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Agency for International Development
Washington, D.C. 20523

Final
(93P-0500)

Mr. Henry B. Perry III, M.D.
Medical Director
Andean Rural Health Care
P.O. Box 216
Lake Junaluska, NC 28745

AUG 16 1990

SUBJECT: Cooperative Agreement No. OTR-0500-A-00-0088-00

Dear Dr. Perry:

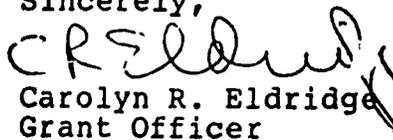
Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the Agency for International Development (hereinafter referred to as "A.I.D." or "Grantor") hereby provides to Andean Rural Health Care (hereinafter referred to as "ARHC" or "Recipient") the sum of \$700,000 to provide support for the Recipient's program under A.I.D.'s Child Survival and Vitamin A Programs as more fully described in Enclosure 2 of this Cooperative Agreement entitled "Program Description."

This Agreement is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of program objectives from September 30, 1990 through September 29, 1993.

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

Please acknowledge receipt of this Agreement by signing all copies of this Cover Letter, retain one copy for your files, and return the remaining copies to the undersigned.

Sincerely,



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

Enclosures:

1. Schedule
2. Program Description
3. Standard Provisions (as amended)

ACKNOWLEDGED:

Andean Rural Health Care
BY: Martha M. Edens, Executive Director
TYPED NAME: Martha M. Edens
TITLE: Executive Director
DATE: August 27, 1990

FISCAL DATA

PIO/T No.: 0385006
Project No.: 938-0500
Appropriation No.: 72-1101021.7
Budget Plan Code: EDNA-90-13810-KG11
Allotment No.: 047-38-099-00-76-01
This Obligation: \$700,000
Total Obligated Amount: \$700,000
Total Estimated Amount: \$700,000
Technical Office: FVA/PVC/CSH
DUNS No.: 17-536-0072
TIN's No.: 56-1400098
DOC No.: 60350

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ENCLOSURE 1

SCHEDULE

A. Purpose of Cooperative Agreement

The purpose of this agreement is to provide support for the Child Survival Projects in Bolivia. This is more specifically described in Enclosure 2 to this Agreement entitled "Program Description" and in the Recipient's proposal, as amended, which are incorporated by reference. In the event of an inconsistency between the Recipient's proposal, the program description, and this schedule; the schedule and then the program description shall take precedence.

B. Period of Agreement

1. The period of this agreement is September 30, 1990 through September 29, 1993.

2. Funds obligated hereunder are available for the period September 30, 1990 to September 29, 1993 as shown in the budget below.

C. Amount of Agreement and Payment

1. The total estimated amount of this agreement is \$700,000.

2. A.I.D. hereby obligates the amount of \$700,000 for program expenditures during the period set forth in B.2. above and as shown in the budget below.

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

D. Budget

The Budget for this Agreement is shown as Enclosure 1a to this Agreement. The Recipient may not exceed the total estimated amount or the obligated amount, whichever is less (see Part C above). Except as specified in the Mandatory Standard Provision of this agreement entitled "Revision of Grant Budget," as shown in Enclosure 3, the Recipient may adjust line item amounts within the grand total as may be reasonably necessary for the attainment of program activities.

E. Substantial Involvement

1. Countries: The following country is approved for direct in-country program support under this agreement.

Bolivia

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

2. The Recipient will carry out the following activities:

a. Submit a Detailed Implementation Plan (DIP) for each country program by April 1, 1991 in accordance with FVA/PVC guidelines. Illustrative guidelines are available from FVA/PVC and will be furnished to you in the fall of 1990.

b. This implementation plan should include a description of how the various child survival interventions will be evaluated and should clearly define: (a) the objectives and outputs that each program will be held accountable for; (b) the specific indicators that will be used to measure program success in reaching objectives and outputs; (c) mechanisms for collecting data, i.e. surveys, sentinel systems, etc.; and (d) manpower and other resources needed for carrying out monitoring and evaluation activities with a revised budget. The DIP should include scheduled reports, internal and external evaluations, and line item budgets.

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

F. Reporting and Evaluation

1. Annual Report: Five copies of the Annual Report will be submitted to the A.I.D./FVA/PVC Project Officer by October 15 of each year of the program; the first report is due October 15, 1991. The annual report should follow the annual report guidelines and should summarize inputs, outputs, progress to date, constraints, and highlights from the preceding year. The Report should also include reporting on the standard A.I.D. indicators for OTR, immunization and growth monitoring and nutrition interventions which are required of all programs receiving child survival funding. For these child survival projects, a mid-term evaluation will be a substantial part of the 2nd annual report.

The Annual Report will also include the "USAID Health and Child Survival Project Questionnaire." This must be completed each year of the agreement (including the final year and for each PVC-funded CS project. Other A.I.D.-funded agreements, such as OPGs, should be identified if there is a relationship of that grant to this grant-supported program.

During the life-of-program, program monitoring and information on a country-specific basis will be included in the annual reporting system. Field report prepared by the recipient's regional and technical specialists, as well as FVA/PVC consultants will also be included in the Annual Report.

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

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

b. Favorable developments or events that enable time schedules to be met or work activities to be performed sooner than originally projected, resulting in an earlier than planned project completion date.

3. Mid Term Evaluation: A mid-term project evaluation will be scheduled. FVA/PVC may provide an external consultant to participate. The Recipient should work closely with the FVA/PVC Project Officer to plan for this evaluation and participants. The results of this evaluation will be submitted to FVA/PVC as a mid-term evaluation report in accordance with mid-term evaluation report guidelines provided by FVA/PVC.

(NOTE: With prior A.I.D. written approval an annual report may take the place of a mid-term evaluation for expansion agreements.)

4. Final Evaluation: A final independent evaluation in collaboration with A.I.D. will be carried out in the final year of the program to evaluate program effectiveness and impact. This final evaluation must be completed prior to the expiration of the agreement. The final evaluation will be submitted to A.I.D. as part of the final report as explained below.

5. Final Report: No later than 90 days after the expiration of this Cooperative Agreement period, a Final Report following PVC final report guidelines and including items specified by the project officer is due. The Final Report includes but is not limited to, the findings of the Final Evaluation. The Final Report should follow the final evaluation guidelines, and items specified by the Project Officer. Five (5) copies will be submitted to A.I.D./FVA/PVC and one (1) copy to the Grant Office whose address appears on the cooperative agreement cover letter. (NOTE: the A.I.D. Child Survival and Health Reporting Schedule must be submitted as part of the final report as well as a full financial report including a complete pipeline analysis.)

6. Financial Reporting:

a. Financial reporting requirements shall be in accordance with the method of payment Standard Provision cited in Paragraph C, "Amount of Agreement and Payment" above.

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), Room 700, SA-2, 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 agreement.

G. Indirect Cost Rates

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

<u>Type of Rate</u>	<u>Period</u>	<u>Rate</u>
Provisional	10.0%	beginning September 30, 1990 until amended.

Base: Total direct costs

H. Special Provisions

Deviation to the Standard Provision entitled "Air Travel and Transportation,"

As shown in paragraph (a) of this Standard Provision, delete the following:

"The Recipient is required to present to the Project Officer for written approval an itinerary for each planned international trip financed by this grant, which shows the name of the traveler, purpose of the trip, origin/destination (and intervening tops), and dates of travel, as far in advance of the proposed travel as possible, but in no event at least three weeks before travel is planned to commence,"

and in lieu thereof substitute the following:

"Advance notification and approval by the Project Officer of the Recipient's travel intentions overseas is waived for this Agreement. All other terms and conditions of this Standard Provision remain unchanged.

Cooperative Agreement Budget

Cost Element

FROM: 7/1/90 to 6/30/93

<u>Cost Element</u>	<u>A.I.D.</u>	<u>Recipient</u>	<u>Total</u>
<u>Headquarters</u>			
Procurement	\$ 89,250	\$ 97,000	\$186,250
Evaluation	24,000	18,500	42,500
Other Program Costs	516,755	377,279	894,034
Indirect Costs	69,995	54,750	124,745
TOTAL	<u>\$700,000</u>	<u>\$547,529</u>	<u>\$1,247,529</u>

Notes to the Budget:

1. Recipient is allowed 5% flexibility among all line items in the Budget. Within each line item the Recipient has full flexibility of funds.

2. The Recipient is expected to use its own private cost-share/matching funds for all procurement of non-expendable property estimated at over \$500 each and also for all non-U.S. procurements. This alleviates the requirement for a source/origin waiver and also places the title to property completely in the Recipient's name.

3. The Recipient has agreed to expend from its non-federal funds by the end of the life-of-program (LOP) period at least 25% to A.I.D.'s 75% of the total costs. The Recipient is required to meet the requirements of the Standard Provision of the Agreement entitled "Cost Share/Matching."

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

5. The recipient is required to report in its Annual Reports to FVA/PVC, in their incremental Funding Request Letter, and in the Financial Status Report Form (SF 269), the total amount of cost-sharing to date. Although the recipient is required to cost share on a life-of-program basis, they are expected to expend those funds on a pro rated basis per year and not wait until the last year of the agreement to expend their cost share.

Andean Rural Health Care

Section A: Summary Description of Project

1. Location:
 - a) Carabuco, Ancoraimas and the Escoma Health District (Northern Altiplano)
 - b) Mallku Ranchu, Sipe Sipe and the Quillacollo Health District (Cochabamba Valley)
2. Target Population: Children under 5 and women 15-44

Direct Beneficiaries:

Carabuco	3,432
Ancoraimas	6,375
Mallku Ranchu/Sipe Sipe	5,280
	15,087

Indirect Beneficiaries:

Escoma Health District (excluding Carabuco and Ambana)	50,044
Quillacollo Health District (excluding Mallku Ranchu and Sipe Sipe)	38,720
	88,764

3. Key Interventions:

ORT, immunizations, nutrition, treatment of acute respiratory infections, childhood mortality assessment
4. Main Goals and Objectives
 - 1) reduce childhood mortality in the populations served
 - 2) develop and maintain sustainable community-based primary health care programs emphasizing child survival
 - 3) implement a census-based impact-oriented methodology in achieving these goals

Project Design/Duration

Length of Support

ARHC requests 36 months of funding to develop new AID-supported efforts in child survival activities in Malku Ranchu, Sipe Sipe, and Ancoraimes, the Escoma Health District, and the Quillacollo Health District. Thirty-six months of AID support is requested to continue funding for ARHC's project in Carabuco which has received AID support since September, 1987.

Goals, Objectives, and Outputs

Goals

- 1) To reduce childhood mortality in defined model project populations.
- 2) To develop and operate increasingly sustainable community-based primary health care programs which emphasize child survival.
- 3) To foster child survival activities in the health districts in which these pilot projects are located.

Objectives

- 1) Assist local project staffs and the beneficiary communities in identifying the most frequent serious preventable or treatable childhood illnesses and those children at greatest risk of death.
- 2) Develop cost-effective programs focused upon the most frequent serious preventable or treatable childhood illnesses.
- 3) Train community volunteer workers, health staff, field supervisors, and program managers to fulfill their appropriate responsibilities.
- 4) Develop programs of diarrheal disease management, immunizations, growth monitoring and nutrition education, acute respiratory infection management, and basic maternal health care.
- 5) Foster local financial support in accordance with existing community social and economic realities.
- 6) Advance knowledge on issues of child survival program implementation including the prevalence of nutritional deficiencies (e.g. iodine, iron, and Vitamin A), weaning practices, the importance of neonatal tetanus, and the effectiveness of health education.

- 7) Evaluate on a continuing basis the impact of program activities, especially upon childhood mortality.

OUTPUTS

Year 1

- 1) Recruitment of key additional staff.
- 2) Completion of baseline surveys in Mallku Ranchu and Sipe Sipe.
- 3) Completion of training workshops for project staff.
- 4) Registration of all vital events in Carabuco, Mallku Ranchu, and Sipe Sipe (with verbal autopsies complete for all deaths) through bimonthly home visitations.
- 5) Completion of training for 40 village volunteers from Carabuco and Mallku Ranchu.
- 6) Preparation of annual reports for each of the villages in Carabuco, Mallku Ranchu, and Sipe Sipe based on collected health statistics and use of this information to develop, with the community, a work plan for the following year.
- 7) Development of a complete manual of technical and administrative policies applicable to all project areas.
- 8) Implementation of a revised Health Information System.
- 9) Assessment of the prevalence and significance of Vitamin A deficiency in the project areas.*
- 10) Assessment of current knowledge, attitudes, and practices related to weaning foods and development of strategies to improve nutritional status during weaning.
- 11) Immunizations, growth monitoring, nutrition education, breast feeding promotion, ORT promotion, and ARI treatment in Carabuco, Mallku Ranchu, and Sipe Sipe.
- 12) Development of locally managed funds for financing of health services.

*. If Vitamin A deficiency is concluded to be a significant factor in childhood mortality, a supplemental request to AID will be developed.

Year 2

- 1) Completion of baseline surveys in Ancoraimes.
- 2) Completion of censuses in Ancoraimes.
- 3) Completion of manual of technical and administrative policies applicable to all project areas.
- 4) Registration of all vital events (with verbal autopsies completed for all deaths) in communities in Carabuco, Mallku Ranchu, Sipe Sipe, and Ancoraimes through periodic home visitation.
- 5) Training and supervision of 65 community volunteers from Carabuco, Mallku Ranchu, Sipe Sipe, and Ancoraimes.
- 6) Continuation of training workshops for project staff.
- 7) Preparation of annual reports based on collected health statistics for 40 communities in Carabuco, Mallku Ranchu, Sipe Sipe, and Ancoraimes, and use of this information to develop work plans with each community for the following year.
- 8) Immunizations, growth monitoring, nutrition education, breast feeding promotion, and ARI treatment in Carabuco, Mallku Ranchu, Sipe Sipe, and Ancoraimes.
- 9) Initiation of training, coordination, logistical support, and evaluation of district-wide child survival activities in the Escoma, and Quillacollo, Health Districts.
- 10) Completion of mid-term evaluation.

Year 3

Same as Year 2 except 90 community volunteers will be trained and/or supervised, home visitation and vital events registration will be expanded, and 50 communities will participate in health statistics feedback and work plan formulation. The first evaluation will be carried out.

Priority Interventions

- 1) Nutrition (25% overall effort)

Children 6-24 months of age will receive priority attention in growth monitoring. Mothers of children with growth faltering will receive special nutrition education. Malnourished children will receive follow-up at home. Staff will be trained to detect and treat nutritional disorders. The use of appropriate weaning foods

will be stressed in health education messages. Breast feeding will be strongly promoted. Pregnant women will receive iron, vitamins, and iodine supplementation.

2) Immunization Activities (20% overall effort)

Newborns will be entered into the health information system soon after birth. Mothers will receive ongoing health education on the importance of immunizations. Every attempt will be made to fully vaccinate all children by 12 months of age. District-wide immunizations will be encouraged through staff training and provision of logistical support. Women of childbearing age will be immunized against tetanus when this is acceptable in the local communities.

3) Diarrhea Management Activities (20% overall effort)

Staff will receive ongoing training in indications for ORT, recognition of grades of dehydration, preparation and administration of ORT, the importance of nutritional support (including breast feeding), and follow-up of cases of diarrhea. ORT will be promoted during home visitation. ORT packets will be made available to community volunteers. Mothers will be taught ORT preparation and administration. Basic hygiene, handwashing, clean water, and breast feeding will be stressed as preventive measures.

4) Acute Respiratory Infection Activities (20% overall effort)

Staff will be trained to detect and treat mild, moderate, and severe cases of ARI. Community volunteers and mothers will be taught case recognition and need for referral and/or treatment. Case follow-up will be carried out.

5) Sustainability Efforts (12% overall effort)

Considerable effort will be devoted to long-term sustainability of the child survival activities being developed. The efforts involve:

- a) Strengthening Ministry of Health support.
- b) Strengthening the development of local private health cooperatives and the Bolivian PVO, APSAR (Asociación de Programas de Salud del Area Rural).

- c) Increasing reliance upon community volunteers with appropriate supervisory support.
 - d) Maximizing local support through "user fees," rotating drug funds, provision of basic curative services.
 - e) Increasing staff commitment at all levels to continuation of the developed services.
- 6) High risk births (3% overall effort)

Approaches To Be Taken

A. Provision of Direct Services

ARHC (together with APSAR in Mallku Ranchu and Sipe Sipe) will take responsibility for all health services at the community level in Carabuco, Mallku Ranchu, Sipe Sipe, and Ancoraimes. The services will be performed by community volunteers, auxiliary health nurses, rural health technicians, graduate nurses, and physicians. We are projecting a highly qualified public health physician to serve as program director in each of the three regions of project involvement. Each area of direct involvement is projected to have in addition one MOH physician, one MOH graduate nurse, and one rural health technician. One auxiliary nurse is projected for each population area of 1,500 people.

B. Public and Private Sector Assistance

Through this grant, ARHC intends to strengthen the institutional capacity of APSAR (a Bolivian PVO) to provide ongoing permanent support for the programs being developed. MOH activities at the district level will be strengthened. Staff trained in our new approach (census-based impact-oriented) who leave ARHC for work elsewhere will transfer parts of our methodology, we hope. Staff from other organizations will be invited to learn about this approach. We encourage sharing of our methodology with other individuals and organizations. Above all, ARHC will assist the local communities themselves in understanding their own health problems and in mobilizing their own resources to address major health problems.

C. Child Survival Promotion

ARHC will pursue as aggressively as possible applied practical research issues regarding program effectiveness and impact, disease

epidemiology, weaning practices, and traditional beliefs about childhood diseases. Progress in these areas will benefit child survival efforts beyond our project boundaries in Bolivia and in the Andes. We expect to continue in our efforts to develop, promote, and improve the "census-based impact-oriented" methodology.

Source of Data for Format E

Census data has been obtained for 28 communities in the Carabuco area (approximately 8,000 people), for the Mallku Ranchu community (approximately 1,000 people) and for the Villa Cochabamba periurban neighborhood of Montero. Combining this census data gives an estimate of the percentages in the population by age and sex. Through this approach we estimate the following:

<u>Percentage of total population</u>	
Children 0-11 months of age	2.6%
Children 12-23 months of age	2.4%
Children 24-59 months of age	8.5%
Women 15-44 years of age	<u>20.3%</u>
TOTAL TARGET POPULATION	33. 8%

The population totals were obtained from the MOH and the National Institute of Statistics (INE) as well as from our own census experience in Carabuco and Mallku Ranchu. The information in Part B is based on a direct count of the population served by the Carabuco Child Survival Project.

Differences between Current and Proposed Activities

The proposed new activities at the community level are basically the same as those ARHC is carrying out in Carabuco, Mallku Ranchu, and the Villa Cochabamba neighborhood of Montero. Of course, we want to reach a larger needy population, refine our "census-based impact-oriented" methodology, develop a more horizontal approach with the communities, and significantly improve our health information system. But the activities will remain basically the same.

The district level involvement will be a new type of activity for us. Providing training, coordination, logistical support, and evaluation at the district level will require close collaboration with ARHC's regional program directors, the ARHC central office in La Paz, and the staffs in the model community project areas.

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The expansion of these activities will be phased in over a one year period to allow the incorporation of new staff, clarification of expectations, improvement of methodologies, and refinement in administrative capability.

Project Fit with MOH and AID Policies

The proposed project is fully consistent with the recently announced MOH child survival policy, "Plan Nacional de Supervivencia - Desarrollo Infantil y Salud Materna" (11). The proposed project recognizes, as well, the need to strengthen district coordination of health care. This is highly consistent with MOH efforts to decentralize its activities. Although the MOH has recently endorsed birth spacing, it has so far prohibited ARHC from direct involvement with family planning activities.

The proposed project is highly compatible with the Bolivia USAID mission's priorities, with the REACH/AID document on child survival priorities in Bolivia (12), as well as with US AID child survival priorities in general.

In-Country Agreements and Coordination

ARHC has had a formal agreement with the MOH since 1983. ARHC and other U.S.-based PVOs working in Bolivia are currently renegotiating their agreements with the MOH. ARHC has permanent contacts with the regional health offices (Unidades Sanitarias) in each of the three departments where we currently have activities. A letter of support from the Director of International Relations of The Ministry of Health is included in Appendix 6.

ARHC has been an active participant with the PVO-REC in Bolivia (currently referred to as Programas de Coordinacion en Supervivencia Infantil de las Organizaciones Privadas Voluntarias). This is the consortium of U.S.-based PVOs which administer an AID grant in Bolivia.

ARHC has an agreement to coordinate its work closely with APSAR (Asociacion de Programas de Salud del Area Rural - Association of Rural Health Programs), a Bolivian PVO ARHC helped to establish in 1986-7. All of ARHC's activities in the Cochabamba area are now carried out by APSAR. This collaboration will strengthen during the life of this proposed grant.

The Bolivian Methodist Church has requested that ARHC manage and strengthen its health program in

Ancoraimes. Since ARHC receives significant financial support from Methodist Churches in the U.S., we see this as an appropriate opportunity for us to strengthen the private sector in rural health care in Bolivia.

At the local level, there are no other organizations beyond the MOH working in the proposed project sites of direct service delivery except for CARITAS (Catholic Relief Services in Bolivia). We have established suitable coordination so far with CARITAS in Carabuco and expect to do so as well at the other project sites. CARITAS activities in child survival are limited to food distribution, promotion of Mothers Clubs activities, and nutritional monitoring. In our current projects, we have been able to develop warm working relationships with the regional health department (Unidad Sanitaria) and we anticipate that this will continue as we expand to new project sites.

At the district level, there are quite a few private organizations involved in health care. In the Escoma Health District, Freedom From Hunger and the Bolivian Methodist Church are active along with CARITAS. In the Quillacollo Health District, Project Concern, World Vision, and CARITAS are active. We do not anticipate any problems in coordination with these organizations and look forward to working with them.

In the long-term, we anticipate that the MOH, APSAR, and the Bolivian Methodist Church (in Ancoraimes) will work directly with the communities in the project areas to maintain as much of the developed programs as possible in the long-term. ARHC will most likely limit its own involvement in any single area to 10 years.

Community Resources and Priorities

The "census-based impact-oriented" approach to health care (described in Appendix 4), places an emphasis on the community defining its own health priorities and on assisting them to address these priorities as well as the priorities determined by analysis of the most frequent serious treatable or preventable causes of death. Our programs provide acute curative services to all people, not just children. As we work more collaboratively with specific communities, we expect some additional funds will be needed to strengthen certain health services which are not related to child survival. This will encourage local political support for our programs and thus foster sustainability.

Financial limitations will continue to limit our ability to respond to community priorities outside of health concerns.

Strategy for Obtaining Private Sector Involvement and Support

ARHC will continue to strengthen its close collaboration with APSAR, a Bolivian PVO. The Bolivian Methodist Church has had a long established presence in health care in the Ancoraimas area. We will support and encourage the church in this role in the future.

ARHC is involved in an internal evaluation and strategic planning process which will culminate in the Fall of 1990. It would appear that we are moving in the direction of giving increasing responsibility for our direct field operations to Bolivian private organizations or to the MOH (at the district level).

ADDENDUM TO MANDATORY STANDARD PROVISIONS

Delete Standard Provision No. 6, entitled "Disputes" and substitute the following:

DISPUTES (NOVEMBER 1989)

(a) Any dispute under this grant shall be decided by the AID grant officer. The grant officer shall furnish the grantee a written copy of the decision.

(b) Decisions of the AID grant officer shall be final unless, within 30 days of receipt of the decision of the grant officer, the grantee appeals the decision to AID's Deputy Assistant to the Administrator for Management Services. Any appeal made under this provision shall be in writing and addressed to the Deputy Assistant to the Administrator for Management Services, Agency for International Development, Washington, D.C. 20523. A copy of the appeal shall be concurrently furnished to the grant officer.

(c) In order to facilitate review on the record by the Deputy Assistant to the Administrator for Management Services, the grantee shall be given an opportunity to submit written evidence in support of its appeal. No hearing will be provided.

(d) A decision under this provision by the Deputy Assistant to the Administrator for Management Services shall be final.

Add the following to the Mandatory Standard Provisions:

DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (MARCH 1989)

(a) The grantee certifies to the best of its knowledge and belief, that it and its principals:

(1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(2) Have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (a)(2) of this certification; and

(4) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

(b) The grantee agrees that, unless otherwise authorized by the Grant Officer, it will not knowingly enter into any subagreements or contracts under this grant with a person or entity that is included on the "Lists of Parties Excluded from Federal Procurement or Nonprocurement Programs." The grantee further agrees to include the following provision in any subagreements or contracts entered into under this grant:

DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION (MARCH 1989)

The recipient/contractor certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(c) The policies and procedures applicable to debarment, suspension, and ineligibility under AID-financed transactions are set forth in 22 CFR Part 208.

AID 1350 1 3 87) *PIOT AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES	1 Cooperating Country Centrally Funded	Page 1 of _____ Pages
	2 PIOT No 0385006	3. <input checked="" type="checkbox"/> Original or Amendment No. _____
	4 Project Activity No and Title 938 - 0500 Technical Support for Child Survival - Andean Rural Health Care (ARHC)	

DISTRIBUTION RECEIVED BY: Initials: <i>A. N. B...</i> Date Posted: <i>5/31/90</i> PFM/PPM/A/PNP OFFICE OF FINANCIAL MANAGEMENT	5. Appropriation Symbol 72-1101021.7	6. Budget Plan Code EDCA-90 13810 KG11 047-38-099-00-760
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7. Obligation Status <input checked="" type="checkbox"/> Administrative Reservation <input type="checkbox"/> Implementing Document	8. Project Assistance Completion Date (Mo., Day, Yr.) 9/30/93
9. Authorized Agent AID/W	10 This PIOT is in full conformance with PRO/AG No Date
11a. Type of Action and Governing AID Handbook <input type="checkbox"/> AID Contract (HB 14) <input checked="" type="checkbox"/> AID Grant or Cooperative Agreement (HB 13) <input type="checkbox"/> PASA/RSSA (HB 12) <input type="checkbox"/> Other	11b Contract/Grant/Cooperative Agreement/ PASA/RSSA Reference Number (if this is an Amendment)

12. Estimated Financing (A detailed budget in support of column (2) is attached as Attachment No _____)					
Maximum AID Financing Available	A Dollars	(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
		-0-	700,000	-0-	700,000
	B U.S.-Owned Local Currency				

14A. Instructions to Authorized Agent
 SER/OP/W/MA is requested to execute a three-year, child survival assistance instrument with Andean Rural Health Care (ARHC), effective from 10/1/90-9/30/93. Full project funding is provided herein.
 Please clear assistance agreement with Sallie Jones, PVC/CSH Project Officer, before sending to PVO.
 Attachments: see page 2.

14B. Address of Voucher Paying Office
AID/FVA/PAFD, Washington, D.C. 20523

15. Clearances—Include typed name, office symbol, telephone number and date for all clearances.

A. The Project Officer certifies that the specifications in the statement of work or program description are technically adequate. FVA/PVC/CSH: SJones <i>Sj</i>	Phone No. 32635	B. The statement of work or program description lies within the purview of the initiating office and approved agency programs. FVA/PVC/IPS:LWatkinson <i>LW</i>	Date
	Date 5/23/90		Date 5/24/90
C. FVA/PVC/CSH: JMcEnan <i>JMcEnan</i>	Date 5/23/90	D. Funds for the services requested are available	Date
E. FVA/PPM/PMS: EJefferson <i>elij</i>	Date 5.24.90		

16. For the Cooperating Country: The terms and conditions set forth herein are hereby agreed to	17. For the Agency for International Development
Signature _____ Date _____	Signature <i>[Signature]</i> Date 5-25-90
Title _____	Title Carlos Quiros, Director, FVA/PPM

*See HB 3, Sup. A, App. C, Att B, for preparation instructions. Note: The completed form contains sensitive information whose unauthorized disclosure may subject an employee to disciplinary action.