



USAID
FROM THE AMERICAN PEOPLE

Will Story
Christian Reformed World Relief Committee
2850 Kalamazoo Ave, SE
Grand Rapids, MI
49560

Reference: USAID/M/OAA/GH-07-858 Malaria Communities Program

Subject: Cooperative Agreement No. **GHN-A-00-07-0008-00**

Dear Mr. Story:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the U.S. Agency for International Development (USAID) hereby awards to Christian Reformed World Relief Committee hereinafter referred to as the "Recipient", the sum of \$1,500,000.00 to provide support for a program in Malawi as described in the Schedule of this award and in Attachment B, entitled "Building Community Capacity to Control Malaria in Central Malawi."

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to expenditures made by the Recipient in furtherance of program objectives during the period beginning with the effective date September 30, 2007 and ending September 29, 2012. USAID will not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

This Cooperative Agreement is made to the Recipient Christian Reformed World Relief Committee, on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment A (the Schedule), Attachment B (the Program Description), Attachment C (the Branding Strategy and Marking Plan), Attachment D (the Standard Provisions) and Attachment E (Initial Environmental Examination), all of which have been agreed to by your organization.

Please sign the original and all enclosed copies of this letter to acknowledge your receipt of the Cooperative Agreement, and return the original and all but one copy to the Agreement Officer.

Sincerely,

Marjan Zanganeh
Agreement Officer
USAID

Attachments:

- A. Schedule
- B. Program Description
- C. Branding Strategy and Marking Plan
- D. Standard Provisions
- E. Initial Environmental Examination

ACKNOWLEDGED:

BY: Stephanie Sechelt
TITLE: Grants Officer, CRWRC
DATE: 9-26-07

A. GENERAL

1. Amount Obligated this Action:	\$ 363,122.00
2. Total Estimated USAID Amount:	\$1,500,000.00
3. Total Obligated USAID Amount:	\$ 363,122.00
4. Cost-Sharing Amount (Non-Federal):	\$0.00
5. Activity Title:	Building Community Capacity to Control Malaria in Central Malawi
6. USAID Technical Office:	USAID/GH/HIDN/ID
7. Tax I.D. Number:	38-1708140
8. DUNS No.:	072581366
9. LOC Number:	72001593

B. SPECIFIC

Commitment Doc. Type	PR
Commitment No.	GH/HIDN-02237
Line Item	1
Budget Fiscal Year:	2007
EBFY	2008
Fund	CD
Operating Unit:	GH/HIDN
Strategic Objective:	A11
Distribution	936-3100
Management	A049
BGA	997
SOC	4100202
Amount	\$363,122.00

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ATTACHMENT A SCHEDULE

A.1 PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide support for the program described in Attachment B to this Cooperative Agreement entitled "Building Community Capacity to Control Malaria in Central Malawi."

A.2 PERIOD OF COOPERATIVE AGREEMENT

The effective date of this Cooperative Agreement is September 30, 2007. The estimated completion date of this Cooperative Agreement is September 29, 2012.

A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT

1. The total estimated amount of this Cooperative Agreement for the period shown in A.2 above is \$1,500,000.00.
2. USAID hereby obligates the amount of **\$363,122.00** for program expenditures. The Recipient will be given written notice by the Agreement Officer if additional funds will be added. USAID is not obligated to reimburse the Recipient for the expenditure of amounts in excess of the total obligated amount.
3. Payment will be made to the Recipient by Letter of Credit in accordance with procedures set forth in 22 CFR 226.

A.4 COOPERATIVE AGREEMENT BUDGET

The following is the Agreement Budget. Revisions to this budget shall be made in accordance with 22 CFR 226.

Cost Element

1. Total Direct Costs	\$1,421,762.00
2. Total Indirect Costs	\$ 78,238.00
3. Total	\$1,500,000.00
4. Total Cost Share	\$ - 0 -

A.5 REPORTING AND EVALUATION

1. Financial Reporting

The Recipient shall submit one original and two copies. Financial Reports shall be in keeping with 22 CFR 226.

In accordance with 22 CFR 226.52, the SF 269 and SF 272 will be required on a quarterly basis. The recipient shall submit these forms in the following manner:

(1) The SF 272 and 272a (if necessary) must be submitted via electronic format to the U.S. Department of Health and Human Services (<http://www.dpm.psc.gov>). A copy of this form shall also be submitted at the same time to the Agreement Officer and the Cognizant Technical Officer.

(2) The SF 269 or 269a (as appropriate) shall be submitted to the Cognizant Technical officer with one copy to the Agreement Officer.

(3) In accordance with 22 CFR 226.70-72, the original and two copies of all final financial reports shall be submitted to M/FM, the Agreement Officer (if requested) and the CTO. The electronic version of the final SF 272 or 272a shall be submitted to HHS in accordance with paragraph (1) above.

2. Program Reporting

The Recipient shall submit one original and two copies of an annual performance report to the Cognizant Technical Officer (CTO). The performance reports are required to be submitted annually. Guidelines for program reports will be provided by the CTO.

3. Final Report

The Recipient shall submit the original and one copy to M/FM, the Agreement Officer, and the CTO and one copy, in electronic (preferred) or paper form of final documents to one of the following: (a) Via E-mail: docsubmit@dec.cdie.org ; (b) Via U.S. Postal Service: Development Experience Clearinghouse, 8403 Colesville R

<http://www.dec.org/index.cfm?fuseaction=docSubmit.home>

Guidelines for final reports will be provided by the CTO.

A.6 INDIRECT COST RATE

Pending establishment of revised provisional or final indirect cost rates, allowable indirect costs shall be reimbursed on the basis of the following negotiated provisional or predetermined rates and the appropriate bases:

Description	Rate	Base	Type	Period
Management & General	5.50%	1/	1/	1/

1/ **Base of Application:** Total expenses excluding management and general expenses, subgrants in excess of \$25,000 and donations.

Type of Rate: Provisional
Period: Date of award until amended

A.7 TITLE TO PROPERTY

Property Title will be vested with the Cooperative Country.

A.8 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of services under this Cooperative Agreement is 935. The authorized geographic code for procurement of commodities under this Cooperative Agreement is 000.

A.9 COST SHARING

There is no cost share involvement in this Cooperative Agreement.

Please refer to Section A.4 above for specific budget information.

A.10 SUBSTANTIAL INVOLVEMENT

Substantial involvement during the implementation of this Agreement shall be limited to approval of the elements listed below:

- Approval of annual workplans and modifications that describe the specific activities to be carried out under the Agreement;
- Approval of specified key personnel;
- Approval of monitoring and evaluation plans, and USAID involvement in monitoring progress toward achieving expected results and outcomes;
- Concurrence with selection of sub-award recipients

A.11 KEY PERSONNEL APPROVAL

The following key personnel position is hereby approved:

- Project Director

A.12 PROGRAM INCOME

The Recipient shall account for Program Income in accordance with 22 CFR 226.24 (or the Standard Provision entitled Program Income for non-U.S. organizations). Program income is not anticipated under this award.

A.13 SPECIAL PROVISIONS

A.13.1 USAID DISABILITY POLICY (DEC 2004)

(a) The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website:
http://www.usaid.gov/about_usaid/disability/.

(b) USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

A.13.2 EXECUTIVE ORDER ON TERRORISM FINANCING (FEB 2002)

The Contractor/Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/subawards issued under this contract/agreement.

A.13.3 FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JAN 2002)

Funds in this [agreement, amendment] may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" or as approved by the AO.

A.13.4 WORKPLAN APPROVAL PROCESS

A workplan template will be provided to the Recipient within fifteen (15) days after award of this Cooperative Agreement. Final workplans will be due to the CTO approximately sixty (60) days after award of this Cooperative Agreement.

A.13.5 ENVIRONMENTAL CONCERNS

During the life of the Agreement, the Recipient will follow the approved environmental mitigation measures described in the Initial Environmental Examination, attached as Attachment E.

-End of Schedule-

Attachment B PROGRAM DESCRIPTION

The Recipient's Program Description entitled "**Building Community Capacity to Control Malaria in Central Malawi**" and the Recipient's proposed Branding Strategy and Marking Plan (Attachment C) submitted in response to RFA M/OAA/GH/07-858, are attached hereto and are made a part of this Award.

1. EXECUTIVE SUMMARY

Since 1962, the Christian Reformed World Relief Committee (CRWRC) has extended relief and long-term development assistance to communities around the world. Today CRWRC partners with 130 faith-based and community organizations in 30 countries throughout Africa, Asia, and the Americas, providing them with small grants and technical assistance and training intended to strengthen their organizational development and their approach to sustainable development.

For the past 17 years, CRWRC has been working in Malawi through a partnership with Nkhoma Relief and Development (NRD), an agency of the Church of Central Africa, Presbyterian. NRD is a high capacity indigenous organization with past experience successfully implementing malaria control interventions. From 2002 through 2005, NRD worked with Population Services International (PSI) in the Global Malaria Prevention and Control Initiative, an ITN distribution program funded by the Centers for Disease Control (CDC) and Prevention.

Under the five-year program proposed in this application, CRWRC and NRD will directly reach at least 50,400 pregnant women or other adults who have children under five in their households with messages about malaria prevention and treatment. The program will target nine districts in the Central Region of Malawi: Kasungu, Dowa, Mchinji, Lilongwe, Ntchisi, Nkhotakota, Salima, Dedza, and Mangochi. Within these nine districts CRWRC will work in 19 traditional authorities (TAs) that together have a total population of 1,576,292 (approximately 12% of the total population of Malawi). According to population estimates, the CRWRC working area will include 69,542 pregnant women and 248,034 children under five.

CRWRC will focus on the Central Region of Malawi for three reasons: (1) high prevalence of malaria-related morbidity, (2) low rates of malaria preventive behaviors, and (3) presence of a high-capacity indigenous partner organization with experience in malaria programming.

CRWRC's program will contribute toward achieving goals outlined in the PMI Malaria Operational Plan for Malawi and the five year strategic plan developed by the National Malaria Control Program (NMCP). Thousands of community volunteers will be mobilized, trained, and supported as they use behavior change communications techniques to assist their neighbors to adopt behaviors that will enable them to prevent and control malaria. Messages will emphasize the importance of every household owning at least one insecticide treated net (ITN) and ensuring that any pregnant women and children under five in the household sleep under an ITN every night; the need for all pregnant women to receive two or more doses of SP during pregnancy to prevent malaria, anemia, and low birth weight; and the need for all children under five with suspected malaria to receive treatment with an antimalarial drug within 24 hours of onset of symptoms. All of these

messages directly support the PMI coverage targets and align with NMCP objectives, as is demonstrated clearly in Section 4.1 of the proposal below.

The proposed start date of the program is October 1, 2007, and the proposed end date is September 30, 2012. USAID funding requested for the program over five years equals \$1,500,000. If this application is successful, CRWRC will sub-grant \$1,245,265 in federal funding to NRD over the life of the program.

2. ORGANIZATIONAL CAPABILITY AND PAST PERFORMANCE OF APPLICANT

2.1. Organizational Overview

Established in 1962 by the Christian Reformed Church denomination, the Christian Reformed World Relief Committee (CRWRC) exists so that *"communities around the world whose well-being has been jeopardized by poverty, injustice, or disaster are engaged in transformative practices that improve their situations in sustainable ways."* CRWRC partners with 130 churches and local organizations in 30 countries throughout Africa, Asia, and the Americas, achieving transformation in the lives of the poor through community development and disaster recovery programs. CRWRC gives consultation and financial support to partners as they carry out multi-sector programs in health, HIV/AIDS, agriculture, literacy, and income generation.

CRWRC's annual operating budget in fiscal year 2006 was \$27 million. During FY06, CRWRC raised over \$31 million in revenue. This was a record income year for CRWRC, which resulted from generous giving by churches and individuals in response to the tsunami in the India Ocean and Hurricanes Katrina and Rita. About 67% of funding for the organization came from churches and individuals, and 31% came from government and other grants. CRWRC undergoes an independent audit of its finances each year by the accounting firm Deloitte.

2.2. History and Current Areas of Involvement in Malawi

CRWRC began its work in Malawi in 1990. Over the past 17 years, CRWRC has invested many resources in establishing and strengthening non-governmental development organizations in Malawi and in building capacity at the village level for community transformation. CRWRC currently supports programming by Malawian partners in the sectors of health, sustainable agriculture, literacy, income generation, and self-help group development. Currently, CRWRC has partnership agreements with two local non-governmental organizations in Malawi that receive technical assistance and small grants from CRWRC to implement community programs.

The local organization that will serve as the implementing partner for this proposed malaria prevention program is Nkhoma Relief and Development (NRD), which has been a partner of CRWRC

since 1990. NRD is an agency of the Nkhoma Synod of the Central Church of Africa, Presbyterian (CCAP). It serves the entire Central Region of Malawi. Using a multi-sector approach to community development, NRD implements programs that address health, sustainable agriculture, adult literacy, and small business development. Programs are carried out primarily in the context of women's groups, although NRD has recently started to work with mixed groups of men and women as well. Currently, 9,000 women participate in NRD's community health programs. As an agency of the CCAP, which has a membership of one million people in Malawi, NRD has the potential to reach many more communities through congregations that are not currently taking part in the development work.

Between 2002 and 2005, NRD was a sub-recipient of an award from the Centers for Disease Control (CDC) for a malaria control program. By participating as an implementing partner in that project, NRD gained experience in coordinating and collaborating with various PMI partners, including the CDC, PSI, and the Ministry of Health and Population (MOHP). Recently, NRD contacted NMCP officials to request an appointment so they could discuss potential for collaboration in the fight against malaria in the Central Region of Malawi.

CRWRC has made long-term investments in building the organizational capacity of NRD through training and consultation. Changes in NRD's capacity over the years have included: improved accounting and acceptable external audits; improved reporting (timeliness and content); better human resource management, and a better informed and more involved Board.

The CRWRC/Malawi field office, which is located in Lilongwe, includes three international staff who provide consulting services to local partners. Support personnel include a full-time administrative assistant and a part-time accountant.

2.3. Past Performance

For three decades, CRWRC has successfully implemented integrated community health programs that increase the survival rate of children under the age of five and improve the health of mothers. CRWRC has trained thousands of community-level health promoters in maternal care, infant feeding, nutrition, child growth monitoring, the promotion of vaccinations, hygiene, sanitation, the prevention and control of malaria and pneumonia, and the prevention of HIV.

Like CRWRC, NRD also has a strong track record in programs focused on primary health, nutrition, and malaria control. From 2002 through

2005, NRD implemented a successful malaria control in partnership with the Presbyterian Church (USA) with the financial support of the CDC. Program activities included distribution of 45,000 subsidized and free ITNs, training people in the use and maintenance of bednets, coordination of bednet re-treatment campaigns (which resulted in the re-treatment of 45,520 nets), and establishing local committees to monitor, evaluate, and follow-up. Activities were implemented in coordination with MOHP and PSI.

NRD currently reaches 9,000 women who are participants in women's self-help groups. Through group activities, these women receive non-formal education about how to achieve better health for their children, themselves, and their communities. The mothers that participate in this program are taught the importance of bringing their children to government health facilities for growth monitoring and scheduled immunizations. NRD has also helped several communities to improve health outcomes through teaching them how to construct and maintain EcoSan latrines. Nutrition education is integrated with non-formal training on sustainable agriculture, crop diversification, and the use of improved, drought tolerant crop varieties.

CRWRC has excellent experience in consulting with local partners on planning, implementing, monitoring, and evaluating community-level health programs. At the beginning of each fiscal year, CRWRC field staff, along with staff at partner NGOs, use a logical framework planning form to plan activities and set targets for their programs. They report quarterly on progress toward these targets, using CRWRC's web-based information system. At year end, they assess together program results to develop program plans and targets for the coming year.

In 2004, CRWRC received its first Child Survival and Health award ("Entry" category) from USAID for a five-year program in Bangladesh. After the first two years of implementation, the overall program has benefited 4,600 children under the age of five, exceeding the two-year target by 20%. Improvements in health behaviors observed so far have included an increase in deliveries conducted by skilled health personnel, from 18% to 77%; an increase in the proportion of mothers who receive at least four prenatal visits prior to giving birth, from 19% to 74%; and an increase in the proportion of mothers using zinc when their children have diarrhea, from 9% to 22%. More mothers are taking their babies to a health facility when they have fast or difficult breathing and/or a cough. And maternal knowledge of child danger signs has increased dramatically, with more than 98% of mothers able to identify at least two danger signs compared to 73% at baseline. The first Positive Deviance/Hearth session resulted in an average weight gain of 1.2 kg in 30 days, twice the amount of weight needed to graduate from the program.

Prior to the current Child Survival Program in Bangladesh, CRWRC had two major cooperative agreements with USAID during the 1990s. From 1989 through 1992, CRWRC was the recipient of a cooperative agreement

from USAID under the Matching Grants Program (MGP). This award strengthened CRWRC's community health, agriculture, and literacy programming in Belize and Bangladesh. As a result of this grant, CRWRC grew significantly in its technical capacity to reduce child mortality and disease. Lessons learned from this project were shared throughout the organization and played a large role in shaping CRWRC's community health programs around the world over the next decade. One result of this grant was the creation of CRWRC's Technical Resources Manual on Health.

From 1994 to 1997, CRWRC had a second award from the MGP which enabled CRWRC to enhance its capacity building efforts with local partners by employing the methodology of Appreciative Inquiry to develop Organizational Capacity Indicators. This methodology was applied to CRWRC's work with partners in Bangladesh, the Philippines, Kenya, and Haiti, with the result that partners in those countries have strengthened their board leadership, improved their financial management, and grown in their technical capacities to deliver quality development assistance. An independent evaluation of that cooperative agreement, conducted by Case Western Reserve University, concluded that "the cooperative agreement has been effectively and conscientiously managed by CRWRC. CRWRC's value-added to USAID is its demonstration to other PVO/NGOs, partnerships, and communities of the benefits of its hands-on, culturally appropriate, and empowering approach to local development." During the Matching Grants Impact Retrospective conference that was convened this past April, CRWRC was invited to share about the long-term impacts of this grant on a panel that looked at the use of organizational development tools for organizational change and development.

CRWRC has been a sub-recipient of two PEPFAR cooperative agreements since 2004. One of these enhances community-based care for orphans and vulnerable children in Kenya, Haiti, and Zambia (Prime recipient: World Concern Development Organization). The other supports prevention of HIV in Nigeria, Haiti, and Mozambique through promoting the healthy behaviors of abstinence and faithfulness among youth (Prime recipient: Food for the Hungry). Through participating in these two PEPFAR-funded initiatives, CRWRC has been successful in rapidly scaling up the HIV/AIDS programs of its local partners and has gained more experience with behavior change communication and the BEHAVE Framework.

This past December, CRWRC became the prime recipient of an award from the New Partners Initiative. This cooperative agreement finances a program to rapidly scale-up HIV/AIDS prevention and care services in Kenya that is being implemented by three indigenous sub-partners with which CRWRC has been working closely for several years.

CRWRC is a member of the Child Survival Collaborations and Resources (CORE) Group. CRWRC's Health Advisor, Will Story, serves on CORE's Board of Directors and is co-chair of the Social and Behavioral Change Working Group.

Past performance references for CRWRC and NRD are provided in the Attachments.

3. SITUATIONAL ANALYSIS

3.1. Geographic Location of the Program

The CRWRC Malaria Communities Program will target the Central Region of Malawi. The reasons for focusing on this area include the following:

- (1) The Central Region has a higher prevalence of malaria-related morbidity (fever and severe anemia) in children under the age of five, compared to the Northern and Southern Regions.
- (2) It also reports lower rates of malaria preventive behaviors, such as children under five and pregnant women sleeping under ITNs and children under five receiving antimalarial drugs when they have a fever, compared to the Northern and Southern Regions.
- (3) CRWRC has a high-capacity local partner with experience in malaria programming that has a strong community presence in Central Malawi. This program will build upon the previous CDC-funded malaria program, which was implemented in 14 of the 19 traditional authorities (TAs), by maximizing the congregational structure to reach additional communities.

The total population of Malawi is projected to be nearly 13,600,000¹ with an estimated 600,000 pregnant women and 2.14 million children under five². Malawi has 28 districts, and CRWRC will focus its efforts in nine districts: Kasungu, Dowa, Mchinji, Lilongwe, Ntchisi, Nkhosakota, Salima, Dedza, and Mangochi. Within these nine districts CRWRC will work in 19 TAs with a total population of 1,576,292 (approximately 12% of the total population of Malawi). According to population estimates, **the CRWRC working area will include 69,542 pregnant women and 248,034 children under five.** The maps of the program area are included in the Attachments.

3.2. Current Health Status of the Population

Ranked 166 out of 177 on the human development index, Malawi is one of the poorest countries in the world. It has a GDP per capita of \$646³ and a life expectancy at birth of 37.8 years. Only 2% of households in rural areas of Malawi have electricity. And only 37% of rural households have access to water within 15 minutes, compared with 67% of urban households⁴. Eight of the nine districts included in this

¹ CIA World Fact Book, 2007

² Malaria Operational Plan: Malawi, 2006

³ UNDP. Human Development Report. 2006.

⁴ Malawi Demographic and Health Survey, 2004

proposal are located in the Central Region of Malawi and most of the working area is rural. In this region, 61% of women and 78% of men are literate.

The MOHP estimates that there have been more than 8 million episodes of malaria per year for the last five years throughout Malawi⁵. Malaria is transmitted throughout Malawi by the female anopheles mosquito. The peak transmission season follows the rainy season and is from December to May. The cost of malaria to the average Malawian household has been estimated at 7.2% of average household income. This rises to 32% in very low-income households which comprise 52% of the population⁶. The indirect costs of malaria include not only the negative economic impact of morbidity and mortality in work days lost in agriculture and industry, but also absenteeism in the education system, which further contributes to loss in productivity.

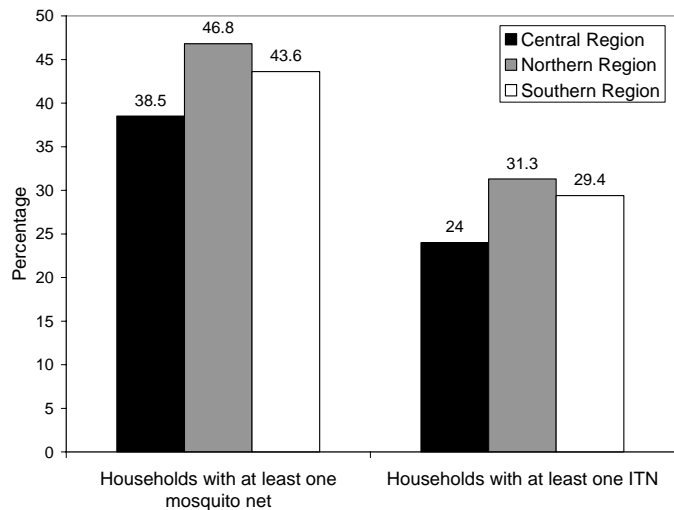
The under-five mortality rate in Malawi is 125, which is the 33rd highest in the world⁷. Malaria is the most frequent cause of morbidity and mortality in Malawian children under five years of age and is the cause of over 40% of deaths in children under two. Children under-five suffer on average 9.7 malaria episodes per year, while adults suffer 6.1 such episodes⁸. The maternal mortality ratio is 980 per 100,000 live births⁹. Pregnant women are at particular risk of malaria infection. In mothers it results in anemia and fever, while newborns suffer low birth weight.

Malaria in the Central Region

As mentioned earlier, the Central Region has a higher burden of malaria-related morbidity, as well as lower rates of preventive behaviors related to malaria. The Central Region has a higher prevalence of fever (40% compared to 37% nationally) and severe anemia (5.3% compared to 4.8% nationally) in children under the age of five, both of which are associated with malaria¹⁰. Anemia in women is similar across regions (44% nationally).

Use of Mosquito Nets

Figure 1. Mosquito net and ITN ownership in Malawi (Malawi DHS, 2004)



⁵ Ministry of Health and Population (MOHP). Health Management Information Bulletin, Annual Report. Lilongwe, Malawi: Ministry of Health and Population. 2003.

⁶ Ettlting M, DA Mcfarland, LJ Schulz, L Chitsulo. Economic Impact of Malaria in Malawian Households. Trop. Med. Parasitol. 45. Supplement 1. 74-79. 1994.

⁷ UNICEF. The State of the World's Children. 2006.

⁸ Ettlting M, RW Steketee, A Macheso, LJ Schultz, Y Nyasulu, L Chitsulo. Malaria Knowledge, Attitudes and Practices in Malawi: Survey Population Characteristics. Trop. Med. Parasitol. 45. Supplement 1. 57-60. 1994.

⁹ UNICEF. The State of the World's Children. 2006.

¹⁰ Malawi Demographic and Health Survey, 2004

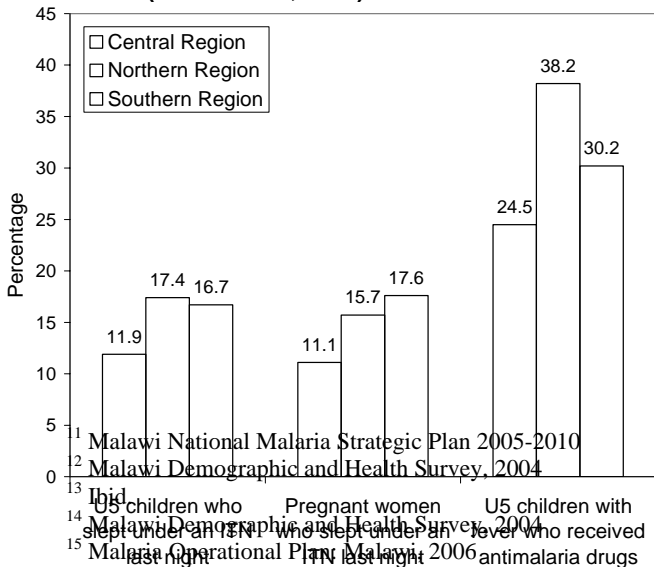
To make mosquito nets affordable, the Government of Malawi (GOM) introduced a subsidy on mosquito nets and developed ITN guidelines to standardize and facilitate the distribution of mosquito nets in the country. Malawi's ITN distribution program has been very successful in recent years with the cumulative number of ITNs distributed in Malawi growing from 13,500 in 1998 to over 2.5 million in 2004¹¹. However, the proportion of households that own at least one mosquito net is still only 42% nationally. In addition, only 20% of the poorest households report owning at least one mosquito net (compared to 72% of the wealthiest households)¹². In the Central Region, the proportion of households that own at least one mosquito net and the proportion of households that own at least one ITN are both lower compared to the Northern and Southern Regions (Figure 1). Even when a household owns an ITN, it does not guarantee that those most vulnerable to infection are sleeping under the ITN. Only 15% of children under five and 15% of pregnant women report having slept under an ITN the previous night. These proportions both fall to 6% among the poorest households (compared to 33% among the wealthiest households)¹³. In addition, the Central Region reports lower rates of children under the age of five and pregnant women sleeping under ITNs when compared to the Northern and Southern Regions (Figure 2).

Case Management

The current malaria treatment policy is to treat presumptively all children under five and pregnant women with signs and symptoms of malaria with the first-line drug, sulfadoxine-pyrimethamine (SP). Most deaths due to malaria in children could be avoided by prompt recognition and treatment with antimalarial drugs. Nationally, only 28% of children under five with fever received antimalarial drugs and only 23% received those drugs the same/next day after developing the fever¹⁴. The proportion of children under five with fever receiving antimalarial drugs is much lower in the Central Region compared to the Northern and Southern Regions (Figure 2 on the next page). Recently,

the NMCP proposed to change the drug treatment policy for uncomplicated malaria from SP, which has become increasingly ineffective, to an artemisinin-based combination therapy (ACT) that has proven effective in many African countries. The GOM will implement the new malaria drug policy countrywide in the fall of 2007¹⁵. There are no current statistics regarding ACT use in Malawi.

Figure 2. Preventive behaviors related to malaria in Malawi (Malawi DHS, 2004)



Intermittent Preventive Treatment

IPT in pregnancy prevents development of malaria and eliminates malaria parasites from the placenta. IPT with SP has been shown to reduce low birth weight, anemia and severe disease. The NMCP recommends that pregnant women receive IPT with SP at least twice during pregnancy to clear parasites from the body. IPT coverage does not vary much across regions. Seventy-nine percent of pregnant women took SP/Fansidar during pregnancy to prevent malaria, but less than half (47%) took were covered by the recommended two doses. Most women who took SP/Fansidar during pregnancy received the drug during their antenatal care visits. In addition, better educated women, urban and those living in the wealthiest households were more likely than other women to receive two doses of SP during pregnancy¹⁶.

Indoor Residual Spraying

The GOM has introduced Indoor Residual Spraying (IRS) as a malaria prevention strategy, but only through a feasibility study limited to four rural sites¹⁷.

3.3. Current Status of Health Care Services

The MOHP provides about 60% of health care services in Malawi. The Christian Health Association of Malawi (CHAM) provides 37%. Health services are provided at three levels: primary, secondary, and tertiary. Rural hospitals, health centers, health posts, outreach clinics, and community initiatives, such as Drug Revolving Funds, comprise the primary level. District hospitals and CHAM hospitals, of which some have specialist functions, provide secondary level services. Tertiary level hospitals provide services similar to those provided at secondary level, with a more comprehensive range of advanced surgical and medical interventions¹⁸. A list of available MOHP health care services in the nine proposed districts can be found in Table 1.

In addition to MOHP health care services, the CCAP/Nkhoma Synod has a health department which has grown to become an integral part of health care provision in Malawi Central Region. The Nkhoma Synod Health Department consists of the Nkhoma Synod Hospital, a reasonably well-equipped 220-bed facility, and ten community health centers. The Hospital's primary catchment area is the surrounding rural 32,000-strong community, but it serves patients from all over Malawi as well as from Mozambique. It offers inpatient and outpatient care on site and conducts mobile clinics within its catchment area. Each month, the health centers see 4,900 children under the age of five, 435 out-patients, and 980 mothers in antenatal care. They perform an average of 20 deliveries at each health center. These centers greatly increase access to health care, vital in a country where public and private transport is so limited.

¹⁶ Malawi Demographic and Health Survey, 2004

¹⁷ Malaria Operational Plan: Malawi, 2006

¹⁸ Malawi National Health Plan: 1999-2004

Table 1. Health Care Service in CRWRC Working Areas¹⁹

District	Central Hospital	District Hospital	Health Center	Dispensary	Maternity	Health Post	Rural Hospital	Hospital	Mental Hospital
Dedza		1	17	1	1		3		
Dowa		1	13	2			2	1	
Kasungu		1	10	3			1	1	
Lilongwe	1		30	2			4	4	
Mchinji		1	8	1			3		
Nkhotakota		1	9	2			1	1	
Ntchisi		1	9						
Salima		1	14	2				1	
Mangochi		1	23	4				2	
Total	1	8	133	17	1	0	14	10	0

Barriers to Health Services

- **Limited Access to Health Care and Health Facilities:** Population growth in Malawi has surpassed the capacity of the social infrastructure, including health services. Transportation to health facilities poses major problems, with walking as the most common mode of transport for most Malawians. Many roads in rural areas become impassable during the rainy season, making it very difficult to access health facilities. The facilities providing specialized services are located in urban areas, which are hard to reach for the rural poor.
- **Lack of Basic Services:** Basic health services are unavailable at many health facilities in Malawi due to shortages of trained health personnel; differences in levels of skill among professional staff; unequal distribution of staff between rural and urban areas and between regions; and the unavailability of essential drugs, medical supplies, and equipment.
- **Limited Financial Access:** Malawi's government health services are largely free, but many rural people live near CHAM health units that charge user fees. Many poor people will delay seeking medical treatment because of such fees. And private facilities that offer specialized health services are growing in urban areas but charging fees that are unaffordable to many.
- **Poor Quality of Health Care:** Most Malawians perceive that the quality of public health care services is poor, so they choose alternative treatment sources. Confidence in the quality of health services is declining due to frequent shortages of drugs and supplies, long waiting times, absence of emergency services, and poor attitudes of health workers towards patients.
- **Inadequate and Inefficient Resource Allocation:** Government funding of the health sector has been increasing in recent years but has failed to keep pace with growing demand. The few new resources available have been inequitably and inefficiently distributed.
- **Weak Policy and Regulatory Infrastructure:** As a result of weak infrastructure for the regulation of health services, private providers have proliferated without attention to the quality of service delivery, resulting in inequality. There is tendency towards

¹⁹ Ministry of Health and Population Homepage. <www.malawi.gov.mw/MoHP/index.health.htm>. Accessed May 2007.

duplication in the types of interventions undertaken by NGOs and donors who work at the district level²⁰.

3.4. Partnerships

Information about CRWRC's local partner, NRD, and its capacity and past performance are provided in Section 2. NRD was selected as the primary partner for this program because it:

- Has previous success implementing malaria control interventions funded through the CDC
- Is able to reach large numbers of pregnant women and households with children under five through its existing women's groups and child growth monitoring programs
- Has a strong presence in communities
- CCAP presence throughout the Central Region gives entry points into new communities
- Has a long history of working in mutually beneficial partnership with CRWRC
- Has good working relationships with government agencies such as the MOHP
- Has good capacity for financial management and reporting program results

3.5. Opportunities for Coordination and Collaboration

Collaboration and Coordination with the National Malaria Control Program

In order to scale up the implementation of malaria control interventions, the NMCP will lead the implementation and coordination of all malaria control activities in the country. CRWRC and NRD will collaborate closely with the NMCP to develop the program strategy, which will focus on the three strategic areas identified for scale-up by the NMCP: (1) case management, (2) intermittent preventive treatment, and (3) insecticide treated mosquito nets²¹. By working closely with the NMCP, CRWRC and NRD will ensure that they are not duplicating any efforts and are maximizing efforts to complement other agency's programs.

Delivery of malaria control interventions will be carried out using the district health system with the District Health Office as the MOHP's coordinator of all health matters at the district level. Implementation will involve MOHP, communities and households, CHAM, NGOs and the private sector²². CRWRC and NRD will work with the District Malaria Control Coordinator in each District Health Office (DHO) to achieve specific NMCP objectives in each strategic area.

Collaboration and Coordination with Other Non-Governmental Organizations

NRD worked with PSI in the Global Malaria Prevention and Control Initiative, an ITN distribution program funded by the CDC that ended

²⁰ Malawi National Health Plan: 1999-2004

²¹ Malawi National Malaria Strategic Plan 2005-2010

²² Malawi National Malaria Strategic Plan 2005-2010

in 2005. NRD will continue to work with PSI to distribute ITNs and LLINs to households in their working areas. CRWRC and NRD will also work with PSI towards raising awareness about the importance of children under five and pregnant women sleeping under ITNs as well as the correct and consistent use of LLINs. NRD will also work with PSI to implement a comprehensive behavior change communication strategy to support the roll out of the new ACT drug policy at the community level. CRWRC and NRD will also work with other NGO networks such as CHAM to ensure that they are complementing each others malaria prevention efforts in each district.

3.6. Stakeholder Involvement

CRWRC and NRD went through an extensive review of the President's Malaria Initiative Malaria Operational Plan for Malawi (FY 2007) and the Malawi National Malaria Strategic Plan (2005 - 2010). Following the review of these two documents, CRWRC/Malawi and NRD developed a strategy for operationalizing the NMCP and PMI objectives through CCAP congregations. CRWRC/Malawi then contacted the USAID Mission in Malawi and set up an appointment to discuss the strategy and working areas. Unfortunately, the appointment was later cancelled by the USAID Mission due to the high volume of requests for appointments regarding the MCP RFA. If CRWRC receives this cooperative agreement, CRWRC and NRD will ensure that the USAID Mission is closely involved in all of our planning and reporting so that our program is consistent with PMI objectives, strategies and reporting requirements.

Due to CRWRC's grass roots community mobilization strategy, CRWRC and NRD also contacted the other NGOs mentioned in the MOP that are involved in community-based BCC and case management, specifically PSI and the PACT NGO network. NRD staff members met with PSI representatives on May 28 to discuss how CRWRC and NRD might be able to complement PSI's efforts to distribute ITN's and provide education on the importance of their proper usage. When CRWRC contacted PACT, a representative informed us that PACT is not actually a PMI partner in Malawi, despite what it said in the MOP. However, PACT provided information about other organizations involved in malaria control in Malawi with which CRWRC should coordinate. CRWRC and NRD will continue to coordinate with NGOs in the same geographic area to achieve greater coverage and equity of malaria preventive services.

CRWRC and NRD made contact with officials at the NMCP during May to discuss the program proposed in this application. CRWRC and NRD plan to coordinate closely with the NMCP and the District Health Offices to meet requirements for specific objectives, activities, and reporting.

4. PROGRAM STRATEGIES & TECHNICALLY APPROPRIATE INTERVENTIONS

4.1. Goal and Objectives

The goal of the CRWRC program is to reduce malaria-associated mortality among pregnant women and children under five through building and sustaining community capacity. Over the five-year

program period, CRWRC seeks to achieve five strategic objectives that are in alignment with the FY2007 PMI Malaria Operational Plan and the Malawi National Malaria Strategic Plan 2005 - 2010 (see Table 2 on the next page).

Table 2. CRWRC Strategic Objectives and Corresponding PMI and NMCP Objectives

CRWRC Strategic Objective	PMI 5-Year Coverage Target	NMCP Objective
1) Strengthen and sustain community capacity for malaria prevention and treatment interventions.	This capacity strengthening objective will contribute to all of the PMI Coverage Targets listed below.	This capacity strengthening objective will contribute to all of the NMCP Objectives listed below.
2) Increase the proportion of households with a pregnant woman or children under five that own at least one ITN.	Proportion of households with a pregnant women and/or child under 5 with at least 1 ITNs	Increase household ownership of ITNs from 43% to 90% by 2010.
3) Increase the proportion of children under five and pregnant women who sleep under an ITN every night.	Proportion of pregnant women sleeping under an ITN the previous night. Proportion of children under five sleeping under an ITN the previous night	Increase nets usage of ITNs in pregnant women and under-fives from 31% and 35% respectively to 80% by 2010.
4) Increase the proportion of children under five with suspected malaria receiving treatment with an antimalarial drug within 24 hours of onset of symptoms.	Proportion of children under five with fever in previous 2 weeks treated with appropriate antimalarial drug within 24 hours of onset of symptoms.	To increase access to prompt and effective malaria treatment at community level by 60% by 2010.
5) Increase the proportion of pregnant women receiving two or more doses of SP for IPT during their pregnancies.	Proportion of pregnant women receiving at least 2 doses of IPT.	To scale up uptake of second dose of SP for IPT from 59% to 90% by 2010.

4.2. Overview of Program Strategies

CRWRC's Malaria Communities Program (MCP) in Malawi will strengthen the capacity of the local partner, NRD, to develop and sustain a malaria prevention strategy as part of their overall health program and to develop strong linkages with the NMCP. NRD has the ability to reach thousands of individuals through the CCAP congregational structure. NRD plans to initiate the program in 13 congregations covering six districts in year one. In year two, NRD will scale up to all 25 congregations covering nine districts. Of the 25 congregations involved, 18 have previous experience in malaria prevention activities. Over the five year program NRD will reach a total of 50,400 households of pregnant women or households with children under five through direct services in community groups (Table 3). In addition, all 69,542 pregnant women and 248,034 children under five in the 19 TAs have potential to indirectly benefit from the program.

Table 3. CCAP Congregations Included in the CRWRC Malaria Communities Program

District	Traditional Authority	Congregation*	Malaria Experience	Start Year	Pop. of TA (2007 est.)	Beneficiaries Reached
Kasungu	Kawamba	1. Lusa	Yes	2	54,950	2400
		2. Kakonje	Yes	2	58,732	1200
		3. Thumba		2	100,248	2400
		4. Ndonda		2	29,640	1200
Ntchisi	Chilowoko	5. Mphongwe	Yes	2	64,447	2400
		6. Mabiri	Yes	2		1200
		7. Mthawira	Yes	2		2400
Dowa	Msakambewa	8. Chibanzi	Yes	1	65,282	2400
		9. Chankango	Yes	1	127,168	2400
		10. Mdika	Yes	1	83,344	2400
Lilongwe	Kabudula	11. Nsaru		1	109,163	2400

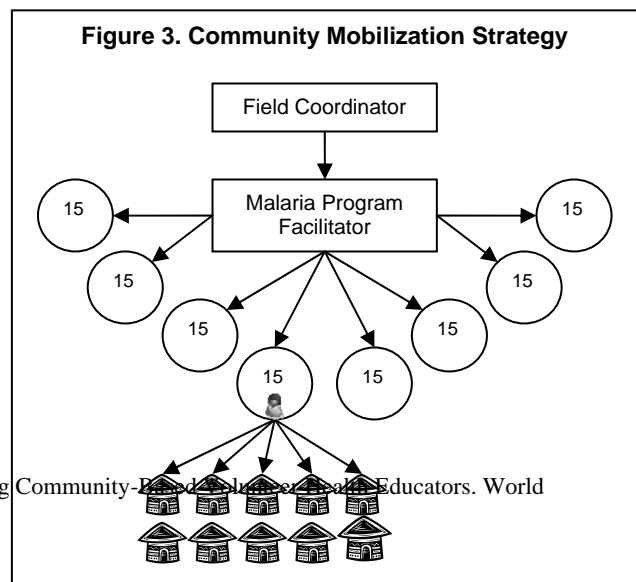
	Kalolo	12. Kamanzi		1	142,250	2400
Mchinji	Boma	13. Madzimayera		1	15,552	1200
	Mkanda	14. Mchemani	Yes	1	83,304	2400
	Mduwa	15. Ulongwe	Yes	1	79,114	2400
	Malengachanzi + boma	16. Nkhotakota		2	82,367	2400
Nkhotakota	Mwadzama	17. Kolowiro	Yes	2	62,351	2400
	Khombedza	18. Matenje	Yes	2	62,037	2400
		19. Mpatsa	Yes	2	85,200	2400
	20. Msalura	Yes	2		1200	
Salima	Ndindi+ Kambalame + boma	21. Malowa	Yes	1	56,616	2400
	Kachindamoto	22. Mtakataka		1	92,302	1200
		23. Golomoti	Yes	1		1200
Dedza	Nankumba + boma	24. Malembo	Yes	1	122,227	2400
		25. Monkey Bay	Yes	1		1200
Total					1,576,291	50,400

* The number of each congregation corresponds to the number on the map in Attachments.

Community Mobilization

The CRWRC and NRD program will maximize the CCAP congregational structure to reach communities with malaria prevention and treatment interventions. CRWRC and NRD will use a community mobilization strategy very similar to the **Care Group Model** by World Relief²³. This model was chosen because: (1) it enables a relatively small number of paid project staff to reach a large beneficiary population without overburdening staff or individual volunteers; (2) it builds greater commitment from the volunteers because they are striving towards shared goals; (3) it creates a critical mass for changing health practices because there are committed volunteers in every community; and (4) it outlasts funding because it promotes transformed communities.

In year one, four Program Supervisors will be hired to supervise and train 22 Malaria Program Facilitators. The Facilitators will establish community groups within 13 congregational catchment areas. In year two, four more Supervisors and 20 more Facilitators will be added to reach the additional 12 congregational catchment areas. Each Facilitator will form eight community groups in their catchment area, four during their first year and four during their second year. These community groups will consist of fifteen volunteers who will receive training from the Facilitators. Each volunteer will be responsible, with the help of the Facilitator, for reaching ten households with pregnant women or children under five (Figure 3 below). The Facilitators will meet



²³ Laughlin M. The Care Group Difference: A Guide to Mobilizing Community-Based Volunteers. World Relief. 2004.

with each community group twice per month to do training, follow-up, distribution of ITNs and educational materials, and monitoring of program beneficiaries. The volunteers will visit each household at least twice per month to ensure ITN ownership, promote ITN use, encourage IPT for pregnant women, and ensure presumptive treatment for children under five. Each volunteer is responsible for monitoring the needs of their ten households for the duration of the program. By the end of the five-year program, the 42 Facilitators will have formed 336 community groups consisting of 5,040 volunteers who will reach 50,400 direct beneficiaries.

Training of Program Facilitators

Each cohort of Supervisors and Facilitators will go through an orientation which will introduce the program staff to the overall strategy of the Malaria Communities Program. Following the orientation, program staff will attend further training on community mobilization, behavior change communication, and monitoring and evaluation. After the initial training has been completed with all program staff together, the Coordinators will attend quarterly management meetings where they will review program progress as well as learn about specific technical intervention areas such as IPTp and community case management of malaria in children under five. The Supervisors will then conduct quarterly trainings for the Facilitators on the management of the program and the new technical information. The quarterly trainings for the Facilitators will be replicated in two districts in order to cut down on travel costs. CRWRC and NRD will also coordinate with PMI partners and the NMCP to have the Facilitators trained as Health Surveillance Assistants (see Section 4.3 for more details). The Facilitators will then train the community groups about behavior change communication, new technical information, and data collection. In addition, Facilitators will do follow-up trainings with the community groups and make general visits for program monitoring. The Supervisors and Facilitators will conduct their trainings using adult education techniques, which emphasizes learning by doing.

Behavior Change Communication

CRWRC and NRD will use the **BEHAVE framework** to improve their behavior change communication efforts. The BEHAVE framework enables strategic planning for behavior change in a variety of settings. One key tool that will help CRWRC and NRD develop activities and tailor messages to the particular priority group is **Barrier Analysis**. The behavior change messages and activities will be implemented through the community groups as well as through community radio and other innovative means of reaching the greater community.

Quality Improvement

To ensure quality of care at the household level, the Facilitators will be supported and monitored by Supervisors who will be trained in basic supervisory skills such as how to use data for decisions, counseling, motivation, and problem-solving. Supervision will consist of reviewing data collected from the community groups, ensuring the

quality of training by the Facilitators, and providing constructive feedback to the Facilitators. They will use **Quality Improvement and Verification Checklists (QIVC)** developed by Food for the Hungry to encourage, monitor, and improve the work of Facilitators. Supervisors will visit a least two community group trainings per Facilitator per year in order to provide encouragement and constructive feedback.

Sustainability

Because communities should not remain dependent on either the PVO or the local NGO, this project will strengthen the capacity of both NRD and the communities to sustain positive health outcomes. CRWRC will use the **Child Survival Sustainability Assessment (CSSA) framework** to measure progress towards sustainability. CRWRC successfully uses the CSSA framework in its current child survival project in Bangladesh and finds it to be an excellent tool for involving communities and local partners in participatory capacity assessment²⁴. CRWRC will use this innovative tool in conjunction with the Organizational Capacity Indicator (OCI) and Community Capacity Indicator (CCI) systems that it has already put in place with NRD. The CSSA framework will allow CRWRC to build key factors of sustainability into planning, implementation and monitoring activities.

One practical way in which program impact will be sustained is through NRD retaining the MCP Facilitators as Community Development Facilitators in its on-going community development work after the project ends. This will enable NRD to expand the reach and scope of its work.

4.3. Technical Intervention Areas

Ownership of Insecticide Treated Nets

In recent years, Malawi has had one of the most successful ITN distribution programs in Africa in terms of coverage and results. However, only 24% of the households in the Central Region report owning at least one ITN and only 10.7% of the poorest households report owning at least one ITN (compared to 52.2% of the wealthiest households)²⁵.

In 2002, the GOM developed guidelines for the distribution and management of ITNs through three channels. The first two channels target poor and vulnerable populations by providing highly subsidized ITNs (\$0.33 per net) through antenatal clinics (ANCs) and under five clinics and moderately subsidized ITNs (\$0.66 per net) through a revolving fund initiative involving village health committees and community-level health personnel. The third channel sells ITNs through the commercial sector to the public without any subsidy (\$3.86-\$5.20 per net)²⁶.

²⁴ Sarriot EG. 2002. The Child Survival Sustainability Assessment: For a Shared Sustainability Evaluation Methodology in Child Survival Interventions. CSTS and CORE.

²⁵ Malawi Demographic and Health Survey, 2004

²⁶ Malaria Operational Plan: Malawi, 2006

The GOM also organizes yearly national re-treatment campaigns in November of each year prior to the peak malaria transmission season. The annual free re-treatment campaign has seen ITN re-treatment increase from 7% in 2002 to 59% in 2005 in the general population. However, that means that 40% of conventional nets remain untreated²⁷.

In 2006, the NMCP modified the ITN policy to endorse long lasting insecticide-treated nets (LLINs) for national distribution. The GOM plans to phase in the use of LLINs as a more efficient way of providing longer lasting protection. LLINs do not require annual re-treatment to maintain their effectiveness, thus the difficulty in ensuring correct treatment/re-treatment of ITNs is reduced. Cost continues to be the major constraint that prevents the GOM to move to LLINs, but the saved cost of the initial treatment and annual re-treatment of ITNs can offset the higher price of the LLIN. Malawi has explored distributing free LLINs in order to increase net coverage and usage among high-risk groups, particularly in rural areas and among the poor.

The PMI plans to purchase 700,000-1,000,000 LLINs annually to rapidly increase and help maintain the coverage, especially targeting children under five and pregnant women. In October 2007, 810,000 LLINs should be available for distribution to the most vulnerable populations of under-five children and pregnant women through the PMI. They are expected to be distributed through ANC clinics, under five clinics, immunization clinics, and community venues. The PMI strategy also includes a component that will support annual net re-treatment campaigns and help provide long lasting re-treatment kits to bring longer protection for the many conventional ITNs remaining in circulation. In addition, the NMCP hopes to see an increase in the following three areas by 2010: (1) household ownership of ITNs, specifically among the poor; (2) usage of ITNs among children under five and pregnant women; and (3) net re-treatment.

CRWRC Strategy and Activities

- CRWRC and NRD will work with the PMI team to ensure the equitable distribution of LLINs to children under five and pregnant women in the Central Region, targeting the poorest of the poor. NRD will use its community mobilization strategy to educate households about how to access free or subsidized LLINs through local distribution points.
- CRWRC and NRD will also work with the NMCP to identify the most effective distribution points for ITNs where they will reach the poorest of the poor through ANC clinics, under five clinics, immunization clinics, vitamin A campaigns, and other community venues.
- CRWRC and NRD will work with the GOM to mobilize communities to attend the annual net re-treatment campaigns.

²⁷ Malawi National Malaria Strategic Plan 2005-2010

Use of Insecticide Treated Nets

Even more critical than the distribution of ITNs, is the daily use of the net. In the Central Region, only 11% of children under five and 12% of pregnant women reported having slept under an ITN the previous night²⁸. The Situational Analysis also shows that women and children in the poorest households are even more vulnerable to not sleeping under an ITN. The NMCP wants to expand the use of community-based approaches through information, education and communication (IEC) campaigns to increase the correct and consistent use of ITNs. To date, NGOs and faith-based organizations (FBOs) have not been utilized at scale to educate and mobilize communities on ITN usage. The PMI 3-year strategy for Malawi states that "health promotion and distribution networks, supported by FBOs and CBOs, will be expanded to improve IEC focusing on the need to sleep under an ITN every night of the year and to reach the poorest of the poor²⁹."

CRWRC Strategy and Activities

- CRWRC and NRD will work with the NMCP and PSI to design and implement an effective behavior change strategy to increase the proportion of children under five and pregnant women sleeping under ITNs every night in the Central Region. NRD program staff will conduct a Barrier Analysis in each congregational catchment area in order to discover the most important determinants for behavior change. CRWRC and NRD will design a behavior change strategy using the BEHAVE Framework. Behavior change messages will be shared and activities will be implemented through the community groups.
- CRWRC and NRD will coordinate with other FBOs and CBOs in the Central Region to disseminate information about the correct and consistent use of ITNs in an equitable manner.

Case Management

The national policy in Malawi is to treat presumptively children under five and pregnant women with signs of malaria within 24 hours of onset of fever. However, as described above, very few children under five in the Central Region, especially those in poor households, receive antimalarial drugs on the same/next day after developing the fever. First-line drugs for malaria treatment are free in the public sector; however, a majority of individuals first treat fevers at home, using medicines purchased outside the formal health system. The low rates of treatment are due to limited access to health services and the poor quality of community-based treatment³⁰.

To expand the availability of health services to the rural poor and to address the critical shortage of health workers, the GOM created a new cadre of health worker a few years ago - the Health Surveillance Assistant (HSA). Originally it was intended that each HSA would serve a population of 2,000 to 2,500, and 5,000 positions were authorized to be filled and funded by the GOM. The GOM has a renewed interest in

²⁸ Malawi Demographic and Health Survey, 2004

²⁹ Malaria Operational Plan: Malawi, 2006

³⁰ Malawi Demographic and Health Survey, 2004

this group to reach out to the community and has set a new target of one HSA to serve a population of 1,000. About 2,400 additional HSAs will be recruited and trained as generalists in community health bringing the total to 7,400³¹.

In addition to increasing health services for the rural poor, there is an urgent need to change the first-line therapy due to parasite resistance. Resistance of the malaria parasites to SP has been increasing, ranging from 25 - 31% among children under five. As a result, the MOHP has been exploring options to change the first-line treatment to an artemisinin-based combination therapy (ACT). The MOHP is expected to designate artemether/lumefantrine as the new first-line antimalarial drug with the change expected to be implemented in November 2007. The new ACT will be designated as an over-the-counter drug, but the high cost will make it too expensive for many people and will likely limit its availability in the private sector, particularly in rural areas. In order to ensure that children are treated for malaria within 24 hours of the onset of their illness, the public sector will have to use a community-based approach for treatment³².

The transition to artemether/lumefantrine as the new first-line antimalarial drug must include a comprehensive behavior change communication strategy to reach the general population, with a focus on caregivers of children under five. The PMI proposes that community level sensitization must be developed and implemented by CBOs, NGOs and FBOs. Once the implementation of ACTs at the health facility level is complete, the NMCP has expressed interest in including ACTs a part of their community-based integrated management of childhood illness (IMCI) program, which uses HSAs to deliver ACTs at the household level.

CRWRC Strategy and Activities

- CRWRC and NRD will work with the GOM to share information about the new drug policy in Malawi, focusing on pregnant women and caregivers of children under five in the Central Region. NRD program staff will receive training on the new first-line drug policy from Rational Pharmaceutical Management and the CDC. The Facilitators will share information about the new drugs and where to access them through the community groups.
- Since each Malaria Program Facilitator will be responsible for a population of 1,200 through the community groups, they are well positioned to be trained as HSAs. CRWRC and NRD will coordinate with the NMCP to have Facilitators trained as HSAs so that they can provide community-based diagnosis and treatment of malaria for children under five.

Intermittent Preventive Treatment

IPT with two-doses of SP during the second and third trimester of pregnancy has been shown to reduce maternal anemia and improve infant

³¹ Malaria Operational Plan: Malawi, 2006

³² Malaria Operational Plan: Malawi, 2006

birth weight. The NMCP policy on IPTp states, "All pregnant women should receive at least two treatment doses of SP at least one month apart at the ANC under direct observed therapy." But only 46% of women in the Central Region reported receiving the two doses of SP during their last pregnancy. Some of the barriers to coverage in Blantyre District were: lack of clarity among health workers regarding proper timing of the second dose; lack of available water to take with SP; concerns about providing SP on an empty stomach; concerns about providing a "strong drug" during later pregnancy; and stock-outs³³.

MOHP policy advises women to visit the ANC at least four times during pregnancy. ANC attendance has been quite successful in Malawi with 95% of women attending at least once and 57% attending four or more times. However, only 8% of women attend in the first trimester. The NMCP and the Reproductive Health Unit of the MOHP work closely together to deliver IPTp in the ANC clinics. CHAM delivers 30-40% of health care in Malawi, but charges a fee for service and requires payment for drugs, which poses a barrier to access to IPTp for the poor³⁴.

The NMCP plans to work with the HSAs to help encourage early ANC attendance and provide education on the importance of receiving IPTp during ANC visits. This activity is not part of the current mandate of the HSA and would require that HSAs receive additional training. The PMI team plans to work with the NMCP to develop a comprehensive long-term behavior change strategy that will rapidly improve community-level awareness of the importance of IPT during pregnancy. The PMI team also plans to support the training of HSAs in IPTp promotion at the village level to increase coverage and improve ANC attendance at the correct times.

CRWRC Strategy and Activities

- CRWRC and NRD will work with the NMCP and the PMI team to develop and implement a behavior change strategy to improve awareness about the importance of IPTp during ANC visits at the community level in the Central Region. NRD program staff will conduct a Barrier Analysis in each congregational catchment area in order to discover the most important determinants for behavior change. CRWRC and NRD will design a behavior change strategy using the BEHAVE Framework. Behavior change messages will be shared and activities will be implemented through the community groups.
- CRWRC and NRD will collaborate with CDC to share IEC materials about IPTp at the Nkhoma Health Department and other strategic locations.
- CRWRC and NRD will coordinate with the NMCP to have Facilitators trained as HSAs so that they can provide basic education about IPTp and encourage early ANC attendance.

³³ Malaria Operational Plan: Malawi, 2006

³⁴ Malaria Operational Plan: Malawi, 2006

Indoor Residual Spraying

According to the 2002 Malaria policy for Malawi, IRS is not considered to be a viable vector control strategy in rural Malawi, so CRWRC and NRD will implement any IRS activities.

4.4. Role of Local Partner

NRD will be the main implementing partner for the Malaria Communities Program. The Program Coordinator, the Supervisors, and the Facilitators will all be employed by NRD. CRWRC will work with NRD to coordinate and collaborate with key stakeholders in the program, including the PMI Team, the MOHP, the NMCP, and other international NGOs. CRWRC will continue to assess the organizational capacity of NRD on an annual basis.

4.5. Consistency with MOH Policies and PMI Strategy

CRWRC believes that coordination with Malawi malaria policy and collaboration with the PMI team is critical to the success of this program. Section 4.3 describes the coordination of the proposed strategy with the NMCP policies, the PMI 5-year strategy, and activities implemented by other PMI partners. CRWRC and NRD met with the NMCP to discuss the proposed program and also discussed collaboration with PSI for ITN distribution and BCC. Further coordination will take place if CRWRC is awarded this cooperative agreement.

5. PERFORMANCE MONITORING AND EVALUATION

CRWRC will use the following indicators to track progress toward the five strategic objectives:

Strategic Objectives	Indicators	5 Year Target
1) Strengthen and sustain community capacity to prevent and control malaria	Number of community groups formed.	336
	Number of volunteers reaching other community members with information on malaria prevention and treatment	5,040
	Number of households educated about malaria prevention and treatment	50,400
2) Increase the proportion of households with a pregnant woman or children under five that own at least one ITN.	Number of households participating in the program that own at least one ITN	45,360 (90%)
	Number of households that have re-treated their ITN(s) or acquired a LLIN in the last 12 months	40,824
3) Increase the proportion of children under five and pregnant women who sleep under an ITN every night	Number of households reached with messages about correct and consistent use of ITNs	50,400

4) Increase the proportion of children under five with suspected malaria receiving treatment with an antimalarial drug within 24 hours of onset of symptoms.	Number of households that receive education about the Government's new first line drug policy and the importance of obtaining treatment for children under 5 within 24 hours of the onset of symptoms.	50,400
5) Increase the proportion of pregnant women receiving two or more doses of SP for IPT during pregnancy	Percentage of pregnant women in the program who have received two doses of IPTp during the past year	85%

In Section 4 above and in the attached Work Plan, it is shown how CRWRC's objectives are consistent with and contribute toward the objectives put forth in the MOP for Malawi and the National Malaria Strategic Plan. CRWRC will not perform any baseline or household surveys for this program, as that would duplicate monitoring done by the PMI Team.

On a monthly basis, Facilitators will report to the Project Coordinator on the number of community groups they have formed in their working areas and the number of volunteers actively participating in each of those groups. On a quarterly basis, the Project Manager will report progress on these indicators to CRWRC's Program Consultant based in Lilongwe. Simple monitoring forms will be developed that volunteers will take with them as they visit and provide education to the ten households assigned to them in their community. On these forms, they will record information about numbers of pregnant women and children under five in each household, how many nets are owned by the household, when the nets were last re-treated, when pregnant women have visited an ANC clinic and received a dose of IPTp, and when a child under five has had a bout of malaria and whether that child was taken to clinic for treatment with first line drugs. Volunteers will keep track of what topics (the benefits of LLINs, correct net usage, IPT for pregnant women, etc.) they have covered with each household. This data will be reported at the community group level to the Malaria Program Facilitator and then reported to the Project Manager, who will roll the data up into a consolidated report for the entire project.

CRWRC will also assess the capacity of its local partners. Over the past few years, CRWRC has assisted its partner organizations and community groups to develop organizational capacity indicators and community capacity indicators and to track them on a regular basis. This CRWRC capacity measurement system will be incorporated into the CSSA framework in order to measure the organizations' and communities' progress towards sustainability. The CSSA framework will be used at the start of the program, at midterm, and at the end of the program.

ATTACHMENT C
BRANDING STRATEGY & MARKING PLAN

MARKING AND BRANDING STRATEGY

Program Title: *The Malawi Malaria Communities Program*

Period of Activity: October 1, 2007 to September 30, 2012

PREPARED FOR: THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
(USAID)

SUBMITTED BY: The Christian Reformed World Relief Committee (CRWRC)

RFA Solicitation No.: USAID M/OAA/GH-07-858

DATE: August 31, 2007

OVERVIEW:

This document describes the Branding Strategy for *The Malawi Malaria Communities Program* and includes:

- Marking Plan which highlights details of deliverables to be branded.
- Marking Exemptions
- Marking Plan Budget

BRIEF SUMMARY OF THE MALAWI MALARIA COMMUNITIES PROGRAM PARTNER:

The Malawi Malaria Communities Program is being implemented in nine districts in the Central Region of Malawi: Kasungu, Dowa, Mchinji, Lilongwe, Ntchisi, Nkhotakota, Salima, Dedza, and Mangochi. Within these nine districts CRWRC will work in 19 traditional authorities (TAs) that together have a total population of 1,576,292 (approximately 12% of the total population of Malawi). According to population estimates, the CRWRC working area will include 69,542 pregnant women and 248,034 children under five. The five strategic objectives for *The Malawi Malaria Communities Program* are: 1) strengthen and sustain community capacity for malaria prevention and treatment interventions; 2) increase the proportion of households with a pregnant woman or children under five that own at least one ITN; 3) increase the proportion of children under five and pregnant women who sleep under an ITN every night; 4) increase the proportion of children under five with suspected malaria receiving treatment with an antimalarial drug within 24 hours of onset of symptoms; and 5) increase the proportion of pregnant women receiving two or more doses of SP for IPT during their pregnancies. In order to achieve these objectives, CRWRC is partnering with Nkhoma Relief and Development (NRD), an agency of the Church of Central Africa, Presbyterian. Over the life of the project, CRWRC and NRD will directly reach at least 50,400 pregnant women or other adults who have children under five in their households with messages about malaria prevention and treatment.

THE MALAWI MALARIA COMMUNITIES PROGRAM BRANDING STRATEGY:

USAID Identity will be taken from the USAID's website. The majority of the program and communication material produced for *The Malawi Malaria*

Communities Program will be printed in English and marked with the USAID Standard Graphic Identity. Program related and communication material produced for local communities will be printed in Chichewa, and marked with the USAID identity. *The Malawi Malaria Communities Program* will contact the USAID Malawi Mission to acquire (if available) the USAID Identity with the tagline "From the American People" translated into Chichewa.

1. POSITIONING

1.1 Name of the Program

For the duration of the grant (October 1, 2007 to September 30, 2012), the project will be called *The Malawi Malaria Communities Program*.

1.2 Program Logo

The Malawi Malaria Communities Program does not have a Program Logo.

2. PROGRAM COMMUNICATIONS AND PUBLICITY

With the purpose of promoting USAID visibility and acknowledgement as a funding agency, during the implementation of *The Malawi Malaria Communities Program*, CRWRC and NRD intend to mark program deliverables funded under the award as outlined in this Marking Plan.

2.1 Program Audiences

Type of beneficiaries	
Primary	Women of reproductive age (aged 15-49), children under age 5, men, and other community members.
Secondary	Community and religious leaders; public and private health providers at the community level; PMI partners; National Malaria Control Program; district, regional and national health departments; donors; international development community; research/ academic institutions; media and others.

2.2 Key Program Messages

Program messages should not only be limited to program interventions, rather should reflect the program working concept and goal. The main program message is "Building Local Capacity to Sustain and Improve Malaria Prevention and Treatment."

2.3 Program Communications & Materials to Market Program to Beneficiaries

The following communications and program materials will subsequently be used to explain *The Malawi Malaria Communities Program* and each display the USAID Identity:

Program Deliverable(s)	Marking Materials Used and Placement	Time-Frame
Infrastructure (NRD Office)	USAID Identity will be placed on a permanent, durable sign or plaque on or near the offices.	Effective from approval of marking plan
Publications (annual reports, research reports, training material/modules, a/v production, website, newsletters, media release, other promotional or information material)	<p>USAID Identity will be placed on the front cover of all publications including: reports, posters, brochures, and flyers.</p> <p>USAID Identity will be placed at the beginning of all A/V productions.</p> <p>USAID Identity will be placed on web publications related to USAID-funded programs.</p> <p>The following disclaimer will be used on publications in case the content is not approved by USAID: <i>"This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the Christian Reformed World Relief Committee (CRWRC). The contents are the responsibility of CRWRC and do not necessarily reflect the views of USAID or the United States Government."</i></p>	Effective from approval of marking plan
Press Releases	<p>USAID Identity will be displayed on the left corner on the top of the first page and the first paragraph will read as follows: <i>"The Malawi Malaria Communities Program is implemented in partnership with Nkhoma Relief and Development (NRD), an agency of the Church of Central Africa Presbyterian, and managed and co-funded by the Christian Reformed World Relief Committee (CRWRC). The Malawi Malaria Communities Program is made possible by the generous support of the American people through the United States Agency for International Development (USAID)."</i></p> <p>The last page of the press release will include the following disclaimer in case the content is not approved by USAID: <i>"This Press Release is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the Christian Reformed World Relief Committee (CRWRC). The contents are the responsibility of CRWRC and do not necessarily reflect the views of USAID or the United States</i></p>	Effective from approval of marking plan

Program Deliverable(s)	Marking Materials Used and Placement	Time-Frame
	<i>Government."</i>	
Equipment (motorbikes and vehicles)	USAID stickers will be placed in visible location on motorbike and vehicles.	Within 10 days of receipt of the material
Office supplies (computers, tables, chairs, racks, photocopy machine, cameras, tape recorders, etc.)	USAID stickers; front side (USAID stickers will be procured from the in-country USAID mission)	Within 10 days of receipt of the material
Other supplies (including bicycles, t-shirts, facilitator supplies, training/resource material)	USAID stickers or stamp giving acknowledgement; inner cover USAID stickers will be placed in visible location on bicycles USAID Identity will be printed on t-shirts and facilitator supplies.	Within 10 days of receipt of the material
Events Related (workshop or seminar docket, banners, invitations)	USAID Identity will be placed on the front of all event-related materials including: banners, docket, CDs, invitations, and A/V productions	Effective from approval of marking plan

2.4 Host Country Government Ministry Involvement and its Acknowledgement

CRWRC collaborates with the following Government of Malawi institutions on *The Malawi Malaria Communities Program*:

1. National: **Government of Malawi (GOI), Ministry of Health and Population (MOHP), National Malaria Control Program (NMCP)**
2. District: **GOM, MOHP, NMCP, District Malaria Control Coordinator**
3. Traditional Authority: **GOM, MOHP, Health Surveillance Assistant**

2.5 Other Logos

The Malawi Malaria Communities Program is implemented in partnership with NRD. Thus, three logos will be routinely displayed on USAID funded items including: USAID Identity, CRWRC logo, and NRD logo.

3. MARKING EXCEPTIONS

3.1 Non-Deliverable Items and Items for Administrative Use

In accordance with the Standard Provision, "Marking Under USAID-Funded Assistance Instruments (December 2005)" and the definitions related to marking incorporated at 22 CFR 226.2, CRWRC is not required to mark its offices, vehicles, equipment, supplies or other non-deliverable items funded under the award for CRWRC's internal use in the administration of the award.

3.2 Other Items Requested for Exceptions

Deliverable	Reason for Exception
Independent reports, audits and independent media reports	To ensure the neutrality and credibility of audits, media stories (covered by media independently) and review findings of the program.
Community-funded infrastructure	Community-based organization's board/nameplates and supplies paid through community contributions/support may not use USAID Identity.

4. BUDGET

No additional funds are requested from USAID for implementation of the marking plan under *The Malawi Malaria Communities Program*. The budgets available under the equipment and supplies line items will be used for implementation of the marking plan.

Activity	Cost	Remarks
Infrastructure (NRD Office) Equipment (motorbikes and vehicles) Publications (annual reports, research reports, training material/modules, a/v production, website, other promotional or information material) and events such as workshop banners/dockets, invitations and media release Office supplies (computers, tables, chairs, racks, photocopy machine, cameras, tape recorders, etc.) Other supplies (including bicycles, t-shirts, facilitator supplies, training/resource material)	n/a	Cost included in supplies and other budget line items. Stickers will be procured from USAID Malawi Mission office.

**ATTACHMENT D
STANDARD PROVISIONS**

STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL ORGANIZATIONS

(See [Standard Provisions for U.S., Nongovernmental Recipients](#) listed under Mandatory References in ADS 303.)

1. *APPLICABILITY OF 22 CFR PART 226 (May 2005)*

a. All provisions of 22 CFR Part 226 and all Standard Provisions attached to this agreement are applicable to the recipient and to subrecipients which meet the definition of "Recipient" in Part 226, unless a section specifically excludes a subrecipient from coverage. The recipient shall assure that subrecipients have copies of all the attached standard provisions.

b. For any subawards made with Non-US subrecipients the Recipient shall include the applicable "Standard Provisions for Non-US Nongovernmental Recipients." Recipients are required to ensure compliance with monitoring procedures in accordance with OMB Circular A-133.

[END OF PROVISION]

2. *INELIGIBLE COUNTRIES (MAY 1986)*

Unless otherwise approved by the USAID Agreement Officer, funds will only be expended for assistance to countries eligible for assistance under the Foreign Assistance Act of 1961, as amended, or under acts appropriating funds for foreign assistance.

[END OF PROVISION]

3. *NONDISCRIMINATION (MAY 1986)*

No U.S. citizen or legal resident shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity funded by this award on the basis of race, color, national origin, age, handicap, or sex.

[END OF PROVISION]

4. *NONLIABILITY (NOVEMBER 1985)*

USAID does not assume liability for any third party claims for damages arising out of this award.

[END OF PROVISION]

5. AMENDMENT (NOVEMBER 1985)

The award may be amended by formal modifications to the basic award document or by means of an exchange of letters between the Agreement Officer and an appropriate official of the recipient.

[END OF PROVISION]

6. NOTICES (NOVEMBER 1985)

Any notice given by USAID or the recipient shall be sufficient only if in writing and delivered in person, mailed, or cabled as follows:

To the USAID Agreement Officer, at the address specified in the award.

To recipient, at recipient's address shown in the award or to such other address designated within the award

Notices shall be effective when delivered in accordance with this provision, or on the effective date of the notice, whichever is later.

[END OF PROVISION]

7. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (April 1998)

- a. Provisional indirect cost rates shall be established for each of the recipient's accounting periods during the term of this award. Pending establishment of revised provisional or final rates, allowable indirect costs shall be reimbursed at the rates, on the bases, and for the periods shown in the schedule of the award.
- b. Within the earlier of 30 days after receipt of the A-133 audit report or nine months after the end of the audit period, the recipient shall submit to the cognizant agency for audit the required OMB Circular A-133 audit report, proposed final indirect cost rates, and supporting cost data. If USAID is the cognizant agency or no cognizant agency has been designated, the recipient shall submit four copies of the audit report, along with the proposed final indirect cost rates and supporting cost data, to the Overhead, Special Costs, and Closeout Branch, Office of Procurement, USAID, Washington, DC 20523-7802. The proposed rates shall be based on the recipient's actual cost experience during that fiscal year. Negotiations of final indirect cost rates shall begin soon after receipt of the recipient's proposal.
- c. Allowability of costs and acceptability of cost allocation methods shall be determined in accordance with the applicable cost principles.

- d. The results of each negotiation shall be set forth in a written indirect cost rate agreement signed by both parties. Such agreement is automatically incorporated into this award and shall specify (1) the agreed upon final rates, (2) the bases to which the rates apply, (3) the fiscal year for which the rates apply, and (4) the items treated as direct costs. The agreement shall not change any monetary ceiling, award obligation, or specific cost allowance or disallowance provided for in this award.
- e. Pending establishment of final indirect cost rate(s) for any fiscal year, the recipient shall be reimbursed either at negotiated provisional rates or at billing rates acceptable to the Agreement Officer, subject to appropriate adjustment when the final rates for the fiscal year are established. To prevent substantial overpayment or underpayment, the provisional or billing rates may be prospectively or retroactively revised by mutual agreement.
- f. Failure by the parties to agree on final rates is a 22 CFR 226.90 dispute.

[END OF PROVISION]

8. SUBAGREEMENTS (June 1999)

Subrecipients, subawardees, and contractors have no relationship with USAID under the terms of this agreement. All required USAID approvals must be directed through the recipient to USAID.

[END OF PROVISION]

9. OMB APPROVAL UNDER THE PAPERWORK REDUCTION ACT (December 2003)

*Information collection requirements imposed by this cooperative agreement are covered by OMB approval number 0412-0510; the current expiration date is 04/30/2005. The Standard Provisions containing the requirement and an estimate of the public reporting burden (including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information) are

<u>Standard Provision</u>	<u>Burden Estimate</u>
Air Travel and Transportation	1 (hour)
Ocean Shipment of Goods	.5
Patent Rights	.5
Publications	.5
Negotiated Indirect Cost Rates - (Predetermined and Provisional)	1
Voluntary Population Planning	.5
Protection of the Individual as a Research Subject	1

22 CFR 226

Burden Estimate

22 CFR 226.40-.49 Procurement of Goods and Services	1
22 CFR 226.30 - .36 Property Standards	1.5

Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, may be sent to the Office of Procurement, Policy Division (M/OP/P) U.S. Agency for International Development, Washington, DC 20523-7801 and to the Office of Management and Budget, Paperwork Reduction Project (0412-0510), Washington, D.C 20503.

[END OF PROVISION]

10. USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (April 1998)

(This provision is not applicable to goods or services which the recipient provides with private funds as part of a cost-sharing requirement, or with Program Income generated under the award.)

- a. Ineligible and Restricted Goods and Services: USAID's policy on ineligible and restricted goods and services is contained in ADS Chapter 312.
 - (1) Ineligible Goods and Services. Under no circumstances shall the recipient procure any of the following under this award:
 - (i) Military equipment,
 - (ii) Surveillance equipment,
 - (iii) Commodities and services for support of police or other law enforcement activities,
 - (iv) Abortion equipment and services,
 - (v) Luxury goods and gambling equipment, or
 - (vi) Weather modification equipment.
 - (2) Ineligible Suppliers. Funds provided under this award shall not be used to procure any goods or services furnished by any firms or individuals whose name appears on the "Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs." USAID will provide the recipient with a copy of these lists upon request.
 - (3) Restricted Goods. The recipient shall not procure any of the following goods and services without the prior approval of the Agreement Officer:
 - (i) Agricultural commodities,
 - (ii) Motor vehicles,
 - (iii) Pharmaceuticals,
 - (iv) Pesticides,
 - (v) Used equipment,

- (vi) U.S. Government-owned excess property, or
- (vii) Fertilizer.

Prior approval will be deemed to have been met when:

- (i) the item is of U.S. source/origin;
- (ii) the item has been identified and incorporated in the program description or schedule of the award (initial or revisions), or amendments to the award; and
- (iii) the costs related to the item are incorporated in the approved budget of the award.

Where the item has not been incorporated into the award as described above, a separate written authorization from the Agreement Officer must be provided before the item is procured.

- b. Source and Nationality: The eligibility rules for goods and services based on source and nationality are divided into two categories. One applies when the total procurement element during the life of the award is over \$250,000, and the other applies when the total procurement element during the life of the award is not over \$250,000, or the award is funded under the Development Fund for Africa (DFA) regardless of the amount. The total procurement element includes procurement of all goods (e.g., equipment, materials, supplies) and services. Guidance on the eligibility of specific goods or services may be obtained from the Agreement Officer. USAID policies and definitions on source, origin and nationality are contained in 22 CFR Part 228, Rules on Source, Origin and Nationality for Commodities and Services Financed by the Agency for International Development, which is incorporated into this Award in its entirety.

- (1) For DFA funded awards or when the total procurement element during the life of this award is valued at \$250,000 or less, the following rules apply:
 - (i) The authorized source for procurement of all goods and services to be reimbursed under the award is USAID Geographic Code 935, "Special Free World," and such goods and services must meet the source, origin and nationality requirements set forth in 22 CFR Part 228 in accordance with the following order of preference:
 - (A) The United States (USAID Geographic Code 000),
 - (B) The Cooperating Country,
 - (C) USAID Geographic Code 941, and
 - (D) USAID Geographic Code 935.
 - (ii) Application of order of preference: When the recipient procures goods and services from other than U.S. sources, under the order of preference in paragraph (b)(1)(i) above, the recipient shall document its files to justify each such instance. The documentation shall set forth the circumstances surrounding the procurement

and shall be based on one or more of the following reasons, which will be set forth in the Recipient's documentation:

- (A) The procurement was of an emergency nature, which would not allow for the delay attendant to soliciting U.S. sources,
- (B) The price differential for procurement from U.S. sources exceeded by 50% or more the delivered price from the non-U.S. source,
- (C) Compelling local political considerations precluded consideration of U.S. sources,
- (D) The goods or services were not available from U.S. sources, or
- (E) Procurement of locally available goods and services, as opposed to procurement of U.S. goods and services, would best promote the objectives of the Foreign Assistance program under the award.

(2) When the total procurement element exceeds \$250,000 (unless funded by DFA), the following applies: Except as may be specifically approved or directed in advance by the Agreement Officer, all goods and services financed with U.S. dollars, which will be reimbursed under this award must meet the source, origin and nationality requirements set forth in 22 CFR Part 228 for the authorized geographic code specified in the schedule of this award. If none is specified, the authorized source is Code 000, the United States.

c. Printed or Audio-Visual Teaching Materials: If the effective use of printed or audio-visual teaching materials depends upon their being in the local language and if such materials are intended for technical assistance projects or activities financed by USAID in whole or in part and if other funds including U.S.-owned or U.S.-controlled local currencies are not readily available to finance the procurement of such materials, local language versions may be procured from the following sources, in order of preference:

- (1) The United States (USAID Geographic Code 000),
- (2) The Cooperating Country,
- (3) "Selected Free World" countries (USAID Geographic Code 941), and
- (4) "Special Free World" countries (USAID Geographic Code 899).

d. If USAID determines that the recipient has procured any of these goods or services under this award contrary to the requirements of this provision, and has received payment for such purposes, the Agreement Officer may require the recipient to refund the entire amount of the purchase.

This provision must be included in all subagreements which include procurement of goods or services which total over \$5,000.

[END OF PROVISION]

**11. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS
(January 2004)**

- a. The recipient agrees to notify the Agreement Officer immediately upon learning that it or any of its principals:
- (1) Are presently excluded or disqualified from covered transactions by any Federal department or agency;
 - (2) Have been convicted within the preceding three-year period preceding this proposal been convicted of or had a civil judgment 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, tax evasion, receiving stolen property, making false claims, or obstruction of justice; commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;
 - (3) Are 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 (1)(b); and
 - (4) Have had one or more public transactions (Federal, State, or local) terminated for cause or default within the preceding three years.
- b. The recipient agrees that, unless authorized by the Agreement Officer, it will not knowingly enter into any subagreements or contracts under this cooperative agreement with a person or entity that is included on the Excluded Parties List System (<http://epls.arnet.gov>). The recipient further agrees to include the following provision in any subagreements or contracts entered into under this award:

**DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION
(DECEMBER 2003)**

The recipient/contractor certifies that neither it nor its principals is presently excluded or disqualified from participation in this transaction by any Federal department or agency.

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

[END OF PROVISION]

12. DRUG-FREE WORKPLACE (January 2004)

- a. The recipient agrees that it will publish a drug-free workplace statement and provide a copy to each employee who will be engaged in the performance of any Federal award. The statement must
 - (1) Tell the employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in its workplace;
 - (2) Specify the actions the recipient will take against employees for violating that prohibition; and
 - (3) Let each employee know that, as a condition of employment under any award, he or she
 - (i) Must abide by the terms of the statement, and
 - (ii) Must notify you in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace, and must do so no more than five calendar days after the conviction.
- b. The recipient agrees that it will establish an ongoing drug-free awareness program to inform employees about
 - (i) The dangers of drug abuse in the workplace;
 - (ii) Your policy of maintaining a drug-free workplace;
 - (iii) Any available drug counseling, rehabilitation and employee assistance programs; and
 - (iv) The penalties that you may impose upon them for drug abuse violations occurring in the workplace.
- c. Without the Agreement Officer's expressed written approval, the policy statement and program must be in place as soon as possible, no later than the 30 days after the effective date of this award or the completion date of this award, whichever occurs first.
- d. The recipient agrees to immediately notify the Agreement Officer if an employee is convicted of a drug violation in the workplace. The notification must be in writing, identify the employee's position title, the number of each award on which the employee worked. The notification must be sent to the Agreement Officer within ten calendar days after the recipient learns of the conviction.
- e. Within 30 calendar days of learning about an employee's conviction, the recipient must either

- (1) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 USC 794), as amended, or
 - (2) Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.
- f. The policies and procedures applicable to violations of these requirements are set forth in 22 CFR Part 210.

[END OF PROVISION]

13. *EQUAL PROTECTION OF THE LAWS FOR FAITH-BASED AND COMMUNITY ORGANIZATIONS (February 2004)*

- a. The recipient may not discriminate against any beneficiary or potential beneficiary under this award on the basis of religion or religious belief. Accordingly, in providing services supported in whole or in part by this agreement or in its outreach activities related to such services, the recipient may not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice;
- b. The Federal Government must implement Federal programs in accordance with the Establishment Clause and the Free Exercise Clause of the First Amendment to the Constitution. Therefore, if the recipient engages in inherently religious activities, such as worship, religious instruction, and proselytization, it must offer those services at a different time or location from any programs or services directly funded by this award, and participation by beneficiaries in any such inherently religious activities must be voluntary.
- c. If the recipient makes subawards under this agreement, faith-based organizations should be eligible to participate on the same basis as other organizations, and should not be discriminated against on the basis of their religious character or affiliation.

[END OF PROVISION]

14. *IMPLEMENTATION OF E.O. 13224 -- EXECUTIVE ORDER ON TERRORIST FINANCING (March 2002)*

The Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all contracts/subawards issued under this agreement.

[END OF PROVISION]

**15. MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS
(December 2005)**

(a) Definitions

Commodities mean any material, article, supply, goods or equipment, excluding recipient offices, vehicles, and non-deliverable items for recipient's internal use, in administration of the USAID funded grant, cooperative agreement, or other agreement or subagreement.

Principal Officer means the most senior officer in a USAID Operating Unit in the field, e.g., USAID Mission Director or USAID Representative. For global programs managed from Washington but executed across many countries, such as disaster relief and assistance to internally displaced persons, humanitarian emergencies or immediate post conflict and political crisis response, the cognizant Principal Officer may be an Office Director, for example, the Directors of USAID/W/Office of Foreign Disaster Assistance and Office of Transition Initiatives. For non-presence countries, the cognizant Principal Officer is the Senior USAID officer in a regional USAID Operating Unit responsible for the non-presence country, or in the absence of such a responsible operating unit, the Principal U.S Diplomatic Officer in the non-presence country exercising delegated authority from USAID.

Programs mean an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by an organization to carry out the responsibilities assigned to it.

Projects include all the marginal costs of inputs (including the proposed investment) technically required to produce a discrete marketable output or a desired result (for example, services from a fully functional water/sewage treatment facility).

Public communications are documents and messages intended for distribution to audiences external to the recipient's organization. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with USAID funded programs, projects or activities, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and so forth.

Subrecipient means any person or government (including cooperating country government) department, agency, establishment, or for profit or nonprofit organization that receives a USAID subaward, as defined in 22 C.F.R. 226.2.

Technical Assistance means the provision of funds, goods, services, or other foreign assistance, such as loan guarantees or food for work, to developing countries and other USAID recipients, and through such recipients to subrecipients, in direct support of a development objective – as opposed to the internal management of the foreign assistance program.

USAID Identity (Identity) means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is “from the American people.” The

USAID Identity is available on the USAID website at www.usaid.gov/branding and USAID provides it without royalty, license, or other fee to recipients of USAID-funded grants, or cooperative agreements, or other assistance awards

(b) Marking of Program Deliverables

- (1) All recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or subaward with the USAID Identity, of a size and prominence equivalent to or greater than the recipient's, other donor's, or any other third party's identity or logo.
- (2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.
- (3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.
- (4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the recipient is encouraged otherwise to acknowledge USAID and the American people's support.
- (5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.
- (6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government's identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.
- (7) The Agreement Officer may require marking with the USAID Identity in the event that the recipient does not choose to mark with its own identity or logo.

(8) The Agreement Officer may require a pre-production review of USAID-funded public communications and program materials for compliance with the approved Marking Plan.

(9) Subrecipients. To ensure that the marking requirements “flow down” to subrecipients of subawards, recipients of USAID funded grants and cooperative agreements or other assistance awards will include the USAID-approved marking provision in any USAID funded subaward, as follows:

“As a condition of receipt of this subaward, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient’s, subrecipient’s, other donor’s or third party’s is required. In the event the recipient chooses not to require marking with its own identity or logo by the subrecipient, USAID may, at its discretion, require marking by the subrecipient with the USAID Identity.”

(10) Any ‘public communications’, as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:

“This study/ report/ audio/ visual/ other information/ media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient name] and do not necessarily reflect the views of USAID or the United States Government.”

(11) The recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the recipient will submit one electronic or one hard copy of all final documents to USAID’s Development Experience Clearinghouse.

(c) Implementation of marking requirements.

(1) When the grant or cooperative agreement contains an approved Marking Plan, the recipient will implement the requirements of this provision following the approved Marking Plan.

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within 45 days after the effective date of this provision. The plan will include:

(i) A description of the program deliverables specified in paragraph (b) of this provision that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) the type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

(3) The recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

- (i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;
- (ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;
- (iii) USAID marking requirements would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official;
- (iv) USAID marking requirements would impair the functionality of an item;
- (v) USAID marking requirements would incur substantial costs or be impractical;
- (vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;
- (vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements is provision.

(d) Waivers.

(1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be

waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale for any use of recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

(3) Approved waivers are not limited in duration but are subject to Principal Officer review at any time, due to changed circumstances.

(4) Approved waivers "flow down" to recipients of subawards unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.

(5) Determinations regarding waiver requests are subject to appeal to the Principal Officer's cognizant Assistant Administrator. The recipient may appeal by submitting a written request to reconsider the Principal Officer's waiver determination to the cognizant Assistant Administrator.

(e) Non-retroactivity. The requirements of this provision do not apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the cooperative agreement does not extend past January 2, 2006.

[END OF PROVISION]

16. REGULATIONS GOVERNING EMPLOYEES (AUGUST 1992)

- a. The recipient's employees shall maintain private status and may not rely on local U.S. Government offices or facilities for support while under this cooperative agreement.
- b. The sale of personal property or automobiles by recipient employees and their dependents in the foreign country to which they are assigned shall be subject to the same limitations and prohibitions which apply to direct-hire USAID personnel employed by the Mission, including the rules contained in 22 CFR Part 136, except as this may conflict with host government regulations.
- c. Other than work to be performed under this award for which an employee is assigned by the recipient, no employee of the recipient shall engage directly or indirectly, either in the individual's own name or in the name or through an agency of another person, in any business, profession, or occupation in the foreign countries to which the individual is assigned, nor shall the individual make loans or investments to or in any business, profession or occupation in the foreign countries to which the individual is assigned.

- d. The recipient's employees, while in a foreign country, are expected to show respect for its conventions, customs, and institutions, to abide by its applicable laws and regulations, and not to interfere in its internal political affairs.
- e. In the event the conduct of any recipient employee is not in accordance with the preceding paragraphs, the recipient's chief of party shall consult with the USAID Mission Director and the employee involved and shall recommend to the recipient a course of action with regard to such employee.
- f. The parties recognize the rights of the U.S. Ambassador to direct the removal from a country of any U.S. citizen or the discharge from this cooperative agreement award of any third country national when, in the discretion of the Ambassador, the interests of the United States so require.
- g. If it is determined, either under (e) or (f) above, that the services of such employee should be terminated, the recipient shall use its best efforts to cause the return of such employee to the United States, or point of origin, as appropriate.

[END OF PROVISION]

**17. *CONVERSION OF UNITED STATES DOLLARS TO LOCAL CURRENCY
(NOVEMBER 1985)***

Upon arrival in the Cooperating Country, and from time to time as appropriate, the recipient's chief of party shall consult with the Mission Director who shall provide, in writing, the procedure the recipient and its employees shall follow in the conversion of United States dollars to local currency. This may include, but is not limited to, the conversion of currency through the cognizant United States Disbursing Officer or Mission Controller, as appropriate.

[END OF PROVISION]

18. *USE OF POUCH FACILITIES (AUGUST 1992)*

- a. Use of diplomatic pouch is controlled by the Department of State. The Department of State has authorized the use of pouch facilities for USAID recipients and their employees as a general policy, as detailed in items (1) through (6) below. However, the final decision regarding use of pouch facilities rest with the Embassy or USAID Mission. In consideration of the use of pouch facilities, the recipient and its employees agree to indemnify and hold harmless, the Department of State and USAID for loss or damage occurring in pouch transmission:

(1) Recipients and their employees are authorized use of the pouch for transmission and receipt of up to a maximum of .9 kgs per shipment of correspondence and documents needed in the administration of assistance programs.

- (2) U.S. citizen employees are authorized use of the pouch for personal mail up to a maximum of .45 kgs per shipment (but see (a)(3) below).
- (3) Merchandise, parcels, magazines, or newspapers are not considered to be personal mail for purposes of this standard provision and are not authorized to be sent or received by pouch.
- (4) Official and personal mail pursuant to a.1. and 2. above sent by pouch should be addressed as follows:

Name of individual or organization (followed by
letter symbol "G")
City Name of post (USAID/_____)
Agency for International Development
Washington, D.C. 20523-0001

- (5) Mail sent via the diplomatic pouch may not be in violation of U.S. Postal laws and may not contain material ineligible for pouch transmission.
 - (6) Recipient personnel are NOT authorized use of military postal facilities (APO/FPO). This is an Adjutant General's decision based on existing laws and regulations governing military postal facilities and is being enforced worldwide.
- b. The recipient shall be responsible for advising its employees of this authorization, these guidelines, and limitations on use of pouch facilities.
 - c. Specific additional guidance on Recipient use of pouch facilities in accordance with this standard provision is available from the Post Communication Center at the Embassy or USAID Mission.

[END OF PROVISION]

19. INTERNATIONAL AIR TRAVEL AND TRANSPORTATION (JUNE 1999)

a. PRIOR BUDGET APPROVAL

In accordance with OMB Cost Principles, direct charges for foreign travel costs are allowable only when each foreign trip has received prior budget approval. Such approval will be deemed to have been met when:

- (1) the trip is identified. Identification is accomplished by providing the following information: the number of trips, the number of individuals per trip, and the destination country(s).
- (2) the information noted at (a)(1) above is incorporated in: the proposal, the program description or schedule of the award, the implementation plan (initial or revisions), or amendments to the award; and

(3) the costs related to the travel are incorporated in the approved budget of the award.

The Agreement Officer may approve travel which has not been incorporated in writing as required by paragraph (a)(2). In such case, a copy of the Agreement Officer's approval must be included in the agreement file.

b. NOTIFICATION

(1) As long as prior budget approval has been met in accordance with paragraph (a) above, a separate Notification will not be necessary unless:

- (i) the primary purpose of the trip is to work with USAID Mission personnel, or
- (ii) the recipient expects significant administrative or substantive programmatic support from the Mission.

Neither the USAID Mission nor the Embassy will require Country Clearance of employees or contractors of USAID Recipients.

(2) Where notification is required in accordance with paragraph (1)(i) or (ii) above, the recipient will observe the following standards:

- (i) Send a written notice to the cognizant USAID Technical Office in the Mission. If the recipient's primary point of contact is a Technical Officer in USAID/W, the recipient may send the notice to that person. It will be the responsibility of the USAID/W Technical Officer to forward the notice to the field.
- (ii) The notice should be sent as far in advance as possible, but at least 14 calendar days in advance of the proposed travel. This notice may be sent by fax or e-mail. The recipient should retain proof that notification was made.
- (iii) The notification shall contain the following information: the award number, the cognizant Technical Officer, the traveler's name (if known), date of arrival, and the purpose of the trip.
- (iv) The USAID Mission will respond only if travel has been denied. It will be the responsibility of the Technical Officer in the Mission to contact the recipient within 5 working days of having received the notice if the travel is denied. If the recipient has not received a response within the time frame, the recipient will be considered to have met these standards for notification, and may travel.
- (v) If a subrecipient is required to issue a Notification, as per this section, the subrecipient may contact the USAID Technical Officer directly, or the prime may contact USAID on the subrecipient's behalf.

c. SECURITY ISSUES

Recipients are encouraged to obtain the latest Department of State Travel Advisory Notices before travelling. These Notices are available to the general public and may be obtained directly from the State Department, or via Internet.

Where security is a concern in a specific region, recipients may choose to notify the US Embassy of their presence when they have entered the country. This may be especially important for long-term posting.

d. USE OF U.S.-OWNED LOCAL CURRENCY

Travel to certain countries shall, at USAID's option, be funded from U.S.-owned local currency. When USAID intends to exercise this option, USAID will either issue a U.S. Government S.F. 1169, Transportation Request (GTR) which the Recipient may exchange for tickets, or issue the tickets directly. Use of such U.S.-owned currencies will constitute a dollar charge to this cooperative agreement.

e. THE FLY AMERICA ACT

The Fly America Act (49 U.S.C. 40118) requires that all air travel and shipments under this award must be made on U.S. flag air carriers to the extent service by such carriers is available. The Administrator of General Services Administration (GSA) is authorized to issue regulations for purposes of implementation. Those regulations may be found at 41 CFR part 301, and are hereby incorporated by reference into this award.

f. COST PRINCIPLES

The recipient will be reimbursed for travel and the reasonable cost of subsistence, post differentials and other allowances paid to employees in international travel status in accordance with the recipient's applicable cost principles and established policies and practices which are uniformly applied to federally financed and other activities of the Recipient.

If the recipient does not have written established policies regarding travel costs, the standard for determining the reasonableness of reimbursement for overseas allowance will be the Standardized Regulations (Government Civilians, Foreign Areas), published by the U.S. Department of State, as from time to time amended. The most current subsistence, post differentials, and other allowances may be obtained from the Agreement Officer.

g. SUBAWARDS.

This provision will be included in all subawards and contracts which require international air travel and transportation under this award.

[END OF PROVISION]

20. OCEAN SHIPMENT OF GOODS (JUNE 1999)

- a. At least 50% of the gross tonnage of all goods purchased under this agreement and transported to the cooperating countries shall be made on privately owned U.S. flag commercial ocean vessels, to the extent such vessels are available at fair and reasonable rates for such vessels.
- b. At least 50% of the gross freight revenue generated by shipments of goods purchased under this agreement and transported to the cooperating countries on dry cargo liners shall be paid to or for the benefit of privately owned U.S. flag commercial ocean vessels to the extent such vessels are available at fair and reasonable rates for such vessels.
- c. When U.S. flag vessels are not available, or their use would result in a significant delay, the Recipient may request a determination of non-availability from the USAID Transportation Division, Office of Procurement, Washington, D.C. 20523, giving the basis for the request which will relieve the Recipient of the requirement to use U.S. flag vessels for the amount of tonnage included in the determination. Shipments made on non-free world ocean vessels are not reimbursable under this cooperative agreement.
- d. The recipient shall send a copy of each ocean bill of lading, stating all of the carrier's charges including the basis for calculation such as weight or cubic measurement, covering a shipment under this agreement to:

U.S. Department of Transportation,
Maritime Administration, Division of National Cargo,
400 7th Street, S.W.,
Washington, DC 20590, and

U.S. Agency for International Development,
Office of Procurement, Transportation Division
1300 Pennsylvania Avenue, N.W.
Washington, DC 20523-7900
- e. Shipments by voluntary nonprofit relief agencies (i.e., PVOs) shall be governed by this standard provision and by USAID Regulation 2, "Overseas Shipments of Supplies by Voluntary Nonprofit Relief Agencies" (22 CFR Part 202).
- f. Shipments financed under this cooperative agreement must meet applicable eligibility requirements set out in 22 CFR 228.21.

[END OF PROVISION]

21. LOCAL PROCUREMENT (April 1998)

- a. Financing local procurement involves the use of appropriated funds to finance the procurement of goods and services supplied by local businesses, dealers or producers, with payment normally being in the currency of the cooperating country.

- b. Locally financed procurements must be covered by source and nationality waivers as set forth in 22 CFR 228, Subpart F, except as provided for in mandatory standard provision, "USAID Eligibility Rules for Goods and Services," or when one of the following exceptions applies:
- (1) Locally available commodities of U.S. origin, which are otherwise eligible for financing, if the value of the transaction is estimated not to exceed \$100,000 exclusive of transportation costs.
 - (2) Commodities of geographic code 935 origin if the value of the transaction does not exceed the local currency equivalent of \$5,000.
 - (3) Professional Services Contracts estimated not to exceed \$250,000.
 - (4) Construction Services Contracts estimated not to exceed \$5,000,000.
 - (5) Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:
 - (i) Utilities including fuel for heating and cooking, waste disposal and trash collection;
 - (ii) Communications - telephone, telex, fax, postal and courier services;
 - (iii) Rental costs for housing and office space;
 - (iv) Petroleum, oils and lubricants for operating vehicles and equipment;
 - (v) Newspapers, periodicals and books published in the cooperating country;
 - (vi) 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, e.g., vehicle maintenance, hotel accommodations, etc.
- c. The coverage on ineligible and restricted goods and services in the mandatory standard provision entitled, "USAID Eligibility Rules for Goods and Services," also apply to local procurement.
- d. This provision will be included in all subagreements where local procurement of goods or services is a supported element.

[END OF PROVISION]

22. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)

Requirements for Voluntary Sterilization Programs

- (1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

Prohibition on Abortion-Related Activities:

- (1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.
- (2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

23. PUBLICATIONS AND MEDIA RELEASES (MARCH 2006)

- a. The recipient shall provide the USAID Cognizant Technical Officer one copy of all published works developed under the award with lists of other written work produced under the award. In addition, the recipient shall submit final documents in electronic format unless no electronic version exists at the following address:

Online (preferred)
<http://www.dec.org/submit.cfm>

Mailing address:
Document Acquisitions
USAID Development Experience Clearinghouse (DEC)
8403 Colesville Road Suite 210
Silver Spring, MD 20910-6368
Contract Information
Telephone (301) 562-0641
Fax (301) 588-7787
E-mail: docsubmit@dec.cdie.org

Electronic documents must consist of only one electronic file that comprises the complete and final equivalent of a hard copy. They may be submitted online (preferred); on 3.5” diskettes, a Zip disk, CD-R, or by e-mail. Electronic documents should be in PDF (Portable Document Format). Submission in other formats is acceptable but discouraged.

Each document submitted should contain essential bibliographic elements, such as 1) descriptive title; 2) author(s) name; 3) award number; 4) sponsoring USAID office; 5) strategic objective; and 6) date of publication;:

- b. In the event award funds are used to underwrite the cost of publishing, in lieu of the publisher assuming this cost as is the normal practice, any profits or royalties up to the amount of such cost shall be credited to the award unless the schedule of the award has identified the profits or royalties as program income.
- c. Except as otherwise provided in the terms and conditions of the award, the author or the recipient is free to copyright any books, publications, or other copyrightable materials developed in the course of or under this award, but USAID reserves a royalty-free nonexclusive and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the work for Government purposes.

[END OF PROVISION]

24. *PARTICIPANT TRAINING (April 1998)*

- a. Definition: A participant is any non-U.S. individual being trained under this award outside of that individual's home country.
- b. Application of ADS Chapter 253: Participant training under this award shall comply with the policies established in ADS Chapter 253, Participant Training, except to the extent that specific exceptions to ADS 253 have been provided in this award with the concurrence of the Office of International Training.
- c. Orientation: In addition to the mandatory requirements in ADS 253, recipients are strongly encouraged to provide, in collaboration with the Mission training officer, predeparture orientation and orientation in Washington at the Washington International Center. The latter orientation program also provides the opportunity to arrange for home hospitality in Washington and elsewhere in the United States through liaison with the National Council for International Visitors (NCIV). If the Washington orientation is determined not to be feasible, home hospitality can be arranged in most U.S. cities if a request for such is directed to the Agreement Officer, who will transmit the request to NCIV through EGAT/ED/PT.

[END OF PROVISION]

25. *TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)*

- a. Except as modified by the schedule of this cooperative agreement, title to all equipment, materials and supplies, the cost of which is reimbursable to the recipient by USAID or by the cooperating country, shall at all times be in the name of the cooperating country or such public or private agency as the cooperating country may designate, unless title to specified types or classes of equipment is reserved to USAID under provisions set forth in the

schedule of this award. All such property shall be under the custody and control of recipient until the owner of title directs otherwise or completion of work under this award or its termination, at which time custody and control shall be turned over to the owner of title or disposed of in accordance with its instructions. All performance guarantees and warranties obtained from suppliers shall be taken in the name of the title owner.

- b. The recipient shall maintain and administer in accordance with sound business practice a program for the maintenance, repair, protection, and preservation of Government property so as to assure its full availability and usefulness for the performance of this cooperative agreement. The recipient shall take all reasonable steps to comply with all appropriate directions or instructions which the Agreement Officer may prescribe as reasonably necessary for the protection of the Government property.
- c. The recipient shall prepare and establish a program, to be approved by the appropriate USAID Mission, for the receipt, use, maintenance, protection, custody and care of equipment, materials and supplies for which it has custodial responsibility, including the establishment of reasonable controls to enforce such program. The recipient shall be guided by the following requirements:
 - (1) Property Control: The property control system shall include but not be limited to the following:
 - (i) Identification of each item of cooperating country property acquired or furnished under the award by a serially controlled identification number and by description of item. Each item must be clearly marked "Property of (insert name of cooperating country)."
 - (ii) The price of each item of property acquired or furnished under this award.
 - (iii) The location of each item of property acquired or furnished under this award.
 - (iv) A record of any usable components which are permanently removed from items of cooperating country property as a result of modification or otherwise.
 - (v) A record of disposition of each item acquired or furnished under the award.
 - (vi) Date of order and receipt of any item acquired or furnished under the award.
 - (vii) The official property control records shall be kept in such condition that at any stage of completion of the work under this award, the status of property acquired or furnished under this award may be readily ascertained. A report of current status of all items of property acquired or furnished under the award shall be submitted yearly concurrently with the annual report.
 - (2) Maintenance Program: The recipient's maintenance program shall be consistent with sound business practice, the terms of the award, and provide for:
 - (i) disclosure of need for and the performance of preventive maintenance,

- (ii) disclosure and reporting of need for capital type rehabilitation, and
- (iii) recording of work accomplished under the program:
 - (A) Preventive maintenance - Preventive maintenance is maintenance generally performed on a regularly scheduled basis to prevent the occurrence of defects and to detect and correct minor defects before they result in serious consequences.
 - (B) Records of maintenance - The recipient's maintenance program shall provide for records sufficient to disclose the maintenance actions performed and deficiencies discovered as a result of inspections.
 - (C) A report of status of maintenance of cooperating country property shall be submitted annually concurrently with the annual report.

d. Risk of Loss:

- (1) The recipient shall not be liable for any loss of or damage to the cooperating country property, or for expenses incidental to such loss or damage except that the recipient shall be responsible for any such loss or damage (including expenses incidental thereto):
 - (i) Which results from willful misconduct or lack of good faith on the part of any of the recipient's directors or officers, or on the part of any of its managers, superintendents, or other equivalent representatives, who have supervision or direction of all or substantially all of the recipient's business, or all or substantially all of the recipient's operation at any one plant, laboratory, or separate location in which this award is being performed;
 - (ii) Which results from a failure on the part of the recipient, due to the willful misconduct or lack of good faith on the part of any of its directors, officers, or other representatives mentioned in (i) above:
 - (A) to maintain and administer, in accordance with sound business practice, the program for maintenance, repair, protection, and preservation of cooperating country property as required by (i) above, or
 - (B) to take all reasonable steps to comply with any appropriate written directions of the Agreement Officer under (b) above;
 - (iii) For which the recipient is otherwise responsible under the express terms designated in the schedule of this award;
 - (vi) Which results from a risk expressly required to be insured under some other provision of this award, but only to the extent of the insurance so required to

be procured and maintained, or to the extent of insurance actually procured and maintained, whichever is greater; or

- (v) Which results from a risk which is in fact covered by insurance or for which the Recipient is otherwise reimbursed, but only to the extent of such insurance or reimbursement;
 - (vi) Provided, that, if more than one of the above exceptions shall be applicable in any case, the recipient's liability under any one exception shall not be limited by any other exception.
- (2) The recipient shall not be reimbursed for, and shall not include as an item of overhead, the cost of insurance, or any provision for a reserve, covering the risk of loss of or damage to the cooperating country property, except to the extent that USAID may have required the recipient to carry such insurance under any other provision of this award.
- (3) Upon the happening of loss or destruction of or damage to the cooperating country property, the recipient shall notify the Agreement Officer thereof, shall take all reasonable steps to protect the cooperating country property from further damage, separate the damaged and undamaged cooperating country property, put all the cooperating country property in the best possible order, and furnish to the Agreement Officer a statement of:
- (i) The lost, destroyed, or damaged cooperating country property;
 - (ii) The time and origin of the loss, destruction, or damage;
 - (iii) All known interests in commingled property of which the cooperating country property is a part; and
 - (iv) The insurance, if any, covering any part of or interest in such commingled property.
- (4) The recipient shall make repairs and renovations of the damaged cooperating country property or take such other action as the Agreement Officer directs.
- (5) In the event the recipient is indemnified, reimbursed, or otherwise compensated for any loss or destruction of or damage to the cooperating country property, it shall use the proceeds to repair, renovate or replace the cooperating country property involved, or shall credit such proceeds against the cost of the work covered by the award, or shall otherwise reimburse USAID, as directed by the Agreement Officer. The recipient shall do nothing to prejudice USAID's right to recover against third parties for any such loss, destruction, or damage, and upon the request of the Agreement Officer, shall, at the Government's expense, furnish to USAID all reasonable assistance and cooperation (including assistance in the prosecution of suits and the execution of instruments or assignments in favor of the Government) in obtaining recovery.

- e. Access: USAID, and any persons designated by it, shall at all reasonable times have access to the premises wherein any cooperating country property is located, for the purpose of inspecting the cooperating country property.
- f. Final Accounting and Disposition of Cooperating Country Property: Within 90 days after completion of this award, or at such other date as may be fixed by the Agreement Officer, the recipient shall submit to the Agreement Officer an inventory schedule covering all items of equipment, materials and supplies under the recipient's custody, title to which is in the cooperating country or public or private agency designated by the cooperating country, which have not been consumed in the performance of this award. The recipient shall also indicate what disposition has been made of such property.
- g. Communications: All communications issued pursuant to this provision shall be in writing.

[END OF PROVISION]

26. PUBLIC NOTICES (MARCH 2004)

It is USAID's policy to inform the public as fully as possible of its programs and activities. The recipient is encouraged to give public notice of the receipt of this award and, from time to time, to announce progress and accomplishments. Press releases or other public notices should include a statement substantially as follows:

"The U.S. Agency for International Development administers the U.S. foreign assistance program providing economic and humanitarian assistance in more than 120 countries worldwide."

The recipient may call on USAID's Bureau for Legislative and Public Affairs for advice regarding public notices. The recipient is requested to provide copies of notices or announcements to the cognizant technical officer and to USAID's Bureau for Legislative and Public Affairs as far in advance of release as possible.

[END OF PROVISION]

27. *COST SHARING (MATCHING) (July 2002)*

- a. If at the end of any funding period, the recipient has expended an amount of non-Federal funds less than the agreed upon amount or percentage of total expenditures, the Agreement Officer may apply the difference to reduce the amount of USAID incremental funding in the following funding period. If the award has expired or has been terminated, the Agreement Officer may require the recipient to refund the difference to USAID.
- b. The source, origin and nationality requirements and the restricted goods provision established in the Standard Provision entitled "USAID Eligibility Rules for Goods and Services" do not apply to cost sharing (matching) expenditures.

[END OF PROVISION]

28. *REPORTING OF FOREIGN TAXES (March 2006)*

- a. The recipient must annually submit a report by April 16 of the next year.
- b. Contents of Report. The report must contain:
 - (i) Contractor/recipient name.
 - (ii) Contact name with phone, fax and email.
 - (iii) Agreement number(s).
 - (iv) Amount of foreign taxes assessed by a foreign government [each foreign government must be listed separately] on commodity purchase transactions valued at \$500 or more financed with U.S. foreign assistance funds under this agreement during the prior U.S. fiscal year.
 - (v) Only foreign taxes assessed by the foreign government in the country receiving U.S. assistance is to be reported. Foreign taxes by a third party foreign government are not to be reported. For example, if an assistance program for Lesotho involves the purchase of commodities in South Africa using foreign assistance funds, any taxes imposed by South Africa would not be reported in the report for Lesotho (or South Africa).
 - (vi) Any reimbursements received by the Recipient during the period in (iv) regardless of when the foreign tax was assessed and any reimbursements on the taxes reported in (iv) received through March 31.
 - (vii) Report is required even if the recipient did not pay any taxes during the report period.
 - (viii) Cumulative reports may be provided if the recipient is implementing more than one program in a foreign country.

- c. Definitions. For purposes of this clause:
- (i) “Agreement” includes USAID direct and country contracts, grants, cooperative agreements and interagency agreements.
 - (ii) “Commodity” means any material, article, supply, goods, or equipment.
 - (iii) “Foreign government” includes any foreign governmental entity.
 - (iv) “Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.
- d. Where. Submit the reports to: [insert address and point of contact at the Embassy, Mission or FM/CMP as appropriate. see b. below] [optional with a copy to]
- e. Subagreements. The recipient must include this reporting requirement in all applicable subcontracts, subgrants and other subagreements.
- f. For further information see <http://www.state.gov/m/rm/c10443.htm>.

[END OF PROVISION]

29. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (January 2002)

Funds in this agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government’s delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference “Guidance on Funding Foreign Government Delegations to International Conferences or as approved by the Agreement Officer.

These provisions also must be included in the Standard Provisions of any new grant or cooperative agreement to a public international organization or a U.S. or non-U.S. non-governmental organization financed with FY04 HIV/AIDS funds or modification to an existing grant or cooperative agreement that adds FY04 HIV/AIDS.

[END OF PROVISION]

30. *USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)*

a. The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website:

<http://www.usaid.gov/about/disability/DISABPOL.FIN.html>

b. USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

[END OF PROVISION]

31. *ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (JUNE 2005)*

An organization that is otherwise eligible to receive funds under this agreement to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

[END OF PROVISION]

32. *CONDOMS (JUNE 2005)*

Information provided about the use of condoms as part of projects or activities that are funded under this agreement shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled, "USAID: HIV/STI Prevention and Condoms. This fact sheet may be accessed at:

http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html

[END OF PROVISION]

33. *PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (JUNE 2005)*

a. The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

b. Except as noted in the second sentence of this paragraph, as a condition of entering into this agreement or any subagreement, a non-governmental organization or public international organization recipient/subrecipient must have a policy explicitly opposing prostitution and sex trafficking. The following organizations are exempt from this paragraph: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

c. The following definition applies for purposes of this provision:

Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

d. The recipient shall insert this provision, which is a standard provision, in all subagreements.

e. This provision includes express terms and conditions of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

[END OF PROVISION]

34. *PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)*

a. USAID reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

b. (1) For any loan over \$1000 made under this agreement, the recipient shall insert a clause in the loan agreement stating that the loan is subject to immediate cancellation, acceleration, recall or refund by the recipient if the borrower or a key individual of a borrower is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

(2) Upon notice by USAID of a determination under section (1) and at USAID's option, the recipient agrees to immediately cancel, accelerate or recall the loan, including refund in full of the outstanding balance. USAID reserves the right to have the loan refund returned to USAID.

c. (1) The recipient agrees not to disburse, or sign documents committing the recipient to disburse, funds to a subrecipient designated by USAID ("Designated Subrecipient") until advised by USAID that: (i) any United States Government review of the Designated Subrecipient and its key individuals has been completed; (ii) any related certifications have been obtained; and (iii) the assistance to the Designated Subrecipient has been approved. Designation means that the subrecipient has been unilaterally selected by USAID as the subrecipient. USAID approval of a subrecipient, selected by another party, or joint selection by USAID and another party is not designation.

(2) The recipient shall insert the following clause, or its substance, in its agreement with the Designated Subrecipient:

“The recipient reserves the right to terminate this [Agreement/Contract] or take other appropriate measures if the [Subrecipient] or a key individual of the [Subrecipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.”

[END OF PROVISION]

**ATTACHMENT E:
INITIAL ENVIRONMENTAL EXAMINATION**

**INITIAL ENVIRONMENTAL EXAMINATION
SUMMARY AND SIGNATURE PAGE**

PROGRAM/ACTIVITY DATA:

Program/Activity Number: (TBD)

Country/Region: Africa (Global Health Bureau), in President's Malaria Initiative countries

Program Title: Malaria Communities Program (MCP)

Funding Begin: FY 2007 **Funding End:** September 30, 2011

IEE Amendment (Y/N): N

Current Date: March 19, 2007

ENVIRONMENTAL ACTION RECOMMENDED:

Categorical Exclusion: X Negative Determination: X

Positive Determination: Deferral:

ADDITIONAL ELEMENTS: (Place X where applicable)

CONDITIONS X

SUMMARY OF FINDINGS:

The activities under this Initial Environmental Examination (IEE) will provide support at the community level for malaria prevention activities. These activities will be carried out in collaboration with implementing partners for the President's Malaria Initiative (PMI). The PMI activities themselves are covered under their own IEEs, Programmatic Environmental Assessments (PEA), country-level Supplemental Environmental Assessments (SEA), and Pesticide Evaluation Report and Safer Use Action Plans (PERSUAP) and are not covered in this IEE.

A Categorical Exclusion is recommended for the following activities except to the extent that the activities directly affect the environment (such as construction of facilities), pursuant to 22 CFR 216.2(c)(1) and:

- a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;
- b) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;
- c) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
- (d) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

- Provide information, education and communication (IEC), including household and community mobilization, to support IRS spraying activities

- Support promotion of intermittent preventive treatment of pregnant women in government health facilities helping to increase the proportion of pregnant women who receive at least two doses of intermittent preventive therapy (IPT)
- Provide IEC aimed to support appropriate health seeking behavior and increasing early and effective treatment of malaria and treatment adherence
- Support community health workers in malaria community case management (i.e. home-based management of fever) activities and promoting correct and consistent use of ITNs by members of their community
- Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs

A **negative determination (with conditions)** is recommended per 22CFR216.3(a)(2)(iii) for the remaining activities that may be carried out under the MCP.

- Support for distribution and promotion of correct and consistent use of insecticide treated nets (ITNs) in both routine and campaign settings in order to increase the overall number used by pregnant women and children under five
- Partner in the promotion and implementation of bednet retreatment campaigns

The conditions include that implementing partners adhere to the stipulations made in the USAID Africa Bureau’s [Programmatic Environmental Assessment for Insecticide-Treated Materials in USAID Activities in Sub-Saharan Africa](#). If a need for net treatment or retreatment arises under this funding and is not already covered under the PMI activity, the USAID Health Team in the mission will draft and gain approval for a “Pesticide Evaluation Report and Safer Use Action Plan” (PERSUAP) for the ITN program.

For activities that involve collection, storage and disposal of biological samples, the program must make reasonable efforts to assure development and implementation of an adequate medical waste management program. Consult EGSSA (www.encapafrika.org) and utilize the Minimal Program Checklist (Annex A).

As required by ADS 204.3.4, the SO team managing this program must actively monitor ongoing activities for compliance with approved IEE recommendations, and modify or end activities that are not in compliance. If additional activities not described in this document are added to this program, then amended or new environmental documentation must be prepared. The SO team must also ensure that provisions of the IEE concerning mitigative measures and the conditions specified herein along with the requirement to monitor be incorporated in all contracts, cooperative agreements, grants and sub-grants.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

CLEARANCE:

Global Health Bureau Environmental Officer: signed 3/23/07

Approved: _____x_____

Disapproved: _____

FILE N°: GH PMI MCP IEE March 2007.doc

ADDITIONAL CLEARANCE FROM AFR REGIONAL BUREAU:

Africa Bureau Environmental Officer _____ signed 3/22/07

INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY DATA:

Program/Activity Number:

Country/Region: Africa (Global Health Bureau), in President's Malaria Initiative countries

Program Title: Malaria Communities Program (MCP)

Funding Begin: FY 2007 **Funding End:** September 30, 2011

IEE Amendment (Y/N): N

Current Date: March 19, 2007

1.0 BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

1.1 Purpose and Scope of IEE

The purpose of this Initial Environmental Examination (IEE) is to comprehensively review the activities USAID anticipates implementing across the Africa region under the Malaria Communities Program (MCP) (a program to complement activities undertaken as part of the President's Malaria Initiative (PMI)), and provide threshold determinations of environmental impact and conditions for mitigation if appropriate. This IEE is intended to fulfill the environmental review requirements of the U.S. Agency for International Development's (USAID's) environmental regulations, found in 22CRF216.

The activities under this Initial Environmental Examination (IEE) will provide support at the community level for malaria prevention activities. These activities will be carried out in collaboration with implementing partners for the President's Malaria Initiative (PMI). The PMI activities themselves are covered under their own IEEs, Programmatic Environmental Assessments (PEA), country-level Supplemental Environmental Assessments (SEA), and Pesticide Evaluation Report and Safer Use Action Plans (PERSUAP) and are not addressed in this IEE.

1.2 Background

Malaria is one of the most common and serious tropical diseases. It causes at least a million deaths yearly, the majority of which occur in sub-Saharan Africa. More than half of the world's population is at risk of acquiring malaria, but young children and pregnant women have the highest risk of both malaria infection and malaria mortality. In addition to poverty and climate, other risk factors for malaria include poor quality health facilities and systems, drug and insecticide resistance for the pathogen and its vectors, and changing ecological conditions that support existence of the vectors at elevations that were previously malaria-free.

USAID's malaria program is part of the US government (USG) foreign assistance program and contributes to the USG goal of "Helping to build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system." Malaria activities fall under Objective 3 - Investing in People, under the

Health Program, and they are reported on under the Malaria element 1.3. The goal of the PMI is to prevent 50 percent of malarial deaths in 15 of the worst-hit countries in Africa. For more information on the President's Malaria Initiative, see <http://www.fightingmalaria.gov/index.html>.

1.3 Description of Activities

The MCP was announced by First Lady Laura Bush on December 14, 2006, at the White House Summit to offer opportunities specifically aimed at fostering new partners, including local community-based and indigenous groups in PMI focus countries. The MCP seeks to award individual small grants to new partners, both US-based and organizations indigenous to Africa PMI-focus countries, to implement malaria prevention and control activities. The grants to be awarded under the MCP will include one or more of the following elements:

- Support for distribution and promotion of correct and consistent use of insecticide treated nets (ITNs) in both routine and campaign settings in order to increase the overall number used by pregnant women and children under five;
- Partner in the promotion and implementation of bednet retreatment campaigns;
- Provide information, education and communication (IEC), including household and community mobilization, to support IRS spraying activities;
- Support promotion of intermittent preventive treatment of pregnant women in government health facilities helping to increase the proportion of pregnant women who receive at least two doses of IPT;
- Provide IEC aimed to support appropriate health seeking behavior and increasing early and effective treatment of malaria and treatment adherence;
- Support community health workers in malaria community case management (i.e. home-based management of fever) activities and promoting correct and consistent use of ITNs by members of their community; and
- Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs.

MCP recipient organizations will work with and in direct complement to existing USAID partners who are associated with and have undergone environmental assessments according to the Agency's regulations and who are following these findings and determinations.

MCP recipients are not expected to procure commodities including those associated with pesticides under this Program, and such procurement is not covered by this IEE. Instead, recipients will partner with the host country government, PMI and other malaria control partners who are currently supporting the procurement and distribution of malaria commodities. PMI-funded activities will be covered by their own environmental compliance documents. MCP recipients will focus on complementing these efforts by supporting the non-commodity aspects of a comprehensive malaria program (i.e. health education and promotion, community mobilization, and extending direct beneficiary reach of the PMI-supported interventions).

2.0 COUNTRY AND ENVIRONMENTAL INFORMATION

The activities funded under the MCP will occur only in the 15 President's Malaria Initiative focus countries, as these community-based activities will directly complement the more commodity-focused PMI activities of bednet procurement and indoor residual spraying. The PMI activities themselves are covered under their own IEEs, Programmatic Environmental Assessments (PEA), country-level Supplemental Environmental Assessments (SEA), and Pesticide Evaluation Report and Safer Use Action Plans (PERSUAP) and are not covered in this IEE. The countries selected for PMI activities were those with the highest malaria mortality, and are shown below in Table 1.

Table 1. List of President's Malaria Initiative (PMI) countries

Angola	Benin	Ethiopia
Ghana	Kenya	Liberia
Madagascar	Malawi	Mali
Mozambique	Rwanda	Senegal
Tanzania	Uganda	Zambia

3.0 EVALUATION OF ENVIRONMENTAL IMPACT POTENTIAL AND RECOMMENDED THRESHOLD DECISIONS AND PREVENTION/MITIGATION ACTIONS

The Environmental Determination for the MCP falls into two categories, and is presented below in Table 2. The activities related to training, health promotion and community mobilization justify Categorical Exclusions, pursuant to 22 CFR §216.2(c)(1) and (2), because the actions do not have an effect on the natural or physical environment.

The remaining activities may involve insecticide-treated materials (ITM) and/or medical waste that are not already covered by PMI environmental compliance documents, so these activities justify a negative determination, with the conditions as described below and summarized in Table 2.

The Africa Bureau has prepared a document entitled *Programmatic Environmental Assessment for Insecticide-treated Materials (PEA ITM) in USAID Activities in Sub-Saharan Africa*, which describes the risks associated with the use of ITMs, including bednets and curtains. Health and environmental risks from the use of ITMs include potential exposure of humans and the environment during production, distribution, storage, use, and disposal of pesticides, and a certain amount of exposure of persons using ITMs to pesticide vapors released from the materials. The CTO must work with the PMI country teams and the MCP implementing partners to ensure that the risks to humans and the environment are minimized, and that adequate safety precautions are observed, by following the guidance provided in the PEA ITM which can be found on the web at http://www.afr-sd.org/documents/iee/docs/32AFR2_ITM_PEA.doc

The public health community has taken the issue of risk from ITM pesticides seriously, and effective guidance documents are already available as resources for ITM program managers. WHO’s Roll Back Malaria web site hosts a collection of WHO and other documents on all the RBM program issues, including those related to effective and safe use of insecticides in ITM programs. (See <http://mosquito.who.int>, multiple prevention, insecticide-treated materials). An excellent resource for all aspects of ITM program management, including avoiding environmental or health problems with this technology, is a manual prepared for the Malaria Consortium, titled, “Insecticide Treated Net Projects: A Handbook for Managers.”ⁱ

The CTO must also work with the PMI country health teams and their implementing partners to assure, to the extent possible, that the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste associated with malaria diagnosis and treatment. The ability of the health teams to assure such procedures and capacity is understood to be limited by its level of control over the management of the facilities and operations that USAID PMI and MCP are supporting.

The USAID Bureau for Africa’s Environmental Guidelines for Small Scale Activities in Africa (EGSSAA) Chapter 8, “[Healthcare Waste: Generation, Handling, Treatment and Disposal](http://encapafrika.org/SmallScaleGuidelines.htm)” (found at this URL: <http://encapafrika.org/SmallScaleGuidelines.htm>) contains guidance which should inform the Team’s activities to promote proper handling and disposal of medical waste, particularly in the section titled, “Minimum elements of a complete waste management program.” The program is also encouraged to make use of the attached “Minimal Program Checklist and Action Plan” for handling healthcare waste, which was adapted from the above EGSSAA chapter and which should be further adapted for use in USAID/[country] programs. Another useful reference is “WHO’s Safe Management of Wastes from Healthcare Activities” found at http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/

Table 2. Summary of Environmental Determinations and Conditions

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
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Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
<p>1. Provide information, education and communication (IEC), including household and community mobilization, to support IRS spraying activities</p> <p>2. Support promotion of intermittent preventive treatment of pregnant women in government health facilities helping to increase the proportion of pregnant women who receive at least two doses of intermittent preventive therapy (IPT)</p> <p>3. Provide IEC aimed to support appropriate health seeking behavior and increasing early and effective treatment of malaria and treatment adherence</p> <p>4. Support community health workers in malaria community case management (i.e. home-based management of fever) activities and promoting correct and consistent use of ITNs by members of their community</p>	<p>Categorical Exclusion pursuant to 22 CFR 216.2(c)(1) and:</p> <p>a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;</p> <p>b) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;</p> <p>c) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services</p> <p>(d) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.</p>	<p>No biophysical are interventions involved</p> <p>The categorical exclusion applies except to the extent that activities might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.)</p>

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
<p>1. Support for distribution and promotion of correct and consistent use of insecticide treated nets (ITNs) in both routine and campaign settings in order to increase the overall number used by pregnant women and children under five</p> <p>2. Partner in the promotion and implementation of bednet retreatment campaigns</p> <p>3. Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs</p>	<p>Negative Determination with Conditions 22 CFR 216.3 (a)(2)(iii)</p> <p>Deferred: Treatment or retreatment of nets</p>	<p>If provision of supplies will include insecticide treated bednets (ITNs), the USAID Health Team in the mission and their partner organizations will be required to use reliable brands of long-lasting treated nets and adhere to the stipulations made in the USAID Africa Bureau Programmatic Environmental Assessment for Insecticide-Treated Materials in USAID Activities in Sub-Saharan Africa .</p> <p>If a need for net treatment or retreatment arises under this funding and is not already covered under the PMI activity, the USAID Health Team in the mission will draft and gain approval for a “Pesticide Evaluation Report and Safer Use Action Plan” (PERSUAP) for the ITN program.</p> <p>For activities that involve collection, storage and disposal of biological samples, the program must make reasonable efforts to assure development and implementation of an adequate medical waste management program. Consult EGSSA (www.encapafrica.org) and utilize the Minimal Program Checklist (Annex A).</p>

4. MONITORING AND COMPLIANCE ASSURANCE

Monitoring and compliance measures

As required by ADS 204.3.4, the MCP CTO and implementing partners will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this Request for Categorical Exclusion arise during implementation, and modify or end activities as appropriate. If additional activities are added that are not described in this document, an amended environmental examination must be prepared.

All grants or other monetary transfers of USAID funds (e.g., subgrants) to support this program's activities must incorporate provisions that the activities to be undertaken will comply with the environmental determinations and recommendations of this IEE. This includes assurance that the activities conducted with USAID funds fit within those described in the approved IEE or IEE amendment and that any mitigating measures required for those activities be followed. USAID PMI missions are responsible for assuring that implementing partners have the human capacity necessary to incorporate environmental considerations into program planning and implementation and to take on their role in the Environmental Screening Process. Implementing partners should seek training as needed, such as through participation in the Africa Bureau's regional ENCAP training courses.

Implementing partners' annual reports and, as appropriate, progress reports shall contain a brief update on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures.

ⁱ Chavasse DC, Reed C, Attawell K. 1999b. *Insecticide Treated Net Projects: A Handbook for Managers*. London, England: Malaria Consortium, London School of Tropical Hygiene and Tropical Medicine.