

1' PD-ANN-964
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON DC 20523
15A 98132

AUG 26 1987

TR/01 32
Ms. Beryl Levinger
Assistant Executive Director for Programs
Cooperative for American Relief Everywhere
660 First Avenue
New York, N.Y. 10016

Subject: Cooperative Agreement No. OTR-0532-A-00-7204-00

Dear Ms. Levinger:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby provides to Cooperative for American Relief Everywhere (hereinafter referred to as "CARE" or "Recipient"), the sum of \$1,650,000 to provide support for a program in India and Niger as described in the Schedule and the Program Description of this Cooperative Agreement.

This Cooperative Agreement is effective September 1, 1987 and shall apply to commitments made by the Recipient in furtherance of program objectives during the period beginning with the effective date and ending August 31, 1990. 1991

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

fu

Please sign the original and six copies of this letter to acknowledge your receipt of the Cooperative Agreement, and return the original and five copies to the Office of Procurement.

Sincerely yours,

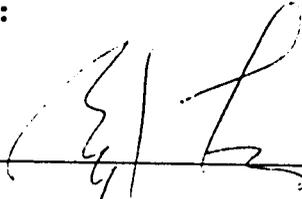
Carolyn R. Eldridge
 Carolyn R. Eldridge
 Grant Officer
 Management Support Branch
 Office of Procurement

Enclosures:

1. Schedule
2. Program Description
3. Standard Provisions
4. Payment Forms

ACKNOWLEDGED:

CARE

BY: 

TYPED NAME: Beryl Levinger

TITLE: Assistant Executive Director

DATE: September 28, 1987

FISCAL DATA

Total Estimated Amount: \$1,650,000
 Total Obligated Amount: \$1,650,000
 PIO/T No.: 7381710 Project No.: 938-0532
 Appropriation: 72-1171021.7
 Budget Plan Code (BPC): EDCA-87-13810-KG11
 Allotment: 747-38-099-00-76-71
 Funding Source: AID/W
 Financial Management Paying Office: M/FM/PAFD
 Grant Administration: OP/W/MS
 Recipient DUNS No.: 001793082
 E.I. Number: CAREX

ENCLOSURE 1

SCHEDULE

A. Purpose of Cooperative Agreement

The purpose of this Cooperative Agreement is to provide support for CARE's program to reduce morbidity and mortality in women of childbearing age and preschool children through Child Survival interventions with an emphasis on ORT and growth monitoring, as more specifically described in Enclosure 2 to this Cooperative Agreement entitled "Program Description." and the Recipient's proposal dated March 19, 1987 which is incorporated herein by reference. In the event of an inconsistency between the Recipient's proposal, the program description, and this schedule; the schedule and then the program description shall take precedence.

B. Period of Cooperative Agreement

1. The effective date of this Cooperative Agreement is September 1, 1987. The expiration date of this Cooperative Agreement is August 31, ~~1990~~. 1991

2. Funds obligated hereunder are available for program expenditures for the period from September 1, 1987 to August 31, ~~1990~~ as shown in D below.

C. Method of Payment and Amount of Cooperative Agreement

1. The total A.I.D. estimated amount of this Cooperative Agreement for the period shown in B.1 above is \$1,650,000.

2. AID hereby obligates the amount of \$1,650,000 for program expenditures during the period set forth in B.2. above and as shown in D below.

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

D. BUDGET

The following is the Budget for this Cooperative Agreement. Revisions to this Budget shall be made in accordance with the Standard Provision of this Cooperative Agreement, entitled "Revision of Budget."

	Budget			
	Total	Cost Sharing		
	From: 9/1/87	Arrangement		
	To: 8/31/91	9/1/87-8/31/91		
		A.I.D. /	CARE	
<u>CARE HQ Management Costs</u>				
Program Costs	\$ 233,684	\$213,684	\$ 20,000	
Procurement	15,274	15,274	-0-	
Overhead	21,042	21,042	-0-	
Subtotal	<u>\$ 270,000</u>	<u>\$250,000</u>	<u>\$ 20,000</u>	
<u>Niger</u>				
Program Costs	\$ 676,196	\$486,049	\$ 190,147	
Procurement	167,285	155,035	12,250	
Overhead	58,916	58,916	-0-	
Subtotal	<u>\$ 902,397</u>	<u>\$700,000</u>	<u>\$ 202,397</u>	
<u>India</u>				
Program Costs	\$ 543,611	\$369,611	\$ 174,000	
Procurement	357,473	271,473	86,000	
Overhead	58,916	58,916	-0-	
Subtotal	<u>\$ 960,000</u>	<u>\$700,000</u>	<u>\$ 260,000</u>	
Total Estimated Cost	\$2,132,397	\$1,650,000	\$ 482,397	

NOTES TO BUDGET:

1. The budget sets forth line items which represent maximum expenditure levels by line item for each country and headquarters. The Recipient may not exceed the amounts set forth under each line item without written authorization for the Grant Officer. The procurement line item contains all equipment, supplies, and consultant services to be acquired.

The Recipient may shift funds within the line items above up to 15% of the line item. Line item adjustments in excess of 15% require written authorization of the Grant Officer. The procurement line item contains all equipment, supplies, and consultant services to be acquired.

3. Cost-Sharing Arrangement: The Recipient has agreed to expend from their non-Federal funds by the end of the life-of-program (LOP) period at a ratio of at least 1 to $\frac{1}{3}$.

The Recipient is required to meet the requirements of the Standard Provision of this Agreement entitled "Cost Sharing/Matching".

The Recipient will not be required to meet its cost sharing requirements on a component by component basis, but rather for the Cooperative Agreement as a whole.

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

3. Procurement: The Recipient will use their own private cost-share funds for all non-U.S. procurement.

E. Substantial Involvement

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

India
Niger

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

The nature and extent of A.I.D.'s substantial involvement with the recipient concerning program activities management is set forth below:

The Recipient will carry out the following activities:

1. Submit a detailed implementation plan for each country program by February 23, 1988 in accordance with FVA/PVC guidelines. Illustrative guidelines will be furnished to you on or about September 30, 1987 by the Project Officer.
2. Submit to FVA/PVC by February 23, 1988 a detailed evaluation plan which will clearly define: (a) the objectives and outputs that each program will be held accountable for, (b) the specific indicators that will be used to measure program success in reaching objectives and outputs; (c) mechanisms for collecting data, i.e. surveys, sentinel systems, etc.; (d) manpower and other resources needed for carrying out monitoring and evaluation activities with a revised budget. The plan should include scheduled reports, internal and external evaluations, etc.

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

4. Special Requirements for CARE/India Project: With respect to the CARE/India program, CARE is required to submit copies of the detailed implementation and evaluation plans directly to USAID/New Delhi for review and approval. USAID/New Delhi must approve all plans and reports and any modifications in the proposed agreement activities.

F. Reporting and Evaluation

1. Annual Report: Fifteen copies of the Annual Report will be submitted to the A.I.D./FVA/PVC Project Officer on October 15th of each year of the program beginning October 15, 1988, which will include a description of inputs, outputs, progress to date, constraints, and highlights from the preceding year. The annual report should include reporting on the standard A.I.D. indicators for ORT, immunization and nutrition interventions which are required for all programs receiving Child Survival Funding.

The Annual Report will also include a country data sheet for each subprogram activity and will be furnished in the standard format prescribed by FVA/PVC for its grant information system. Other current grants or cooperative agreements to the Recipient, such as Operational Program Grants (OPGs), will be noted in the report with an explanation of any relationship of such assistance instruments to this Agreement.

During the life-of-program, program monitoring and information on a country-specific basis will be included in the annual reporting system. Field reports prepared by the Recipient's regional and technical specialists as well as FVA/PVC consultants will also be included in the annual A.I.D. submission.

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

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

b. Favorable developments or events that enable time schedules to be met sooner than anticipated or more work activities to be performed than originally projected.

3. Special Reporting Requirements for CARE/India Project: With respect to the CARE/India program, CARE is required to submit copies of all reports and evaluations as described in sections 1 through 5 above, directly to USAID/Mission in New Delhi, India, as well as to FVA/PVC in Washington.

4. Mid-term Evaluation: A mid-term evaluation ~~conducted by CARE Headquarters will be scheduled~~ around 18 months of program implementation. FVA/PVC may provide an external consultant to participate in this evaluation. The result of this evaluation will be forwarded to FVA/PVC as well as included in the second year annual report. *W. to be conducted by*

5. Final Evaluation: A final independent evaluation in collaboration with A.I.D. will be carried out in the final year of the program to evaluate ~~on~~ program effectiveness and impact. The final evaluation will be submitted to A.I.D. 90 days prior to the expiration date of the agreement with a description of inputs used, outputs achieved and program effectiveness/impact.

6. Final Report: No later than 30 days after the expiration of this Cooperative Agreement period, a final report (last annual report) will be submitted to A.I.D./FVA/PVC and to the Grant Officer (1 copy) whose address appears on the Cooperative Agreement cover letter. The report shall include the following information as well as those items included in Enclosure 5 of this Agreement.:

a. A comparison of actual accomplishments with the goals established for the Cooperative Agreement period.

b. Reasons why established goals were not met; and

c. Other pertinent information including, when appropriate, analysis and explanations of cost overruns, or unusually high expenses.

7. Final Evaluation: A final independent evaluation in collaboration with A.I.D. will be carried out in the last quarter of the final year of the program to evaluate program effectiveness and impact. Based on the final evaluation, a final report will be submitted to A.I.D. within 90 days after the expiration date of the agreement with a description of inputs used, outputs achieved and program effectiveness/impact.

G. Indirect Cost Rates

Pursuant to the Standard Provision of this Cooperative Agreement entitled "Negotiated Indirect Cost Rates-Provisional", a rate shall be established for each of the Recipient's accounting periods which apply to this Cooperative Agreement. Pending the establishment of revised provisional or final indirect cost rates, provisional payments on account of allowable indirect costs shall be made on the basis of the following negotiated provisional rate applied to the base set forth below:

Type of Rate: Overhead
Rate: 9.19%

Base: Total direct cost but excluding value of agricultural commodities, in-kind contributions and ocean freight costs.

Period: July 1, 1986 until amended.

H. Title to Property

Title to all property purchased under this Cooperative Agreement shall be vested in the Recipient and subject to the Standard Provisions entitled "Title to Property - Grantee".

I. Authorized Geographic Codes for Procurement

1. Procurement under this program will follow the general order of precedence as necessary to effectively implement the program. No procurement in Code 935 or of restricted commodities is anticipated under this program.

2. Should any unanticipated Code 935 and/or restricted procurement become necessary, the Recipient should use its own private share of the agreement match for this purpose. Written verification, when this is Recipient's intention, is to be sent to the A.I.D./FVA/PVC Project Officer for concurrence and forwarding to the Grant Officer.

J. Special Provisions

Travel: The standard provision requiring advance notification of the Recipient's travel intentions overseas is waived for this Agreement.

CARE FY 87 CHILD SURVIVAL PROGRAM
Countries: India, Niger

PROGRAM DESCRIPTION

I. Program Goal:

To improve the health status of women of child bearing-age and pre-school children primarily through ORT, EPI and nutrition interventions.

II. Program Objectives: This is a multipurpose program with specifically designed, country-specific objectives:

In India, CARE will work in two rural states (Orissa and Madhya Pradesh) in coordination with the Government of India Integrated Child Development Services (ICDS) to reduce mortality from diarrheal diseases, malnutrition, and vaccine preventable diseases in children under three years of age.

Specific objectives include:

- To reduce mortality from diarrheal disease in children under two.
- To increase the number of children under one with complete immunization coverage.
- To demonstrate adequate comprehension of growth monitoring and its significance to their children in mothers in this project.
- To train all the government trainers and government functionaries involved in the ICDS training program in the target areas.

In Niger, CARE plans to implement a phased program in Mayahi and Tessora districts with the goal of reducing morbidity and mortality among children under five by directing a focussed preventative health program at children and women of reproductive age. The intermediate goal is to improve the capability of MOPH and 50 village health teams in the target districts to plan, monitor, and manage preventative health services, focussing on growth monitoring and ORT. MOH personnel and Village Health Teams (VHTs) in fixed center and villages will regularly monitor growth and provide follow up for children under 5 presented at the health centers and identified in the village. In addition, mothers in the target population will be able to demonstrate knowledge and correct feeding practices for children under five, including preparation of appropriate weaning foods. Mothers will be able to correctly prepare and administer ORT and diarrhea cases brought to fixed centers will be treated with ORT as well. Lastly, the GON and villages with VATs in the project will be able to demonstrate the potential for sustaining the project.

III. Principal Activities:

To accomplish the goal and objectives, CARE will undertake the following principal activities:

In India, the project is primarily educational and aims to augment the effect of CARE-provided food supplements on the survival of children in India. It will emphasize the training of trainers and supervisors in the ICDS program in simple cost-effective strategies for improving child survival.

The centerpiece of this project is a training module that includes baseline survey, core curriculum aimed at trainers and supervisors in the ICDS program, and evaluation. The curriculum includes:

1. The prevention and home management of diarrheal disease.
2. Education in nutrition and health built around growth monitoring and promotion.
3. Enhancement of community awareness of and participation in the Government of India's Universal Immunization Program.

Key to the training module is the training of trainers in the GOI's ICDS Program that will allow for sustainability of the project beyond CARE's involvement. Training will be done by CARE-India's central and state staff: a Senior PHC Advisor and Program Officers experienced in PHC training courses at CARE-India Headquarters; two State Administrators, two Child Survival Training Coordinators and 16 Field Officers at the state level.

Much of the training will be targeted on the ICDS supervisors who provide support and direction to the anganwadi workers (AWWs) because CARE has identified them as a critical element of the ICDS program who often lack the orientation and training necessary to be effective. Training will also be focussed on the trainers in the State ICDS Training Institutions in each state that train the AWWs and the Supervisors. By focussing its efforts on training the ICDS State Trainers and Supervisors, rather than on the much larger number of anganwadi workers, Care plans to maximize its prospects for impact and sustainability. The training and related project activities will be focussed on three basic health interventions described below.

- a) The prevention and management of diarrheal disease.
The project will promote the use of simple, low cost preventive practices, such as hand washing and appropriate food storage and preparation. It will also prepare ICDS workers to provide appropriate training to mothers in the preparation of oral rehydration solutions in the home. The project will provide training in home mix (pinch and scoop) use ORS packets and use of home available solutions.

b) Health and Nutrition Education Related to Growth Monitoring and Promotion

The project will promote growth monitoring as a tool for health and nutrition education. Mothers will be supplied with a home-based growth record which will be used for educational purposes and to help the mother become "an advocate for the growth of her child." The project seeks to teach mothers the appropriate interventions they can employ at home if a child is faltering and the appropriate time to seek further medical help.

The growth monitoring and promotion component has other important implications for the ICDS program. Since regular monitoring of infants and young children will be promoted this will help the ICDS program to focus more on the previously neglected, high risk 0 to 3 age group. Much of the growth monitoring will be home based which will help the program to reach many mothers and young children previously not involved in the program. This intervention is also designed to include adolescent women volunteers called "growth promoters", who will help to relieve the burden on the AWW and to provide more effective outreach in the community.

As part of this component CARE also proposes to provide extensive training on breast feeding, the timing and appropriate weaning food, and Vitamin A supplementation.

c) Increasing Immunization Coverage

CARE seeks to increase the participation of mothers and children in the GOI immunization program by improving public knowledge about immunization and by reducing the number of medical complications (both real and perceived) of the immunization program. CARE will not be directly involved in the actual delivery of immunizations; however, it will assist in the training of government functionaries who administer immunizations to children in the ICDS program. The training will focus on the prevention of immunization complications through the use of suitable sterilization techniques and on techniques for educating mothers and children about immunizations and other health related issues. Training will also be provided in the registration of immunizations on the home-based health record.

In Niger, CARE proposes to implement 2 primary Child Survival interventions: Growth Monitoring and Nutrition Education and ORT as indicated below:

- a) In Growth Monitoring and Nutrition Education CARE proposes to implement a series of activities, which will provide information for the establishment of a workable, sustainable system for nutritional surveillance which can be integrated into the on-going activities of GON health workers. CARE will test the usefulness and practicality of providing monitoring at 2 levels: at fixed centers, and villages.

At the health center level CARE will carry out 3 interrelated activities:

- development of a viable growth monitoring system, including the testing/adaptation of growth monitoring tools and the training of health center staff in these techniques.
- organization of nutrition;on rehabilitation units to treat cases of severe malnutrition
- Design of a coherent nutrition education strategy, with technical assistance form HEALTHCOM

At the village level CARE will carry out an operations research activity to develop and test methods for systematic growth monitoring which will include timely detection of growth faltering in young children and provision of aggregate data for the national nutritional surveillance system. If the results of the operations research are positive, CARE project staff will work closely with th Village Health Teams to complement and reinforce nutrition activities undertaken in the fixed centers.

- b) In ORT, CARE will work closely with the MOPH to reinforce and expand the GON Diarrhea Disease control program in the two target districts. CARE will promote both home solution and packets in accordance with national policy. CARE will carry out a series of activities at the fixed center and village level to improve the supply of packets and to train GON workers and mothers in the management of diarrheal diseases. CARE's strategy includes linking ORT with growth monitoring and appropriate nutritional interventions.

IV. Proposed Evaluation Plan: During the LOP, project monitoring and information on a country-specific basis will be included in the annual reporting system. Field reports prepared by CARE regional and technical specialists as well as FVA/PVC consultants will also be included in the annual A.I.D. submission. A mid-term evaluation will be scheduled by CARE around 18 months of project implementation. An independent A.I.D./CARE evaluation will take place during the final year of the grant.