

MEMORANDUM OF DISTRIBUTION

OBLIGATION This is a partial ___ final award under P/O/T No 442-0102-3-1633156. If final obligation, OP has no objections to the dereserving of any remaining funds.

II. DOCUMENT IDENTIFICATION/INFORMATION:

- a. Document No.: ANE-0102-6-00-1012-00 Mod # _____
- b. Incremental funding action: ___ YES NO
- c. Buy-in: ___ YES NO
- d. Document has been transmitted to recipient /grantee for signature. Date transmitted: _____
- e. Method of Financing (check one only)
 - Letter of Credit
 - ___ Periodic Advance
 - ___ Direct Reimbursement

III. FM DISTRIBUTION

- One original signed copy to FM for recording obligation (PFM/FM/A/PNF, Rm. 612, SA 2)
- One copy to FM paying office. (Rm. 700, SA2. PPM/FM/CMPD)

IV. TECHNICAL OFFICE/MISSION DISTRIBUTION:

- Technical Office: E 116/PCAP, MPKs Feldstein, Rm 6644, N.S.
(Office Symbol, Name, Rm., Bldg.)
- ___ Mission: _____
(specify)
- Program Office: ANE/PD/PCS, Judy Britt, Rm 3320A N.S.
(Office Symbol, Name, Rm., Bldg.)
- APRE/PD, Carrie Williams, Rm 502 SA-2

V. OP DISTRIBUTION:

- OP/PS/SUP copy of all documents including final assistance document signed by all parties. (Anna Robinson, Rm. 1436, SA14)

VI. CONTRACTOR/GRANTEE, ETC.

- Original document signed by all parties.

VII. CONTRACT FILE

- ___ Original document signed by all parties to be inserted in file.

Copy of this form goes with each copy of the document distributed and one copy remains in the official file.

James A. Loy Date: _____
 James A Loy, Team Leader OF Unit
 Rm. 1583 (Tel.) 5-1041

Agency for International Development
Washington, D.C. 20523

MAY 31 1991

Mr. Jack Soldate
Executive Director
American Refugee Committee
23441 Nicollet Ave. So.
Suite 350
Minneapolis, MN 55404

Subject: Grant No. ANE-0102-G-00-1012-00

Dear Mr. Soldate:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "AID" or "Grantor") hereby provides to the American Refugee Committee (hereinafter referred to as "ARC" or "Grantee") the sum of \$500,000 to improve the health status of children under five years old in Pursat Province of Cambodia with the provision of child survival activities and maternal/child health programs.

This Grant is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Grantee in furtherance of program objectives during the period beginning with the effective date and ending May 28, 1992.

This Grant is made with ARC 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 acknowledge acceptance of this Grant by signing all copies of this Cover Letter, retaining one copy for your files, and returning the remaining copies to the undersigned.

Sincerely,



Judith D. Johnson
Grant Officer
Overseas Division-ANE
Office of Procurement

Attachments:

1. Schedule
2. Program Description
3. Standard Provisions

Acknowledged

American Refugee Committee:

By _____

Name/Title _____

Date _____

Fiscal Data

PIO/T No.:	442-0102-3-1633156
Appropriation No.:	72-1111021.7
Budget Plan Code:	QDCA-91-33442-IG-15
Duns No.:	09-905-2151
IRS Employer ID No.:	363241033
Total Estimated Grant Amount:	\$500,000
Total Amount Obligated:	\$500,000
Technical Office:	ENE/PCAP, Mike Feldstein

ATTACHMENT I

SCHEDULE

A. PURPOSE OF GRANT

The purpose of the Grant is to improve the health status of children under five years old in Pursat Province of Cambodia with the provision of the child survival activities and maternal/child health programs as more fully described in Attachment 2 to this Grant entitled "Program Description."

B. PERIOD OF GRANT

1. The effective date of this Grant is date of the cover letter. The expiration date is May 28, 1992.
2. Funds obligated hereunder are available for program expenditures from the effective date of the grant to May 28, 1992.

C. AMOUNT OF GRANT AND PAYMENT

1. The total estimated amount of this grant for the period shown in B.1 above is \$500,000.
2. AID hereby obligates the amount of \$500,000 for program expenditures during the period set forth in B.2. above and as shown in the Financial Plan below.
3. Payment shall be made to the Grantee in accordance with procedures set forth in Attachment 3 Standard Provision 1, entitled "Payment - Letter of Credit".

D. FINANCIAL PLAN

The following is the Grant Budget. Revisions of this budget shall be made in accordance with the Standard Provision of this Grant, entitled "Revision of Grant Budget".

Financial Plan

Personnel Salaries	\$125,820
Travel	\$ 33,000
Other Direct Costs	\$ 65,530
Commodities	\$160,966
Administrative Supplies	\$ 35,600
Construction	\$ 6,000
Indirect Costs	<u>\$ 73,084</u>
TOTAL PROJECT COSTS	<u>\$500,000</u>

Included in the Salaries component are salaries for international staff (short-term technical) and local hire staff.

The budget estimates for AID funded items are illustrative. In no event will total costs exceed the maximum amount of the Grant, \$500,000.

E. REPORTING AND EVALUATION

1. Quarterly Project Report

ARC shall submit quarterly progress reports to ENE/PCAP which describe overall progress in meeting grant objectives.

2. Final Report

A final report shall be submitted to ARC and ENE/PCAP within 90 days of the completion date of the Grant as set forth in para B. This report shall summarize all activities undertaken under this grant and give an assessment of program results and achievements.

3. Fiscal Reports

a. Fiscal reports shall be submitted in accordance with the AID Optional Standard Provision 1, "Payment - Letter of Credit".

b. The original and two copies of all financial reports shall be submitted to A.I.D., Office of Financial Management, Program Accounting and Finance Division (PFM/FM/CMPD/DCB), Washington D.C. 20523. In addition, one copy of all financial reports shall be submitted to the Technical Office specified in the Cover Letter of this Grant.

F. SPECIAL PROVISIONS

1. The Grant Standard Provisions, appended hereto as Attachment 3, are considered applicable to this Grant.

2 The cost principle applicable to this Grant is OMB Circular A-122.

3. Direct compensation of personnel will be reimbursable in accordance with the established policies, procedures and practice of the grantee and the provision of the applicable cost principles, entitled, "Compensation for Personal Services" Such policies, procedures and practices shall be the same as used in contracts and/or grants with other Government agencies and accepted by the cognizant U S. Government agency assigned primary audit responsibility, shall be in writing and shall be made available to the Grant Officer, or his/her designated representative, upon request. Compensation (i.e , the employee's base annual salary) which exceeds the maximum level of the Foreign Service 1 (FS-1) (or the equivalent daily rate), as from time to time amended, will be reimbursed only with the approval of the Grant Officer.

4. AID Eligibility Rules for Goods and Services

a. It is anticipated that the total procurement of goods and services under this grant will be less than \$250,000.

b. All goods and services shall be purchased in accordance with the Optional Grant Standard Provisions #7, entitled "A.I.D. Eligibility Rules for Goods and Services." Priority of purchase shall start with authorized geographic country code 000. Procurement of goods and services shall be accomplished in the following order of precedence:

The United States (Geographic code 000),
Selected Free World (Geographic code 941), and
Special Free World (Geographic code 935).

This order of precedence does not include the cooperating country, Cambodia. Procurement in that country is not authorized under the provision of this grant.

5. Procurement and Shipment of Pharmaceuticals/Medical Supplies

a. The Recipient shall obtain approval from the A.I.D. Grant Officer prior to the shipment of any procured pharmaceuticals/medical supplies or donated pharmaceuticals/medical supplies being shipped at grant expense. The following criteria shall apply:

The list of pharmaceutical/medical supplies submitted for approval shall contain product description, i.e., trade name and/or generic name, dosage form, potency/concentration, and unit package size, lot number, expiration date, and name of manufacturer.

All U.S. source/origin pharmaceuticals and other products regulated by the Food and Drug Administration (FDA) to be procured and/or shipped must be in compliance with all applicable U.S. laws and regulations governing the interstate shipment of these products at the time of shipment. Pharmaceuticals donated from non-U.S. source/origin must meet the standards of the U.S. FDA. All items must be shipped properly packaged to preserve the quality of the product. This includes those products that require special temperature conditions during shipping and storage, e.g., refrigeration.

No product requiring expiration dating shall have less than three months shelf life on receipt in the benefiting country. The Recipient shall be responsible for determining that all dated products procured and/or shipped will have sufficient opportunity to be received, distributed, and used according to labeling directions by the end user prior to product's expiration date.

G. Indirect Cost Rates

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

TYPE OF RATE. Provisional

RATE: Indirect Cost 22.5%

BASE: Total direct program expenses less equipment and other capital expenditures and excludable or unallowable costs as specified in the Committee's Indirect Cost Rate Proposal dated June 8, 1987

PERIOD: 1/1/89 Until Amended

H. Title to and Use of Property (Grantee Title)

Title to all property financed under this grant shall vest in the grantee, subject to the conditions under the special provisions herein.

ATTACHMENT II

PROGRAM DESCRIPTION

Training and Health Care Delivery for Children in Cambodia

Background

The American Refugee Committee (ARC) is a private, non-profit, non-sectarian voluntary agency, which has provided medical care (preventive and curative) and medical training to refugees on the Thai-Cambodian border and in camps inside Thailand since 1979. ARC has also worked with Eritrean and Tigrayan refugees in Eastern Sudan (1985-1990), and with Mozambican refugees and affected Malawians in Malawi since 1988.

In its work with Cambodians at the Site 2 camp on the Thai-Cambodian border, ARC's philosophy of care has been to provide health services and training health workers at the appropriate level of care. This level of care was and continues to be defined as one that:

- CAN BE TAUGHT
That the selected clinical procedures and judgments can be explicitly defined and consistently employed.
- CAN BE LEARNED
That bright, motivated refugees can acquire the clinical knowledge, the confidence of judgement and the sense of personal patient responsibility.
- CAN BE PRACTICED INSIDE CAMBODIA
That it employs therapies that are safe, inexpensive, and uses materials that are commonly available in the local markets.

This philosophy has been difficult to adhere to in the context of the border situated in Thailand. A high level of resources disbursed to many different agencies with varied philosophies has resulted in an ever escalating level of care. Due to the most strict adherence possible to its philosophy of care, ARC has been able to train medics, nurses, midwives, and health workers to provide health care services.

To support this program, ARC developed teacher and student training manuals for Khmer medical workers. These manuals are now being utilized border-wide. Khmer teachers have been trained to train additional care providers and teachers. Key refugee staff are being trained in program planning, the use of

logframes, budgeting and program management. A Khmer Health Council has been established and is recognized as the medical leadership body of the ARC medical program. ARC expatriate staff, at Site 2 have been phased out where possible. The remaining expatriate positions have adjusted their role to that of advisors and monitors to refugee health care workers. ARC has been recognized as the leader in Khmer self management by the United Nations Border Relief operation, the World Health Organization, and most recently by the U.S. General Accounting Office, in their recent audit of border assistance.

Perceived Need

The needs inside Cambodia are enormous. Having been deprived of developmental aid, every sector of the economy and society is suffering. Cambodia today is one of the most impoverished countries in the world. Of concern to ARC are the evolving differences between the humanitarian assistance inside Cambodia and that in the refugee camps on the Thai-Cambodian border. The health care system in Cambodia differs in many ways from the system on the border, from the languages used, to patient care management, philosophy of care, research and evaluation procedures, and overall training. This is a factor which adds to the estrangement of the border population and the difficulties ahead in repatriation and mainstreaming into society in Cambodia. It is time for the border to respond to more of the reality of Cambodia and for Cambodia to receive some of the immense resources which have gone into the border camps.

Medical needs inside Cambodia are also enormous. Although the Cambodian government has collected few reliable health statistics, it is accepted by UN agencies and others that child mortality is very high. The Cambodian Ministry of Health has identified ten principal causes of infant and child morbidity as diarrhoeal diseases; protein calorie malnutrition; bronchial pneumonia and other respiratory infections, typhoid fever; anaemia; tuberculosis; dysentery, dengue hemorrhagic fever; malaria and accidents. Most of these health problems are related to poor environmental conditions, inadequate information on individual and public health and a lack of prevention and curative services.

An estimated 20% of Cambodian children die before they reach the age of five. A 1986 UNICEF report estimated that 30% of child mortality is caused by vaccine preventable diseases, particularly measles. Infant death has been estimated to be at 133 per 1,000 in 1987, however this figure is thought to be low since the estimate is based on hospital records and do not take into account unrecorded infant deaths in rural areas. It is believed the infant death rate is high due to unhygienic delivery practices resulting in neonatal tetanus and other infections.

Measles, diarrhea and other respiratory infections are also considered to be leading causes of infant mortality.

According to available statistics, undernourishment is also a serious problem among children with about 20% of all children suffering from under nutrition, and about 5% suffering severe wasting. Undernutrition is also connected to other health problems in Cambodia, such as anaemia and infections of the respiratory and gastro-intestinal tract.

Currently there are about 40 non-governmental organizations (NGO's) providing humanitarian assistance inside Cambodia, mostly European or Australian and many are church-related. Some of the European NGO's of the border relief effort have begun working inside Cambodia, but there are no American NGO's from the border that have made this move. There is a great need to begin to bridge the two systems together in order to introduce on both sides the needed adjustments to health care delivery, training, and management systems in place. As the leader in medical training and Khmer self assistance, it is ARC's proposal to begin this bridging process by becoming operational inside Cambodia as well as maintaining its programs on the border.

The ARC Thailand Project Director visited Cambodia in March 1989 for an assessment of the feasibility of ARC working inside Cambodia. At that time, it appeared that the government of Cambodia was more interested in obtaining direct support through financial and material donations. This was not of interest to ARC as its philosophy is rooted in provision of resources through export of skilled health professionals to provide training and thereby enhance the capacity of community health care systems. Recent communication with NGO's working inside indicates that the government of Cambodia is now more open to receiving assistance of this nature.

The general movement of NGO's working inside has been to move away from the central level to a more provincial and district oriented health work. There have been attempts to "standardize" the Cambodian health system, like job descriptions, training curricula, etc. at the central level. However, it seems this is simply beyond the scope of what the Phnom Penh Ministry of Health is capable of doing, given their present limitations. At present, the best approach for Cambodia is to work at a decentralized smaller scale level, and develop programs that hopefully work at a community level. These small programs, integrated, can then serve as models for what can happen in other communities across Cambodia.

Program Goal

The overall goal is to improve the health status of children under five years of age through provision of child survival activities and maternal/child health (MCH) programs based on public health principles in target areas.

Objectives

- Decrease mortality and morbidity by 10% in children under five due to malnutrition by providing nutrition education and identifying supplemental food sources to mothers of 6,500 children.
- Decrease mortality and morbidity by 10% in children under five due to oral rehydration related problems by providing treatment to 700 children in 10 oral rehydration therapy centers and training mothers in domestic rehydration methods.
- Increase the percentage of children receiving an expanded program of immunizations directed toward 7,200 children through ensuring a drug delivery system which includes a cold chain, sterilizers and training.
- To provide supplemental training to 30 traditional birth attendants to reduce infant and maternal mortality and morbidity due to infection at the time of birth in 900 deliveries.
- Facilitate the community based capacity of self-care utilizing primary preventive concepts by establishing village health committees in 25 villages.
- Train 30 health surveillance assistance to detect communicable diseases outbreaks, train villagers in sanitation procedures, identify clinical cases and alert local communities to their health services. Each of these health assistants will be responsible for 350 household units.

Description of Services

Training, mobile clinics, immunizations and nutrition programs will be the main elements of the grant.

- Training will be focused on the community health worker and include Khmer Health Surveillance Assistance and Traditional Birth Attendants for MCH services.
- Mobile Clinics will be provided for children under five and their mothers on a monthly basis within designated districts of Pursat Province
- Immunizations will include children and women of childbearing ages and include BCG, DPT, oral polio and protection against tetanus.
- Nutrition screen and surveillance for under five children will be done at both fixed and mobile clinics.

Training The training of community level health workers is an essential part of ARC services. ARC staff will provide training to Khmer Health Surveillance Assistants (HSAs) and Traditional Birth Attendants (TBAs). The focus on training will be on providing Khmer staff for Maternal/Child Health (MCHs) services. ARC will plan, coordinate, and provide training to the necessary number of MCH workers and Traditional Birth Attendants. Training topics will include sterile technique, public health measures, health-status screening, oral rehydration, and a wide variety of primary health care topics.

Mobile Clinics. ARC staff will provide mobile clinic services for children under five and their mothers on a monthly basis within designated districts. Services will include health and nutrition screening, immunizations, outpatient care for minor illnesses and health problems, oral rehydration therapy for children with diarrhea, health and nutrition education care for recipients (through dramas, songs, and health presentations), and supplemental feeding for malnourished children. In addition, mobile clinics will provide ongoing training, supervision and support to MCH workers and TBA's assigned to target areas.

Mobile clinics have been one of the most successful activities of ARC's operations in Malawi. Mobile clinics have increased immunization coverage, provided public health support and nutrition education. The Health Surveillance Assistants work with the mobile clinics to alert the communities to their arrival, and encourage usage.

Immunizations ARC will work in the target areas to ensure the immunization of children and women of child bearing age. Immunization will be the full range Extended Program Immunizations (EPI) which include BCG, DPT, oral polio and protection against tetanus. ARC will also train a Khmer immunization team to travel to villages in the target area. Along with Health Surveillance Assistants, the Immunization team will be responsible for the establishment of a cold chain to protect perishable drugs.

Nutrition. ARC will perform nutrition screening and surveillance for under five children at both fixed and mobile sites. Undernutrition and malnutrition affect a large segment of the child population in rural Cambodia. For severely malnourished (approximately 3% of the under five population) supplemental feeding will be undertaken. At the time of MCH monthly clinics, mothers will be trained in principles of better nutrition utilizing available resources

Nutrition practices which will be targeted for alteration or reenforcement are those where choices are critical These include: 1) commencement of breast feeding from the first day of birth, rather than the traditional fourth day, 2) introduction of solid foods at 4 to 6 months as mothers milk alone is inadequate for a child's development and growth, 3) consumption of green- leafy vegetables for under fives, and 4) encouragement of continued or increased liquid intake at time of fever or measles.

Implementation

Training Activities:

- provide improved preventive health care in target areas
- provide improved health education to population in target area
- Provide improved mother/child services in target area
- increase utilization of mobile clinic services via promotion by MCH workers

Mobile Clinics' Activities:

- Provide under fives services at clinic sites
- increase immunization of children under five years of age in target areas
- strengthen and provide improved antenatal services
- provide health education to population in target areas
- support and provide ongoing training to public health workers and TBA's
- facilitate formation of and support of village health committees in target areas

Immunization Activities:

- train Khmer immunization team
- establish, improve and maintain a target area cold chain
- purchase buffer stock of medicines for target area
- assessment of needed vaccines in target area

Nutrition Activities:

- focus on training mothers in nutritional values
- one-on-one consultation with Health Surveillance Assistants at the time of the monthly clinics.
- Staff entertainment with messages for waiting mothers
- group singing of traditional songs with re-written nutrition focused lyrics
- on site demonstration of weaning food preparation
- establish volunteer operated supplemental feeding programs for severely malnourished.

Evaluation

ARC has its own internal Evaluation Department whose sole purpose is to conduct project evaluations and to train ARC staff in evaluation methodology. The evaluator conducts a series of workshops on "user-focused" evaluation techniques and helps ARC staff design and implement evaluation tools. The Evaluation Department utilizes Logical Framework to develop program plans and evaluation designs.

The evaluation will be based on the following performance indicators:

Training

Verifiable Indicators

- necessary number of MCH workers and TBA's trained and certified
- documented increased skills at all formal training sessions
- increase in numbers attending mobile clinic sites

Mobile Clinics

Verifiable Indicators:

- Number of clinics provided and number of village health committees
- morbidity: incidence of health problems stabilized or decreased in target population
- immunization: 75% of children under five achieved in target areas

Immunizations

Verifiable Indicators:

- cold chain in operating and maintained
- 75% of children under five, in target area receive Extended Program Immunization (EPI)

Nutrition

Verifiable indicators:

- decrease in the number of low height-for weight infants at project sites
- monitor nutrition health casual relationship by regular interviews with mothers
- observation of home nutrition practices by community Health Surveillance Assistants