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UNITED STATES OF AMERICA  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
Dhaka, Bangladesh

September 29, 1989

Dr. Martin W. Bloem  
Country Director  
Helen Keller International  
House 40A, Road 14A  
Dhanmondi, R/A, Dhaka  
Bangladesh

Subject: Grant No. 388-0083-G-SS-9127-00

Dear Dr. Bloem:

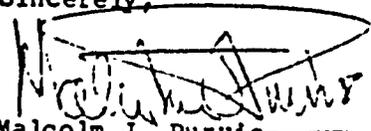
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby grants to Helen Keller International (hereinafter referred to as "HKI" or "Grantee"), the sum of \$2,000,000 (Two million dollars) to provide support for a program in child health/nutritional surveillance for blindness prevention and disaster preparedness, as described in the Schedule and the Program Description of this Grant.

This Grant is effective and obligation is made as of September 29, 1989, and shall apply to commitments made by the Recipient in furtherance of program objectives during the period beginning with the effective date and ending September 28, 1993.

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

Please sign the original and two copies of this letter to acknowledge your receipt of the Grant, and return the original and one copy to my office.

Sincerely,



Malcolm J. Purvis  
Mission Director (Acting)  
USAID/Dhaka

**Attachments:**

1. Schedule
2. Program Description
3. Standard Provisions

**ACKNOWLEDGED:**



**BY:** Dr. Martin W. Bloem M.D.  
Country Director  
**TITLE:** Helen Keller International  
PO Box 6066 Gulshan Dhaka  
Bangladesh

**DATE:** 10/1/89

**FISCAL DATA**

PIO/T No. : 388-0083-3-90107  
Appropriation : 72-1191021  
Budget Plan Code : QDHA-89-27388-JG13  
Project No. : 388-0083  
Total Estimated Amount: \$2,000,000  
Total Obligated Amount: \$2,000,000

Financial Management Paying Office: Controller, USAID/Dhaka  
Project Office: Office of Population  
and Health  
USAID/Dhaka  
Grant Administration Office: Michael F. Walsh,  
USAID/Dhaka

DUNS No.

**Best Available Document**

ATTACHMENT 1

SCHEDULE

A. Purpose of Grant

The purpose of this Grant is to provide support for a health/nutrition surveillance project for blindness prevention and disaster preparedness, as more specifically described in Attachments 2 to this Grant entitled "Program Description."

B. Period of Grant

1. The effective date of this Grant is September 29, 1989. The expiration date of this Grant is September 28, 1993. The Grant may be extended an additional year if approved by USAID and funds are available.

2. Funds obligated hereunder are available for program expenditures for the estimated period from September 29, 1989 to September 28, 1993 as shown in Item D, "Financial Plan," below.

C. Method of Payment and Amount of Grant

1. The total estimated amount of this Grant for the period shown in B.1 above is \$2,000,000 (Two Million Dollars).

2. AID hereby obligates the amount of \$2,000,000 (Two million dollars) 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 Grantee in accordance with procedures set forth in Attachment 4, Optional Standard Provision No. 2., entitled "Payment - Periodic Advance."

4. The Grantee and subgrantees shall maintain advances of funds from A.I.D. in interest bearing accounts and shall remit to A.I.D., at least quarterly, the interest earned on such advances. Interest amounts up to \$100 per year may be retained by the Grantee and subgrantees for administrative expenses.

**Best Available Document**

D. Financial Plan

The following is the Financial Plan for this Grant. Revisions to this Plan shall be made in accordance with the Standard Provision of this Grant, entitled "Revision of Grant Budget." The Grantee may shift funds among line items, except for item 8, entitled "Overhead," which requires prior approval of the Grant Officer.

Cost Element	<u>1st yr.</u>	<u>2nd yr.</u>	<u>3rd yr.</u>	<u>4th yr.</u>	<u>Total</u>
1. Personnel	163,220	174,610	186,871	199,974	724,675
2. Equipment	73,500	16,000	17,000	19,500	126,000
3. Proj. Asst./Eval.	40,000	20,000	20,000	50,000	130,000
4. Travel/Transp.	65,500	19,000	23,500	24,000	132,000
5. Sub-Grants (NGOs)	90,000	90,000	90,000	90,000	360,000
6. Publ./Workshops	32,200	14,500	16,500	19,000	82,200
7. Other Direct Costs	16,000	17,500	19,000	20,625	73,125
8. Overhead	<u>90,000</u>	<u>92,500</u>	<u>94,000</u>	<u>95,500</u>	<u>372,000</u>
Total \$	\$570,420	\$444,110	\$466,871	\$518,599	\$2,000,000

E. Reporting and Evaluation

1. Reporting Requirements

A. Child health/nutrition data will be collected, analyzed and reports prepared every two months (or as mutually agreed upon) and simultaneously submitted to UNICEF and USAID/Dhaka. UNICEF will be responsible for prompt dissemination of these reports to the BDG, other UN organizations, donors and NGOs.

B. During times of disaster, USAID may request the Grantee to collect data and prepare reports at more frequent intervals with distribution through the same channels.

C. An annual report will be submitted to the USAID Project Officer summarizing activities and findings over the previous twelve months. The Report will also identify any significant implementation problems experienced or anticipated and will include a discussion on their resolution. The annual reports will be due by September 30th of each year.

D. An audited financial report will be submitted annually to the USAID Grant Officer with copies to the Project Officer and Controller.

## 2. Evaluations

A. After the initial 18 months of project activities, HKI Headquarters will collaborate with the International Center for Epidemiology and Preventive Ophthalmology (ICEPO) of John Hopkins University in supervising and implementing an external evaluation. The evaluation will assess whether data is in place and progress is being made towards developing and maintaining an adequate surveillance system. The assessment will also look at progress made towards institutionalization and financial sustainability of the project within IPHN. Benchmarks or other indicators/ measurements of progress should be established early in the project for use in evaluating progress and success.

B. A final evaluation is also schedule for the last year of the project. It will also be conducted in collaboration with ICEPO.

C. Financial audits will also be conducted of HKI in Bangladesh and/or the subgrantees, as required by USAID or HKI.

## F. Special Provisions

Standard Provisions are included in this Grant as Attachment 3. The Standard Provisions are divided into "mandatory" and "optional" categories.

The following optional Standard Provisions are inapplicable to this Grant:

- Payment - Letter of Credit
- Payment - Cost Reimbursement
- Patent Rights
- Negotiated Indirect Cost Rates - Predetermined
- Voluntary Population Planning
- Care of Laboratory Animals
- Title to and Care of Property (U.S. Government Title)
- Title to and Care of Property (Cooperating Country Title)
- Cost Sharing (Matching)

G. Overhead Rate

Pursuant to the provisions of the clause of the Standard Provisions of this Grant entitled "Negotiated Overhead Rate - Provisional," a rate will be established for each of the Grantee's accounting periods during the term of the Grant. Pending establishment of final overhead rates, provisional payments will be made on allowable negotiated provisional rates applied to the base indicated below:

<u>Type</u>	<u>Effective Period</u>	<u>Overhead Rate</u>
Provisional	7/1/88 Until Amended	17.8%

The base of application of this overhead rate is total direct costs. The Grantee shall make no change in its established method of classifying or allocating indirect costs without the prior written approval of the Grant Officer.

Changes in the indirect rate will be incorporated into the Grant through formal amendment. Reimbursement for indirect costs shall be at final negotiated rates, but not in excess of 24% of total direct costs.

H. Title to Property

Title to property financed under this Agreement will vest in the Grantee pursuant to the Standard Provision entitled "Title to and Care of Property, Grantee Title."

I. Authorized Geographic Code

The authorized AID geographic code for procurement of goods and services under this Agreement is AID Code 941 and Bangladesh, with the following exceptions:

1. Right-hand drive, light duty vehicles of 11,000 lbs. gross weight rating or less, and motorcycles of 125cc or less, may be procured from Free-World countries (Code 935). The Grantee shall notify the Project Officer promptly of vehicles procured from 935 countries, stating their number, type, source and origin.

J. Cost Principles

The cost principles applicable to this Agreement are those in OMB Circular A-122, entitled, "Cost Principles for Non-Profit Organizations."

**ATTACHMENT 2**  
**Program Description**

**CHILD HEALTH/NUTRITIONAL SURVEILLANCE  
FOR DISASTER PREPAREDNESS  
AND BLINDNESS PREVENTION**

## TABLE OF CONTENTS

I. Identification information	2
II. Background	3
A. History of the problem	
B. Previous actions taken	
C. Organizational Capacity	
III. Goal and Objectives	6
IV. Implementation plan	6
V. Activity plan	12
VI. Monitoring and Evaluation	13

### I. IDENTIFICATION INFORMATION

- A. Title: Child Health/Nutritional Surveillance for  
Disaster Preparedness and Blindness Prevention
- B. Responsible Person : Martin W. Bloem, MD, PhD  
Country Director,  
Bangladesh  
Helen Keller International
- C. Project Duration : 4 years
- D. Implementation Agency : Helen Keller International
- E. Cooperating Agencies : UNICEF  
IPHN  
NGOs (various to be determined)

## II. BACKGROUND

### A. History of the problem

Bangladesh, bounded on three sides by India, covers an area of only 55,598 square miles but has an estimated population of approximately 110,000,000. It is the third most populous country of the Region, with about 85% of the population living in rural areas. The country is predominantly flat, alluvial delta laced with numerous rivers and tributaries of the Himalayan drainage system. During the seven month monsoon season, these rivers overflow in lowland areas, seriously limiting agricultural output. The country is afflicted by both frequent flooding and droughts and, in coastal areas, by cyclones and tidal waves.

In 1987, Bangladesh was attacked by one of the worst and longest floods in her history, which covered 36 percent of the country and caused widespread damage which had been only partially repaired by mid-1988. However, in 1988, there was again a flood which was even more severe and affected 61 districts out of 64 and covered 84 percent of the national territory and directly affected 45 million people.

Previous studies and experience have identified particular areas of Bangladesh as highly prone to recurrent floods, cyclones, and other disasters.

The general health situation in Bangladesh is very poor; the morbidity and mortality, especially among children and mothers are extremely high. Children from landless families form the most vulnerable groups. Under 5 mortality is estimated at over 19% (UNICEF, 1987).

The frequent floods, droughts, cyclones, etc which afflict Bangladesh invariably cause a deterioration in the already poor health status of its people, particularly women and children, through exposure to contaminated water, crowding and poor sanitary conditions, and, above all, through decreased access to food due to crop and employment losses.

The nutritional status of young children is one of the most sensitive indicators of sudden changes in food supply and health conditions. It is also a forerunner of changes in child mortality. The monitoring of nutritional and related indicators among young children in disaster-prone communities is thus a vital tool in disaster preparedness and disaster relief.

## B. Previous actions taken

The lack of health/nutrition information proved a serious hindrance in the early stages of 1988 flood relief effort. To meet this widely perceived need UNICEF, with the assistance of USAID, the CDC and ICDDR/B, set up a temporary Post-Flood Monitoring System of Child Nutrition Status. They based their analysis on data collected by NGOs which had nutritional monitoring activities. The analyses were used as a tool for advocacy both for disaster assistance of children at high risk of acute malnutrition and by food aid donors to target limited food aid resources to areas of greatest need.

Both UNICEF and the consultant recently brought in by USAID to examine issues related to nutrition and nutritional indicators, Dr. Phillip Nieburg, have stressed the fact that this sentinel surveillance of nutritional status of children in disaster-prone areas must continue in order to establish a baseline for future analyses and permit a more rapid detection and response to negative impacts of disaster than was previously possible. Dr. Nieburg, in his trip report, comments that the UNICEF/NGO model has performed well in the Bangladesh context and should be replicated, but with more standardization of methodology.

The data collection procedures as hastily set up during the 1988 emergency were not similar among the different NGOs involved. A centralized data processing apparatus and standardization of the procedure of data collection, analysis, and reporting is essential.

UNICEF is unable to assume the implementing role for a long-term project, although it has expressed willingness to continue to assist in the dissemination of surveillance findings and advocacy for identified vulnerable groups. There is at present no BDG entity with the capacity to rapidly and accurately implement such a system; long-term efforts to strengthen the nutritional surveillance capacity of appropriate BDG institutions are part of UNICEF and WHO's country programs. HKI, an NGO with a clear nutrition mandate, is proposing to serve as the coordinating agency for a health/nutrition surveillance project based on the UNICEF/NGO model, and requests USAID funds for this purpose.

### C. Organizational Capacity

Helen Keller International (HKI) has been working in the nutritional field since 1978 at the request of the Government of Bangladesh and UNICEF. HKI originally came to Bangladesh to help the Bangladesh Programme for the Prevention of Blindness (BPPB) to develop reporting systems for the vitamin A capsules distribution and to access its effectiveness. It then helped the BPPB/Institute of Public Health Nutrition (IPHN) and the Government of Bangladesh to undertake the Bangladesh Nutritional Blindness Study (BNBS) 1982-83 and analyze the results. HKI now provides technical support to IPHN and NGOs in nutritional blindness prevention and VAC distribution activities.

The HKI/Bangladesh Country Director, Dr. Martin Bloem, is experienced Ph.D nutritionist with prior experience in LDC nutrition research. HKI's core staff includes a deputy director and senior program administrator, 3 project coordinators, a full time accountant and 13 support staff.

In addition, HKI proposes to hire the following project staff to work exclusively on this project: an expatriate nutritional epidemiologist, who will serve as project coordinator for this project; 1 statistician (local or expatriate), and local staff: financial administrator, trainers, field monitors, computer data entry and analysis clerks, etc.

HKI has a long history with AID and is registered with AID/W as an international PVO. One of its 3 current project in Bangladesh is AID-funded, and includes subgrants to NGOs. HKI/Bangladesh has, over the years, received and successfully managed grants from the USAID/Dhaka Mission, making grants from AID/W Bureau of Food and Volunteer Agencies, grants from the AID/W Bureau of Asia and the Near East regional nutritional project, and grants from AID/W Bureau of Science and Technology (Offices of Health and Nutrition).

HKI/Bangladesh is thoroughly familiar with AID accounting and reporting requirements.

III. GOAL and OBJECTIVES :

The overall goal is:

To minimize the incidence of nutritional blindness, protein-energy malnutrition, morbidity and mortality among Bangladeshi children by establishing the institutional capacity to produce, analyze and use child health/nutrition data.

The specific objectives of this project are to:

- 1) Establish baseline health/nutrition indicators and seasonal trends among children under 5 in populations at high risk of floods and other disasters, thus identifying those most vulnerable to the effects of a disasters, and giving a base against which changes can be assessed;
- 2) Identify high-risk under 5 populations and geographic pockets of undernutrition before, during and after recurrent disasters, as well as shifting patterns of risk, in order to facilitate the relief response by adjusting policies and prompt intervention by donors/GOB/NGOs;
- 3) Provide an on-going database which can be used for evaluation of development and disaster programs' effectiveness and efficiency in meeting program objectives;
- 4) Develop standardized methods, criteria, policies, and procedures for child health /nutrition monitoring in Bangladesh;
- 5) Through the involvement and training of counterparts at the BDG Institute of Public Health Nutrition (IPHN), to gradually develop within the government the capacity to design, conduct and analyze such surveillance.

IV. IMPLEMENTATION PLAN

During the 1988 floods UNICEF coordinated data collection with NGOs working in flood affected area of Bangladesh. In a similar manner HKI will be the central coordinating organization for this project with NGOs already operating in the target areas responsible for collection of field data.

Since time is critical in early warning and intervention programs, it is essential to initiate requests, generate information, and to administer interventions at as low an administrative levels as possible.

There are many NGOs registered with the Department of Social Services which collect nutritional and health data from their project sites. Many of these NGOs, which cover almost all Bangladesh, have agreed to work with UNICEF/HKI/IPHN to provide nutrition information for this surveillance-project for disaster preparedness.

Furthermore, the Bangladesh government has encouraged the NGOs to expand their participation in all areas of the government's health and family planning programs and the post-flood monitoring of child nutrition status by UNICEF was a good example of this participation and cooperation.

Data will be obtained through these existing channels. Priority areas will be identified using past surveys of patterns of disaster in Bangladesh. Meeting will be held with interested NGOs and a mapping exercise conducted to identify which agencies operate in the high risk areas. An initial group of NGOs will be selected for participation based on: a) geographical location, b) willingness to participate and c) prior experience with the UNICEF surveillance. In year one the number of participating NGOs will be six or less, with preference given to those who previously participated in the UNICEF surveillance. Gradual expansion to include up a maximum of 10 NGOs will occur in years 2 through 4. Expansion will be gradual to ensure that HKI can manage the coordination involved and that all NGOs are adequately trained and monitored.

HKI/Bangladesh will hire a fulltime nutritional epidemiologist (international), statistician (local or international), and other local staff (computer personnel, nutritionist/trainer, support staff) to implement the project under the overall direction of the HKI/B Country Director.

HKI will also supply and train additional field-workers for NGOs, with emphasis on careful measurements and standardization of data-collection procedures, and provide small cash grants to NGOs to cover additional costs associated with collection and reporting of this data. In implementing this project HKI will draw upon its established procedures for administering subgrants to NGOs in Bangladesh. A subgrant to an NGO is provided through a letter of agreement covering one year that clearly states the goals of the grant, the activities to take place under the grant, and the budget. Payment under the subgrants will consist of reimbursements of actual expenditures upon submission of claims and supporting documentation.

Nine NGOs, previously involved in the effort coordinated by UNICEF, have already indicated willingness to participate in this project; the project budgets for a gradual expansion up to a maximum of 10 participating NGOs. All participating NGOs are registered with the BDG in accordance with BDG procedures. HKI will follow customary BDG project approval processes upon receipt of a grant from USAID.

HKI, in collaboration with the participating NGOs and UNICEF, will establish sentinel surveillance sites within areas which have been identified as highly prone to natural disaster. A mapping exercise will be conducted to ensure that the highest risk areas are adequately covered. NGOs already working in or near each selected sentinel site will conduct regular surveillance through repeated cross-sectional surveys of 300-500 randomly selected children ages 6 - 59 months per surveillance site.

Children's weight and height will be measured every two months under normal conditions, and more frequently during and after natural disasters. In addition to the anthropometric measures, the following data will be collected on each visit: point prevalence of diarrhea, point prevalence of night blindness, local food (rice or other staple) prices; other early distress indicators (sale of assets, migration etc). HKI will provide additional staff and training to the NGOs, and HKI staff will make regular field visits to observe data collection and identify any additional training needs or methodological problems.

Report Format and Questionnaires:

HKI will design a standardized questionnaire in close cooperation with UNICEF, the IPHN and the participating NGOs. These questionnaires will include:

- a. Anthropometry: Weight and height, which will be analyzed to yield the wt/ht by WHO standard. Of the possible nutritional status indicators weight-for-height is the most useful for representing current food shortages and has the advantage of being age-independent. Weight-for-age or height-for-age are too dependent on past chronic food shortages. In addition, it is very difficult to obtain accurate ages in Bangladesh.
  - b. Vitamin A deficiency: point prevalence of night blindness, and receipt of Vitamin A Capsule. Night blindness is a very sensitive indicator of Vitamin A deficiency, which has serious implications for health and nutritional status. Children with night blindness are at high risk of nutritional blindness; recent studies have also indicated that children with even mild vitamin A deficiency have a 4-12 times higher mortality than children without this deficiency.
  - c. Diarrheal disease: point prevalence of diarrhea. Diarrheal disease is of obvious importance as a leading cause of death among children under 5 in Bangladesh, and a problem which greatly increases during disasters which increase the contamination of water supplies. In addition there is a close relationship between diarrheal disease, Vitamin A deficiency and protein-energy malnutrition.
  - d. Food price data: There is an association between nutritional status and wage/price ratios.
  - e. Stress indicators: sales of household assets and Remigration.
- Field worker training provided by HKI nutritionists will emphasize the importance of careful anthropometric measurements and accurate recording as well as interviewing techniques and a standardized data collection procedure. HKI staff will make frequent field visits to observe NGO data collection in the field and identifying further training needs in methodological problems.

To maintain standards and ensure comparability between the data of different NGOs, an efficient liaison between the central unit at HKI and NGOs must be established.

The data transit is a very important process, especially from those areas where communication is poor. HKI, UNICEF, IPHN, and the NGOs will determine the channels through which data will go to provide a steady flow of valid and reliable data.

#### Data Processing:

Data will be submitted by the NGOs to the HKI Dhaka office for processing and analysis. Particular attention will be given to development of systems for rapid collection and transfer of data to Dhaka during disaster periods. Data analysis will be done to produce frequency distributions for each variable. Weight for height will be grouped to yield the percentages of mild, moderate and severe malnutrition. In addition, mean weight for heights will be calculated. Comparison will be made between geographic areas and over time.

#### Data output will include:

- (a) description of current conditions,
- (b) identification of trends,
- (c) identification of changes, and
- (d) elucidation of underlying causes of situation, and appropriate recommendations.

HKI will involve counterparts from the IPHN in the processing and analysis of the data in order to strengthen the nutritional surveillance capacity of that BDG institution

#### Reporting and Dissemination:

Reports will be prepared every two months under normal circumstances. During times of disaster reports will be prepared more frequently. HKI will submit the completed reports to UNICEF. At the time of submission of the report to UNICEF, a preliminary copy will also be submitted to USAID/Dhaka. UNICEF has agreed to be responsible for prompt dissemination of these reports to the BDG, other UN organizations, donors, and NGOs.

Dissemination will be done through UNICEF, rather than directly by HKI, because UNICEF's multilateral status, close connection with UN agencies (eg, WFP, FAO) and mandate for child survival advocacy render it the most effective agency to perform this function. UNICEF is also better placed to follow up with any needed dialogue with the BDG in regard to the targeting of relief efforts.

**Project Sustainability:**

HKI and UNICEF will work closely with the Institute for Public Health and Nutrition (IPHN) during all phases of this project. An objective of this project is to develop sufficient interest and technical expertise within IPHN so that responsibility for the activity could be assumed by the IPHN upon completion of the project period.

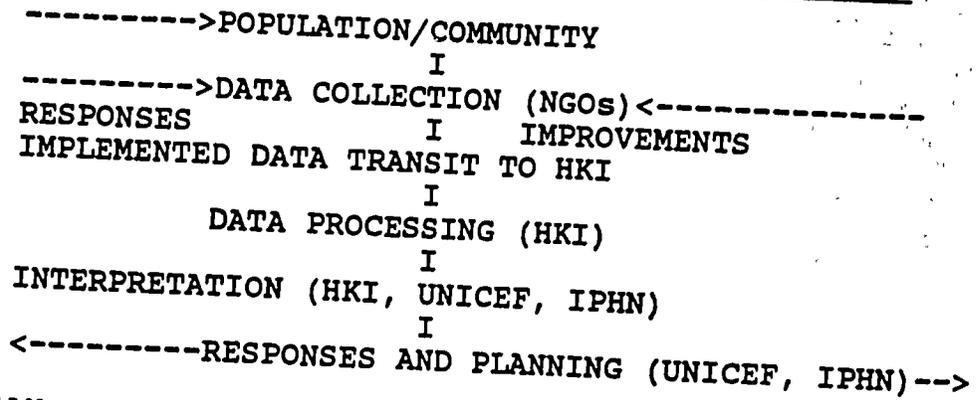
Upon completion of the project period, the responsibility for coordination of NGO data collection, data processing and analysis will be transferred from HKI to IPHN. HKI will work with IPHN and NGOs to identify the cost for maintaining the data collection and analysis activities upon the conclusion of the Grant. HKI will also work with IPHN and UNICEF to develop a plan for transferring long-term funding support for the surveillance project to the BDG or other domestic sources.

**Staffing:**

The project will be coordinated by the HKI Country Director and the proposal includes provision for the hiring of additional international technical staff including a nutritional epidemiologist and statistician. Additional Bangladeshi staff would include nutritionists/trainers/field monitors, computer technicians, financial administrator and clerical staff. Subgrant administration and financial reporting will follow established procedures.

A schematic outline of the functioning of the surveillance system is given below. This scheme shows the flow of information from the population to the decision-making levels. It also indicates the passage of this information in the form of recommendations for action to the government and international agencies that must implement them.

Figure 1. Schematic outline of the surveillance system



V. ACTIVITY PLAN

A general workplan for a four-year project is provided below. The schedule of major activities to be accomplished during the first project year is shown on the following page. The project activities may be extended for an additional year if approved by USAID and funds are available.

GENERAL FOUR YEAR PROJECT PLAN

	HALF YEAR							
	1	2	1	2	1	2	1	2
Recruitment staff DIP development	x	x						
Training		x	x					
Surveillance			x	x	x	x	x	x
Annual & Final Report				x		x		x

FIRST YEAR ACTIVITY PLAN

	PROJECT MONTH											
	1	2	3	4	5	6	7	8	9	10	11	12
Recruitment Staff	x	-----		x								
development DIP with NGOs UNICEF, IPHN	x	-----		x								
Finalize NGOs subgrants					x	---	x					
Finalize report format questionnaires					x	---	x					
Training Fieldworkers						x	-----	x				
Data-collection									x	-----	x	
Analysis, evaluation reports every other month etc.												x

VI. MONITORING AND EVALUATION

HKI will utilize its established procedures for project monitoring and subgrants. Technical and financial reviews will be based upon the letters of agreement between HKI and the NGOs. HKI project staff will make regular field visits to the NGOs to observe data collection in the field and will scrutinize NGO data upon submission for completeness and consistency. NGO subgrants will require annual renewal. Prior to such renewal, HKI project staff will assess the NGO's performance over the previous year, including quality of data collection, timeliness of report submission, and financial accountability. Subgrants will be renewed only if performance in these areas has been satisfactory. HKI Headquarters in collaboration with Johns Hopkins University will supervise and implement external evaluations in the project's third and fourth years. Provision is also made in the budget for financial audits of either HKI/B and/or the participating NGOs. Audits may be initiated at the request of HKI or USAID. In addition, funds from this line items may be used to hire a local accountant to assist NGOs in strengthening their accounting systems.

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add  
C = Change  
D = Delete

Amendment Number  
New

DOCUMENT CODE  
3

COUNTRY/ENTITY: Bangladesh

3. PROJECT NUMBER: 388-0083

4. BUREAU/OFFICE: USAID/Dhaka

5. PROJECT TITLE: Health/Nutrition Surveillance (Disaster)

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM DD YY 09 30 94

7. ESTIMATED DATE OF OBLIGATION (Under "B." below, enter 1, 2, 3, or 4):  
A. Initial FY 89 B. Quarter 4 C. Final FY 89

8. COSTS (\$000 OR EQUIVALENT \$1 = )

A. FUNDING SOURCE	FIRST FY 89			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	( 2000 )	( )	( 2000 )	( 2000 )	( )	( 2000 )
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
2.						
Host Country						
Other Donor(s)						
<b>TOTALS</b>	2000		2000	2000		2000

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) PH	900	920	0	-	-	2000	-	2000	-
(2)									
(3)									
(4)									
<b>TOTALS</b>				-	-	2000	-	2000	-

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 940 540 300

11. SECONDARY PURPOSE CODE: 580 419 394

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	TECH	PVQU	R/H	NUTR	PVON
B. Amount					

13. PROJECT PURPOSE (maximum 480 characters):  
To establish the institutional capacity to produce analyze and use child health/nutrition data to guide policy formation and targeting of relief efforts.

14. SCHEDULED EVALUATIONS: Interim MM YY 03 91 MM YY 09 92 Final MM YY 09 94

15. SOURCE/ORIGIN OF GOODS AND SERVICES:  000  941  Local  Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a \_\_\_\_\_ page PP Amendment)

17. APPROVED BY: Signature of Malcolm J. rPurvis, Acting Mission Director. Date Signed: 09 29 89

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY 09 29 89

Signature of George Jenkins, Controller. Date: 9/29/89

Yellow copy

UNITED STATES OF AMERICA  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
Dhaka, Bangladesh

September 26, 1989

MEMORANDUM TO THE ACTING MISSION DIRECTOR

FROM: Gary Cook, OPH 

SUBJ: Authorization of Health/Nutritional Surveillance for  
Disaster Preparedness Project (388-0083)

Issue:

You are requested to authorize the subject project pursuant to Handbook 3, Chapter 4. Helen Keller International has submitted a proposal to develop and coordinate a national health/nutritional surveillance system for disaster preparedness. The proposal is for a 5-year project and USAID is requested to provide \$2 million over the life of the project.

Background:

Bangladesh is located in the delta of three great rivers, the Ganga, the Megna and the Bramaputra. The riverine environment brings with it the annual threat of floods. In 1988 Bangladesh experienced floods which covered as much as two thirds of the nation and affected as much as half the population. Bangladesh likewise lies at the northern end of the Bay of Bengal and is subject to frequent cyclones arising out of the Indian Ocean. Although not as frequent a threat, Bangladesh has suffered through severe droughts, the most recent in 1974.

Despite the constant threat of disaster little has been done to develop and promote realistic preparedness measures. The lack of health/nutrition information proved a serious hinderance in the early stages of 1988 flood relief effort. Following the recommendations of CDC disaster team representatives Drs. Foster and Mast, who emphasized the importance of establishing ongoing sentinel surveillance in disaster-prone areas, and the AID/W approved 1989-90 Mission Action Plan, the Mission financed a TDY by Dr. Philip Nieburg of CDC (an internationally renowned expert in disaster relief and nutrition) to identify what Mission should do in the area of nutritional surveillance with particular reference to disaster preparedness and relief. In his report, Dr. Nieburg stressed that a sentinel surveillance of nutritional status of children in disaster-prone areas is essential to establish a baseline for future analyses and to permit a more rapid detection and response to negative impacts of diasters than was previously possible.

During the floods of 1988, UNICEF, with the assistance of USAID, the CDC and ICDDR/B, set up a temporary post-flood nutritional surveillance monitoring system of child nutrition status. They based their analysis on data collected from NGOs which had nutritional monitoring activities. The analyses were used as a tool for advocacy both for disaster assistance of children at high risk of acute malnutrition and by food aid donors to target limited food aid

resources to areas of greatest need. The Mission initially hoped that UNICEF would establish an on-going surveillance program. However, UNICEF's structure does not allow it to directly implement projects and a proposal was never submitted by UNICEF. UNICEF is, however, in full agreement with USAID that such a project is essential and coordinated with USAID in efforts to identify a possible implementing agency.

Two organizations submitted unsolicited proposals for establishing health and nutritional surveillance systems: HKI/Bangladesh and WHO. The WHO proposal design was based upon a weak system of government field health workers which would provide neither accurate nor timely information during periods of disaster, and extensive dialogue with WHO was unsuccessful in producing a technically acceptable revision. Although no BDG institution submitted a proposal, the possibility of BDG implementation was carefully considered and the capacity of all health, nutrition and/or disaster-related BDG institutions was carefully reviewed. None currently have the technical and administrative capacity to establish a project which would provide rapid and accurate information during times of disaster. Long-term efforts to strengthen such BDG institutions are already a part of both UNICEF and WHO's assistance programs, but there is consensus that it will be many years before these efforts bear fruit.

The Mission was, consequently, pleased to receive a proposal from HKI/Bangladesh since HKI/B has a clear nutritional focus, is perceived as politically neutral by both BDG and NGOs, has good relations with local NGOs, prior experience in projects containing NGO subgrants and has the technical and managerial capacity to administer such a project.

#### Project Description:

HKI will be the coordinating organization for a system of data collection, analyses and dissemination. Data will consist of measurements of indicators of health and nutritional status among children under five in disaster prone areas. Staff members from selected NGOs will be trained by HKI to collect data and transfer data to the HKI office in Dhaka. Data will be collected on a regular basis throughout the year and more frequently during times of natural disaster. HKI will maintain a data base and provide regular reports on data analyses to UNICEF which will be responsible for disseminating the information to the BDG, the donors and NGOs.

#### Discussion:

##### 1. Technical Capacity.

The HKI/B proposal was developed in Bangladesh by HKI/B Country Director (a well qualified nutritional epidemiologist with prior LDC research experience, in whom the Mission has great confidence) with input from WHO Nutrition Advisor, UNICEF, ICDDR/B and others. It draws heavily upon the recommendations made by Dr. Nieburg and the experience of the UNICEF/NGO surveillance system successfully piloted during the 1988 floods. The proposal has the strong support of

UNICEF, which has agreed to be responsible for dissemination of the project's findings to BDG, NGOs and donors during times of disaster, and to maintain close links with the project in an advocacy role.

## 2. Institutional Sustainability.

a) The current HKI/B Country Director, who is at the beginning of a two year contract (with the option to extend), is deeply committed to this project and has demonstrated this by personally drafting the proposal, holding extensive meetings with UNICEF, USAID, and the NGOs, and pulling together inter-donor consensus on design. Following the recent visit by HKI/NY representative Dr. Susan Eastman, HKI/NY is now thoroughly committed to the project and convinced of both its necessity and feasibility.

b) One objective of the project is that upon completion of the project period, responsibility for coordinating the NGO data collection, processing and analyzing the data will be transferred from HKI to the BDG Institute for Public Health Nutrition (IPHN). The following will occur during the life of the project to enable this transition:

- UNICEF will continue their ongoing projects with IPHN, which contain significant training and institutional building components.
- IPHN staff will work as counterparts to HKI, receiving on the job training in implementation of surveillance systems, data collection and analysis.

At the point where IPHN will be expected to take over lead responsibility the system will already be in place, with NGO field staff trained and experienced. The activity will thus be less demanding of technical and managerial capacity while at the same time, IPHN capacity will have increased.

## 3. Financial Sustainability.

USAID funding will support the development and piloting of this new surveillance system. Upon completion of the project period, the responsibility for coordination of NGO data collection, data processing and analysis will be transferred from HKI to IPHN. HKI will work with IPHN and NGOs to identify the cost for maintaining the data collection and analysis activities upon the conclusion of the USAID grant. HKI will also work with IPHN and UNICEF to develop a plan for transferring long-term funding support for the surveillance project to the BDG or other domestic sources. Other donors -- UNICEF and WHO -- have long-term projects to support IPHN and have affirmed their commitment to this support, including any additional support that might be needed to support this activity.

Although HKI will make some in-kind contributions to the grant activity, these contributions are not expected to meet the 25% contribution usually required of OPG recipients under Handbook 3, Section 4B5 e(5)(a). A waiver of the requirement is attached hereto for your approval.

#### 4. Bangladesh Government Approval.

HKI has discussed this project with BDG Institute of Public Health and Nutrition (IPHN) which agrees to the concept and will be cooperating with HKI in implementation. USAID has notified ERD of its intention to provide Helen Keller International with funding for a health and nutritional surveillance project and has received no objection. HKI has assured USAID that it will obtain all necessary approvals for this project from the Government of Bangladesh. Given the proposed role of IPHN and UNICEF the implementation of the project, no difficulty is anticipated in obtaining approval.

#### 5. Initial Environmental Examination (IEE).

Per cable State 298784, ANE/PD Environmental Coordinator concurs that the subject project comes under the exclusion provisions of Agency Environmental Procedures (22 CFR 216), Sec. 216.2 (C)(2)(VIII), involving nutrition and health activities that have no direct environmental affects.

#### 6. Evaluation.

Project evaluation will be conducted after 18 months of project activities to determine whether data is in place and progress has been made towards developing and maintaining an adequate surveillance system. Assessment will also look at progress made toward institutionalization and financial sustainability. Benchmarks will be established early in the project to use in evaluation.

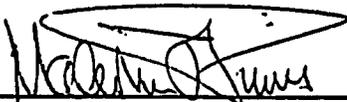
#### Authority:

Delegation of Authority No. 652, Section 2A, permits the Mission Director to authorize projects up to \$20 million in value, provided they do not present significant policy issues, do not require waivers that must be approved in AID/W (unless such waivers have been approved) and do not have a life of project exceeding 10 years. Per DOA 652, Section 4, this authority may be exercised, without limitation, by an Acting Mission Director. The ANE bureau concurred in our authorization of this project, by STATE 311865, on the basis of the Mission's PID-like cable and additional cabled information.

Recommendation

That you authorize this subject project by signing in the space provided below and by executing the attached Project Authorization.

Approve



Disapprove

29<sup>th</sup> September 1989

Date

clearance (per M.O. 200-1, item 4)

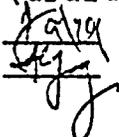
(draft) MWarren: PRO(A)

(draft) ZHahn: PDE and A/Environmental Officer

(draft) RRashid: WID

(draft) JMudge: OPE

(draft) PRamsey: RLA

 GJenkins: CONT

FYoung: DD(A)

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