

AUG 30 1985

AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D.C. 20523

AUG 27 1985

Edward A. Glaeser  
Associate Director  
Helen Keller International, Inc.  
15 West 16th Street  
New York, NY 10011

Subject: PDC-0506-A-00-5096-00

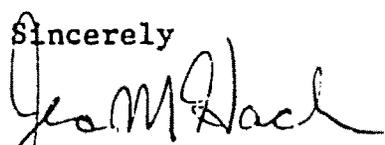
Dear Mr. Glaeser:

Pursuant to the authority of the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "AID" or Grantor") hereby provides to Helen Keller International (hereinafter referred to as "HKI" or "Recipient") the sum of \$1,324,900 in support of HKI's development program as described in the Schedule of this Agreement and in Attachment 2 entitled "Program Description".

This Agreement is effective August 1, 1985. Funds are obligated and shall apply to commitments made by the Recipient in furtherance of program objectives during the estimated period August 1, 1985 through July 31, 1988.

This Agreement is made to HKI on the condition that the funds will be shared on a 25/75 (HKI/AID) basis by the Recipient's funds or "in-kind" contributions (see Section I of the Schedule of the Agreement) and that the agreement will be administered in accordance with the terms and conditions set forth in the Schedule (Attachment 1) and the Standard Provisions (Attachment 3) which have been agreed to by your organization.

Please sign and return the original and six copies of this agreement to acknowledge your receipt of this agreement.

Sincerely  
  
Jean M. Hacken  
Agreement Officer  
Services Operations Division  
Office of Contract Management

Attachments:

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

ORIGINAL

Cooperative Agreement PDC-0506-G-SS-5096-00

ACKNOWLEDGED:

HELEN KELLER INTERNATIONAL

BY *J. H. Costello*

TYPED NAME: JOHN H. COSTELLO

TITLE: Executive Director

DATE: Aug 29, 1985

FISCAL DATA

PIO/T No. : 5384682  
Appropriation Symbol : 72-1151021.8  
Allotment Symbol : 548-38-099-00-76-51  
Budget Plan Code : EDAA 85 13810 CG11  
Amount Obligated : \$1,324,900  
Project Officer : FVA/PVC, Regina Coleman  
DUNS No. : 99 091 1208  
Paying Office : AID/W

FUNDS AVAILABLE  
*o/c #140*  
*NOV 30 1985*  
*R. Hampton*  
Program Acctg. Division  
OFFICE OF FINANCIAL MANAGEMENT

ScheduleA. Purpose

The purpose of this cooperative agreement is to provide support to the recipient's Child Survival program in Indonesia and Bangladesh to reduce child morbidity, mortality and blindness related to Vitamin A deficiency, as more fully described in Attachment 2 to this cooperative agreement, entitled "Program Description".

B. Period of Agreement

The effective date of this cooperative agreement is August 1, 1985. The estimated expiration date of this cooperative agreement is July 31, 1988.

C. Amount of Agreement and Payment

1. The total amount of this cooperative agreement is \$1,324,900.
2. AID hereby obligates the amount of \$1,324,900 for program expenditures as shown in the Financial Plan below.
3. Payment shall be made to the Recipient in accordance with procedures set forth in Attachment 3, Standard Provision No. 7A entitled "Letter of Credit".
4. Documentation required by the payment provision noted above shall be submitted to:

Agency for International Development  
M/FM/PAFD  
Room 623, SA-12  
Washington, D.C. 20523

D. Financial Plan

The following is the financial plan for this cooperative agreement, including local cost financing items, if authorized. Revisions to this Plan shall be made in accordance with the Standard Provision of this agreement entitled "Revision of Financial Plans".

<u>Cost Element</u>	<u>Amount</u>
Program	\$1,611,500
Salaries	435,000
Technical Consultants	45,000
Assessment/Evaluation	75,000
Training	129,000
Travel	40,000
Printing/Distribution	45,000
Equipment/Supplies	75,000
Overhead	99,400
Total	<u>\$2,554,900</u>
AID	\$1,324,900
Recipient	\$1,230,000

E. Reporting and Evaluation

1. Annual Progress Reports

Annual reports will be submitted to AID on August 31, 1986, and August 31, 1987 which will include a description of inputs, outputs, progress to date, constraints, and highlights from the preceding year.

2. Final Evaluation

A final evaluation of the Recipient's program will be conducted in collaboration with AID in the final month of the agreement.

3. Final Report

A final report in 2 copies will be submitted to FVA/PVC, Regina Coleman Room 237, SA-8 Washington, D.C. 20523 within 90 days of the expiration date of this agreement.

The report should include the following information:

- a. A comparison of actual accomplishments with the goals established for the period;
- b. Reasons why established goals were not met; and
- c. Other pertinent information including, when appropriate, analysis and explanation of cost overruns, or unusually high expenses.
- d. One copy of the final report shall be submitted to the Agreement Officer.

e. Prior to the required final performance reporting date, events may occur that have significant impact upon the project. In such instances, the Recipient shall inform the Agreement Officer as soon as the following types of conditions become known:

- (1) 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 project 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.
- (2) Favorable developments or events that enable time schedules to be met sooner than anticipated or more work activities to be performed than originally projected.

F. Substantial Involvement Understanding

The nature and extent of A.I.D.'s substantial involvement with the recipient concerning project 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 December 31, 1985 in accordance with FVA/PVC Guidelines. (See appendix A to Attachment 2, Program Description)
2. Submit to FVA/PVC by December 31, 1985 a detailed evaluation plan which will clearly define the : (a) objectives and outputs that each project 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. Participate in an AID sponsored Child Survival Evaluation/Management Information System Workshop to be held September 9-12, 1985.

The workshop will review state-of-the art evaluation/monitoring techniques particularly for ORT, immunizations and nutrition interventions, and AID evaluation and reporting requirements. The set of recommended indicators for ORT, immunization and nutrition interventions which will be required for all projects receiving Child Survival Funding will be given to recipients.

4. Develop/adopt project-specific Management Information System, responsive to field project, headquarters and AID information needs for tracking project performance. The system should be described in the first year progress report.

G. Special Provisions

1. The following countries are approved for direct in country program support under this grant:

- a. Indonesia
- b. Bangladesh

2. The following Standard Provisions are not applicable to this agreement and are hereby deleted:

- a. 5A - Negotiated Overhead Rates-Predetermined
- b. 7B - Payment-Periodic Advance
- c. 7C - Payment - Reimbursement
- d. 10B - Procurement of Goods and Services Over \$250,000
- e. 13B - Title to and Care of Property (U.S. Government Title)
- f. 13C- Title to and Care of Property (Cooperating Country Title)

H. Overhead Rate

Pursuant to the Standard Provision of this agreement entitled "Negotiated Overhead Rates - Nonprofit Organizations Other Than Educational Institutions" the following overhead rate is established:

<u>Rate</u>	<u>Base</u>	<u>Period</u>
8.2%	Total Direct Costs	8/1/1985 until amended

## I. Cost Sharing Provisions

1. For each year (or funding period) under this agreement, the Recipient agrees to expend from non-Federal funds, an amount at least equal to 25% of total expenditures under this agreement.
2. Eligibility of non-Federal funds applied to satisfy cost sharing/matching requirements under this agreement are set forth in paragraph (b) of the Standard Provision of this agreement entitled "Allowable Costs and Contributions".
3. Individual expenditures do not have to be shared or matched provided that the total expenditures incurred during the year (or funding period) are shared or matched in accordance with the agreed percentage set forth in Paragraph 1., above.
4. If at the end of any year (or funding period) hereunder, the recipient has expended an amount of non-Federal funds less than the agreed percentage of total expenditures, as set forth in Paragraph 1., above, the difference may be applied to reduce the amount of AID funding the following year (or funding period), or, if this agreement has expired or terminated, the difference shall be refunded to AID.
5. Extended failure to meet the cost sharing/matching requirement set forth in Paragraph 1., above, shall be considered sufficient reason for termination of this agreement for cause in accordance with the Standard Provision of this agreement entitled "Termination", Paragraph (a).
6. The restrictions on the use of AID funds provided hereunder set forth in the Standard Provisions of this agreement are applicable to expenditures incurred with AID funds provided under this agreement. Except for paragraph (b) of the Standard Provision of this agreement entitled "Allowable Costs and Contributions", the Standard Provisions are not applicable to expenditures incurred with funds provided from non-Federal sources. The recipient will account for the AID funds in accordance with the Standard Provision of this agreement entitled "Accounting, Audit, and Records".

7. Notwithstanding paragraph (c) of the Standard Provision of this agreement entitled "Refunds", the parties agree that in the event of any disallowance of expenditures from AID funds provided hereunder, the Recipient may substitute expenditures made with funds provided from non-Federal sources provided they are otherwise eligible in accordance with Paragraph 2 of this provision. At the expiration or termination of this agreement, amounts of disallowances of expenditures from AID funds provided hereunder for which substitution with eligible expenditures from non-Federal sources cannot be made will be refunded to AID.

J. Title to Property

Title to property procured under this agreement will vest in the Recipient in accordance with Standard Provision 13A of this agreement.

K. Closeout Procedures

This section prescribes uniform closeout procedures for this agreement.

1. The following definitions shall apply for the purpose of this section:
  - a. Closeout. The closeout of a grant or agreement is the process by which AID determines that all applicable administrative actions and all required work of the grant or agreement have been completed by the recipient and AID.
  - b. Date of Completion. The date of completion is the date on which and work under grants and agreements is completed or the date on the award document, or any supplement or amendment thereto, on which AID sponsorship ends.
  - c. Disallowed Costs. Disallowed costs are those charges to a grant or agreement that AID or its representative determines to be unallowable in accordance with the applicable Federal cost principles or other conditions contained in the grant or agreement.

2. AID closeout procedures include the following requirements:
  - a. Upon request, AID shall make prompt payments to a recipient for allowable reimbursable costs under the grant or agreement being closed out.
  - b. The recipient shall immediately refund any balance or unobligated (unencumbered) cash that AID has advanced or paid and that is not authorized to be retained by the recipient for use in other grants or agreements.
  - c. AID shall obtain from the recipient within 90 calendar days after the agreement all financial, performance, and other reports required as a condition of the grant or agreement. AID may grant extensions when requested by the recipient.
  - d. The recipient shall account for any property acquired with AID funds or received from the Government in accordance with Attachment N of OMB Circular A-110 entitled "Property Management Standards".
  - e. In the event a final audit has not been performed prior to the closeout of the grant or agreement, AID shall retain the right to recover an appropriate amount after fully considering the recommendations on questioned costs resulting from the final audit.

## PROGRAM DESCRIPTION

II. PROPOSED PROGRAMA. Objective

Initiate and support activities in two developing countries which measurably reduce child morbidity, mortality and blindness related to vitamin A deficiency.

B. Strategy

Concentrate initially on two countries--Indonesia and Bangladesh--where HKI has considerable programmatic experience and effective relationships with host governments. Key to the program strategy will be initiating target interventions which will reach significant numbers of children at a low per capita cost and which can be potentially linked directly or indirectly to other child survival strategies such as ORT or immunization and which have the potential of being replicated by other institutions and governments.

HKI has already demonstrated in numerous countries the ability to train existing primary care workers in preventing eye disease, including xerophthalmia. The same workers, who serve as the principal implementors of the G.O.B.I. program, already do, or can relatively easily in the future, provide vitamin A. The existing G.O.B.I. efforts share the thematic goals of the proposed vitamin A supplementation--the improvement of child survival prospects. HKI is in an excellent position to merge vitamin A efforts at the primary care level with existing child survival strategies.

Specifically, interventions will focus on improving the coverage and effectiveness of existing and expanded capsule distribution; use of alternative delivery methods (i.e., liquids vs. capsule, capsules vs. fortification) determining linkage to other child survival strategies such as ORT and immunization; training of health workers to recognize and treat vitamin A deficiency; public education to promote breastfeeding and the production and consumption of vitamin A-rich foods; fortification with vitamin A of foodstuffs, where appropriate; and educating decision makers as well as other development institutions about the

significance of vitamin A deficiency and the application of appropriate technology for its alleviation.

Also integral to HKI's programmatic strategy is the design and implementation of efforts which can be effectively measured from a number of reference points particularly: measuring program effectiveness and project cost-effectiveness and reconfirming and quantifying the linkage and impact of vitamin A on mortality among children ages 1 - 5.

The reconfirmation of the mortality decline found in Indonesia will be accomplished with funds provided separately from those to be made available by FVA/PVC. The activities and funds discussed in the proposal are part of a wider strategy that includes other vitamin A related studies in Bangladesh, Zambia and the Philippines. In this overall strategy, in addition to employing its own existing technical talents and long experience, HKI intends to maintain its close and collaborative relationship with ICEPO of Johns Hopkins University and with the Johns Hopkins Institute for International Health Programs. Further, HKI's strategy will call for creative collaboration with institutions such as Management Sciences for Health (MSH) to explore the potential use of social marketing and alternative systems for logistics and distribution.

All in all, HKI's strategy is to initiate vitamin A supplementation programs which reach significant numbers of children at risk and to do so at low cost.

### C. Organization

HKI is structured to facilitate achievement of institutional objectives, including the priority objectives of this proposal. Its structure facilitates project planning, development, implementation, technical support, management and evaluation, and closely integrates headquarters services and field operations.

HKI Country Directors are responsible for all project implementation, day-to-day management, as well as in-country representational responsibilities. HKI headquarters is responsible for project planning and development, technical and management support, evaluation,

financial management and the dissemination of information. HKI's recent reorganization creates three Divisions reporting to the Associate Director for Programming. The structure and functions of each division are depicted in the organizational chart, see Appendix II.

Project reviews are conducted quarterly, chaired by HKI's Associate Director and attended by appropriate project operations and technical services personnel. Each year, the third-quarter review is held with the appropriate project director in attendance.

In brief, HKI personnel currently available who will play a role in the implementation of child survival activities are listed in Appendix III. As indicated earlier, this staff will be supplemented by the addition of a single person who will be the focal point of HKI headquarters support of its child survival program.

#### Headquarters Support

The implementation of FVA/PVC supported child survival activities in Bangladesh and Indonesia and for other non-VC funded activities directly related to HKI's global vitamin A child survival strategy (which, as indicated earlier, will include activity in Zambia, the Philippines, etc.) will require focused management backstopping attention. The previous section of this document, on Organization, describes HKI's headquarters structure, staff and management process that will be involved in managing child survival resources. For the purpose of insuring optimum development of HKI's child survival initiative, the staff will be augmented by the addition of a nutritionist/epidemiologist with field experience in Asia and a solid public health background. This individual will play a key role in the design, execution, monitoring, evaluation and dissemination of the results of HKI's child survival initiative.

HKI also plans to set up a management information and evaluation system at headquarters dedicated to the continual assessment and analysis of program data. A computer, compatible with equipment HKI and its counterparts in Indonesia and colleague organizations, ICEPO and the Institute of Health at Johns Hopkins, are now using, will facilitate project monitoring, impact analysis

and will be key to a full evaluation of project activity.

HKI headquarters' support funds will also be used to retain outside consultants who are key to various aspects of program implementation in Bangladesh and Indonesia as well as, in the third year of the grant, a full evaluation of project impact.

Finally, a portion of AID funds will be used to ensure that publications and educational materials reporting the results of the child survival programs are produced and distributed to organizations -- PVOs and governments -- already implementing or in a position to implement child survival activities including vitamin A strategies.

#### D. Work Plan

Major tasks to be accomplished in the next three years are described in the country-specific sections of this proposal. A time line chart, Appendix IV, provides a consolidated schedule for the completion of all activities.

### III. MONITORING AND EVALUATION

Because one of the proposed program's objectives is to further establish and quantify the link between vitamin A deficiency and childhood mortality, impact analysis, monitoring and evaluation are integral to all activities of this grant.

HKI, using its own resources as described in the earlier section on Headquarters, and in collaboration with ICEPO and IIP of Johns Hopkins University will supervise and implement a series of monitoring and evaluative activities. HKI will call upon other than AID sponsored resources--Manoff, MSH, USDA--as the need arises to assist in setting up its management information and evaluation system and meet any special reporting requirements for the child survival programs.

The evaluation will be process oriented and involve project monitoring. In accordance with the logical framework matrix (see Appendix V) and full scale operational plans to be devised for each country, HKI will measure identified outputs, particularly the numbers and percentage of children in target populations receiving vitamin A and the intervals of vitamin A administration. Equally important will be an assessment of obstacles to distribution and nutrition education as well as other constraints to programmatic implementation. These factors will be critical to further expansion and replication of the program initiatives. An ongoing analysis of the training of health workers, their retention of knowledge, etc., as well as measurement of the types and numbers trained will be conducted.

Cost effectiveness of existing and potential vitamin A delivery systems is central to our evaluation. HKI plans an analysis of the effectiveness of current and potential delivery systems in targeting populations most at risk and in achieving broad coverage. In many cases children most at risk are not currently receiving capsules or any other form of vitamin A.

This evaluation will enable HKI to recalibrate existing systems to improve their coverage, efficiency and impact. Also, HKI will evaluate alternative means of vitamin A supplementation (capsule vs. multidose liquid dispenser).

We expect to make further studies to explore and evaluate other long-term solutions to vitamin A deficiency: nutrition education and fortification of commonly consumed foods with vitamin A.

The recipient will submit a detailed field implementation plan for each country project by December 31, 1985 in accordance with AID guidance. Each plan should respond to the following:

(1) WHERE is the project located?

Attach a map diagraming the area to receive services; label villages or population centers; indicate your project headquarters; show where your health workers will be located; indicate location, number, and type of health service units (public or private) in area; indicate for each population center the average travel time to obtain immunizations/other health care.

(2) WHO will receive services?

(A) What is estimated population in your project area? How many families have children under 5 years? How many babies are born each year?

(B) If your project includes provision or promotion of immunizations, what is the target group for immunization? If pregnant females are included, will all females of child-bearing ages be immunized?

(C) What steps will be taken to inform and motivate the target population?

(D) Will any high-risk children be identified? if so, how? What steps will be taken to reach high-risk groups?

(E) Will any special steps be taken to reach "drop outs"?

(F) How will you identify vulnerable groups who are not reached by your services? What steps will be taken to reach such groups?

(3) WHAT do you need to carry out your health interventions?

(A) Does the project promote ORS home mix/packets/tablets? If home mix, are there shortages of sugar or salt in your project area? What will you recommend as liquid containers? If packets are promoted, what is your estimate of the numbers of children in your target group who will have a diarrhea episode each year and number of packets to be used for each episode? How will your project obtain packets and how distribute?

(B) If your project includes provision or promotion of immunizations, what vaccines, no. of doses, type of administration, ages and intervals for immunizations? From where will vaccines be obtained? What are the cold chain requirements and how will they be met?

(C) Does your suggested project deviate from the national immunization program? if so, how?

(4) HOW will interventions take place?

(A) If your project includes promotion or provision of immunizations, are immunizations given in special clinics or are services integrated? If special sessions, what is the frequency, and number of vaccinations planned per session?

(B) What categories of staff will arrange vaccination sessions? administer vaccine? be responsible for supplies including vaccine? supervise activities?

(C) How will records be kept? by parents or service provider?

(D) Who will give ORT instruction to mothers? Is ORT instruction given at home or in special clinics? If in the home, what is the frequency of visits for each health worker? How many mothers can a health worker see in one day? If special sessions, what is the frequency of sessions and how are mothers identified for attendance?

(E) What will be your general ORT advice to mothers? How will you verify mother's understanding of ORT advice? use of ORT?

(F) Describe staff training component in ORT, including manuals and educational materials to be used in training of local health workers or lay community groups.

(5) HOW will the project relate to the community and to others?

(A) What role will the community or groups within the community have in your project? When will community members take part?

(B) Are alternative sources for immunizations and maternal and child health care available in the area? from government? from other PVOs? if so, how will the programs relate to one another?

(C) How will project activities be coordinated with host country local health programming in EPI, MCH, and diarrhea disease control?

(D) Estimate number of active health workers in project area by type and total (include public, private and all levels). Will any of these people take part in your project?

(6) WHAT might be the needs for this project in the future?

(A) What initial and continuing training of staff is required?

(B) What is the estimated average recurrent cost per person of service? (Roughly calculate as annual operating costs divided by number of persons in designated target population.)

(C) How will recurrent cost be met after project funding ends?

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