assurance, counterfeit drugs, causes/consequences of drought and famine.

Miscellaneous:

- Provided technical assistance and consultancy services to UNICEF, MSH, World Bank, Pathfinder, Imo & Sokoto States MOH, Sierra Leone MOH, Gambia Family Planning Association, Medical Care development International (MCDD).
- Devised a portable and technologically appropriate soap making unit and a horse carriage transport system that can be used in rural settings.
- Organized exhibitions, worked out market techniques and established a permanent show and sale center to serve as an outlet for products made by refugees.

Travel/Language:

- Published a phrase book in four languages (English, Arabic, Tigrinya & Amharic)
- Travelled in Europe, Africa, China, USA, Canada, USSR on various missions.
- Exhibit various degree of proficiency in Amharic, English, French, Arabic, Spanish, Tigrinya.

Computer Literacy:

- WP, Lotus, Harvard Graphics, EPI Info, Formtools, Flow Chart.

EDUCATION

- 1982 - Master of International Administration (MIA)
School for International Training/EIL, Vermont (USA)
Major: International Human Services Management & Training.
- 1971 - Bachelor of Pharmacy (B.Pharm.)
Haile Selassie I University, Addis Ababa (Ethiopia)

CURRICULUM VITAE

Stephan Solat
P.O. Box 26210
Washington DC 20001
Phone: 202 328-5382

EDUCATION

1986 School of Tropical Medicine
Liverpool, England
Master of Community Health
Graduation: December 1986

This degree included three months of data collection in Uttar Pradesh, India, examining the risk factors leading to xerophthalmia in young village children, and writing a dissertation on this subject. A summary of the dissertation was published in the Xerophthalmia Bulletin (7/87).

1985 College of the Redwoods
Eureka, California
Emergency Medical Technician
Recertification: December 1992

1977 Humboldt State University
Arcata, California; USA
Bachelor of Science in Environmental Health
Graduation: December 1977

WORK HISTORY

3/93 - Present Africare HQ Child Survival Program Manager
440 R Street, N.W.
Washington, DC 20001

3/91 - 3/93 MCAH/Health Education Unit
Orange County Health Care Agency
Santa Ana, CA 92706; USA
Supervisor: Marian R. Henry
Telephone: (714) 834-8775
Health Educator developing programs to reach children of low income families in a multi-ethnic population.

7/89 - 12/89 Institute of International Health
University of Bergen
N-5021 Bergen, Norway
Supervisor: Professor Bjarne Bjorvatn
Telephone: (47-5) 974980
Health Education Consultant to the Joint Tanzanian-Norwegian AIDS Project

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- 10/87 - 10/88 Save The Children Fund
17 Grove Lane
London SE5 8RD; England
Technical Officer: Robert Davis
Telephone: (44-1) 703-5400
Zonal Team Officer developing maternal/child
health services in northern Somalia
- 2/87 - 9-87 Yayasan Usaha Mulia
P.O. Box 3344/Jkt
Jakarta, Indonesia
Director: Ibu Ismana Haryono
Community Health Advisor (Volunteer)
- 3/81 - 2/85 U.S. Peace Corps
P.O. Box 1151
Sana'a, Yemen Arab Republic
Country Director: Tom Dichter
Regional Supervisor in WHO's Expanded Program
on Immunization
- 11/79 - 10/80 U.S. Peace Corps
P.O.Box 707
Monrovia, Liberia
APCD for Education: Ellen Paquette
High School Health Education Teacher
- 1968 - 1973 Schaefer Ambulance Service
4627 Beverly Blvd.
Los Angeles, CA 90004; USA
Field Supervisor: Mel Soutar
Ambulance Paramedic

REFERENCES

Professor Karsten Hundeide
Larsbratv. 183
Oslo 6; Norway
Telephone: (47-2) 324203

Dr. David Nabarro, Head
Health & Population Division
Overseas Development Agency
Eland House, Stag Place
London SW1E 5DH; England
Telephone: (071) 273-3000

Joseph Knotz, M.D.
1821 Wilshire Blvd., Suite 210
Santa Monica, CA 90403; USA
Telephone: (213) 829-7182

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* Regional Director/Central Africa
Public Health Specialist

Alameda E. Harper

Education:

1963	Livingstone College Salisbury, North Carolina	B.S. Chemistry
1969	University of Michigan School of Public Health Ann Arbor, Michigan	MPH Population Planning Health Education

Professional Experience:

1985-Present	Africare	Regional Director/ Public Health Advisor
1981-1985	Africare	Regional Operations Officer
1975-1980	Africare	Program Manager
1975	West End Community Health Center Cincinnati, Ohio	Public Health Coordinator
1970-1974	Peace Corps Liberia	Associate Director/Health
1969-1970	Model Cities Community Health Program Seattle, Washington	Director
1963-1965	Chemistry Laboratory Christ Hospital Cincinnati, Ohio	Laboratory Technologist

Foreign Assignments:

Liberia, Niger, Senegal, Mali, Burkina-Faso, Chad, Rwanda,
Burundi, Zambia and Central African Republic.

* Position filled

CURRICULUM VITAE

James Lavern WILLIAMS

Present Contact Address: Via A. Bono Cairolì 39 - Apt. 8
00154 Rome, Italy

Tel: (39-6) 511 28 94
Fax: (39-6) 704 50 640

Date and Place of Birth:

Nationality: USA

Education: 1962-66 University of Arkansas
B.A. Social Science
Main Subject: Sociology

1958-62 B.T. Washington High School
El Dorado, Arkansas
Diploma

CAREER OBJECTIVE AND DEVELOPMENT

Development administration and project management for international agricultural and rural development and emergency programmes. Twenty years of development experience with the United Nations and USAID on three continents. Career experience includes:

A. Development

Conducted negotiations with multi- and bi-lateral donors that resulted in substantial development assistance for large-scale agricultural schemes. Liaison between FAO Headquarters and 16 member states in initiating, designing and presenting new agricultural projects. Routinely responsible for the planning and preparation of project proposals for financing and implementation by national and international organizations. Designed management techniques and directed the implementation of large-scale watershed management and forest plantation schemes financed by multi- and bi-lateral donors. Established provincial and village level rural development committees and advised on the modalities of rural development schemes.

B. Resettlement

Coordinated and managed food, material and technical assistance to 39,000 drought victims resettled in Southwestern Ethiopia. Designed management and reporting formats for projects funded by multi- and bi-lateral donors in support of the Indonesian Transmigration Programme. Established international settlement implementation committees to facilitate the planning and

implementation of resettlement schemes. Regularly planned and developed project proposals for (re)settlement schemes that involved a multi-sectoral approach.

C. Emergency Relief

Chief of Operations responsible for managing logistics of monthly distribution of food commodities to 800,000 Afghan refugees in 75 camps in Pakistan. Planned logistics and administration of biweekly food distribution to approximately 12,000 Indo-Chinese refugees in Indonesia. Planned the distribution of relief supplies to drought victims of Western Nepal. Coordinated the establishment and implementation of the Ethiopian Food Security Reserve. Designed management and reporting techniques for the handling and distribution of food commodities and materials for refugees and settlers. Planned and managed emergency relief assistance designed to undergo phased conversion to development assistance. Served on Government's Coordinating Committee for Refugee Affairs.

July 1989-
Present

Sahara South Consultants (PTY) Ltd. (SSC) Liaison-
Coordinator for Europe - Rome, Italy

Participated in establishing the Sahara South Consultants, a private agricultural and rural development firm, by researching and drafting registration documentation, preparing by-laws and management guidelines and designing and directing publicity campaigns for the new firm. Responsible for screening candidates from Europe and coordinating the preparation and submission of reports to SSC.

January 1975-
December 1988

Project Development and Programme Officer - United Nations

Locations:

Ethiopia, Rome - Italy, Indonesia, Pakistan, Tanzania, Swaziland and Kenya.

Duties:

Reviewed, evaluated and formulated development assistance projects; planned, designed and prepared project documents for international donors financing; appraised sectoral programmes and developed new strategies and approaches in line with national priorities; negotiated and coordinated project financing and material inputs from international donors; managed and participated in the development of settlement schemes and emergency relief assistance; planned and directed logistical arrangements for food commodities and material inputs for large-scale settlement schemes and emergency relief assistance; directed the work of national and international staff and consultants; planned and managed the implementation of multi-sectoral development

programmes, watershed management and forest plantation schemes.

October 1971-
January 1975

Programme Officer - USAID

Locations:

Washington D.C., Nepal, India and Thailand.

Duties:

Planned, selected and evaluated the implementation of projects of non-governmental organizations financed by USAID; planned, monitored and reported on the development and appraisal of social and economic projects implemented by USAID; planned international and national training programmes for employees of host government ministries; served as Food-for-Peace (PL-480) Coordinator and developed and implemented emergency food distribution plans for drought victims and provided advisory assistance to government ministries on the criteria and selection of requests for international development assistance. Awarded certification for successfully completing USAID sponsored Project Design and Management Courses I and II and the African, Sub-Sahara and Country Studies Programme.

October 1969 -
October 1971

CHANGE Inc. United States Office of Economic Opportunity (OEO) Assistant Executive Director - Washington, D.C.

Duties:

Supervised the work of 35 professional officers of a community-based inner-city programme housing eight social/economic service departments. Responsible for budget managing and accounting to the Federal Government for annual US\$ 12 million. Provided administrative supervision to the Cordoza Heights Health Clinic and Credit Unit.

July 1966 -
June 1969

United States Peace Corps - P.C. Volunteer - Nigeria

Duties:

Rural Development Officer/Provincial Development Officer. Attached to the Federal Ministry of Social Welfare and Rural Development and responsible for planning village and provincial level development schemes. Served as organizer of village and provincial committees in developing rural development strategies. Reported to the Minister at the federal level and the Secretary of the Province at provincial level. Directed the work of 10 international and 400 government employees.

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Appendix E
Vegetable Trough Proposal Summary

Sample Vegetable Trough Project Proposal Summary

At the request of the Soil and Water Conservation Department of Ethiopia's Ministry of Agriculture (MOA/SWCD) and community residents, Africare is requesting a grant to promote self-help famine mitigation efforts in drought prone areas of Ethiopia through support of gardening projects including ones to construct and utilize vegetable troughs.

A backyard vegetable trough can be briefly described as an above-ground, stone/cement bottomed and walled structure, about one-third of a meter high, two to three meters wide, and virtually any length that the backyard will accommodate. Drainage holes are placed along the bottom of the walls. Layers of manure and sand are placed inside. Watering is simple, and moisture is conserved due to the compact nature of the system. Intensive gardening techniques and replenishment of manure allow high yields per planting and the rotation of several plantings annually.

The goal of the project is to strengthen the ability of the community to survive periods of drought, thereby decreasing the need for relief assistance and mitigating famine. The purpose of the project is to introduce a backyard gardening technique known as the vegetable trough that uses up to 80% less water, can out-yield convention methods of cultivation by up to 300%, requires minimal labor, and permits three to four plantings annually, thereby ensuring a year-round food for nutritional needs even in times of drought, and providing a source of cash income.

In some instances, Africare using other private grant funds, will assist the communities by also drilling, casing, developing, and installing hand pumps on wells to provide water for backyard vegetable gardening, livestock and domestic consumption.

In association with the project, the Ministry of Agriculture will provide village level technical assistance, organization and training that strengthen family irrigated agricultural and backyard gardening practices, including water use fee collection and the operation/maintenance of water delivery systems. Africare will work with the communities, the MOA/SWCD and Ethiopia Water Commission to ensure that appropriate interfaces and support are established to keep the systems operating.

Ethiopians at all levels, including family members, community leaders, civil engineers, hydrologists, well drillers and agricultural extension staff, will be the project's implementors. Africare incountry support will be provided by its Country Representative and Administrative Assistant based in Addis Ababa, who will: (a) plan and coordinate project activities with Ethiopian entities; (b) provide Africare support; and, (c) accomplish the overall management, administration, monitoring, evaluation and reporting on grant activities, outcomes, and expenditures.

The project will benefit significantly from contributions provided by the community, Africare and the Ethiopian Government, together accounting for about 55 % of the total

project inputs. Africare/Ethiopia's contributions include the dedication to well drilling activities of a truck-mounted, Ingersoll Rand TH-10 well drilling rig with all necessary support vehicles and equipment, purchased previously by Africare with grants provided by private donors.

The direct beneficiaries of the vegetable troughs will be the families and farmers groups cultivating them. The indirect beneficiaries will be the other inhabitants of these three villages often numbering 2,000 to 5,000 people who will benefit from wells constructed and fuller availability of food produced.

During the sixth to ninth months of the project period, the 40 troughs will come under production, allowing 3 to 4 crops annually and providing a distinct improvement over earlier backyard gardening techniques that suffered shortages of rainfall and demanded more in the way of hand irrigation.

Each family will decide its allocation of vegetable crops to plant in its plot of 300 square meters. However, assuming that the 40 each devote equal portions of their troughs to each of ten vegetables, and using conservative irrigated yields based on no application of commercial fertilizer, the possible levels of production that can result from irrigation are estimated below.

**Table 1 - Possible Annual Production from 300 Square Meters
Family Vegetable Trough**

Crops Grown		A		B		C		D	E*
		Presumed Area (Sq Mtrs)	Devoted Cycles Per Year	# of Trough (Kgs)	Yield/Cycle (Kgs)	Estimated Per Sq Mtr Annual Yield (Kgs)	Possible Trough Yield (i.e. no irrigation)	Comparative Single Rainfed	
Tomato	(10%)	30	3	5.7	513.0		34.2		
Onion	(10%)	30	4	3.06	367.2		201.0		
Pepper	(10%)	30	3	1.38	124.2		66.0		
Lettuce	(10%)	30	3	10.12	910.8		24.3		
Carrot	(10%)	30	4	9.39	1126.8		252.0		
Cabbage	(10%)	30	3	11.4	1026.0		543.0		
Beans/peas	(10%)	30	3	2.8	252.0		9.3		
Spinach	(10%)	30	4	1.125	135.0		7.23		
Beets	(10%)	30	3	7.23	650.7		294.0		
Potato	(10%)	30	3	5.25	472.5		348.0		
	(100%)	300 Sq Mtrs			5578.2 kgs		1779.03s		

The improved water availability from bore wells will help to reduce the incidence of water born diseases while simultaneously freeing women and children from long walks to fetch domestic use water. The training, seeds and tools to be provided by the project to villagers will enable them to adopt and implement improved, irrigated farming practices. As a result, the future need for food and relief assistance will be drastically reduced.

Some of the troughs can be used for seedling production by cooperative farmers, e.g.

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combined production of various tree and vegetable seedlings. The vegetable trough and water delivery systems employed by the project can later be replicated in other drought prone areas where ground water resources are known to be available.

The economic impact of the project is primarily to provide water delivery systems (wells) that will provide water for domestic consumption and increased agricultural production, while improving the general living conditions of the target population in the drought prone villages. The Transitional Government of Ethiopia has recently accorded priority to the peasant agricultural sector, which is considered the foundation of the country's economy. The combined factors of civil strife, reoccurrence of drought/famine and the maldistribution of meager national and financial resources in the past, severely constrained peasant agricultural development.

Subsistence farming accounts for over 95 percent of the community livelihood, intensive labor is the norm. The development of water delivery systems will promote agricultural production on the backyard plots. The readily available water irrigation will permit several plantings yearly. The digging of wells will permit women and children to establish and maintain home gardens and improve the overall quality of life at the home level. The overall increase to agriculture production will permit surplus food to be sold or bartered for other household and personal requirements.

The per hectare yields of the most common staple food crops (teff, maize and sorghum) are known to be low. National Statistics indicate average figures of 0.7 ton for teff, 1.5 ton for maize, and 1.8 ton for sorghum. A typical, traditional Ethiopian diet is known to lack vegetables and root crops. The popularization of vegetable troughs can not only supplement the food shortage, but also contribute toward a more balanced diet. Crops such as tomatoes, peppers, onions, green leafy vegetables, potatoes, lettuce and many more may be grown in the structure. Running or vine crops may also be planted. The various layers of manure/sand require just planting, thereby a minimum of labor. While vegetables can be grown with very little water, the occasional heavy rains would simply drain through the layers manure/sand as quickly as they fall into the structure, due to the coarse lining and drainage.

Because of the high productivity of the troughs, it is anticipated that they will eventually be adapted commercially in the target areas to provide cash in addition to being used as part of the traditional coping mechanism against famine and low productivity on degraded lands. Direct benefits to people from food produced will be improved nutritional status, and cash earnings to meet other basic needs from sale of surpluses. Other direct benefits will be the increased self-reliance of the participants.

Since the new production system is usually located on or near homes and requires little labor various family member(s) can be responsible for tending it. Under the Ethiopian

climatic condition, 3 - 4 plantings can be done yearly, depending on the vegetables to be grown.

Because of the need to conserve scarce water resources within the target areas while stimulating improvements to the quality of life, it is anticipated that the use of the new growing techniques will also be adaptable for establishing forestry nurseries, as well as gardens for floral production. The Soil and Water Conservation Department considers reforestation activities vital to improving watershed management and is continuing to promote tree planting as a primary soil erosion control measure.

The materials required for constructing the troughs are available locally, i.e. river sand, stone, cement, manure and gravel. The promotion, training and technical advice to be provided to participating residents will be done by the Extension Agents of the zonal office of the Ministry of Agriculture.

Unskilled labor for the construction of the system will be provided by the participating communities. Skilled labor will initially be required to lay-out the sights for construction to begin. A demonstration and practice construction of the new system has already been done in Addis Ababa by Africare and officials of the MOA. The Minister of Agriculture has personally endorsed the use of the vegetable growing technique for this project.

The trough is erected above ground on impoverished land. It stand about one-third of a meter high, and has a width of two to three meters, to permit gardener cultivation and harvesting by reaching over the sides of the trough without entering it. The floor of the trough consists of a thin stone/cement convex shaped base built above ground, walled with stone and mortar. Drainage holes are placed a meter apart along the bottom of all walls.

A one centimeter layer of manure is evenly spread on the floor of the structure. The layer of manure is then covered with an even layer of course river sand to a height of 25 centimeters. The sand is then covered with a top layer of manure one centimeter thick. The structure is now ready for the first planting of vegetable seedlings of various types. Replanting is done at different intervals to permit continuous growth and production of various crops. Watering is simple and is accomplished by watering can, hose or gravity flow methods. Water is gently spread over the entire system until it begins to escape from the drainage holes located at the bottom of each wall. The technology uses sand as a hydroponic growing media.

Local residents will provide labor for constructing the vegetable troughs. Because the villagers will be the direct and indirect beneficiaries of both the troughs and the wells being introduced by Africare, they are willing to provide labor and limited local materials for the project. Seeds and tools will be purchased by Africare with OFDA funds and given to participants.

Appendix F - List of Acronyms

LIST OF ACRONYMS/ABBREVIATIONS

AID/FHA/PVC	-	U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, BUREAU FOR FOOD AND HUMANITARIAN ASSISTANCE, OFFICE OF PRIVATE AND VOLUNTARY COOPERATION
AID/FVA/PVC	-	U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, BUREAU FOR FOOD FOR PEACE AND VOLUNTARY ASSISTANCE, OFFICE OF PRIVATE AND VOLUNTARY COOPERATION
CCCD	-	COMBATTING COMMUNICABLE CHILDHOOD DISEASES
CDD	-	CONTROL OF DIARRHEAL DISEASE
CHA	-	COMMUNITY HEALTH AGENT
CRS	-	CATHOLIC RELIEF SERVICES
CS	-	CHILD SURVIVAL
CS/FP	-	CHILD SPACING/FAMILY PLANNING
CS/MH	-	CHILD SURVIVAL/MATERNAL HEALTH
CS/MHP	-	CHILD SURVIVAL/MATERNAL HEALTH PROJECT
CSP	-	CHILD SURVIVAL PROJECT
CSII	-	SECOND CYCLE OF AID CHILD SURVIVAL PROGRAM COMPETITIVE GRANT SOLICITATIONS DONE IN 1986 (FIRST CYCLE UNDER WHICH AFRICARE'S NIGERIA/IMO STATE PROJECT WAS FUNDED)
CSV	-	FIFTH CYCLE DONE IN 1989, UNDER WHICH PHASE II OF THE IMO STATE PROJECT WAS FUNDED
CSVIII	-	EIGHTH CYCLE, UNDER WHICH PHASE III OF THE IMO STATE PROJECT WAS FUNDED
EPI	-	EXPANDED PROGRAM ON IMMUNIZATION
EMOH	-	ETHIOPIAN MINISTRY OF HEALTH
ERCS	-	ETHIOPIAN RED CROSS SOCIETY
FP	-	FAMILY PLANNING
GM	-	GROWTH MONITORING
HIS	-	HEALTH INFORMATION SYSTEM
H/MIS	-	HEALTH/MANAGEMENT INFORMATION SYSTEM
IHPP	-	IMO HEALTH AND POPULATION PROJECT
ISEDS	-	IMO STATE ESSENTIAL DRUG SERVICE
ISMOH	-	IMO STATE MINISTRY OF HEALTH
IMR	-	INFANT MORTALITY RATE
JHU	-	THE JOHNS HOPKINS UNIVERSITY
JHU/CSSP	-	THE JOHNS HOPKINS UNIVERSITY, PVO CHILD SURVIVAL SUPPORT PROGRAM
KAP (SURVEY)	-	KNOWLEDGE, ATTITUDES AND PRACTICES (SURVEY)
K&P (SURVEY)	-	KNOWLEDGE AND PRACTICES (SURVEY)
MCH	-	MATERNAL AND CHILD HEALTH

MHI	-	MATERNAL HEALTH INITIATIVE
MIS	-	MANAGEMENT INFORMATION SYSTEM
MMR	-	MATERNAL MORTALITY RATE
MW	-	MIDWIFE
NGO	-	NON-GOVERNMENTAL ORGANIZATION
ORS PACKETS	-	ORAL REHYDRATION SALTS PREPARED & PACKAGED IN ETHIOPIA
ORS	-	ORAL REHYDRATION SOLUTION MADE FROM COMMERCIALY PREPARED AND PACKAGED SALTS
ORT	-	ADMINISTRATION OF ORAL REHYDRATION THERAPY (CAN BE DONE WITH A SOLUTION MADE BY MIXING ORS PACKETS WITH WATER, OR WITH HOME FORMULATED SUGAR SALT SOLUTION [SSS])
PA	-	PROJECT ADVISOR
PHC	-	PRIMARY HEALTH CARE
PM	-	PROJECT MANAGER
PVO	-	PRIVATE AND VOLUNTARY ORGANIZATION
SMART	-	(OBJECTIVES THAT ARE) SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC AND TIME-BOUND
SSS	-	SUGAR SALT SOLUTION (HOME FORMULATED USING SPECIFIED RATIO OF HOUSEHOLD SUGAR, SALT AND WATER)
TBA	-	TRADITIONAL BIRTH ATTENDANT
TOT	-	TRAINING OF TRAINERS
TT	-	TETANUS TOXOID (IMMUNIZATION)
UNDP	-	UNITED NATIONS DEVELOPMENT PROGRAM
UNICEF	-	UNITED NATIONS CHILDREN'S FUND
UNFPA	-	UNITED NATIONS FUND FOR POPULATION ASSISTANCE
USAID	-	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
WHO	-	WORLD HEALTH ORGANIZATION
WRA	-	WOMAN OF REPRODUCTIVE AGE

***Appendix G - Budget Narrative and
Detailed Line Item Budget***

Gurage Zone, Ethiopia, CS/MH Project Financial Plan
Narrative

This section begins with: (a) a narrative discussion of the country project budget; followed by, (b) a six-page table giving Africare's overall cost center budget for the Ethiopia project (headquarters and country project costs combined). The summary headquarters budget and field budget are provided Section 2.f., main body of proposal. Africare has set up a lotus spreadsheet that translates by formula its standard cost-center budget (six-page table) into the A.I.D. summary budgets contained in the body of this Country Project Proposal, and the Headquarters Proposal.

The line item makeup of the detailed Africare Cost-Center budget (six page table following this narrative) is to a great extent self-explanatory. The budget is provided in Africare's Fiscal Years to facilitate Africare cost projections, planning, accounting, monitoring and analysis. Also attached is the USAID letter establishing provisional indirect cost rates for Africare.

I. DIRECT COSTS

A. PERSONNEL

All local salaries/benefits, and approximately 85% of U.S. Hire salaries/benefits, are paid by the A.I.D. portion of the budget. Salaries reflect a 5% annual cost of living increase. Fringe benefits for headquarters staff (29.47%) include FICA, health/life/unemployment insurance, and annual leave. Fringe benefits for field expatriate staff (41.35%) include FICA, health/life/unemployment insurance, annual leave, medical evacuation insurance, and international workman's compensation. Local hire benefits are 24% of salary.

1. Headquarters (A.I.D. \$77,520/Private \$29,787)

	<u>Salary</u>		<u>Benefits</u>		
Regional Director (5% time, 3 years)	\$ 9,820	+	\$ 2,894	=	\$ 12,714
CSP/Hlth Prg. Manager (40% time, 3 years)	\$54,294	+	\$16,000	=	\$ 70,294
Admin. Assist. (5% time, 3 years)	\$ 6,703	+	\$ 1,975	=	\$ 8,678
Clerical secretary (20% time 3 years)	\$12,065	+	\$ 3,556	=	\$ 15,621
Temporary Employees	\$ 0	+	\$ 0	=	\$ 0
					<u>\$107,307</u>

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2. Field, Technical (A.I.D. \$198,518/\$72,207 Private)

<u>Expat Country Rep</u> (30% time, 3 years)	\$ 38,302	+	\$15,838	= \$ 54,140
<u>Expat Project Adviser</u> (100% time, 3 years)	\$114,909	+	\$47,514	= \$162,424
<u>Senior Local Project</u> <u>Staff</u> (1 Project Manager, 3 Field Coordinators, 1 HIS Officer 100% time 3 years)	\$ 43,678	+	\$10,483	= <u>\$ 54,161</u> <u>\$270,725</u>

3. Field, Other Personnel (A.I.D. \$37,359)

Country Office Acct. (25% time 3 years)	\$ 1,915	+	\$ 4,596	= \$ 6,511
Country Office secty (25% time 3 years)	\$ 2,394	+	\$ 575	= \$ 2,969
2 drvrs/1 wtchmn (25%)	\$ 1,436	+	\$ 345	= \$ 1,781
Project Office Accountant (100% time, 3 yrs)	\$ 3,920	+	\$ 941	= \$ 4,861
Project Office Clerical (100% time, 3 yrs)	\$ 5,600	+	\$ 1,344	= \$ 6,944
2 drvrs/1 wtchmn (100%)	\$ 4,704	+	\$ 1,129	= \$ 5,833
Temporary Employees (including enumerators for surveys/evaluations)	\$ 8,460	+	\$ 0	= <u>\$ 8,460</u> <u>\$ 37,359</u>

B. TRAVEL AND PER DIEM

1. Headquarters - Domestic (USA)

(A.I.D. \$4,300)

For travel and per diem to workshops/meetings and for HQ evaluation.

2. Headquarters - International

(A.I.D.\$14,225/Private \$3,975)

\$12,000 for Regional Director/CSP Manager 1/2 cost of eight roundtrips (@ \$3,000 per trip) for baseline survey, evaluation and other project backstopping support. \$5,850 for lodging/per diem for these trips for 90 days (@ \$65 per day) and \$350 for HQ staff intl travel incidentals.

3. Field - In country

(A.I.D. \$220,046/Private \$22,164)

\$7,000 for household furniture and appliances for Project Residence; \$11,520 for housing rental; \$1,152 for housing maintenance; \$0 for country office in-country air travel in support of project; \$1,800 for country office vehicle operation in support of project (@ \$250 per month x 20%); \$2,000 for in-country travel expenses related to baseline, mid-term and final evaluations; \$1,404 for trainee travel allowances; \$27,000 for operation of 3 project vehicles @ \$250 per month. \$900 for country office staff per diem for baseline and evaluation activities @ \$50/day; \$6,710 for country office staff per diem for other project support purposes; \$7,875 for project staff, local consultants and participants for baseline and evaluation activities; \$72,000 for CHA trainee food/lodging (200 trainees @\$4/day x 90 days); \$24,000 for TBA trainee food/lodging (200 trainees @\$4/day x 30 days); \$32,456 for Management Training food/lodging (45 trainees @ Birr 135,000 total; 5 Trainers @ Birr 50,000 total); \$46,392 (for support and supervisory visits by zonal staff, project staff, 3 TOT Trainers, 5 TOT Trainees, 5 Trainers).

4. Field - International

A.I.D. - \$40,135

\$1,750 for country/project office international travel incidentals; \$22,400 for storage and personal freight for Project Adviser and proportion of country office expatriate; \$7,000 Project Adviser international travel (posting, home leave, return); \$2,535 Project Adviser international per diem (including thirty days during period of office location).

\$4,500 for HQ CSP Manager 1/2 cost of three roundtrips (@ \$3,000 per trip) for baseline, mid-term and final evaluations. \$1,950 for lodging and per diem for these trips for 30 days (@ \$65 per day).

C. CONSULTANCIES

1. Evaluation Consultants - Fees

(A.I.D. \$21,248)

\$2,800 for headquarters evaluation; \$3,000 for expatriate for baseline survey; \$1,316 for local consultants for baseline survey; \$7,500 for expatriate for mid-term evaluation; \$1,316 for local consultants for mid-term evaluation; \$4,000 for expatriate for final evaluation; \$1,316 for local consultants for final evaluation.

2. Other Consultants - Fees

(A.I.D. \$9,024/Private \$3,947)

\$1,800 for computer/HIS consultants at HQ; \$5,250 for 30 days of HIS/surveillance system and other expatriate consultant assistance in the field; \$5,921 for local consultants for PHC program development, curriculum design, H/MIS and training.

3. Consultant travel/per diem

(A.I.D. \$26,775/\$4,950 Private)

\$9,000 for international travel for consultants for baseline/mid-term/final evaluations (3 roundtrips); \$9,000 for international travel for consultants for HIS/surveillance and other specialized support; \$1,300/\$1,950/\$1,300 for consultant international per diem for baseline/mid-term/final; \$4,225 consultant international per diem for HIS/surveillance and other specialized support (65 days @ \$65/d).

D. PROCUREMENT

1. Supplies

a. Headquarters

(A.I.D. - \$720)

\$720 for office supplies;

b. Field - Pharmaceutical

Africare - Inkind

Africare hopes to be able to obtain inkind donations of pharmaceuticals to help to meet some of the PHC needs of the project area. These inkind donations will be in addition to the Africare cash match. The ERCS also will supply pharmaceuticals to the project area.

c. Field - Other

(A.I.D. \$22,980/\$40,640 Private)

\$10,000 for 200 TBA kits @ \$50 ea; \$2,400 for CHA boxes (box only) @ \$20 ea; \$30,000 for agricultural inputs and their supply in support of gardening projects; \$1,450 for country office supplies; \$9,000 for project office supplies; \$1,770 for country office printing & duplicating; \$7,200 for project office printing &

duplicating; \$1,800 for project meeting refreshments (non-alcoholic).

2. Equipment

a. Headquarters

\$0

b. Field

A.I.D. - \$38,280

\$2,250 for baby scales (unit cost \$25 x 90 scales); \$20,000 for small furniture/equipment items to establish 120 health posts (\$167/health post); \$6,000 for vehicle parts; \$1,450 for country office equipment (e.g., desk, chair, file cabinet, calculators, typewriter, unit cost not to exceed \$500); \$5,400 for project office furniture and equipment (e.g., typewriter, calculators, file cabinets, computer monitor, desks, tables, chairs, shelves, unit cost not to exceed \$500); \$930 for country office equipment repair; \$2,250 for project office equipment rent/repair.

Africare - \$102,600

\$40,000 for 8 solar refrigerators and installation; \$50,000 for two Toyota Hilux Pickup Trucks; \$6,000 for 3 motorcycles; \$2,500 for computer equipment; \$2,600 for photocopying machine; \$1,500 for mimeograph machine.

3. Construction

Africare - \$121,000

\$24,000 partial support of ERCS/Community costs of materials for constructing 120 health posts (\$200 Africare support per post toward estimated materials cost of \$360 per post); \$9,000 demonstration Ventilated Improved Pit (V.I.P.) Latrine construction (up to 18 latrines @ \$500 ea material cost); \$48,000 support for drilling, development and installation of hand pumps on medium depth wells (12 wells up to 20 meters each @ \$4,000/well); \$40,000 for drilling, development and installation of diesel pump as well as water storage tank for one deep well).

4. Training

a. Headquarters

A.I.D. - \$1,260

\$900 for meetings and membership fees; \$360 for subscriptions and publications.

b. Field

A.I.D. - \$8,180/Private \$4,500)

\$500 for expatriate staff language training; \$10,500 for project training materials; \$1,080 for project office subscriptions and publications; \$600 for project office meetings and membership fees.

E. Other Direct Costs

1. Communications

a. Headquarters

A.I.D. - \$6,000

\$6,000 for HQ telex/post/delivery/fax/phone.

Africare - \$1,200

\$1,200 for HQ telex/post/delivery/fax/phone.

b. Field

A.I.D. - \$12,000

\$5,400 for project office telex/post/delivery/fax/phone; \$3,600 for country office telex/post/delivery/fax/phone; \$1,800 for public information/dissemination; \$1,200 for phone installation.

Africare - \$3,000

\$2,400 for country and project office telex, postage, delivery, fax, phone; \$600 for public information/dissemination.

2. Facilities

a. Headquarters Not Applicable

b. Field

A.I.D. - \$21,300

\$14,100 for country office rent/repair/utilities; \$7,200 for project office rent/repair/utilities.

Africare - \$3,600

\$2,400 for country office rent/repair/utilities; \$1,200 for project office rent/repair/utilities.

3. Other

Costs associated with vehicles (except insurance), fuel, maintenance, etc. described under "travel" section.

a. **Headquarters** Not applicable

b. **Field**

A.I.D. - \$15,900

\$6,000 for freight on commodities; \$8,940 for in-country vehicle insurance; \$600 for taxes and duties; \$360 for bank fees.

Africare - \$120

\$120 for bank fees.

II. INDIRECT COSTS

Indirect costs on the A.I.D. portion of the budget were calculated at Africare's current A.I.D. provisional rate (Level I Personnel, Travel, Allowances, Training and Other Direct Costs at 23.91%, and the Procurement of Equipment, Supplies and Construction at 11.96%. Indirect costs on the Private portion of the budget were calculated at Africare's approved private provisional rate of 22.82%. A copy negotiated indirect cost rates with A.I.D. is attached.

Country: ETHIOPIA		Gurage Child Survival/Maternal Health Project										Page 1 of 6
Donors: USAID + Africare Match		Combined Country Project and Headquarters Budgets										Date: 07 January 1994
By Africare Fiscal Years (July 1st - June 30th)		Period: 01 Oct 94 - 30 Sep 97										
AFRICARE COST CENTER	DESCRIPTION (HEADQUARTERS/FIELD COMBINED)	FY95 (9 mos)		FY96 (12 mos)		FY97 (12 mos)		FY98 (3 mos)		TOTAL - 36 Months		AID/Priv Combined TOTAL
		(a) A.I.D.	(b) Private	(c) A.I.D.	(d) Private	(e) A.I.D.	(f) Private	(g) A.I.D.	(h) Private	(i) A.I.D.	(j) Private	
6011	Africare Hqrts Staff	\$14,069	\$5,406	\$19,696	\$7,569	\$20,681	\$7,947	\$5,429	\$2,086	\$59,875	\$23,008	\$82,883
	a. Technical (Reg Dir, 5% time)	\$1,154	\$1,154	\$1,615	\$1,615	\$1,696	\$1,696	\$445	\$445	\$4,910	\$4,910	\$9,820
	b. Technical (Hlth Prog Mgr 40% time)	\$8,505	\$4,253	\$11,907	\$5,953	\$12,502	\$6,251	\$3,282	\$1,641	\$36,196	\$18,098	\$54,294
	b. Administrative (Reg AdmAsst 10% time)	\$1,575	\$0	\$2,205	\$0	\$2,315	\$0	\$608	\$0	\$6,703	\$0	\$6,703
	c. Clerical (Reg Scty 20% time)	\$2,835	\$0	\$3,969	\$0	\$4,167	\$0	\$1,094	\$0	\$12,065	\$0	\$12,065
6012	Expat Staff Salary	\$33,000	\$3,000	\$46,200	\$4,200	\$48,510	\$4,410	\$12,734	\$1,158	\$140,444	\$12,767	\$153,211
	Country Office	\$6,000	\$3,000	\$8,400	\$4,200	\$8,820	\$4,410	\$2,315	\$1,158	\$25,535	\$12,767	\$38,302
	a. Technical (Ctry Rep, 30% time)	\$6,000	\$3,000	\$8,400	\$4,200	\$8,820	\$4,410	\$2,315	\$1,158	\$25,535	\$12,767	\$38,302
	b. Administrative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Project Office	\$27,000	\$0	\$37,800	\$0	\$39,690	\$0	\$10,419	\$0	\$114,909	\$0	\$114,909
	a. Technical (Project Adviser 100% time)	\$27,000	\$0	\$37,800	\$0	\$39,690	\$0	\$10,419	\$0	\$114,909	\$0	\$114,909
6021	Africare Field Staff	\$16,305	\$0	\$22,827	\$0	\$23,969	\$0	\$6,292	\$0	\$69,393	\$0	\$69,393
	Country Office	\$2,700	\$0	\$3,780	\$0	\$3,969	\$0	\$1,042	\$0	\$11,491	\$0	\$11,491
	a. Technical (Health Program Officer 25%)	\$1,350	\$0	\$1,890	\$0	\$1,984	\$0	\$521	\$0	\$5,745	\$0	\$5,745
	b. Administrative (Accntng 25%)	\$450	\$0	\$630	\$0	\$661	\$0	\$174	\$0	\$1,915	\$0	\$1,915
	c. Clerical (Secty 25%)	\$563	\$0	\$787	\$0	\$827	\$0	\$217	\$0	\$2,394	\$0	\$2,394
	d. Support (Drivers/Watchmen 25%)	\$338	\$0	\$472	\$0	\$496	\$0	\$130	\$0	\$1,436	\$0	\$1,436
	Project Office	\$13,605	\$0	\$19,047	\$0	\$20,000	\$0	\$5,250	\$0	\$57,902	\$0	\$57,902
	a. PrjMgr (B24,000/yr, HIS Off B18,000/yr)	\$5,526	\$0	\$7,737	\$0	\$8,124	\$0	\$2,132	\$0	\$23,519	\$0	\$23,519
	b. Other Tech (3 FCs@Birr12,000/yr ea)	\$4,737	\$0	\$6,632	\$0	\$6,963	\$0	\$1,828	\$0	\$20,159	\$0	\$20,159
	c. Admin (Accountant @ Birr 7,000/yr)	\$921	\$0	\$1,289	\$0	\$1,354	\$0	\$355	\$0	\$3,920	\$0	\$3,920
	d. Clerical (1 typist @ Birr 10,000/yr)	\$1,316	\$0	\$1,842	\$0	\$1,934	\$0	\$508	\$0	\$5,600	\$0	\$5,600
	e. 1 Drvr/2 Watchmen (3,600/2,400/2,400)	\$1,105	\$0	\$1,547	\$0	\$1,625	\$0	\$426	\$0	\$4,704	\$0	\$4,704
6031	Africare Temp Employ	\$2,790	\$0	\$2,220	\$0	\$3,120	\$0	\$330	\$0	\$8,460	\$0	\$8,460
	a. Headquarters	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Ctry Office	\$90	\$0	\$120	\$0	\$120	\$0	\$30	\$0	\$360	\$0	\$360
	c. Temp Enumer/Support for BeSurv/Eval	\$1,800	\$0	\$900	\$0	\$1,800	\$0	\$0	\$0	\$4,500	\$0	\$4,500
	d. Project Other Temp Staff	\$900	\$0	\$1,200	\$0	\$1,200	\$0	\$300	\$0	\$3,600	\$0	\$3,600
6041	Africare Consultants	\$8,799	\$1,316	\$14,099	\$1,316	\$7,374	\$1,316	\$0	\$0	\$30,271	\$3,947	\$34,218
	Headquarters	\$1,200	\$0	\$2,000	\$0	\$1,400	\$0	\$0	\$0	\$4,600	\$0	\$4,600
	a. Evaluation	\$0	\$0	\$1,400	\$0	\$1,400	\$0	\$0	\$0	\$2,800	\$0	\$2,800
	b. Other (Computer)	\$600	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$600	\$0	\$600
	c. Other (HIS/MIS)	\$600	\$0	\$600	\$0	\$0	\$0	\$0	\$0	\$1,200	\$0	\$1,200
	Project for Baseline Survey	\$4,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,316	\$0	\$4,316
	a. Expatriate (@\$200/day)	\$3,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000	\$0	\$3,000
	b. Local (2 @Birr 250/day x 15 days)	\$1,316	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,316	\$0	\$1,316
	Project for Mid-term Evaluation	\$0	\$0	\$8,816	\$0	\$0	\$0	\$0	\$0	\$8,816	\$0	\$8,816
	a. Expatriate (@\$300/day)	\$0	\$0	\$7,500	\$0	\$0	\$0	\$0	\$0	\$7,500	\$0	\$7,500
	b. Local (2 @Birr 250/day x 15 days)	\$0	\$0	\$1,316	\$0	\$0	\$0	\$0	\$0	\$1,316	\$0	\$1,316
	Project for Final Evaluation	\$0	\$0	\$0	\$0	\$5,316	\$0	\$0	\$0	\$5,316	\$0	\$5,316
	a. Expatriate (@\$200/day)	\$0	\$0	\$0	\$0	\$4,000	\$0	\$0	\$0	\$4,000	\$0	\$4,000
	b. Local (2 @Birr 250/day x 15 days)	\$0	\$0	\$0	\$0	\$1,316	\$0	\$0	\$0	\$1,316	\$0	\$1,316
	Project for Other Purposes	\$3,283	\$1,316	\$3,283	\$1,316	\$658	\$1,316	\$0	\$0	\$7,224	\$3,947	\$11,171
	a. Expatriate (@\$175/day)	\$2,625	\$0	\$2,625	\$0	\$0	\$0	\$0	\$0	\$5,250	\$0	\$5,250
	b. Local (@Birr 250/day x 45 days per yr)	\$658	\$1,316	\$658	\$1,316	\$658	\$1,316	\$0	\$0	\$1,974	\$3,947	\$5,921
6042	Intern Stipends	\$713	\$0	\$951	\$0	\$951	\$0	\$238	\$0	\$2,853	\$0	\$2,853
	a. Headquarters (student, 25%)	\$450	\$0	\$600	\$0	\$600	\$0	\$150	\$0	\$1,800	\$0	\$1,800
	b. Country Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	c. Project (Birr 2,000/yr)	\$263	\$0	\$351	\$0	\$351	\$0	\$88	\$0	\$1,053	\$0	\$1,053
SUB-TOT SALARIES		\$75,676	\$9,722	\$105,993	\$13,084	\$104,604	\$13,673	\$25,022	\$3,244	\$311,295	\$39,723	\$351,018

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Country: ETHIOPIA
 Donors: USAID + Africare Match
 By Africare Fiscal Years (July 1st - June 30th)

Garage Child Survival/Maternal Health Project
 Combined Country Project and Headquarters Budgets
 Period: 01 Oct 94 - 30 Sep 97

AFRICARE COST CENTER	DESCRIPTION (HEADQUARTERS/FIELD COMBINED)	FY95 (9 mos)		FY96 (12 mos)		FY97 (12 mos)		FY98 (3 mos)		TOTAL - 36 Months		AID/Priv Combined TOTAL
		(a) A.I.D.	(b) Private	(c) A.I.D.	(d) Private	(e) A.I.D.	(f) Private	(g) A.I.D.	(h) Private	(i) A.I.D.	(j) Private	
6111	FICA/Social Security (Hqtrs & Expat) Headquarters (7.65% times salary)	\$3,601	\$672	\$5,041	\$941	\$5,293	\$989	\$1,389	\$259	\$15,324	\$2,862	\$18,186
	a. Technical, Regional Dir	\$88	\$92	\$124	\$129	\$130	\$136	\$34	\$36	\$376	\$393	\$768
	b. Technical, Hlth Prog Mgr	\$651	\$340	\$911	\$476	\$956	\$500	\$251	\$131	\$2,769	\$1,448	\$4,217
	c. Administrative	\$120	\$0	\$169	\$0	\$177	\$0	\$46	\$0	\$513	\$0	\$513
	d. Clerical	\$217	\$0	\$304	\$0	\$319	\$0	\$84	\$0	\$923	\$0	\$923
	City Office (7.65% times salary)	\$459	\$240	\$643	\$336	\$675	\$353	\$177	\$93	\$1,953	\$1,021	\$2,975
	a. Technical	\$459	\$240	\$643	\$336	\$675	\$353	\$177	\$93	\$1,953	\$1,021	\$2,975
	b. Administrative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Project (7.65% times salary)	\$2,066	\$0	\$2,892	\$0	\$3,036	\$0	\$797	\$0	\$8,791	\$0	\$8,791
	a. Technical	\$2,066	\$0	\$2,892	\$0	\$3,036	\$0	\$797	\$0	\$8,791	\$0	\$8,791
6121	Other Benefits (Hqtrs & Expat) Headquarters (16.20% times salary)	\$7,531	\$1,345	\$10,543	\$1,883	\$11,071	\$1,977	\$2,906	\$519	\$32,051	\$5,724	\$37,775
	a. Technical, Regional Dir	\$2,251	\$865	\$3,151	\$1,211	\$3,309	\$1,272	\$869	\$334	\$9,580	\$3,681	\$13,261
	b. Technical, Hlth Prog Mgr	\$185	\$185	\$258	\$258	\$271	\$271	\$71	\$71	\$786	\$786	\$1,571
	c. Administrative	\$1,361	\$680	\$1,905	\$953	\$2,000	\$1,000	\$525	\$263	\$1,072	\$0	\$1,072
	d. Clerical	\$252	\$0	\$353	\$0	\$370	\$0	\$97	\$0	\$1,930	\$0	\$1,930
	City Office (16.20% times salary)	\$454	\$0	\$635	\$0	\$667	\$0	\$175	\$0	\$4,086	\$2,043	\$6,128
	a. Technical	\$960	\$480	\$1,344	\$672	\$1,411	\$706	\$370	\$185	\$4,086	\$2,043	\$6,128
	b. Administrative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Project (16.20% times salary)	\$4,320	\$0	\$6,048	\$0	\$6,350	\$0	\$1,667	\$0	\$18,385	\$0	\$18,385
	a. Technical	\$4,320	\$0	\$6,048	\$0	\$6,350	\$0	\$1,667	\$0	\$18,385	\$0	\$18,385
6122/23	Intrl Wkms Comp/Medevac Ins City Office (12.06% times salary)	\$3,980	\$510	\$5,572	\$714	\$5,850	\$750	\$1,536	\$197	\$16,938	\$2,170	\$19,108
	a. Technical	\$724	\$510	\$1,013	\$714	\$1,064	\$750	\$279	\$197	\$3,080	\$2,170	\$5,250
	b. Administrative	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Project (12.06% times salary)	\$3,256	\$0	\$4,559	\$0	\$4,787	\$0	\$1,256	\$0	\$13,858	\$0	\$13,858
	a. Technical	\$3,256	\$0	\$4,559	\$0	\$4,787	\$0	\$1,256	\$0	\$13,858	\$0	\$13,858
6131	Local Hire Benefits Country Office (24% times salary)	\$3,913	\$0	\$5,479	\$0	\$5,752	\$0	\$1,510	\$0	\$16,654	\$0	\$16,654
	a. Technical	\$648	\$0	\$907	\$0	\$953	\$0	\$250	\$0	\$2,758	\$0	\$2,758
	b. Administrative	\$324	\$0	\$454	\$0	\$476	\$0	\$125	\$0	\$1,379	\$0	\$1,379
	c. Clerical	\$108	\$0	\$151	\$0	\$159	\$0	\$42	\$0	\$460	\$0	\$460
	d. Support	\$135	\$0	\$189	\$0	\$198	\$0	\$52	\$0	\$575	\$0	\$575
	Project Office (24% times salary)	\$81	\$0	\$113	\$0	\$119	\$0	\$31	\$0	\$345	\$0	\$345
	a. Technical (Health)	\$3,265	\$0	\$4,571	\$0	\$4,800	\$0	\$1,260	\$0	\$13,897	\$0	\$13,897
	a. Technical (Self-Help Projs)	\$1,326	\$0	\$1,857	\$0	\$1,950	\$0	\$512	\$0	\$5,645	\$0	\$5,645
	b. Administrative	\$1,137	\$0	\$1,592	\$0	\$1,671	\$0	\$439	\$0	\$4,838	\$0	\$4,838
	c. Clerical	\$221	\$0	\$309	\$0	\$325	\$0	\$85	\$0	\$941	\$0	\$941
	d. Support	\$316	\$0	\$442	\$0	\$464	\$0	\$122	\$0	\$1,344	\$0	\$1,344
		\$265	\$0	\$371	\$0	\$390	\$0	\$102	\$0	\$1,129	\$0	\$1,129
6141	Annual Leave (US/Expat 5.44% times sal)	\$1,092	\$0	\$1,528	\$0	\$1,605	\$0	\$607	\$1,081	\$4,832	\$1,081	\$5,913
	a. Technical (US/Expat)	\$852	\$0	\$1,193	\$0	\$1,252	\$0	\$329	\$1,081	\$3,625	\$1,081	\$4,707
	b. Administrative (US/Expat)	\$86	\$0	\$120	\$0	\$126	\$0	\$33	\$0	\$365	\$0	\$365
	c. Clerical (US/Expat)	\$154	\$0	\$216	\$0	\$227	\$0	\$60	\$0	\$656	\$0	\$656
	d. Local Support Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$186	\$0	\$186	\$0	\$186
	SUB-TOT BENEFITS/TAXES	\$20,117	\$2,527	\$28,163	\$3,538	\$29,571	\$3,715	\$7,948	\$2,057	\$85,799	\$11,838	\$97,637
6211	Recruitment Expenses	\$300	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$300	\$0	\$300
6221	Orientation Per Diem	\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000	\$0	\$1,000
	SUB-TOT OTHER PERSONNEL	\$1,300	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,300	\$0	\$1,300
TOT SALARY/BENEFIT/OTH PERS COSTS		\$97,092	\$12,249	\$134,156	\$16,823	\$134,175	\$17,388	\$32,970	\$5,300	\$398,394	\$51,561	\$449,955

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Country: ETHIOPIA		Gurage Child Survival/Maternal Health Project										Page 3 of 6
Donors: USAID + Africare Match		Combined Country Project and Headquarters Budgets										Date: 07 January 1994
By Africare Fiscal Years (July 1st - June 30th)		Period: 01 Oct 94 - 30 Sep 97										
AFRICARE COST CENTER	DESCRIPTION (HEADQUARTERS/FIELD COMBINED)	FY95 (9 mos)		FY96 (12 mos)		FY97 (12 mos)		FY98 (3 mos)		TOTAL - 36 Months		AID/Priv Combined TOTAL
		(a) A.I.D.	(b) Private	(c) A.I.D.	(d) Private	(e) A.I.D.	(f) Private	(g) A.I.D.	(h) Private	(i) A.I.D.	(j) Private	
6311	Travel Incidentals	\$800	\$0	\$600	\$0	\$600	\$0	\$100	\$0	\$2,100	\$0	\$2,100
	a. Headquarters Office Staff	\$100	\$0	\$100	\$0	\$100	\$0	\$50	\$0	\$350	\$0	\$350
	b. Country Office/Project Staff	\$700	\$0	\$500	\$0	\$500	\$0	\$50	\$0	\$1,750	\$0	\$1,750
6321	Storage/Personal Freight	\$10,000	\$0	\$1,200	\$0	\$1,200	\$0	\$10,000	\$0	\$22,400	\$0	\$22,400
	a. Cntry Office/Proj Expatriate Staff	\$10,000	\$0	\$1,200	\$0	\$1,200	\$0	\$10,000	\$0	\$22,400	\$0	\$22,400
6411	Household Furniture/Appliances	\$5,500	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0	\$5,500	\$1,500	\$7,000
	a. Project Residence	\$5,500	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0	\$5,500	\$1,500	\$7,000
6421	Housing Rental	\$2,880	\$0	\$3,840	\$0	\$3,840	\$0	\$960	\$0	\$11,520	\$0	\$11,520
	a. Cntry Rep (20% one lodging)	\$1,080	\$0	\$1,440	\$0	\$1,440	\$0	\$360	\$0	\$4,320	\$0	\$4,320
	b. Project Staff (100% one lodging)	\$1,800	\$0	\$2,400	\$0	\$2,400	\$0	\$600	\$0	\$7,200	\$0	\$7,200
6431	Housing Rep/Maint	\$288	\$0	\$384	\$0	\$384	\$0	\$96	\$0	\$1,152	\$0	\$1,152
	a. Cntry Off Expat Staff (20% one lodging)	\$108	\$0	\$144	\$0	\$144	\$0	\$36	\$0	\$432	\$0	\$432
	b. Project Staff (100% one lodging)	\$180	\$0	\$240	\$0	\$240	\$0	\$60	\$0	\$720	\$0	\$720
6511	Domestic Air, Gen Transport & Gas	\$6,718	\$2,250	\$9,036	\$3,000	\$8,100	\$3,000	\$2,550	\$750	\$26,404	\$9,000	\$35,404
	Headquarters Staff/Consult Travel in USA	\$800	\$0	\$1,000	\$0	\$1,000	\$0	\$400	\$0	\$3,200	\$0	\$3,200
	a. For Evaluation	\$0	\$0	\$200	\$0	\$200	\$0	\$0	\$0	\$400	\$0	\$400
	b. For Other Support of Project	\$800	\$0	\$800	\$0	\$800	\$0	\$400	\$0	\$2,800	\$0	\$2,800
	Cntry Off Staff Incty Air Travel (none)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	a. For Proj Baseline Survey & Evaluation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. For Other Support of Project	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Cntry Off Veh Operation (\$250/mo x 20%)	\$450	\$0	\$600	\$0	\$600	\$0	\$150	\$0	\$1,800	\$0	\$1,800
	a. For Support of Project	\$450	\$0	\$600	\$0	\$600	\$0	\$150	\$0	\$1,800	\$0	\$1,800
	Proj Staff/LocCnstl/Participants/Etc.Trav	\$5,468	\$2,250	\$7,436	\$3,000	\$6,500	\$3,000	\$2,000	\$750	\$21,404	\$9,000	\$30,404
	a. For Proj Baseline Survey & Evaluation	\$500	\$0	\$500	\$0	\$500	\$0	\$500	\$0	\$2,000	\$0	\$2,000
	b. For Trainee Transport											
	430t x 1 wkshp x Birr 20/t	\$468	\$0	\$936	\$0	\$0	\$0	\$0	\$0	\$1,404	\$0	\$1,404
	c. For Other Project Purposes											
	3 veh ea @ \$250/month	\$4,500	\$2,250	\$6,000	\$3,000	\$6,000	\$3,000	\$1,500	\$750	\$18,000	\$9,000	\$27,000
6521	General Subsistence	\$61,647	\$5,702	\$95,557	\$5,702	\$18,847	\$0	\$4,568	\$260	\$180,619	\$11,664	\$192,283
	Hqtrs St/Consult PDiem in USA (\$125/day)	\$500	\$0	\$725	\$0	\$725	\$0	\$0	\$0	\$1,950	\$0	\$1,950
	a. For Evaluation	\$0	\$0	\$225	\$0	\$225	\$0	\$0	\$0	\$450	\$0	\$450
	b. For Other Support of Project	\$500	\$0	\$500	\$0	\$500	\$0	\$0	\$0	\$1,500	\$0	\$1,500
	Cntry Off Staff P-Diame Incty (\$50/d)	\$2,250	\$0	\$2,250	\$0	\$2,250	\$0	\$600	\$260	\$7,350	\$260	\$7,610
	a. For Proj Baseline Survey & Evaluation	\$250	\$0	\$250	\$0	\$250	\$0	\$150	\$0	\$900	\$0	\$900
	b. For Other Support of Project	\$2,000	\$0	\$2,000	\$0	\$2,000	\$0	\$450	\$260	\$6,450	\$260	\$6,710
	Proj Staff/LocCnstl/Participants/Etc.	\$58,897	\$5,702	\$92,582	\$5,702	\$15,872	\$0	\$3,968	\$0	\$171,319	\$11,404	\$182,723
	a. For Proj Bsn Surv & Eval (\$10/day)	\$4,500	\$0	\$1,500	\$0	\$1,500	\$0	\$375	\$0	\$7,875	\$0	\$7,875
	c. For CHA Trainee Food/Lodging											
	200t x 1 wkshp x \$4/d/t x 90 days	\$24,000	\$0	\$48,000	\$0	\$0	\$0	\$0	\$0	\$72,000	\$0	\$72,000
	c. For TBA Trainee Food/Lodging											
	200t x 1 wkshp x \$4/d/t x 30 days	\$8,000	\$0	\$16,000	\$0	\$0	\$0	\$0	\$0	\$24,000	\$0	\$24,000
	d. For Mgmt Training Food/Lodging											
	45Ts Birr 135,000/5 Trainers Birr 50,000	\$10,526	\$5,702	\$10,526	\$5,702	\$0	\$0	\$0	\$0	\$21,053	\$11,404	\$32,456
	e. Other (Zonal Staff, Project Staff, 3 TOT Trainers, 5 TOT Trainees, 5 Trainers)	\$11,871	\$0	\$16,556	\$0	\$14,372	\$0	\$3,593	\$0	\$46,392	\$0	\$46,392
6531	Hq/Expat/Cslt/Prj Staff Intl Trv (\$3,000/trip)	\$12,500	\$3,000	\$7,500	\$3,000	\$9,000	\$0	\$2,000	\$0	\$31,000	\$6,000	\$37,000
	a. PrgMgr Baseln/MTEv/FinEv (50% x 3 rt)	\$1,500	\$0	\$1,500	\$0	\$1,500	\$0	\$0	\$0	\$4,500	\$0	\$4,500
	b. RgDr/PrgMgr Other Support (50% x 5 rt)	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$0	\$0	\$0	\$4,500	\$3,000	\$7,500
	c. Cnsts for Baseline/MTEv/FinEv (3 rt)	\$3,000	\$0	\$3,000	\$0	\$3,000	\$0	\$0	\$0	\$9,000	\$0	\$9,000
	d. Cnsts for Other Support (3 rt)	\$4,500	\$1,500	\$1,500	\$1,500	\$0	\$0	\$0	\$0	\$6,000	\$3,000	\$9,000
	e. Prj Adv IntlTrav (2 one way and 1 rt)	\$2,000	\$0	\$0	\$0	\$3,000	\$0	\$2,000	\$0	\$7,000	\$0	\$7,000

Country: ETHIOPIA

Garage Child Survival/Maternal Health Project

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Donors: USAID + Africare Match

Combined Country Project and Headquarters Budgets

Date: 07 January 1994

By Africare Fiscal Years (July 1st - June 30th)

Period: 01 Oct 94 - 30 Sep 97

AFRICARE COST CENTER	DESCRIPTION (HEADQUARTERS/FIELD COMBINED)	FY95 (9 mos)		FY96 (12 mos)		FY97 (12 mos)		FY98 (3 mos)		TOTAL - 36 Months		AID/Priv Combined TOTAL
		(a) A.I.D.	(b) Private	(c) A.I.D.	(d) Private	(e) A.I.D.	(f) Private	(g) A.I.D.	(h) Private	(i) A.I.D.	(j) Private	
6541	Hqtr/Expat/Consl/Prj Stf Intl PDIem (\$65)	\$7,995	\$1,463	\$3,900	\$1,463	\$2,145	\$0	\$195	\$0	\$14,235	\$2,925	\$17,160
	a. PrgMgr for Baseline/MTEv/FinEv (30d)	\$650	\$0	\$650	\$0	\$650	\$0	\$0	\$0	\$1,950	\$0	\$1,950
	b. Reg Dir/PrgMgr for Other Support (60d)	\$1,625	\$488	\$1,300	\$488	\$0	\$0	\$0	\$0	\$2,925	\$975	\$3,900
	c. Consls for Baseline/MTEv/FinEv (70d)	\$1,300	\$0	\$1,950	\$0	\$1,300	\$0	\$0	\$0	\$4,550	\$0	\$4,550
	d. Consls for Other Support (65d)	\$2,275	\$975	\$0	\$975	\$0	\$0	\$0	\$0	\$2,275	\$1,950	\$4,225
	e. PrjAdv&Mgr/CtryRep IntlTrav (39d)	\$2,145	\$0	\$0	\$0	\$195	\$0	\$195	\$0	\$2,535	\$0	\$2,535
TOTAL TRAVEL AND ALLOWANCES		\$108,328	\$13,914	\$122,017	\$13,164	\$44,116	\$3,000	\$20,469	\$1,010	\$294,930	\$31,089	\$326,018
6611	Language/Training Mtrls	\$4,500	\$2,000	\$2,000	\$1,000	\$0	\$1,000	\$0	\$500	\$6,500	\$4,500	\$11,000
	a. Expat Staff Language Training	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500	\$0	\$500
	b. Project Training Materials	\$4,000	\$2,000	\$2,000	\$1,000	\$0	\$1,000	\$0	\$500	\$6,000	\$4,500	\$10,500
6621	Subscriptions/Publications	\$360	\$0	\$480	\$0	\$480	\$0	\$120	\$0	\$1,440	\$0	\$1,440
	a. Headquarters	\$90	\$0	\$120	\$0	\$120	\$0	\$30	\$0	\$360	\$0	\$360
	b. Project	\$270	\$0	\$360	\$0	\$360	\$0	\$90	\$0	\$1,080	\$0	\$1,080
6631	Meeting/Membership Fees	\$500	\$0	\$500	\$0	\$500	\$0	\$0	\$0	\$1,500	\$0	\$1,500
	a. Headquarters	\$300	\$0	\$300	\$0	\$300	\$0	\$0	\$0	\$900	\$0	\$900
	b. Project	\$200	\$0	\$200	\$0	\$200	\$0	\$0	\$0	\$600	\$0	\$600
6641	Expat Staff Dependents Education	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER TRAINING		\$5,360	\$2,000	\$2,980	\$1,000	\$980	\$1,000	\$120	\$500	\$9,440	\$4,500	\$13,940
6711	Freight on Commodities	\$6,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000	\$0	\$6,000
	a. Paid by Headquarters Office	\$6,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000	\$0	\$6,000
	b. Paid Incountry	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6721	Vehicle Insurance	\$2,980	\$0	\$2,980	\$0	\$2,980	\$0	\$0	\$0	\$8,940	\$0	\$8,940
	a. Country Office Vehicles	\$480	\$0	\$480	\$0	\$480	\$0	\$0	\$0	\$1,440	\$0	\$1,440
	b. Project Vehicles	\$2,500	\$0	\$2,500	\$0	\$2,500	\$0	\$0	\$0	\$7,500	\$0	\$7,500
6731	Taxes & Duties	\$300	\$0	\$100	\$0	\$100	\$0	\$100	\$0	\$600	\$0	\$600
6741	Legal & Audit Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	a. Headquarters Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Country/Project Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6751	Tel/Telex/Post/Delivery	\$3,750	\$900	\$5,000	\$1,200	\$5,000	\$1,200	\$1,250	\$300	\$15,000	\$3,600	\$18,600
	a. Headquarters Office	\$1,500	\$300	\$2,000	\$400	\$2,000	\$400	\$500	\$100	\$6,000	\$1,200	\$7,200
	b. Country Office	\$900	\$300	\$1,200	\$400	\$1,200	\$400	\$300	\$100	\$3,600	\$1,200	\$4,800
	c. Project Office	\$1,350	\$300	\$1,800	\$400	\$1,800	\$400	\$450	\$100	\$5,400	\$1,200	\$6,600
6761	Public Information	\$450	\$150	\$600	\$200	\$600	\$200	\$150	\$50	\$1,800	\$600	\$2,400
	a. Headquarters Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Country/Project Office	\$450	\$150	\$600	\$200	\$600	\$200	\$150	\$50	\$1,800	\$600	\$2,400
6771	Data Processing Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	a. Headquarters Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Country/Project Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6781	Office Rent/Repair/Util	\$5,400	\$900	\$7,200	\$1,200	\$7,200	\$1,200	\$1,500	\$300	\$21,300	\$3,600	\$24,900
	a. Country Office Rent/Repair/Utilities	\$3,600	\$600	\$4,800	\$800	\$4,800	\$800	\$900	\$200	\$14,100	\$2,400	\$16,500
	b. Project Office Rent/Repair/Utilities	\$1,800	\$300	\$2,400	\$400	\$2,400	\$400	\$600	\$100	\$7,200	\$1,200	\$8,400
	c. Training/Meeting Facility Rental Incntry	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	d. Training/Meeting Facility Rental in USA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6791	Bank Fees	\$90	\$30	\$120	\$40	\$120	\$40	\$30	\$10	\$360	\$120	\$480
6792	Depreciation Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6793	Other Direct Costs	\$1,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,200	\$0	\$1,200
	a. Headquarters Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Project Office Phone Installation	\$1,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,200	\$0	\$1,200
6794	Foreign Exchange G/L	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER DIRECT COSTS		\$20,170	\$1,980	\$16,000	\$2,640	\$16,000	\$2,640	\$3,030	\$660	\$55,200	\$7,920	\$63,120
TOTAL LEVEL I COSTS		\$230,950	\$30,144	\$275,153	\$33,427	\$195,271	\$24,028	\$56,589	\$7,470	\$757,964	\$95,069	\$853,033

Country: ETHIOPIA		Garage Child Survival/Maternal Health Project										Page 5 of 6
Donors: USAID + Africare Match		Combined Country Project and Headquarters Budgets										Date: 07 January 1994
By Africare Fiscal Years (July 1st - June 30th)		Period: 01 Oct 94 - 30 Sep 97										
AFRICARE COST CENTER	DESCRIPTION (HEADQUARTERS/FIELD COMBINED)	FY95 (9 mos)		FY96 (12 mos)		FY97 (12 mos)		FY98 (3 mos)		TOTAL - 36 Months		AID/Priv Combined TOTAL
		(a) A.I.D.	(b) Private	(c) A.I.D.	(d) Private	(e) A.I.D.	(f) Private	(g) A.I.D.	(h) Private	(i) A.I.D.	(j) Private	
6911	Project Furniture/Equipment	\$9,750	\$15,000	\$12,500	\$25,000	\$0	\$0	\$0	\$0	\$22,250	\$40,000	\$62,250
	a. Purchased by Headquarters Office	\$0	\$15,000	\$0	\$25,000	\$0	\$0	\$0	\$0	\$0	\$40,000	\$40,000
	1. EPI (8 solar fridges w/panels & instal)	\$0	\$15,000	\$0	\$25,000	\$0	\$0	\$0	\$0	\$0	\$40,000	\$40,000
	2. Nutrition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	3. Maternity/FP Equipment & Furniture	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Purchased by Country Office	\$9,750	\$0	\$12,500	\$0	\$0	\$0	\$0	\$0	\$22,250	\$0	\$22,250
	1. EPI	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2. Baby-Scales (90 @ \$25 ea.)	\$2,250	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,250	\$0	\$2,250
	3. Maternity/FP Equipment & Furniture	\$7,500	\$0	\$12,500	\$0	\$0	\$0	\$0	\$0	\$20,000	\$0	\$20,000
6921	Project Vehicles	\$1,500	\$56,000	\$1,500	\$0	\$3,000	\$0	\$0	\$0	\$6,000	\$56,000	\$62,000
	a. Purchased by Headquarters Office	\$0	\$56,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$56,000	\$56,000
	1. 2 Toyota Hiluxes	\$0	\$50,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$50,000	\$50,000
	2. 3 Motorcycles	\$0	\$6,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000	\$6,000
	b. Purchased by Project Office	\$1,500	\$0	\$1,500	\$0	\$3,000	\$0	\$0	\$0	\$6,000	\$0	\$6,000
	1. Pickup Trucks/Passenger Vehicles	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2. Motorcycles	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	3. Vehicle Parts	\$1,500	\$0	\$1,500	\$0	\$3,000	\$0	\$0	\$0	\$6,000	\$0	\$6,000
6931	Office Furniture/Equipment	\$5,850	\$6,600	\$1,000	\$0	\$0	\$0	\$0	\$0	\$6,850	\$6,600	\$13,450
	For Headquarters Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	1. Computer Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2. Filing Cabinet	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	3. Computer Monitor	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	For Country Office	\$1,450	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,450	\$0	\$1,450
	a. Purchased by Headquarters	\$550	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$550	\$0	\$550
	1. Typewriter	\$350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$350	\$0	\$350
	2. Calculators	\$200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200	\$0	\$200
	b. Purchased by Country Office	\$900	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$900	\$0	\$900
	1. Furniture	\$900	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$900	\$0	\$900
	2. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	For Project Office	\$4,400	\$6,600	\$1,000	\$0	\$0	\$0	\$0	\$0	\$5,400	\$6,600	\$12,000
	a. Purchased by Headquarters	\$1,900	\$6,600	\$0	\$0	\$0	\$0	\$0	\$0	\$1,900	\$6,600	\$8,500
	1. Typewriter	\$450	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$450	\$0	\$450
	2. 12 Calculators (none to exceed \$100)	\$400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$400	\$0	\$400
	3. Air Conditioners (none)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	4. 1 monitor (\$250), computer, printer	\$250	\$2,500	\$0	\$0	\$0	\$0	\$0	\$0	\$250	\$2,500	\$2,750
	5. 1 photocopy machine/parts	\$400	\$2,600	\$0	\$0	\$0	\$0	\$0	\$0	\$400	\$2,600	\$3,000
	6. Mimeograph Machine/Parts	\$400	\$1,500	\$0	\$0	\$0	\$0	\$0	\$0	\$400	\$1,500	\$1,900
	b. Purchased by Country Office	\$2,500	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$3,500	\$0	\$3,500
	1. Desks/Tables/Chairs/Shelves	\$2,000	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$3,000	\$0	\$3,000
	2. 2 File Cabinets (@ \$250 ea)	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500	\$0	\$500
6941	Equipment Repair/Rentals	\$450	\$0	\$990	\$0	\$990	\$0	\$750	\$0	\$3,180	\$0	\$3,180
	Repair/Rent of Hqtrs Office Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Repair/Rent of Country Office Equipment	\$450	\$0	\$240	\$0	\$240	\$0	\$0	\$0	\$930	\$0	\$930
	a. Paid by Headquarters	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Paid by Country Office	\$450	\$0	\$240	\$0	\$240	\$0	\$0	\$0	\$930	\$0	\$930
	Repair/Rent of Project Equipment	\$0	\$0	\$750	\$0	\$750	\$0	\$750	\$0	\$2,250	\$0	\$2,250
	a. Paid by Headquarters	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Paid by Country Office	\$0	\$0	\$750	\$0	\$750	\$0	\$750	\$0	\$2,250	\$0	\$2,250
TOTAL EQUIPMENT/FURNITURE		\$17,550	\$77,600	\$15,990	\$25,000	\$3,990	\$0	\$750	\$0	\$38,280	\$102,600	\$140,880

Country: ETHIOPIA

Donors: USAID + Africare Match

By Africare Fiscal Years (July 1st - June 30th)

Gurage Child Survival/Maternal Health Project

Combined Country Project and Headquarters Budgets

Period: 01 Oct 94 - 30 Sep 97

Page 6 of 6

Date: 07 January 1994

AFRICARE COST CENTER	DESCRIPTION (HEADQUARTERS/FIELD COMBINED)	FY95 (9 mos)		FY96 (12 mos)		FY97 (12 mos)		FY98 (3 mos)		TOTAL - 36 Months		AID/Priv Combined TOTAL
		(a) A.I.D.	(b) Private	(c) A.I.D.	(d) Private	(e) A.I.D.	(f) Private	(g) A.I.D.	(h) Private	(i) A.I.D.	(j) Private	
7011	Project Supplies	\$2,133	\$2,000	\$4,267	\$11,500	\$0	\$15,000	\$0	\$7,500	\$6,400	\$36,000	\$42,400
	a. Purchased by Headquarters Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	1. EPI	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2. Essential Drugs/Oth Clinical Supplies	\$0	in kind	\$0	in kind	\$0	in kind	\$0	in kind	\$0	\$0	\$0
	3. Maternal Health/FP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Purchased by Project Office	\$2,133	\$2,000	\$4,267	\$11,500	\$0	\$15,000	\$0	\$7,500	\$6,400	\$36,000	\$42,400
	1. TBA Kits (\$50 x 200)	\$1,333	\$2,000	\$2,667	\$4,000	\$0	\$0	\$0	\$0	\$4,000	\$6,000	\$10,000
	2. Essential Drugs/Oth Clinical Supplies	\$0	in kind	\$0	in kind	\$0	in kind	\$0	in kind	\$0	\$0	\$0
	3. CHA Boxes (\$20 x 120)	\$800	\$0	\$1,600	\$0	\$0	\$0	\$0	\$0	\$2,400	\$0	\$2,400
	4. Home Gardening Inputs/Troughs	\$0	\$0	\$0	\$7,500	\$0	\$15,000	\$0	\$7,500	\$0	\$30,000	\$30,000
7021	Office Supplies	\$4,180	\$200	\$2,940	\$150	\$2,940	\$100	\$660	\$0	\$10,720	\$450	\$11,170
	For Headquarters Office	\$180	\$0	\$240	\$0	\$240	\$0	\$60	\$0	\$720	\$0	\$720
	a. Office Supplies	\$180	\$0	\$240	\$0	\$240	\$0	\$60	\$0	\$720	\$0	\$720
	b. Computer Software/Technician Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	For Country Office	\$400	\$200	\$300	\$150	\$300	\$100	\$0	\$0	\$1,000	\$450	\$1,450
	a. Purchased by Headquarters	\$200	\$100	\$100	\$50	\$100	\$50	\$0	\$0	\$400	\$200	\$600
	b. Purchased by Country Office	\$200	\$100	\$200	\$100	\$200	\$50	\$0	\$0	\$600	\$250	\$850
	For Project Office	\$3,600	\$0	\$2,400	\$0	\$2,400	\$0	\$600	\$0	\$9,000	\$0	\$9,000
	a. Purchased by Headquarters	\$1,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,800	\$0	\$1,800
	b. Purchased by Project Office	\$1,800	\$0	\$2,400	\$0	\$2,400	\$0	\$600	\$0	\$7,200	\$0	\$7,200
7031	Printing/Duplicating/Photo	\$1,380	\$1,140	\$1,500	\$1,350	\$1,500	\$1,350	\$400	\$350	\$4,780	\$4,190	\$8,970
	Headquarters Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	a. Video/Photo Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Printing/Duplicating	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Country Office Print/Duplicating	\$480	\$240	\$300	\$150	\$300	\$150	\$100	\$50	\$1,180	\$590	\$1,770
	Project Office Printing/Dupl/Photos	\$900	\$900	\$1,200	\$1,200	\$1,200	\$1,200	\$300	\$300	\$3,600	\$3,600	\$7,200
7041	Meeting Refreshments	\$480	\$0	\$600	\$0	\$600	\$0	\$120	\$0	\$1,800	\$0	\$1,800
	a. Country Office	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	b. Project Office	\$480	\$0	\$600	\$0	\$600	\$0	\$120	\$0	\$1,800	\$0	\$1,800
	TOTAL SUPPLIES	\$8,173	\$3,340	\$9,307	\$13,000	\$5,040	\$16,450	\$1,180	\$7,850	\$23,700	\$40,640	\$64,340
7111	Construction	\$0	\$8,000	\$0	\$67,000	\$0	\$27,000	\$0	\$19,000	\$0	\$121,000	\$121,000
	Hlth Post Const (partial costs \$200 x 120)	\$0	\$8,000	\$0	\$8,000	\$0	\$8,000	\$0	\$0	\$0	\$24,000	\$24,000
	Demonstration Latrine Construction	\$0	\$0	\$0	\$3,000	\$0	\$3,000	\$0	\$3,000	\$0	\$9,000	\$9,000
	Wells w/hand pumps (\$4,000 x 12)	\$0	\$0	\$0	\$16,000	\$0	\$16,000	\$0	\$16,000	\$0	\$48,000	\$48,000
	Well w/diesel pump/storage tank (\$40,000)	\$0	\$0	\$0	\$40,000	\$0	\$0	\$0	\$0	\$0	\$40,000	\$40,000
	TOTAL CONSTRUCTION	\$0	\$8,000	\$0	\$67,000	\$0	\$27,000	\$0	\$19,000	\$0	\$121,000	\$121,000
	TOTAL LEVEL II COSTS	\$25,723	\$88,940	\$25,297	\$105,000	\$9,030	\$43,450	\$1,930	\$26,850	\$81,980	\$264,240	\$326,220
	TOTAL DIRECT COSTS	\$256,673	\$119,084	\$300,450	\$138,427	\$204,301	\$67,478	\$58,519	\$34,320	\$819,944	\$359,309	\$1,179,253
	Lev I Indr Costs (USAID 23.91%, Priv 22.82% of Personnel Travel, Other Training and Other Direct)	\$55,220	\$6,879	\$65,789	\$7,628	\$46,689	\$5,483	\$13,530	\$1,705	\$181,229	\$21,695	\$202,924
	Lev II Indr Costs (USAID 11.96%, Priv 22.82% of Equipment, Supplies and Construction)	\$3,076	\$20,296	\$3,026	\$23,961	\$1,080	\$9,915	\$231	\$6,127	\$7,413	\$60,300	\$67,712
	TOTAL INDIRECT COSTS	\$58,297	\$27,175	\$68,815	\$31,589	\$47,769	\$15,399	\$13,761	\$7,832	\$188,642	\$81,994	\$270,636
	TOTAL BUDGET	\$314,970	\$146,259	\$369,265	\$170,016	\$252,071	\$82,877	\$72,280	\$42,152	\$1,008,586	\$441,304	\$1,449,889



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

MAY - 6 1993

Mr. John Woody, CPA
Director of Finance
AFRICARE
AFRICARE House
440 R Street, N.W.
Washington, D.C. 20001

Subject: Negotiated Indirect Cost Rate Agreement

Dear Mr. Woody:

The Overhead and Special Costs and Contract Closeout Branch of the Procurement Support Division within the Office of Procurement is the central organizational component authorized to negotiate indirect cost rates with concerns awarded contracts, grants, or cooperative agreements by the Agency for International Development.

In accordance with discussions between you and Ray Hogan on April 30, 1993, we are transmitting the A.I.D. Negotiated Indirect Cost Rate Agreement for execution by the appropriate official in your organization.

This rate agreement will establish revised provisional indirect rates for the fiscal year ending June 30, 1992 and new provisional indirect cost rates from July 1, 1992 until amended. Pursuant to AIDAR 742.770, these indirect cost rates are automatically incorporated into the awards shown in Part III of this agreement.

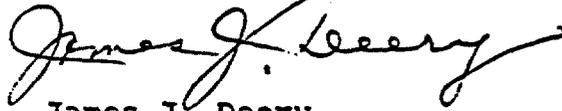
Please execute the original and one copy of the rate agreement for return to me, and retain the other copy for your records.

For contracts, grants, or cooperative agreements which incorporate these rates, take the necessary actions to adjust your invoices for the difference between the billed and the acceptable indirect cost rates in this agreement. However, the negotiated indirect cost rate agreement shall not change any monetary ceiling, obligation, or specific cost allowance or disallowance provided for in each award between the parties.

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Your expeditious return of the signed documents will be appreciated. If you have any questions concerning the contents of this agreement, please contact Ray Hogan on (703) 875-1101.

Sincerely yours,



James J. Deery
Chief, Overhead and Special Costs
and Contract Closeout Branch
Procurement Support Division
Office of Procurement

Enclosure:

A.I.D. Negotiated Indirect Cost Rate Agreement



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

NEGOTIATED INDIRECT COST RATE AGREEMENT

Date: May 5, 1993

SUBJECT: Indirect Cost Rates for Use in Cost Reimbursement Type Agreements
With the Agency for International Development (AID)

REFERENCE: AFRICARE's Indirect Cost Rate Proposals dated March 3, 1993

CONTRACTOR: AFRICARE
or
AFRICARE House
GRANTEE: 440 R Street, N.W.
Washington, D.C. 20001

PART I: NEGOTIATED INDIRECT COST RATES (%)

<u>Type</u>	<u>Effective Period</u>		<u>Level I</u>	<u>Level II</u>
	<u>From</u>	<u>Through</u>	<u>(a)</u>	<u>(b)</u>
Provisional	07-01-91	06-30-92	30.66	15.34
Provisional	07-01-92	Until Amended	23.91	11.96

Base of Application

- (a) Personnel, travel and allowances, training and other direct costs.
- (b) Supplies, equipment and construction costs.

Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its indirect cost rate proposal and that such costs are legal obligations of the grantee/contractor; (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs; (3) that similar types of costs have been accorded consistent treatment; and (4) that the information provided by the grantee/contractor which was used as the basis for acceptance of the rates agreed to herein is not subsequently found to be materially incomplete or inaccurate.

AID-140-147-1-2

(See Reverse)

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