

LIMITED SCOPE GRANT PROJECT AGREEMENT

OFFICIAL PROJECT DOCUMENT

Between the United States of America, acting through the Agency for International Development (AID)

and

The Kingdom of Swaziland (Grantee)

1. Project Title COMBATTING CHILDHOOD COMMUNICABLE DISEASES IN SWAZILAND
2. AID Project Number 698-0421.45

The above named parties hereby mutually agree to carry out the Project described in this Agreement in accordance with (1) the terms of this Agreement, including any annexes attached hereto, and (2) any general agreement between the two governments regarding economic and technical cooperation.

3. Amount of AID Grant \$703,000
4. Grantee Contribution to the Project \$285,200

5. Project Assistance Completion Date: April 30, 1988

6. This Agreement consists of this title page, Annex A, including Attachment 1 to Annex A, and Annex B.

7. FOR THE GRANTEE

Typed Name: V.E. Sikhondze
Signature:

[Handwritten signature of V.E. Sikhondze]

Title: Principal Secretary, Dept. of Economic Planning and Statistics

8. FOR THE U.S. GOVERNMENT

Typed Name: Robert Huesmann
Signature:

[Handwritten signature of Robert Huesmann]

Title: Director, USAID/Swaziland

Typed Name: Henry Malaza
Signature:

[Handwritten signature of Henry Malaza]

Title: Acting Principal Secretary, Ministry of Health

Date: June 28, 1984

Funds Available:

Approp.: 72-1141021.8, BPC: GDAA-84-31045-CG12
Ref: STATE 016615, 092879, and 111495

[Handwritten signature]
Controller, USAID/Swaziland

GRANT PROJECT AGREEMENT

Annex A

PROJECT DESCRIPTION

- | <u>1. Project Title</u> | <u>2. AID Project Number</u> |
|---|------------------------------|
| COMBATTING CHILDHOOD COMMUNICABLE DISEASES IN SWAZILAND | 698-0421.45 |

3. This Project, which is further described in Annex A, Attachment 1, will reduce the level of infant and childhood mortality in Swaziland by expanding and upgrading immunization, oral rehydration and malaria services. The project is part of a larger AID Africa Regional Project entitled Combatting Childhood Communicable Diseases (CCCD) which will fund bilateral projects in twelve African countries, one of which is Swaziland, and sponsor African-wide regional activities to control communicable diseases in most of the countries of sub-saharan Africa.

This Bilateral Agreement will cover local training, commodities (e.g. vaccine supplies, cold chain equipment, vehicles, chloroquine, supplies for health education, a computer and related software, oral rehydration salts, office supplies), information system development, vehicle and equipment maintenance costs and funds to conduct operational problem solving studies. This Bilateral Agreement will focus on five major program areas to include: (1) support for the Expanded Program on Immunization (EPI); (2) assistance in implementing diarrheal control activities; (3) assistance in implementing malaria control activities; (4) support for health education activities; and (5) assistance in the development of a health information and surveillance system.

Additional services will be provided under the Regional Project and will be financed by AID/Washington through the Centers for Disease Control (CDC). Support under the Regional Project will include training, management development and the services of a technical officer, health educator, medical epidemiologist and a computer specialist. Short term consultative services will also be provided by appropriate technical experts upon request.

The specific activities and expected cost of the Project as described in Annex A, Attachment 1, may be changed by written agreement of the authorized representatives of the two Parties designated under Section 4.C.(1) hereof without formal amendment of this agreement provided the revisions are in accord with the basic description of the project as defined in this Section 3.

4. Special Provisions

A. Financing (AID)

To assist the Grantee to meet the costs of carrying out the Bilateral Project, AID, pursuant to the Foreign Assistance Act of 1961, as amended, agrees to grant the Grantee under the terms of this Agreement not to exceed Seven Hundred and Three Thousand United States ("U.S.") Dollars (\$703,000) ("Grant").

The Grant may be used to finance foreign exchange costs and local currency costs, as defined in Project Implementation Letters for goods and services required for the Project.

B. Grantee Resources for the Project

(1) The Grantee agrees to provide or cause to be provided for the project all funds, in addition to the Grant, and all other resources required to carry out the Project effectively and in a timely manner.

(2) USAID's contributions to the costs of the project will be phased down from \$428,700 (in United States dollars) in the first year of the Project to \$138,600 in the second year, \$89,000 in the third year and \$46,700 in the fourth year. The Grantee's contribution to the overall Bilateral Agreement costs will be gradually increased over the four year period from \$19,300 in the first year of the Project to \$54,000 in the second year, \$100,000 in the third year and \$111,900 in the fourth year. The Grantee will assume full responsibility for all costs at the end of the project, ensuring continuation of field activities.

C. Conditions Precedent to Disbursement

(1) First USAID Disbursement

Prior to the first disbursement under the Grant, or to the issuance by AID of documentation pursuant to which disbursements will be made, the Grantee and the Parties may otherwise agree in writing, in form and substance satisfactory to AID: (1) a statement of the name of the person representing the Grantee for purposes of the Grant and of any additional representatives, together with a specimen signature of each party as specified in such statement.

(2) Additional Disbursement

Prior to any disbursement or the issuance of any commitment documents under the Grant to finance activities under the Project for any Project year after the first Project year, the Grantee will submit, except as AID may otherwise agree in writing, a report setting forth the amount of Grantee funds provided to the Project during the then-current Project year and the amount budgeted for the succeeding Project year.

(3) Notification

When AID has determined that the conditions precedent specified in Section 4.C.(1) and (2) have been met, it will promptly notify the Grantee.

(4) Terminal Dates for Condition Precedent

If the condition specified in Section 4.C.(1) has not been met within 90 (ninety) days from the date of this Agreement, or such later date as AID may agree to in writing, AID at its option may terminate this Agreement by written notice to the Grantee.

D. Special Covenants

(1) Project Evaluation

The Parties agree to evaluate the Project annually. AID will contribute up to a total of \$50,000 from Regional Project funds for this purpose. Except as the Parties otherwise agree in writing, the evaluation will include the following:

- a) Evaluation of progress towards attainment of the objectives of the project;
- b) Identification of problems affecting the accomplishment of objectives and recommendations for their amelioration;
- c) Analysis of Project costs and recommendations for more efficient Project operations.

The annual CCCD evaluations will be conducted by teams composed of members selected in consultation with CDC, AID and the Government. These evaluations will also assess progress toward achieving objectives and activities stated in the annual CCCD workplan. The workplan will be updated on a yearly basis and will reflect the recommendations made in the evaluations.

(2) Personnel

a) The Grantee shall assign all personnel required to implement the Project within 90 (ninety) days after the date of this Agreement.

b) The Grantee will ensure that all personnel in regular Government of Swaziland (GOS) positions within the program areas of EPI, Diarrheal Diseases, Malaria, Health Education and Information Systems remain staffed during the course of this Project Agreement and will provide sufficient staff time to carry out the Project. A GOS official will be designated to coordinate CCCD project activities. The Grantee will identify contact persons within the units of EPI, Diarrheal Disease, Health Education, Maternal and Child Health, Malaria and Health Planning to ensure coordination of CCCD services.

(3) The Grantee covenants that:

a) All vehicles to be purchased under this agreement will be licensed and registered to the Swaziland Ministry of Health and maintained by the GOS following normal procedures.

b) Office space will be provided by the Ministry of Health for the CCCD Technical Advisor and the administrative assistant at the Mbabane Public Health Unit.

c) The Ministry of Health will select appropriate candidates for training under the Bilateral and Regional Agreements on a timely basis.

d) All vehicles purchased under the Bilateral Agreement and assigned to the Ministry of Health will be used only for CCCD Project activities unless USAID and the Grantee otherwise agree in writing. One vehicle will be reserved for the exclusive use of the CCCD Technical Officer, the Administrative Assistant and CCCD short-term consultants.

(4) The Grantee agrees to use its best efforts to conclude an Agreement with the United Kingdom Overseas Development Administration to provide for all long-term training as described in Annex A, Attachment 1, paragraphs VII.A.1. and VII.F.1.

ANNEX A, ATTACHMENT 1

DETAILED PROJECT DESCRIPTION

I. Background

To successfully implement these and other health programs, the Ministry of Health and CDC intend to work through the existing health infrastructure, which is relatively well-developed and appears adequate to support the proposed activities. No new facilities or personnel will be required, but training of personnel and improvement of health delivery systems will be needed to increase the efficiency of the current system and to extend its services to a larger proportion of the population of Swaziland.

II. Goal, Purposes and Sub-Purposes of the CCCD Project

A. Goal

To reduce mortality and morbidity in children less than five years old resulting from communicable diseases and diarrhea.

B. Purposes

1. To reduce by 50% morbidity and mortality due to measles and poliomyelitis in areas providing immunizations.
2. To reduce by 50% mortality due to diarrhea (proportional to the target population).

C. Sub-Purpose

To increase immunization coverage of the eligible population to 60% for Polio and DPT and 50% for measles; and to provide access to oral rehydration therapy for 80% of the target population.

III. Project Description

This four-year project is intended to strengthen the ability of the MOH to deliver routine health services to a substantial proportion of its childhood population. Vaccine-preventable diseases, diarrhea, and malaria will be the problems specifically addressed. Vaccination against tuberculosis will be given to children at birth; vaccinations against diphtheria, pertussis, measles, tetanus and polio will be given to children 3-24 months of age; and tetanus toxoid will be given to women during pregnancy. Cold-chain equipment, certain vaccines, vaccination cards and needles and syringes will be supplied to health facilities in both urban and rural areas. Oral rehydration salts (ORS) will be the method used to prevent

mortality from diarrhea. ORS will be supplied to health facilities and to Rural Health Motivators. Chloroquine will be the method to treat children with fever and to provide malaria prophylaxis of individuals residing in the zones at risk. To implement and support these project purposes, the following activities are planned:

--- Training: Approximately 400 health personnel will receive varying degrees of technical training. Regionally financed activities will include short term training of national program directors in senior level management; medical officers, nurse tutors, health educators and program supervisors in mid-level management; cold chain technicians in maintenance of EPI equipment and computer technicians in health information system management. Bilaterally financed activities will include training of public health nurses, district supervisory personnel and others. This training will be the most important activity undertaken to strengthen the health delivery system.

--- Training Materials: Training materials will be developed, adapted and produced to insure maximum support and effectiveness for CCCD activities.

--- Health Education: Health education/promotion activities will include the use of mass media, printed materials and community specific activities.

--- Health Information System: The health information systems will be strengthened to improve the collection, tabulation and analysis of operational and surveillance data. Emphasis will be on rapid identification of project diseases and on the use of surveillance data for program planning and evaluation.

--- Operational Research: Operational research will be conducted to develop better methods of control and prevention of CCCD diseases.

An annual program evaluation will be carried out and will include: analyses of progress indicators, such as persons trained and vaccinations performed, and outcome indicators, such as reductions in morbidity and mortality and cost effectiveness.

The specific schedule for training will be presented in a CCCD Workplan to be prepared annually. Training schedules will depend on the availability of candidates, training sites and course offerings. It is expected that the majority of CCCD regional and national training will be performed during the first two years of the project.

Procurement responsibilities will be shared among personnel in the GOS and USAID and the CCCD Technical Officer. Primary responsibility for selecting the specific types of commodities to be purchased under the USAID funded portion of the Bilateral Agreement will rest with the GOS and the CCCD Technical Officer within the limitations noted in this Annex A, Attachment 1. The procurement of these commodities will be the responsibility of the CCCD Technical Officer with the assistance of USAID, utilizing procedures to be agreed to between the parties.

The following personnel support will be funded by the CCCD Regional Project:

--- 12 person-months of short-term consultants to assist in applied research training, health education, information system and evaluation activities.

--- Facilitators for both in-country training courses and CCCD-sponsored courses in other countries. Swazis will participate in both.

--- A resident technical officer for 48 person-months, to serve as counterpart to the MOH official designated to coordinate project activities. These 48 person-months will be divided between Lesotho and Swaziland, with approximately 66% of the time in Lesotho and 33% in Swaziland. The technical officer will carry out the following activities:

- Assist the MOH in training personnel who are responsible for the integrated delivery of EPI, malaria and diarrhea control services.

- Assist the organization and implementation of CCCD related national and local project evaluations.

- Assist the MOH in developing and maintaining a more sensitive and more timely health surveillance and monitoring system.

- Assume responsibility for timely, appropriate and proper utilization of commodity support.

- Assist the MOH to devise, implement, evaluate and modify program objectives.

- Collaborate with USAID officials responsible for other mission-supported health projects to assure coordination, rather than duplication or competition.

- Provide administrative and logistical support to regionally funded CCCD activities, e.g., operational research projects and health information system activities.
- Serve as facilitator for both national and regional training courses.
- A resident hire administrative assistant for 48 person-months, supervised by the resident technical officer, to assist the technical officer and the MOH in implementing all phases of the project.
- A regional medical epidemiologist for various short-term consultancies during the 48 months of the project.

IV. Financial Plan

A. USAID Bilateral Inputs

Commodities (vehicles, motorbikes, cold-chain equipment, office equipment, communication equipment) \$260,000

Local costs (local training, problem-solving, health education, gasoline, repair/maintenance of vehicles) \$443,000

Total USAID Input \$703,000

B. GOS Inputs

Contribution from regular MOH budget directed exclusively to the implementation of CCCD Project:

Oral Rehydration Salts	\$ 83,000
Vaccination Supplies	59,300
Chloroquine	36,000
Gasoline, Repairs and Maintenance	62,000
Other	44,900

Total GOS Input \$285,200

TOTAL PROJECT INPUTS \$988,200

C. DETAILED SUMMARY OF THE
GOVERNMENT OF SWAZILAND'S ANNUAL BILATERAL INPUTS
 (U.S. \$)

Vaccination Supplies	11,300	14,000	16,000	18,000	59,300
Gasoline, Repairs, Maintenance	--	19,000	21,000	22,000	62,000
Oral Rehydration Salts	--	--	39,000	44,000	83,000
Chloroquine	--	11,000	12,000	13,000	36,000
Other	8,000	10,000	12,000	14,900	44,900
TOTAL GOS INPUTS	19,300	54,000	100,000	111,900	<u>285,200</u>

D. DETAILED SUMMARY OF USAID'S ANNUAL BILATERAL INPUTS (U.S. \$)

	1984	1985	1986	1987	LOP
Local Training	50,000	50,000	50,000	--	150,000
Vaccination Supplies	15,500	4,000	4,500	5,000	29,000
Cold-Chain Equipment	18,000	16,000	--	--	34,000
Chloroquine	10,000	--	--	--	10,000
Vehicles	147,000	--	--	--	147,000
Gasoline/Maintenance	18,000	--	--	--	18,000
Other Equipment	15,000	--	--	--	15,000
Health Education	10,000	10,000	--	--	20,000
AED Mass Media	40,000	--	--	--	40,000
Health Info. Systems	20,000	--	--	20,000	40,000
Operational Research	20,000	20,000	5,000	5,000	50,000
Other	15,500	6,500	7,500	9,500	39,000
Contingency	49,700	32,100	22,000	7,200	111,000
TOTAL USAID INPUTS	428,700	138,600	89,000	46,700	<u>703,000</u>

E. Modification of Financial Plan

The above financial plan represents the estimated budget requirements for each of the various inputs. While the total funds available to the project from the Parties cannot be exceeded, the funds within the budget may be reallocated between components within the Bilateral Budget upon mutual agreement between representatives designated under Section 4.C.(1) of the Agreement through the issuance of Project Implementation Letters, provided that the reallocation is in accord with the basic objectives and plan of the Project, as defined in Section 3 of Annex A.

V. Evaluation

The Parties will evaluate the Project annually unless otherwise stated in writing. These evaluations will be conducted by teams composed of members from CCCD, USAID and GOS. Routine annual evaluations will be conducted after the first and third years of the Project.

The first evaluation will :

--- Review progress toward the establishment of baseline data recording current vaccine coverage and current treatment of diarrhea.

--- Examine the efficacy of the supply system, especially regarding medication, vaccines and rehydration needs.

--- Analyze the disease reporting system in place in Swaziland relative to CCCD target diseases.

--- Identify problems impeding accomplishment of objectives and make recommendations for their amelioration.

--- Analyze project costs and make recommendations for more efficient project operations.

--- Evaluate extent of institutionalization of the program within the MOH.

--- Review provision of required inputs by all parties.

The mid-term in-depth evaluation to be conducted at the end of year two of the Project will focus on:

--- Statistical evaluation of the impact of the project on morbidity and mortality from target diseases;

--- Analysis of a statistical random sample of vaccine coverage rates in areas of project activity;

--- Evaluation of any special research projects undertaken by the Project;

--- Evaluation of project training activities to determine whether or not training given is properly designed and utilized to further the attainment of Project goals;

--- Evaluation by random sample of practices in the use of ORT in health centers and in the home.

The in-depth evaluation will utilize the baseline data generated in project year 1 to assess changes in morbidity and mortality of target diseases and changes in the treatment practices. The evaluation team will submit its final report to CDC, USAID/Swaziland and the MOH and will make recommendations for the amelioration of problems discovered. These recommendations will provide the basis for the evaluation at the end of year 3 of the Project.

The year 3 evaluation will review the recommendations made by the in-depth evaluation the previous year and will assess the progress made toward implementation of these recommendations. The final Project evaluation will evaluate all data generated by the Project and will essentially repeat the methodology of the mid-term evaluation as regards composition and content. A final report will be submitted to CDC, USAID/Swaziland and the MOH.

VI. Financial Methods

The methods of financing to be used under this Project will be specified in detail in Project Implementation Letter No. 1.

VII. Illustrative Description of Project Inputs

This Project Agreement will cover both bilateral and regional operating costs during the life of the Project. The Project inputs will illustratively include the following:

A. Training support to assist the Government of Swaziland in completing the decentralization process to include:

1. Long-term training of 2 nurses. Anticipated funding source--United Kingdom Overseas Development Administration

2. Short-term training of 12 national nurse supervisors in planning and management related to CCCD activities. Funding source--Regional (\$12,000)

3. Short-term training of 8 district nurses in mid-level planning and management of CCCD related activities. Funding source--Regional (\$8,000)

4. Support for district reorientation workshops for Rural Health Motivators, health assistants, traditional healers, chiefs, mid-level health workers and statistical clerks. Funding source--Bilateral (\$150,000)

B. Support for the Swaziland EPI in carrying out activities in fixed centers and outreach clinics to include:

1. Short-term training of 2 assistant national coordinators in planning and management related to CCCD activities. Funding source--Regional (\$2,000)

2. Short-term training of 2 cold-chain repair technicians. Funding source--Regional (\$2,000)

3. Consultant services of regional medical epidemiologist in improving EPI surveillance activities and assisting in EPI related operational research. Funding source--Regional (\$10,000)

4. Commodity support to include:

a. Vaccination supplies such as generators, needles/syringes, sterilizing equipment and vaccines. Funding source--Bilateral (\$29,000), GOS (\$59,300)

b. Cold-chain equipment such as refrigerators, freezers, cold boxes and vaccine carriers. Funding source--Bilateral (\$34,000)

c. Vehicles (5) and spare parts. Funding source--Bilateral (\$75,000). One vehicle will be assigned to the national program supervisor and four vehicles will be assigned to district nurse trainer/supervisors.

d. Gasoline, maintenance and repair of vehicles. Funding source--Bilateral (\$10,000), GOS (\$30,000)

C. Support for diarrheal control activities to include:

1. Short-term training of 2 assistant national Control of Diarrheal Diseases (CDD) coordinators in planning and management of CCCD related activities. Funding source--Regional (\$2,000)
2. Consultant services of regional medical epidemiologist in improving CDD surveillance and promoting the use of oral rehydration. Funding source--Regional (\$15,000)
3. Vehicle (1) and spare parts. This vehicle will be assigned to the National Program Supervisor. Funding source--Bilateral (\$15,000)
4. Gasoline, maintenance and repair of vehicles. Funding source--Bilateral (\$2,000), GOS (\$6,000)
5. Oral rehydration salts. Funding source--GOS (\$83,000)

D. Support for malaria control activities to include:

1. Short-term training of 2 assistant national coordinators in planning and management related to CCCD activities. Funding source--Regional (\$2,000)
2. Short-term training of 8 malaria assistant supervisors in mid-level planning and management related to CCCD activities. Funding source--Regional (\$8,000)
3. Consultant services of regional medical epidemiologist to assist in malaria activities. Funding source--Regional (\$10,000)
4. Vehicle (1) and spare parts. This vehicle will be assigned to the national program coordinator. Funding source--Bilateral (\$15,000)
5. Motorbikes (8) and spare parts. Funding source--Bilateral (\$8,000). Motorbikes will be used for district supervision.
6. Gasoline, maintenance and spare parts for one vehicle and motorbikes. Funding source--Bilateral (\$10,000), GOS (\$10,000)
7. Chloroquine tablets. Funding source--Bilateral (\$36,000), GOS (\$36,000)

E. Support for health education activities to include:

1. Short-term training of 2 assistant managers and 4 district health educators in mid-level planning and management related to CCCD activities. Funding source--Regional (\$6,000)
2. Consultant services of a video-recording technician to train a national technician from the Swaziland Institute of Health Sciences. Funding source--Regional (\$5,000)
3. Support for development of training curriculum for Rural Health Motivators. Funding source--Bilateral (\$5,000)
4. Support for printing, training and workshop materials. Funding source--Bilateral (\$15,000)
5. Support to conduct mass media (Mass Media for Health Practices Project) campaigns for ORS and for EPI services. Funding source--Bilateral (\$40,000)
6. Vehicle (1) van type and spare parts. This vehicle to be assigned to national program coordinator and used to transport materials/personnel to district/local training sites. Funding source--Bilateral (\$15,000)
7. Motorbikes (4) and spare parts. Funding source--Bilateral (\$4,000). Motorbikes will be used by district health educators.
8. Video equipment for Raliegth Fitkin and Good Shepard training schools, film developing equipment for the Health Education Unit and typewriter for the Pbulic Health Unit. Funding source--Bilateral (\$8,000)
9. Gasoline, maintenance and spare parts for vehicle and motorbikes. Funding source--Bilateral (\$2,000), GOS (\$9,400)

F. Support for the health information system to include:

1. Long-term training of a national statistician in computer science. Anticipated funding source--United Kingdom Overseas Development Administration
2. Consultant services of long-term regional medical epidemiologist in improving health information and nutrition surveillance. Funding source--Regional (\$15,000)

3. Computer hardware. Funding source--Bilateral (\$7,000)

4. Support for establishing national baseline data and evaluating CCCD impact on target diseases. Funding source--Bilateral (\$40,000)

G. Support for Operational Research in developing better methods of control and prevention of CCCD target diseases. Funding source--Bilateral (\$50,000)

H. Consultant services of a long-term regional medical epidemiologist in carrying out Operational Research. Funding source--Regional (\$25,000)

I. Support for other and miscellaneous, including printing, office supplies and distribution. This category is intended to support EPI, CDD, malaria, health education and health information activities. Funding source--Bilateral (\$39,000), GOS (\$44,900)

J. Consultation services of a long-term (four years) Technical Officer located in Lesotho at an approximate ratio of 33% Swaziland, 66% Lesotho. Funding source--Regional (\$150,000)

K. Support for annual CCCD Project evaluation. Funding source--Regional (\$50,000)

L. Support for other technical consultive services. Funding source--Regional (\$25,000)

M. Services of a long-term (four-years) Administrative Assistant based in Swaziland. Funding source--Regional (\$72,000)

N. Vehicle (1) and spare parts. This vehicle will be assigned to the CCCD Technical Officer and Administrative Assistant. Funding source--Bilateral (\$15,000)

O. Gasoline, maintenance and spare parts for vehicle assigned to the CCCD Technical Officer and Administrative Assistant. Funding source--Bilateral (\$2,000), GOS (\$6,000)

P. Contingency. Funding source--Bilateral (\$111,000)

Note: Short-term training under Regional funding consists of two-week workshops.