Agency for International Development
Washington, D.C. 20523

442-0102
PDFCT216

Mr. Harold C. Boykin
Associate Asia/Pacific
International Services
American Red Cross
National Headquarters
Washington, D.C. 20006

AUG 31 1991

Subject: Grant No. ANE-0102-G-00-1039-00

Dear Mr. Boykin:

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 Red Cross (hereinafter referred to as "ARC" or "Grantee") the sum of $475,000 to provide a system for addressing unmet and growing needs of amputee victims, in order for them to return to a productive life.

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 November 30, 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 sign the original and copy of this Cover Letter to acknowledge your receipt of the grant, retain one copy for your files, and return the remaining copy 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 Red Cross:

By _____

Name/Title Alfred J. Panico

Date Sep 10, 1991

Fiscal Data

PIO/T No.:	442-0102-3-1633164
Appropriation No.:	72-1111021.7
Budget Plan Code:	QDCA-91-33442-IG-15
Duns No.:	09-400-2706
IRS Employer ID No.:	530196605
Total Estimated Grant Amount:	$475,000
Total Amount Obligated:	$475,000
Technical Office:	A/PCAP, Mike Feldstein

Financial Plan

Technical Assistance	$372,300
Training/Activity	$ 61,690
Evaluation	$ 25,500
Project Management	$ 15,510
TOTAL PROJECT COSTS	$475,000

The budget estimates for AID funded items are illustrative. In no event will total costs exceed the maximum amount of the Grant, $475,000.

E. REPORTING AND EVALUATION

1. Project Reports

IRC shall submit quarterly reports to A/PCAP and A/PD. A standardized report format shall be provided to the Grantee by AID and this format shall be followed. AID may also request special reports on specific topics on occasion.

2. Final Report

A final evaluation report and a final report on the utilization of grant funds shall be submitted by IRC to ENE/PCAP within 90 days of the completion date of the Grant as set forth in paragraph 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 responsiblity, 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. It is anticipated that AID shall engage the services of a contractor to work in Cambodia and act as a program and fiscal consultant over this and other grantees working in the Phnom Penh area. The contractor shall conduct site inspections, review reports, and make recommendations on vouchers. To enable the contractor to perform these functions, the Grantee shall make available to the contractor all records, accounts, documentation, inventories, and other relevant materials relating to this grant. The grantee shall also provide the contractor with copies of all reports and vouchers submitted to AID as required under this grant.

5. In signing this grant, the Grantee agrees to directly deliver services funded by AID to intended beneficiaries. The Grantee shall not serve as an intermediary which merely turns its commodity or other assistance over to the government or some other group for delivery to beneficiaries unless this has been specifically approved in writing by AID.

6. Marking Requirements

In accordance with AID policy, the contractor shall mark all AID-financed commodities and shipping containers, and project construction sites and other project locations with the AID red, white, and blue handclasp emblem. Marking is not required for raw materials shipped in bulk (such as coal, grain, etc.), or for semifinished products which are not packaged. In addition, all communications about this project shall identify AID and/or the U.S. Government (people of the United States) as the funder and the Grantee as implementor. Any deviation from this requirement must be requested by the Grantee and specifically approved by AID in writing.

7. 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),

Special Free World (Geographic code 935), Thailand, and Japan,

Cambodia.

8. 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.

9. Local Cost Financing

This grant authorizes the use of local cost financing, provided such financing falls within the legitimate needs of the program description applicable to this Grant and does not exceed the following limitations:

1. Procurement locally of items of U.S. origin up to a per transaction limit of the local currency equivalent of $100,000.

2. Procurement locally of items of non-U.S. origin up to a per transaction limit of the local currency equivalent of $5,000.

3. Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:

a. utilities-including fuel for heating and cooking, waste disposal and trash collection;
b. communications-telephone, telex, fax, postal, and courier services;
c. rental costs for housing and office space;
d. petroleum, oils, and lubricants for operating vehicles and equipment;

e. newspapers, periodicals, and books published in the cooperating country, and
f. other commodities and services (and related expenses) that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country.

In cases where local cost procurements are expected to exceed the above limitations, the Grantee must obtain approval form the Grant officer prior to proceeding with the procurement.

Except as otherwise changed by the above limitations, the conditions of the Optional Standard Provision entitled Local Cost Financing (November 1988), hereby incorporated into this Grant, apply, including paragraphs (b), (c), (d), (e), and (f).

The total estimated cost and the obligated amount of this Grant remain unchanged.

All other terms and conditions of this Grant remain unchanged.

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 48.0%

BASE: Direct salaries and wages excluding fringe benefits

PERIOD: 7/1/90 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.

SUMMARY

The American Red Cross (ARC), one of the largest voluntary humanitarian organizations in the United States, proposes a one year project to strengthen prosthesis provision and related medical services in the Kompong Speu Province of Cambodia.

Prolonged conflict within Cambodia has contributed to a high numbers of amputees, including women and children. Present prosthesis production has not kept pace with the growing number of amputation. Reasons for this problem are the lack of an assessment of amputee needs, no long range planning, a limited number of prosthesis facilities, no treatment program, no training programs and no coordination of efforts. To address these limitations, the proposed project will:

- Increase production and fitting of prostheses for all amputee patients;
- Establish a more precise assessment of physical rehabilitation needs and prepare a realistic short and long term rehabilitation plan;
- Improve the overall quality of orthopedic clinical treatment;
- Provide skilled manpower by on-the-job training;
- Integrate all activities with ongoing health activities of other NGOs and the ICRC.

The project purpose is to provide a system for addressing unmet and growing needs of amputee victims, in order for them to return to a productive life.

The total cost of the project will not exceed $475,000 for the duration of one year.

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PROJECT RATIONALE

Cambodia is a Southeast Asian Country that borders Thailand, Laos and Vietnam. It is smaller than Oklahoma, but has a population of 6.8 million people. Cambodian, or Khmer language, which has its own alphabet is spoken by more then 95% of the population. French is also spoken, but only in major cities. Kompong Speu Province, which is the designated project area, lies directly west of the capitol Phnom Penh and east of the Elephant Mountains. The country's best road, built by the U.S., runs through the provincial capital from Phnom Penh to Kompong Som Port in the Gulf of Siam. The province has an area of 1,000 sq. km and a population of 424,500. Eighty percent of the population is women and children, with 55 percent women and 25 percent children under age 15.

Prolonged conflict within Cambodia has contributed to high numbers of amputees, especially within Kompong Speu province. There is no exact data on the number of amputees within the province, but estimates are that 2,500 adults and 1,500 children are in need of prosthetic devices. The predicted number of amputees falls within the range that W.H.O and the International Society for Protheses-Orthosis established for disability and people needing prosthetic devices. Still these estimates must be considered only as an approximate assessment of the need of the province. Indications are that the number of new amputees will increase by 20 per month, due to the prevalence of undetected land/personnel mines in the area.

Prosthetic activities. Within Cambodia three agencies, International Committee of the Red Cross(ICRC), American Friends Service Committee (AFSC) and Handicapped International (HI), are providing prosthetic services. The ICRC prosthetic program, which has been operating in conflict areas, focused on protheses production using plastic materials. Given the need to meet the high demand for prostheses, ICRC is proposing a nation-wide prosthesis program. The program calls for mass production of standardized components at major centers and the distribution of these components to established protheses workshops. The program also provides for training of certified prosthetists. It should be noted that when the program is implemented, the first of the trained technicians are expected to graduate in three years. Negotiations between the Cambodia government and ICRC for approval of the program are still ongoing. AFSC operates the present prostheses workshop in the Kompong Speu province. The workshop consists of one expatriate and a staff of five local nationals. The workshop is located on the same compound of the hospital, but operates without support of the hospital. The workshop produces prostheses of wood body and leather socket, at a production rate of two per month.

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This technology has not kept pace with demands. AFSC believes that their efforts should be concentrated in Phnom Penh, thus they are willing to turn over operations to another agency. HI has supported AFSC services in the province, through the provision of technicians and logistical assistance.

General health care system. During a three week assessment mission, Dr. Louisa Chan, an American Red Cross consultant, toured a number of areas. She highlighted the Kompong Speu province as having the greatest need and greatest potential for success. Some of Dr. Chan's findings include:

* The only hospital is Kompong Speu Provincial Hospital, a 200 bed hospital, with surgical, maternity, pediatric and adult wards.

* The hospital is under-utilized because of problems in management, lack of trained and motivated staff, lack of equipment, supplies and acceptable standards of care.

* There is an one room prothesis workshop, next to the hospital, with hand-powered equipment and one technician.

* Present prosthesis production is slow, resulting in patients having to wait for long periods before receiving a prosthesis. The present finished product is not acceptable to the users and not appropriate for working conditions.

Dr. Chan also noted the following activities being conducted within the Kompong Speu province by different international non-governmental organizations (NGO's):

* American Friends Service Committee administers a prosthesis workshop. One technician, working with hand powered tools, produces 2 prostheses per month.

* World Vision International manages a primary health care project in the Northern Odang district of Kompong Speu.

* Save the Children Fund Australia has designed a program at the national level to train midwives and health care workers to work at the district and commune levels. The first round of teaching has been completed in four of the districts.

* UNICEF runs a community development project in one of the districts, to include a day care center.

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The proposed ARC Kompong Speu Province project focuses on a geographical area with a large population of disabled war victims, to include children. Some progress has been made in health care development by the ICRC and NGOs in this area. Yet special services, such as orthopedic services, to the disabled remain inadequate to meet growing needs. Based on the assessment and meetings with NGO's working in Cambodia, the American Red Cross proposes to focus on the need to improve the quality of orthopedic clinical treatment, prostheses production and training. The ARC project will address the following constraints:

- The need to have more precise estimates of current rehabilitation needs. To develop a realistic long term rehabilitation strategy, for operational programs and human resource needs.

- Shortage of capacity to manufacture and fit protheses. There is an apparent widening gap between the number of amputees in need of prostheses and lack of a system to serve them.

- Poor overall standards of orthopedic surgery for amputees, an inadequate follow-up program and maintenance program. Technical standards of orthopedic surgery for amputations is limited. No consultation between surgeon and prosthetist, limbs are often amputated at an incorrect length, a high infection rate exists, additional surgery and prosthetic failure.

- Shortage of trained orthopedic surgeons, prosthetist and physical therapist. No training programs to provide current procedures in rehabilitation services.

To support and strengthen on-going health activities and avoid duplication of efforts, the ARC project will coordinate with the other NGOs working in the province. This would include the use of trained health workers to refer patients to the clinic and promote safety, especially in mine detection and continued follow-up of patients fitted with prostheses.

Assistance to the Khmer Rouge faction. To avoid the possibility of providing assistance to the Khmer Rouge faction, the American Red Cross selected the Kompong Speu Province. The province is outside Khmer Rouge controlled areas and is under government protection.

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The American Red Cross feels strongly that it can provide the necessary services to the province, independent of the current situation. All assistance provided by the Red Cross goes strictly for the intended purposes of the project and the designated population whom project activities intend to serve, with no government intervention.

BACKGROUND

The American Red Cross and Cambodian Red Cross relationship. The Cambodian Red Cross and the American Red Cross, as members of the International Red Cross and Red Crescent Movement, share and support the same fundamental Red Cross principles. ARC involvement with Cambodia has been through the provision of relief assistance during times of natural disasters. In response to a Cambodian Red Cross appeal, the American Red Cross sent a consultant to assess health needs and to determine the feasibility of building a working partnership. Our Greater Long Beach Chapter is developing a program for helping the Cambodian Red Cross improve its capacity to provide services to the Cambodian people.

Other Red Cross activities. Since 1979, the International Committee of the Red Cross (ICRC) has operated medical assistance programs, protection services and tracing assistance within areas of conflict. We have supported these programs through financial contributions. Under its medical assistance program, the ICRC operates prostheses workshops within conflict areas. These workshops use plastic as the material for fabrication of prostheses. To meet the needs of amputees, the ICRC plans to initiate a nation-wide prosthesis program. The ARC project will compliment this program.

The League of Red Cross and Red Crescent Societies (League) recently returned to Cambodia with a program to assist displaced families, establish health programs and conduct a nutritional assessment. The proposed program projected budget is $1.8 [illegible] [illegible]nce January 1991, we provided the services of [illegible] delegate to serve as a Development Delegate for League operations. The proposed ARC project will coordinate with the League program in the area of health care.

Since 1985, the Australian Red Cross operated the Kompong Speu hospital. The society wants to redirect it efforts in Cambodia and requested that other societies take over the operation. We advised the society of our interest in the improvement of orthopedic services.

Discussions with these Red Cross groups have provided the framework for this project. The intention of this project is to ensure better utilization of resources and to improve services. A modernized prosthetic workshop, using appropriate technology, will make available low cost, durable prostheses that are acceptable to the amputees. Improvement in medical care, would have qualified national counterparts trained in orthopedic procedures for amputation, management of amputee patients, quality control and administration. All activities will support and work with the other NGO's project activities.

PROJECT GOALS AND OBJECTIVES

A. Goal and Purpose

The overall goal of the American Red Cross in Cambodia is to provide humanitarian assistance to this war torn country. The American Red Cross intends to realize the project goal through the improvement of existing resources and infrastructures.

The project purpose is to provide a system for addressing unmet and growing needs of amputee victims, in order for them to return to a productive life.

B. Proposed Objectives

The proposed project will provide assistance in the following areas:

Short term: To increase production and fitting of prosthesis for all amputee patients;

Medium term: To establish a more precise assessment of physical rehabilitation needs and to prepare a realistic short and long term rehabilitation plan;

To create a prosthetic workshop using available technology that is capable of providing services to all patients;

To improve the overall quality of orthopedic clinical treatment;

To provide skilled manpower by on the job training;

Long term: To integrate all activities with on-going health activities of other NGOs and the ICRC.

Although the project focuses on prosthesis production, it could conceivably be achieved without support of the hospital. Still, the success of the project would be greatly strengthened through cooperation with hospital medical personnel. Many of the problems associated with prosthesis fitting and maintenance would be avoided if the prosthesis component is carried out in collaboration with the hospital. The Australian Red Cross experienced problems in their project due to the lack of a full-time physician to work at the hospital and to coordinate with the proethetic workshop. ARC believes that successful provision of prostheses requires a comprehensive approach to amputee care, thus cooperation between orthopedic and medical personnel must occur throughout the process.

PROJECT PLAN

Project Inputs/Outputs.

Output 1: Needs assessment and strategic planning. An accurate assessment of physical rehabilitation needs in the province that will serve as a basis for planning. A profile of the province will be developed from these findings.

> Inputs. Technical assistance and local support in collecting and analyzing data. Joint collaboration with Cambodian Red Cross, Australian Red Cross, AFSC, HI and ICRC.

Output 2. Increase the number of prostheses that are manufactured, fitted and in use. Presently, only 2 prostheses are being produced. By the end of project, prostheses produced and fitted should total 50 per month.

> Inputs. Upgrade present prostheses workshop to use available technology. One long term (12 months) prosthetist. Assignment of local workers within the workshop.

Output 3. Measurable improvement in the quality of orthopedic clinical treatment. These include establishing collaboration between surgeons and prosthesis staff. Providing a new service, physical therapy, for improving treatment of patients. Establishing standard practices prior to surgery, follow-up and a "client responsive" prostheses program.

> Inputs. One long term (12 person/month) Surgeon, one short term (6 person/month) Physical Therapist, one long term (12 person/month) prosthetist. One long term (12 person/month) Nurse. Local prosthetic workers and nursing personnel. Establishment of logistic and information network.

Output 4. Increased number of trained and qualified Cambodians in components of rehabilitation. Training program will be developed for qualified surgeons, health care workers and prosthetist.

> Input. Technical assistance to prepare training program consisting of booklets, slides and tapes for the various phases of orthopedic treatment. One long term (12 person/month) orthopedic specialist, one short term (6 person/month) Physical Therapist, one long term (12 person/month) prosthetist. Local prosthetic workers and nursing personnel.

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Output 5. Incorporate program into a nation wide program. The workshop will used standardized components prepared at prosthetic centers, and serve a larger population.

Inputs. One long term (12 person/month) liaison delegate. Establishment of logistic and information network.

Project Beneficiary. In this project, the beneficiaries will be:

Direct beneficiaries

- War-wounded civilians who will have better access to medical attention and who will receive treatment, prostheses, physical therapy and follow-up care (estimated 1,000 per year).

- Course trainees in several categories

  * Medical and health technicians who will receive new skills during the course of the project (estimated 4 surgeons, 10 nurses by project's end).

  * Prosthetic technicians who will acquire new technical skills in fabrication of prostheses (estimated 5 to 10 by project's end).

  * Health technicians recruited for cross-training in physical therapy activities (10 nurses by project's end).

Indirect beneficiaries

- Health care system within the province area which will have efficient procedures for meeting health needs of amputees.

- Families of the victims who will obtain information for caring of family members

- Organizations working in the province who will benefit from better coordination of activities.

Cost per direct beneficiary.

<u>To increase production and fitting of prosthesis for all amputee patients.</u> Present productions use leather and wood, which are readily available in country. The production cost utilizing these materials is approximately $25.00. Still, patients have to wait a long time before being fitted and have complained of the lack of durability of the wood and leather prosthesis. ICRC uses a technology that makes use of molded polypropylene plastic.

Plastic materials are available in country and plastic prostheses can be made in less time than the wood and leather one. Yet, production cost is higher -a price of $100.00 per unit. The protheses fabricated in plastic last longer, are more durable than wood/leather and are produced in a shorter period of time. Based on these points, it is possible that plastic prostheses are better suited for t e patients.

To establish a more precise assessment of physical rehabilitation needs and to prepare a realistic short and long term rehabilitation plan. With the on-going conflict in Cambodia, the country has limited resources available for meeting the needs of amputees. An assessment of the rehabilitation needs will allow for planning of services to address the needs of victims and to identify and allocate resources.

To create a prosthetic workshop, using available technology, that is capable of providing services to all patients. There are other agencies doing prosthetic work using a variety of components and devices. Until the nation-wide program is implemented, prosthetic workshops will be confronted with a variety of prosthetic devices. If the workshop cannot provide services, to patients ne ding prosthetic devices, many would not be able to maintain a livelihood. By providing prostheses services, that could work on different types of prostheses, we can help a person return to a productive life.

To improve the overall quality of orthopedic clinical treatment. Patients refuse to visit hospitals that cannot provide the necessary services and many receive treatment at other places. The quality of care within the country is poor, thus the patient [illegible] treatment. If the patient [illegible] with a prosthesis proper treatment must be given or the fitting will fail. A well-designed clinic will ensure utilization of services, promotion of health awareness and increased confidence by the patient in the health care system.

To provide skilled manpower by on the job training. Rehabilitation services is a new concept to Cambodia, thus the lack of trained people in this area. Lack of rehabilitation activities denies patients adequate treatment for amputation. Training programs will ensure that all staff members receive courses in rehabilitation methods in order to better serve the amputee population.

The ARC is not planning to implement new technologies or duplicate present activities, but will utilize existing resources for conducting this project. In the fabrication of prostheses leather/wood and plastic will be used in order to maintain continuity of activities and to provide continuing support for amputees. The existing workshop is to be upgraded to improve production with present staff trained in AFSC and ICRC methods. Our project will differ from other existing prosthetic programs in that the emphasis is on: (1) training programs, such as prosthesis production and medical procedures, to upgrade skills

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of all workers; (2) coordination of hospital and workshop operations for better management of amputee patients; (3) implementation of a physical therapy program to improve service to amputees and (4) integration of project activities into a nation-wide program.

Project staff and management. The project will employ a prosthetic technician to train local technicians; one surgeon and nurse who will train and assist hospital staff and introduce improvements in amputee patient care; a physical therapist to train nursing staff in basic physical therapy activities and a project coordinator/logistics delegate to manage project reporting, finances, logistical and daily operations.

The field operation for this project will be managed by the project coordinator. The Associate for the Asia/Pacific of the American Red Cross, National Headquarters, will serve as the oversight officer for the project.

In planning for this project, the American Red Cross has asked the Cambodian Red Cross for assistance in obtaining approval for conducting activities. The Cambodian Red Cross agreed to obtain the necessary permission from designated government offices for the project and to serve as liaison for the project. Since 1980, the Cambodian Red Cross has been successful in obtaining permission from the government for other Red Cross societies to work in the country.

Sustainability.

This is not a stand-alone project; ARC plans to incorporate this project into an overall program for the country [illegible] project plans to train technicians in all areas of prosthesis production, thus producing prosthesis technicians who have continuing knowledge and flexibility to produce prostheses. Training of health care workers is to follow acceptable guidelines for orthopedic procedures established by the Red Cross programs. Workers receiving training will be able to continue to meet the needs of amputees.

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Implementation Plan

Upon approval of this proposal, the project will start on September 1, 1991

INITIAL PHASE

- American Red Cross project officer will visit project site to meet with Cambodian Red Cross (CRC) officials and other concerned parties, to complete and sign contract between ARC and CRC. (August/September 1991).

- Prepare final assessment of equipment needs and order equipment. (August 1991).

- Begin staff search, project, and travel logistics. (July/August 1991)

PHASE I - First Six Months (September 1991 - February 1992)

- Complete project staff recruitment and placement of team in Cambodia. (September 1991)

- Recruit local prosthetic technicians. (September 1991)

- Set up logistics and establish the team's presence, housing, etc. (End of September 1991)

- Complete monthly timetable and goals for duration of project. (October 1991)

- Develop implementation plan with provincial health authorities, hospital, and other NGO's working in the region. (October/November 1991)

- Complete survey and collection of baseline data including provincial hospital services, prosthesis workshop services, provincial health problems, and needs. (February 1992)

PHASE II - Mid-Point: First Three Months (March - May 1992)

- Start cross training in physical therapy. (March 1992)
- First review of survey (March 1992)
- Conduct mid-term evaluation and prepare report. (April 1992)
- Review budget, and prepare annual report of charted accounts. (May 1992)

Phase III - End of Project (May - August 1992)

- Evaluate project impact. Based on results, develop plans for project continuation, expansion or replication. (June 1992)
- Negotiate with ICRC on integration of activities into national program (June 1992)
- Final evaluation of project activities (June/July 1992)
- Begin integration of project activities into ICRC program. (July/August 1992)
- Prepare End of Project Report (August 1992).

EVALUATION AND MONITORING METHODS

The American Red Cross will obtain the services of an evaluation team, consisting of a prosthesis specialist, physician and a health care specialist. We plan to have the team to visit the project site at project mid-point and at the completion of the project.

Mid-term Evaluation. A two week evaluation should take place five months after implementation of project activities. The evaluation will assess initial activities and suggest any necessary mid-course correction.

Final Evaluation. Near completion of activities, the team will document the impact of project activities on achievement of goals and purpose. They will provide recommendations for activities to be continued or incorporated into any proposed follow-up project.

Both evaluations are to examine implementation matters, such as the timeliness of delivery of project commodities, quality of technical assistance and training courses, progress of the workshop and progress made in improving the quality of patients care. The findings and recommendations of both evaluations will be incorporated into a report to share relevant lessons learned.

To assist in monitoring and evaluation of project activities, the following information will be obtained and evaluated:

Hospital records. These records are to be used for studying utilization of hospital services, medical conditions of the patients, and areas they came from, number of patients returning for treatment and cost for services rendered.

Ward records. These records will be used for determining medical treatment given to patients and the level of care provided.

Workshop records. These records will be used to determine production levels, quality control of products, patient fittings and follow-up visits.

Prepared survey of province.

American and Cambodian Red Cross staff assigned to the project, will obtain the above information daily. The information will then be compiled in monthly reports for discussion with all participants in the project.

Non-AID Contribution.

The Cambodian Red Cross, in collaborating with the ARC, has agreed to provide in-kind donation of services, logistical support and personnel. The Cambodian Red Cross contributions amount to more than 10 percent of the project cost. Estimated value $50,000.00

The Greater Long Beach Chapter will provide the services of a Physical Therapist, prepare training materials and assist with evaluations. Estimated value $70,000.00

The ICRC will provide supplies in support of project activities. Estimated value $100,000.

The Norwegian Red Cross will provide medical supplies to the hospital. Estimated value $100,000.

OPTIONAL STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL GRANTEES

The following standard provisions are required to be used when applicable. Applicability statements are contained in the parenthetical statement preceding the standard provision. When a standard provision is determined to be applicable in accordance with the applicability statement, the use of such standard provision is mandatory unless a deviation has been approved in accordance with Paragraph 1E of Chapter 1 of Handbook 13. Each grant is required to have a payment provision. Check off the optional standard provisions which are included in the grant. Only those standard provisions which have been checked off are included physically within this grant.

1.	Payment - Letter of Credit	✓
2.	Payment - Periodic Advance	
3.	Payment - Cost Reimbursement	
4.	Air Travel and Transportation	✓
5.	Ocean Shipment of Goods	✓
6.	Procurement of Goods and Services	✓
7.	AID Eligibility Rules for Goods and Services	✓
8.	Subagreements	
9.	Local Cost Financing	✓
10.	Patent Rights	
11.	Publications	
12.	Negotiated Indirect Cost Rates - Predetermined	
13.	Negotiated Indirect Cost Rates - Provisional	✓
14.	Regulations Governing Employees	✓
	Participant Training	
16.	Voluntary Population Planning	
17.	Protection of the Individual as a Research Subject	
18.	Care of Laboratory Animals	
19.	Government Furnished Excess Personal Property	
20.	Title to and Use of Property (Grantee Title)	✓
21.	Title to and Care of Property (U.S. Government Title)	
22.	Title to and Care of Property (Cooperating Country Title)	
23.	Cost Sharing (Matching)	
24.	Use of Pouch Facilities	✓
25.	Conversion of United States Dollars to Local Currency	✓

(INCLUDE THIS PAGE IN THE GRANT)

(Appendix Continues on Page 4C-9)

1633

AID 1350 1 (3 87)

*PIO/T

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT IMPLEMENTATION ORDER/TECHNICAL SERVICES

1 Cooperating Country: ENE/Regional

Page 1 of Pages

2 PIO/T No: 442-0102-3-1633164

3 [X] Original or Amendment No. ____

4 Project/Activity No and Title

Project No. 442-0102:Humanitarian Aid to the Children of Cambodia

The American Red Cross ANE-0102-00-6-1039-0

DISTRIBUTION

FUNDS RESERVED BY: Initials: ____ Date Posted: 7/22/91 PFM/FM/A/PNP

OFFICE OF FINANCIAL MANAGEMENT

5 Appropriation Symbol: 72-1111021.7 (047-63-442-00-69-11)

6 Budget Plan Code: QDCA-91-33442-IG-15

7 Obligation Status: [ ] Administrative Reservation [ ] Implementing Document

8. Project Assistance Completion Date (Mo , Day, Yr)

9 Authorized Agent: AID/W

10 This PIO/T is in full conformance with PRO/AG No ____ Date ____

11a Type of Action and Governing AID Handbook: [ ] AID Contract (HB 14) [ ] AID Grant or Cooperative Agreement (HB 13) [ ] PASA/RSSA (HB 12) [ ] 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 ____

		(1) Previous Total	(2) Increase	(3) Decrease	(4) Total to Date
Maximum AID Financing Available	A Dollars		$475,000		$475,000
	B U S Owned Local Currency				

13 Mission References

14A Instructions to Authorized Agent

Please negotiate a grant agreement with the American Red Cross (Attachment 1 is budget request) for provision of services and activities described in their proposal "Prosthesis Provision and Related Medical Care." (Attachment 2)

14B Address of Voucher Paying Office

FA/FM/CMP/DC, 700 SA-2

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 ENE/PCAP:MFeldstein	Phone No 647-9137 Date 7/18/9	B The statement of work or program description lies within the purview of the initiating office and approved agency programs ENE/PCAP:Paul E. White	Date 7/18/91
C ENE/PD/PCAP:TMarr ENE/PDP/F:MCrawford	Date 15 Jul 91 7-18-91	D Funds for the services requested are available PFM/FM :R. Anderson	Date
E ENE/DP:LRogers APRE/DR:TNicastro	Date 7-18-91 7/16/91		

16 For the Cooperating Country The terms and conditions set forth herein are hereby agreed to

Signature ____ Date ____

Title ____

17 For the Agency for International Development

Signature Satish Shah Date 7/19/91

Title Satish Shah, Deputy Director, ENE/PDP

*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

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