USAID
FROM THE AMERICAN PEOPLE

Ms. Laura Ehrlich
Minnesota International Health Volunteers
122 West Franklin Avenue, Suite 510
Minneapolis, MN 55404-2480

Reference: USAID M/OAA/GH-07-858

Subject: Cooperative Agreement No. **GHN-A-00-07-00005-00**

Dear Ms. Ehrlich:

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 Minnesota International Health Volunteers, hereinafter referred to as the "Recipient", the sum of $1,499,999.80 to provide support for a program in Uganda as described in the Schedule of this award and in Attachment B, entitled "Uganda Malaria Communities Partnership."

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, 2010. 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 Minnesota International Health Volunteers, 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,

M. Zanganeh

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: Diana DuBois
TITLE: Executive Director
DATE: 9/26/2007

A. GENERAL

1. Amount Obligated this Action:	**$ 460,000.00**
2. Total Estimated USAID Amount:	**$1,499,999.80**
3. Total Obligated USAID Amount:	**$460,000.00**
4. Cost-Sharing Amount (Non-Federal):	**$460,716.50**
5. Activity Title:	**Uganda Malaria Communities Partnership**
6. USAID Technical Office:	**GH/HIDN/ID**
7. Tax I.D. Number:	**41-1497062**
8. DUNS No.:	**15-384-0962**
9. LOC Number:	**HHS-66B7P**

B. SPECIFIC

Commitment Doc. Type	**PR**
Commitment No.	**GH/HIDN-02240**
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	**$460,000.00**

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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 "Uganda Malaria Communities Partnership."

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, 2010.

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 $1,499,999.80 and as shown in the Budget below.

2. USAID hereby obligates the amount of $460,000.00 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.

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	$1,196,649.22
2. Total Indirect Costs	$ 303,350.58
3. Total	**$1,499,999.80**
4. Total Cost Share (Non-Federal)	**$ 460,716.50**

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 Road, Suite 210 Silver Spring, MD 20910, USA; (c) Via Fax: (301) 588-7787; or (d) Online:

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	Period
G&A PREDETERMINED	25.35%	1/	01-01-2007 Until Amended

1/ Total direct costs excluding capital expenditures, in-kind contributions and sub-award costs in excess of $25,000 per sub-award year.

A.7 TITLE TO PROPERTY

Property Title will be vested with the Cooperating Country.

A.8 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this Cooperative Agreement is 000.

A.9 COST SHARING

The Recipient agrees to expend cost share according to that which is set forth in the Recipient's budget as shown in A.4 Cooperative Agreement Budget.

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 project.

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 "**Uganda Malaria Communities Partnership**" submitted in response to RFA M/OAA/GH/07-858, and the Recipient's Branding Strategy and Marking Plan (Attachment C) are attached hereto and are made a part of this Award.

PROGRAM DESCRIPTION

1.0 Executive Summary

Program Location- The proposed Uganda Malaria Communities Partnership (UMCP) project will be implemented in five districts in the West Nile region (Moyo, Yumbe, Arua, Koboko, and Maracha/Tereg) and three districts in the Karamoja region of Uganda (Kaabong, Kotido, and Abim). MIHV, a US-based PVO with 24 years experience in Uganda, will be the lead agency, and will be partnering with the Malaria Consortium, MACIS (Malaria and Childhood Illness NGO Secretariat), and local community-based organizations in the two regions. The proposed start date is January 1, 2008 and the end date is December 31, 2010 (although the project is able to start earlier if funds are available). The total project budget is $ 1,982,105, which includes a malaria funding request of $ 1,499,999 from USAID and $ 482,106 as proposed cost share.

The goal of the proposed project is to reduce malaria-related mortality/morbidity in 5 districts of West Nile and 3 districts of Karamoja Region using a network of local organizations for the delivery of an innovative community-based malaria prevention/treatment program. The seven objectives are outlined in the proposal and include developing a network of CSOs with the capacity to deliver a generic model for Malaria Control in Communities; improving coverage of malaria prevention commodities; improving the proportion of children under 5 receiving effective/appropriate malaria treatment within 24 hours of the onset of fever; improving the proportion of pregnant women receiving 2 doses of IPT in pregnancy; improving demand, uptake and utilization of effective malaria prevention and treatment services in the community; improving public-private coordination by training private health care providers; and disseminating lessons learned.

The estimated total population in the proposed districts of West Nile Region is 1,455,847 and 702,206 in the 3 districts of Karamoja Region. The estimated number of primary beneficiaries, including children under five and pregnant women is 363,961 in West Nile and 175,460 in Karamoja Region. The project will also target additional vulnerable groups.

Problem statement and Rationale for choice of location - Malaria is endemic in over 90% of Uganda, including the proposed regions, with malaria responsible for between 30-50% of outpatient attendances and 35% of inpatient admissions[1]. Indicators for northern Uganda, where the proposed project will be implemented, are extremely poor compared to other regions of Uganda with 66% of West Nile and Karamoja residents living in poverty, low life expectancy (41% not expected to live beyond 40 years of age), high illiteracy (30%), lack of access to formal health facilities (65%) and a high rate of under 5 mortality (290/1,000 live births). The West Nile region has been affected by long term conflict, but has not received the attention or funding of other directly affected regions. West Nile also has internally displaced people as well as refugees from southern Sudan and Congo.
The Karamoja region is the worst performing region in the country with poor access to health facilities, absence of most basic infrastructure, low rates of education and unpredictable security.[2]

The proposed activities support the U.S President's Malaria Initiative (PMI) Uganda country plan to reduce malaria-related mortality by 50%. Activities are aligned with the Government of Uganda's new national drug policy treatment guidelines of Artemisinin-based Combination Therapy (ACT),

[1] Uganda Malaria Control Strategic Plan, 2005/6 – 2009/10
[2] IRC Karamoja assessment, 2004

the Malaria Communications Strategy, the Social Mobilization guide for drug policy change, as well as its National Malaria Strategic Plan 2005/6–2010/11.

2.0 Organizational Capability and Past Performance

2.1 Minnesota International Health Volunteers (MIHV)

MIHV is a US-based private voluntary organization (PVO) whose mission is 'to improve the health of women, children, and their communities around the world.' The agency's focus has always been on improving community health at the grassroots level with underserved populations. MIHV's core competencies are community health partnerships, community-based participatory research and evaluation, education and training, and community mobilization.

MIHV's 2007 project budget is USD $1.3 million, supported by the USAID Child Survival Health Grants Program, the USAID Flexible Fund, The CORE (Child Survival Collaboration and Resources) Group, Minnesota Department of Health, public and private foundations and individuals. MIHV has averaged a 45% cost share for each of its eight USAID-funded CS projects.

MIHV has a solid reputation and over 25 years of experience designing, managing, and evaluating large community health programs in 7 countries (Uganda, Tanzania, Kenya, Thailand, Haiti, Nicaragua, and the US). It was one of the first participants in the USAID CS Grants Program, was a founding member of The CORE Group, and has staff on The CORE Group's Malaria, HIV/AIDS, Integrated Management of Childhood Illnesses (IMCI), and Safe Motherhood and Reproductive Health Working Groups. MIHV's Executive Director was elected to the CORE Board of Directors in 2005. MIHV has worked in East Africa for over 20 years and has successfully implemented 8 USAID-funded CS projects. MIHV is currently implementing a 3-year (2006-2008) USAID Flexible Fund community-based family planning project in Uganda and a 5-year (2006-2011) USAID CS project in Tanzania. Highlights of past MIHV performance:

MIHV has proven experience and in-house expertise in designing and implementing successful models for community-based malaria programs. MIHV has implemented CS projects that included each of the malaria interventions proposed here. MIHV has designed technically sound, culturally appropriate strategies to address significant health challenges:

1) MIHV trained community volunteers including community immunizers, TBAs, drug vendors, community based distributors, women's groups, and traditional healers on malaria issues.
2) MIHV also worked closely with district health teams to provide ongoing training and support for malaria prevention, signs and symptoms, and treatment.
3) MIHV partnered with drug shopkeepers and traditional healers to ensure that children received the correct and complete dose of anti-malarial drugs. MIHV provided trainings and created posters with the proper dosages of malaria medications and distributed them widely.
4) MIHV sponsored special community events at parish level, known as Malaria Awareness Days, the purpose of which was to focus community attention on malaria and provide malaria-related services.

In 2004, MIHV wrote a Uganda malaria case study highlighting interventions, lessons learned, and potential scale-up of a MIHV model developed for community-based malaria case management. The study – *Improving Malaria Case Management in Ugandan Communities* – was published in partnership with The CORE Group.

This community-based model, implemented during the second phase of a USAID-funded CS project (1996-2000), contributed to the following changes in Knowledge, Practice and Coverage survey results:

- Mother's knowledge of bednet use for preventing malaria increased from 8% to 41%.
- In 2000, 71% of mothers seeking malaria treatment for the youngest child in the household attended health units for treatment, up from 32% in 1996.

- Mothers' knowledge of appropriate chloroquine dosage (the standard protocol at that time) for adult women increased from 6% (1996) to 41% (2000).
- Twice as many mothers knew correct chloroquine dosage for children < two (2000:1996).

Current and proposed MIHV staff who will be involved in this program have extensive field experience and technical expertise in malaria control. There are also 7 community health specialists at MIHV headquarters, 6 of whom have an MPH degree. MIHV has trained volunteers, government/NGO, and community groups that have continued to serve after USAID funding.

MIHV met or exceeded the program objectives in its Child Survival Program in Uganda, a program which compares in scale and approach to the program proposed here. The Ssembabule midterm evaluation found that MIHV's "integrated approach … in close collaboration with the district medical office, local leadership and local NGOs has been so successful that other projects in Uganda should emulate this methodology." The Ssembabule final evaluation found significant improvements in malaria prevention, maternal/child nutrition, breastfeeding, use of perinatal services, care seeking for sexually transmitted infections, and prevention of HIV/AIDS.

MIHV works with communities, government agencies, NGOs, PVOs, universities and other local institutions to build sustainable partnerships for health. In every MIHV program, local partners have continued providing services after the conclusion of USAID funding - *In Uganda, MIHV established 2 independent NGOs by providing training/TA in project management, financial management and grant writing. These continue to provide services in rural Uganda.*

MIHV also has very strong ties with the University of Minnesota. MIHV Board members are University of Minnesota professors of Medicine, Nursing, Public Health, and researchers. The Heads of the School of Medicine and the School of Nursing have expressed a desire to place long-term volunteers at MIHV's East African field sites. Also, the MIHV Board President and Executive Director currently teach a graduate seminar course in the School of Public Health on International Project Planning and Management. Lessons learned from MIHV's global programs are disseminated to students and case studies of projects are shared. The strong connections with the University of Minnesota, including access to professors, students, and researchers are a key strength of MIHV.

MIHV Operations, Current Agreements and Working Relationships in Uganda: *MIHV is committed to bringing its 20 years of experience in East Africa to this project in Uganda. MIHV has been implementing community-based health projects in Uganda since 1983. Over the last 24 years, MIHV has cultivated strong relationships with representatives of the MOH, district and local leaders, the NGO/CBO community, and bilateral and multilateral donors. MIHV sits on the Management Board of the Malaria and Childhood Illness NGO Secretariat (MACIS), and its former Country Director served as Chair of the Steering Committee. MIHV's Country Director participates in the Inter-Agency Coordination Committee for Malaria (ICCM) and is an active member of the MOH-led Family Planning Revitalization Working Group. (See Annex A for letters of support from the UNMCP) and Annex B for MIHV's NGO certificate).*

2.2 Malaria Consortium - The Malaria Consortium brings an experienced team to this project which combines high technical quality with solid implementation experience in Uganda and other countries. It has a strong history of delivering a range of communicable disease control services at the community level in both

stable and conflict settings. The MC values the opportunity to work closely with national and district authorities and systems, as well as to support local NGOs and CBOs to build their capacity in implementing community-based malaria control. The MC provides:

1) high level expertise in all aspects of malaria control policy, strategy, operations and evaluation;
2) proven track record in delivering malaria control interventions to vulnerable populations in Uganda including for the President's Malaria Initiative;
3) strong partnerships with the Uganda Ministry of Health at national and district levels, with local NGOs and CBOs, and with the private sector;
4) project and financial management capacity to implement large-scale USAID projects.

Expertise and experience of malaria, particularly in Africa - The Malaria Consortium (MC) is internationally recognized for its *comprehensive malaria control experience worldwide*. At country level, the MC staff has been involved in all aspects of malaria control including: developing malaria control policies; intervention-specific strategies such as for ITNs and other vector control strategies, case management, malaria in pregnancy, and communication in over 20 countries in Africa. In addition, the MC supports countries to plan, implement, monitor and evaluate their malaria control programs.
In Uganda, the MC has a full technical team which provides support to the Ministry of Health and partners in a variety of ways. This includes:

- Seconding two staff members to the National Malaria Control Programme;
- Establishing, for the Ministry of Health, the Uganda Malaria Research Centre;
- Drafting key malaria technical documents such as the last two National Malaria Control Strategic Plans (2001-2005 and 2006-2010), case management guidelines, ITN strategy and other key documents;
- Being an active member on all of the malaria technical working groups (vector control, case management, communications, monitoring and evaluation);
- Providing periodic technical advice on malaria control to key partners in Uganda such as USAID, DFID and UNICEF, and local and international NGOs (e.g. IRC, Oxfam).

Track record in delivering malaria control interventions - The MC has extensive experience in testing and deploying delivery models for ITNs and retreatment in different countries and contexts, developing public private partnerships and testing the feasibility and effectiveness of different long lasting net and treatment technologies. MC is engaged in the development and implementation of ITN strategies to reach vulnerable groups in: Uganda, Senegal, Zambia, Mozambique, Sudan, Ghana, Zanzibar, Ethiopia, Kenya, Tanzania mainland and Nigeria. MC has been engaged in developing guidelines for malaria control in pregnancy including IPTp in Nigeria, Ghana, Sudan and other countries, as well as working on monitoring and evaluation of malaria in pregnancy. MC also increased coverage of IPTp in IDP camps in northern Uganda.

The MC has considerable experience in supporting countries to improve access to effective treatment. It has engaged MOHs on the drug policy change process including: drug efficacy monitoring, reviewing data and achieving consensus, financing policy change, regulatory issues, public/private partnerships, drug management, training of health workers, sensitizing communities, implementing home-based care, and improving management of severe malaria.

In Uganda, the MC has implemented malaria control interventions in every district of the country. Examples of the MC work include:

- The design of a free LLIN delivery system through ANC and the subsequent delivery of 510,000 LLINs through the system. Very high retention and use rates (96%) were achieved.
- Community-based mass distribution of 750,000 LLINs under the GFATM. MC has been requested to deliver a further 580,000 by USAID/PMI and Malaria No More.

- The design of a national net retreatment system. Three rounds of retreatment has been implemented since 2005 and more than 2,100,000 nets in 40 districts were retreated.
- Indoor residual spraying in institutions and IDP camps in northern Uganda.
- Training 2500 registered private prescribers (2500) in Uganda on the new ACT drug policy.
- Training health workers in Uganda on the management of severe malaria.
- Delivered home treatment of malaria to 340,000 children living in IDP camps in northern Uganda and were able to demonstrate an impact on severe anemia among young children.

Strong partnerships - The MC has partnerships in Uganda with the MOH, key bilaterals, WHO, UNICEF and local/international NGOs. The MC works on a daily basis with the National Malaria Control Programme and has excellent working relationships with Ministry of Health at national and district levels. The MC has worked with all of the districts that will be targeted under this project. The MC also has an ongoing program of work on community-based communicable disease control in Karamojo Region and is in the process of establishing an office in Kotido to coordinate this work. MC's work in West Nile Region is managed at the northern Uganda office in Gulu.

MC works in close partnership with international and local NGOs. Among local NGOs, MC has worked with groups including MACIS, HIDO, CDFU, Caritas and the Church of Uganda. MC is currently working with a further 20 local CBO partners in the distribution of LLINs at community level. The MC is a registered charity and has its head office in the UK and Africa regional office in Kampala, Uganda. A total of 94% of MC staff are based in malaria endemic countries.

2.3 Malaria and Childhood Illness NGO Secretariat (MACIS)

MACIS (Malaria and Childhood Illness NGO Secretariat) was formed in November 2003, supported by USAID and CORE Group (Child Survival Collaborations and Resources Group). It started in 2000, and works collaboratively with NGO partners and the Ministry of Health (IMCI -Integrated Management of Childhood Illness) unit. Together with WHO and UNICEF, and the Ministry of Health, it took key steps to ensure coordination of NGOs involved in health activities.

The **Mission of MACIS** is **"to provide leadership to CSOs nationwide in coordination and promotion of Ministry of Health-recommended interventions in malaria and childhood illnesses and advocacy for appropriate policies at all levels."** Strategic Objectives include:

- To create an effective decentralized nationwide network of CSOs engaged in malaria and IMCI interventions at the community level;
- To build internal capacity for an effective Secretariat;
- To improve effectiveness of members' activities through capacity building, coordination and information sharing;
- To build a platform for advocacy at all levels.

***Major areas of involvement*:** MACIS coordinates a coalition of over 70 NGOs and Community Based Organizations (CBOs), including facility-based and non facility-based, all involved in malaria control and child health activities in Uganda. MACIS fosters collaboration, linkages and networking among these partners with the aim of scaling up impact in control of malaria and childhood illness. This strengthens the Public-Private Partnership for Health (PPPH), a strategy adopted by the government to scale-up health activities in the country. Main methods of operation for MACIS include: representation of partners at different forums for policy making/planning, coordinating technical updates, capacity building, and field exchange visits.

3.0 Situation Analysis

3.1 Rationale for choice of location

The proposed Uganda Malaria Communities Partnership (UMCP) project will be implemented in five districts in the West Nile region and three districts in the Karamoja region of Uganda (see map, Annex C). Malaria is endemic in over 90% of Uganda (see map, Annex D), including in the two regions of implementation, with malaria responsible for between 30-50% of outpatient attendances and 35% of inpatient admissions[3]. Indicators for Northern Uganda are shown in the table below.

Table 1. Health indicators for Northern Uganda

Indicator	***(Includes West Nile & Karamoja)***	**Central Region**
Incidence of poverty[4]	66%	20%
Life expectancy[5]	41% not beyond 40	33% not beyond 40
Illiteracy[6]	30%	19%
Access to formal health facilities[7]	65%	80%
Under 5 mortality rate[8]	290 per 1,000 live births*	127/1,000 live births**

Note: These statistics cover Northern Uganda including the Acholi and Lango /Teso regions which currently receive support under the PMI program as well as through other major donors such as UNICEF, Dfid and Irish Aid. West Nile and Karamoja are the two other regions included in northern Uganda. The recent Uganda DHS survey (2006) demonstrated that Acholi and Lango IDP regions now have far better coverage indicators that the rest of the north, including West Nile, and showed that Karamoja suffers from the worst indicators of all of northern Uganda.

Malaria control activities in Uganda, including the U.S. Presidents Malaria Initiative (PMI) activities, are currently focused primarily in northern Uganda in the previously conflict-affected Acholi and Lango regions. Resources have been made available for this region by several donors as a result of the dire health indicators and heavy burden of infectious diseases amongst the internally-displaced population. A current USAID funded project that includes malaria as well as HIV and TB activities is active in these districts; other activities, including a focus on resettlement communities, are currently being carried out by other donors. So as to expand the impact in northern Uganda, the UMCP identified other regions of need, namely the West Nile and Karamoja regions.

West Nile region - The West Nile region has been affected by long term conflict, but has not received the attention or funding of other directly affected regions. West Nile has housed both internally displaced people as well as refugees from southern Sudan and Congo. Wealth in this region is focused on a few larger trading centers, with much of the remainder of the region underserved and remote from health facilities. The 22% of households with at least one ITN[9] recently reported high intra-regional variations between the relatively wealthy trading centers and the large areas of rural communities. Rural ITN coverage has been shown to be 1/3 of urban settings.[10]

Karamoja region - The Karamoja region is the worst performing region in the country with poor access to health facilities, absence of most basic infrastructure, low rates of education and unpredictable security[11]. While performance of district health services have improved nationally, Karamoja districts have not improved in tandem. The districts of Karamoja have persistently been among the bottom 15 on the MOH district

[3] Uganda Malaria Control Strategic Plan, 2005/6 – 2009/10
[4] 2001 Uganda Poverty Status Report
[5] 2000 UNDP's Human Development Report
[6] 2001 Human Development Index
[7] 2000/1 Uganda DHS
[8] UNDP
[9] Preliminary results, Uganda Demographic Survey, 2006
[10] Uganda Malaria Control Strategic Plan, 2005/06 – 2009/10
[11] IRC Karamoja assessment, 2004

performance league table (part of the Annual Health Sector Review and based on basic health services coverage indicators) with Kotido 55th (out of 56) in FY 2002/3 and 56th in FY 2003/04. The MOH Health Sector Strategic Plan II 2005/06 to 2010/11 (HSSP II) highlights populations including the people of Karamoja as needing particular attention.

LLIN coverage is one example that can be used to illustrate how far Karamoja is falling behind the rest of the country in essential health indicators. The recent Uganda Demographic Survey (DHS) showed that the average percentage of households owning at least one ITN was 15.9% nationally with variations from 41.8% in the well funded Acholi and Lango region, down to 5.9% in Karamoja.

Formal indicators on malaria morbidity and mortality in this region are not fully representative of the scale of the malaria problem with treatment seeking behavior in this setting less focused on the formal health sector. Health Management System indicators (2004/2005) show the three Karamoja districts included here with between 300 and 900 cases per month of malaria in under fives.

3.2 Target population: Table 2. General and target population in program regions

Region	District	No. SCs	No. villages	No. HH	Total pop.	Est. no. PG women	Est. no. kids<5
	Moyo	8	222	39,441	222,459	11,123	44,492
	Yumbe	8	320	42,648	281,896	14,095	56,379
West Nile	Arua	18	907	75,229	459,706	22,985	91,941
	Koboko	5	312	21,086	146,447	7,322	29,289
	Maracha/Tereg	13	751	59,246	345,339	17,267	69,068
TOTAL WEST NILE		52	2512	237,650	1,455,847	72,792	291,169
	Kaabong	9	256	48,060	422,608	21,130	84,522
Karamoja	Kotido	7	182	26,454	214,430	10,722	42,886
	Abim	5	200	10,725	65,168	3,260	13,040
TOTAL KARAMOJA		21	638	85,239	702,206	35,112	140,448
OVERALL TOTAL		**73**	**3,150**	**322,889**	**2,158,053**	**107,904**	**431,617**

Note: population figures are those used by the NMCP, extrapolated from the 2002 census. SC = sub county, HH = household

3.3 Uganda's health system

Uganda's health system is stratified into the following: hospitals, health centre IV (HC IV, at health sub district level); health centre III (at sub county level), and health centre II (at the parish level). The MOH is decentralized; planning for and implementation of activities within each district is managed by a district director of health services (DDHS) and his/her district health team (DHT). The DDHS is responsible for overseeing all health service provision in his/her district including community based, faith based or other non-governmental organizations (known collectively as civil society organizations, CSOs). Coordination takes place both at the national and district levels although linkages and communication between CSOs and these MOH district structures is often poor. According to a 2002 health facility survey, 41% of hospitals, 5% of HC IVs, and 18% of HC III and 24% of HC IIs[12] are operated by CSOs. Many more CSOs are active at the community level.

3.3 Current status of effective case management in Uganda

The first-line national treatment policy in Uganda changed to artemether-lumefantrine, with artesunate-amodiaquine as the alternate first line in 2005 with health facilities rollout of the policy in 2006. "Co-Artem" is the brand currently used as first line treatment in health facilities.

[12] Uganda Malaria Control Strategic plan, 2005/6 – 2009/10

Uganda has a strong Home Based Management of Fever (HBMF) system where two community medicine distributors (CMDs) in each village are identified and trained to provide pre-packaged doses of anti-malarials for children under five with fever. The rationale for this system was to increase the proportion of children receiving effective treatment within 24 hours of the onset of fever. A formal decision on the inclusion of ACTs in the HBMF system in Uganda has been taken by the Ministry of Health. To date, implementation has only taken place in the directly conflict-affected Acholi and Lango regions where special compensation has allowed delivery of Co-Artem at community level prior to licensing its use in this setting. Introduction of ACTs at the community level in the remainder of the country is dependant on the completion of the licensing and implementation policy, expected to be completed towards the end of 2007.

Challenges to the HBMF system in Uganda have been that the initial success was not followed-up throughout the country with adequate support supervision and refresher training[13]. In both the regions of proposed implementation, CMDs exist in each village. However, there are considerable variations in the functionality of the system between and within each region. The supply of drugs and the support to the system in Karamoja is particularly poor, with delivery of anti-malaria doses in this region through HBMF the lowest in the country[14]. With focal areas remote from health facilities in this setting, community based ACT could play an important role. In West Nile, CMDs are more active with delivery of drugs through this system continuing, though challenges in the area of support supervision and monitoring remain and will need considerable improvement when and if ACTs are introduced. Current coverage of treatment with an antimalarial 24-hours after onset of fever is 29% nationally[5], which is likely to be far lower in the Karamoja setting.

3.4 Current status of intermittent preventative treatment in pregnancy in Uganda

The MOH has a target that 85% of pregnant women receive at least 2 doses of sulphadoxine-pyrimethamine during pregnancy as "intermittent preventative treatment". In HIV positive women, this is three doses. The national estimate of IPT2 coverage is 33%[15]; this low figure results from most women attending ANC only once and presenting late in pregnancy. The preliminary data from the 2006 DHS survey indicate little improvement, with a figure of only 49.8% of pregnant women receiving any preventative anti-malarial in pregnancy. While the proportion of those completing a course is not included in the preliminary results, it is unlikely to be a great improvement on 33%. This overall average masks focal variation, particularly in remote communities.

3.5 Current status of effective malaria prevention in Uganda

Indoor residual spraying (IRS) is a key component of malaria prevention. It is un clear when/if IRS will be planned in the regions proposed for implementation under the UMCP. Current implementation is in the SW of the country and in the IDP camps though the National MC Strategic Plan (2005-2010) and includes scale-up of IRS to other districts. The MOH supports the use of DDT in IRS and is seeking funding for its use. Intense community sensitization will be required to ensure that IRS, with DDT or other insecticides, achieves the required 85% coverage.

Insecticide-treated nets (ITNs) with a focus on long lasting insecticide-treated nets (LLINs) are the other major thrust for malaria prevention in Uganda. Strategies to raise coverage of children under five from the current 9.7%[16] to the target of 85% combine mass campaign approaches with delivery systems that will ensure sustained availability, for example through ANC and the commercial sector.

Malaria Consortium is involved in the bulk of LLIN delivery in Uganda, and coordinates the delivery of all of USAID's PMI LLINs (including as campaigns and through ANC in West Nile and Karamoja) and delivers LLINs through community mechanisms for UNICEF in Karamoja. Malaria Consortium's involvement as the

[13] Malaria Consortium: Review of the HBMF system in Uganda, 2005
[14] Ministry of Health, National Malaria Control Program, Central database, 2007.
[15] Uganda Malaria Control Strategic Plan 2005/06 – 2009/10
[16] Preliminary results, Uganda Demographic Household Survey, 2006.

technical advisors on the UMCP will therefore ensure a coordinated approach to the LLIN delivery in these regions. MC distributed 126,642 LLINs under the AFFORD project. Also, UNICEF has procured 60,000 LLINs for delivery in the Karamoja region and ANC distributions will include 50,000 LLINs delivered in these regions in 2007.

3.6 Current status of awareness of malaria information and appropriate behaviors.

Repeated household surveys consistently show that more than 90% of the population in Uganda is aware of malaria and its dangers[17]. More than 70% of households know what interventions and measures should be taken, with radio and health workers being the most important sources of information[18]. In Karamoja, understanding of causes of malaria and appropriate interventions is less strong[19]; traditionally this area has received limited attention from communications activities on health related issues, partly because the very different cultural lifestyle from the rest of Uganda.

4.0 Program Strategy and Technically-Appropriate Interventions

4.1 Goal - To reduce malaria-related mortality and morbidity in areas with poor access to health facilities, using a network of local organizations for the delivery of an innovative and participatory community-based malaria prevention and treatment program.

4.2 Objectives:

1. To develop a network of CSOs with the capacity to deliver a generic model for Malaria Control in Communities made up of key components which can be locally adapted and subsequently packaged for dissemination and scale-up.
   Target: Model being implemented in 8 districts through 16 CSOs.

2. To improve coverage of malaria prevention commodities by expanding the existing system for CSO-led community-based LLIN delivery to fill gaps in existing campaign distributions.
   Target: 100,000 LLINs to PG women/children less five through 16 CSOs[20].

3. To improve proportion of children under 5 receiving effective/appropriate malaria treatment within 24 hours of the onset of fever through improved diagnosis and management of uncomplicated and severe malaria at the -*community and facility level.
   Target: 85% of children treated with ACTs within 24 hours of fever onset.

4. To improve the proportion of pregnant women receiving 2 doses of IPT in pregnancy (or 3 doses in the case of HIV positive women) by focusing on an innovative combination of strengthened services offered at health facilities, through a focused ante-natal care approach, and community based delivery of IPTp in the communities farthest from health facilities.
   Target: 85% of PG women receiving a full course of IPTp in 8 districts[1].

5. To improve demand, uptake and utilization of effective malaria prevention and treatment services in the community through CSO-led innovative behavior change approaches including fostering the role of village health teams and community medicine distributors to raise community understanding and awareness and provide *practical support* to sustained and correct use.

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[17] Uganda Malaria Control Strategic Plan 2005/6 – 2009/10

[18] D.W. Batega: Knowledge, Attitudes and Practices about malaria treatment and prevention in Uganda – a literature review. Health Communication Partnership, February, 2004.

[19] Rapid needs assessment: malaria and water and sanitation, Northern Karamoja. Malaria Consortium, 2007.

[20] Target assumes externally funded commodities are made available for project activities

Target: 90% of supported communities have CMDs trained in BCC activities and hold malaria awareness days.

6. To improve public-private coordination by training private health care providers on referral and prescription practices.
   Target: Private health providers trained in 8 districts (Exact numbers will be determined once updated providers' numbers are ascertained).

7. To disseminate lessons learned and project model for ongoing impact of project nationally and within the African Region.
   Target: Model documented, published and disseminated to other CSOs in Uganda, other PMI country teams and Ministries of Health.

4.3 Overview of strategy

4.3.1 Linkages to current national plans and global initiatives

The activities support the U.S President's Malaria Initiative (PMI) Uganda country plan. This program will support the goal to reduce malaria-related mortality by 50%. Activities are aligned with the Government of Uganda's new national drug policy treatment guidelines of Artemisinin-based Combination Therapy (ACT), Malaria Communications Strategy, Social Mobilization guide for drug policy change, as well as its National Malaria Strategic Plan 2005/6–2010/11. A drafting process is underway of an updated insecticide treated net (ITN) strategy for Uganda, in which the UMCP organizations are involved. The activities proposed here are in line with the new draft ITN strategy.

USAID's Strategic Framework for Africa—particularly the Fragile States Strategic Objectives (SOs) of Mitigating Causes and Consequences of Conflict and of Supporting Populations at Risk, and the Transformational Development SO of Improved Human Capacity—will be supported by the following strategies: increasing availability/access to essential services of local and national institutions, increasing the capacity of public/private sectors to sustain the delivery of quality services, and improving positive behavior change and community participation. The UMCP holds the principle that coordination is key to impact, and is allied with U.S. Government agencies, GOU ministries, UN agencies, the World Health Organization (WHO), international agencies and NGOs, and community-(CBOs) and faith-based organizations (FBOs). It is the mission of the UMCP to collaborate on effective and appropriate approaches, capitalize on and strengthen local experience and expertise, and leverage resources in order to improve the demand and opportunity for communities and local CSOs to take an informed and active role in improved malaria control.

4.3.2 The implementation approach: coordination and local ownership

This project focuses on establishing a network of local CSOs and strengthening their capacity both technically, on community level malaria control, as well as on financial and management practices. The latter component will improve their opportunities for accessing future grants. The Ugandan CSO umbrella organization MACIS (the Malaria and Childhood Illness NGO Secretariat) is a key partner in the UMCP and will play a pivotal role in the organization of the CSO network and dissemination of lessons learned to their national membership to expand the reach of the project. MACIS itself will also be strengthened in its national role through involvement in the UMCP.

While local CSOs often have strong community links, they often have a limited level of coordination with district leadership and with other CSOs. Involvement of district health teams is vital for sustainability. The experience of the partners shows that linkages with district and health leadership can be useful on several fronts: limiting leakage of valuable commodities, strengthening existing district services, and supportive

advocacy. The UMCP capacity building of CSOs will include awareness of the importance of coordination both with districts and within the network of CSOs. Bi-annual regional meetings will support this coordination as district administrative and health leadership and community representatives will be involved at these meetings.

Communities will be involved in the planning of the model in each region, in the implementation and in the monitoring activities. Many activities will be community-driven, including the Malaria Awareness Days, the activities of the village health teams, and community medicine distributors. Community and district leadership, including religious and women's group leaders will be involved in the project as advisors and stakeholders. The role of community leaders in supporting behavior change is vital and both MIHV and MC have successful experience and models to draw upon.

The project will ensure strengthening rather than duplication or creation of new systems. Existing structures and initiatives that will be incorporated are the MOH zonal health teams, Directors of District Health Services (DDHSs), health assistants, village health teams, and volunteers.

4.3.3 Objectives and activities - The project will take a combined approach of improving/expanding local CSO and community-led initiatives, as well as ensuring quality of care and provision of services at health facilities. The strategy adopted will have two fronts: (i) a community-level model including commodity delivery and behavior change activities implemented by local CSOs and the communities; and (ii) direct service strengthening, including quality improvements at health facilities and public-private coordination with private health care providers.

The objectives below address the different components required to reduce malaria-related mortality and morbidity by reaching targets of coverage for key interventions. Within each objective, activities take place under both the community model and the direct service strengthening approach.

OBJECTIVE 1: THE CSO NETWORK AND IMPLEMENTATION MODEL

The network: Most local NGOs, CBOs and FBOs (civil society organizations, CSOs) have close relationships with the communities in which they work. Too often, large NGOs are focused on delivery in order to achieve maximum geographical scope, and these organizations may not have the community level presence, acceptance and knowledge enjoyed by many local CSOs. The current project plans to implement activities through a network of established local CSOs, identified to achieve tessellated regional coverage in West Nile and Karamoja (map) with a focus on the hardest to reach areas of these regions where populations are least served by health facilities.

MACIS has a key role under this component. Its role in Uganda as an umbrella organization for CSOs is well respected, yet it will benefit from strengthening. The involvement of MACIS has 3 main benefits: i) it ensures that no parallel system for CSO coordination is developed; ii) it brings in the added value of its existing dissemination/coordination activities, and iii) importantly, direct support and involvement in activities will ensure raised visibility for this umbrella organization, strengthening and expanding its role in improving the quality of CSO-led interventions.

Members of the CSO network will receive sub-grants to carry out community-based implementation. A cascade training system will be implemented whereby local CSOs are trained in their sub county on the community-based malaria model. These trainings will be tailored to the identified needs of the community. A system of mentoring and follow-up meetings will be held to maintain quality of the CSOs' implementation and continued capacity growth.

The network will meet regionally bi-annually to review experiences, lessons learned and share successful adaptations or continued challenges. MACIS will coordinate these meetings. These meetings will address project planning and technical direction, led by the UMCP personnel and will be an opportunity for CSO members to be updated on MoH policies and standard materials.

Members of the CSO network will also receive management and financial mentoring and support. Each member of the UMCP identified this as an area of weakness in previous projects and agrees that it is vital to ensure the on-going role of local CSOs in Uganda and their future prospects as recipients of large donor funding. A management component will be included in the training of the CSOs and the review meetings will include sessions on this area.

A mapping and application process will take place at the start-up of this network. Following a model already in place for sub-agreements with CSOs (for PMI-funded LLIN delivery managed by the Malaria Consortium), a call for applications will be placed inviting CSOs in specified districts to apply to participate in the network. Short standardized application forms will be provided and will be assessed using a pre-designed score sheet based on indicators including community coverage, past performance in health related projects, existing community links and support of the MoH District Health Teams for the CSO's activities. Development of the criteria and assessment of the applications will be by a technical panel, including invited USAID, PMI and MoH representatives.

Monitoring and support supervision will be essential to ensuring accountability. The UMCP Regional Managers will oversee implementation at the community level and support the CSOs to build their capacity in reporting and accounting for activities.

The network of CSOs will be an open partnership with the initial group of identified CSOs expanded as appropriate through the life of the project. MACIS will ensure the database of CSOs working on malaria and health in these regions is up-to-date and that MACIS members are aware of the project and have the opportunity to become members of the network.

The UMCP members have existing links with CSOs in these proposed areas of operation. Examples of CSOs who may be involved in the network include in **West Nile (Moyo District):** Bananas for Bushes, Interaid Uganda Limited, African Development & Emergency Organization; **Yumbe District:** Bakoko Bakoru Foundation, Islamic Medical Association of Uganda; **Arua, Koboko, Maracha & Terego Districts:** Bananas for Bushes Foundation, Interaid Uganda Limited, WorldVision, Islamic Medical Association of Uganda, Youth with a Mission; and in **Karamoja region, Kaabong, Kotido, and Abim Districts:** Caritas and the Church of Uganda

The model: A documented community-based malaria model will be developed around the components of (i) delivery of life-saving malaria control interventions including ACTs, IPT, LLINs and pre-referral treatment for severe malaria; and (ii) awareness raising and behavior change. The community based model will be based on the documented successful community-based implementation by MIHV[21] as well as the long standing experience of both MACIS and the Malaria Consortium in Uganda. A draft model will be developed and will be reviewed in the regions of implementation to ensure input from local CSOs and community representatives in the model design. The model will include training manuals, data collection tools and communications materials.

The members of the CSO network will be trained using this model, which they will then use to mobilize and train volunteers in the communities in which they work. The selection of community volunteers will revolve around the Village Health Team (VHT) structure, to support the MOH in its goal to further develop the role

[21] Improving Malaria Case Management in Ugandan Communities: Lessons from the field. MIHV, CORE, July 2004

of VHTs in Uganda. VHTs include community medicine distributors, women's leaders, religious leaders, and community leaders. Additional cadres will be included where CSOs have good links, such as traditional birth attendants or traditional healers.

Specific activities of the CSOs will be: holding Malaria Awareness Days (see below), mobilizing and training community volunteers, and overseeing the work of the community volunteers in the areas of HBMF, LLIN distribution, IPT at community level and communications.

OBJECTIVE 2: RAISING COVERAGE OF MALARIA PREVENTION MEASURES

To improve access to and use of malaria prevention services in communities living in remote areas as well as those in areas with accessible health services, a strategy of both health facility-based systems and alternative, community-based delivery systems will be implemented. Two approaches are needed to ensure high coverage with LLINs: rapid scale-up deliveries combined with mechanisms to maintain availability of LLINs to replace those worn out after 2-3 years.

The Uganda National Malaria Control Program (NMCP) is taking a systematic approach to rapid scale-up of coverage working sub-county by sub-county using LLINs from different sources to gradually cover the entire country. Approaches to maintain LLIN delivery are the provision of LLINs to pregnant women on their first ANC visit, a service offered at all health facilities providing ANC in these districts. The Malaria Consortium is involved in the majority of the campaign delivery (under both Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and USAID funding) and, in partnership with the NMCP, leads the intervention of all the ANC LLIN delivery in Northern Uganda (under both UNICEF and USAID funding). The current project would allow expansion of both the rapid scale-up and maintenance mechanisms.

The NMCP's rapid scale-up system, will be supported by sharing the Malaria Consortium's experience of the 'Malaria No More' and GFATM funded campaign distributions with local CSOs in these regions. These CSOs will be supervised to move forward with top-up campaign distributions to households with pregnant women and children under five, during which sub-counties that have not yet been included in campaign LLIN deliveries will be covered (map). The Malaria Consortium currently manages the LLIN facility under the USAID AFFORD project. Under this system CSOs are invited to be involved in LLIN distributions within their community and are provided with free USAID funded LLINs. The capacity of the CSOs is developed through training on delivery systems, malaria and malaria prevention health education, means to promote retention and use of LLINs and limit leakage, and monitoring and evaluation tools. This system will be expanded under the current project and modified for rapid impact by focusing on the campaign distribution approach.

The project will allow for maintenance of LLIN coverage by ensuring availability of LLINs to target groups in four ways: (i) ANC delivery of LLINs will be expanded through outreach (ii) linkages to CSOs providing HIV home based care projects and PMTCT to ensure PLHA are provided LLINs; (iii) in the hardest to reach areas, involvement of VHTs in identifying additional LLIN requirements a year after campaigns have been carried out; (iv) delivery of LLINs through a subsidized sale approach where CSOs are involved in a community revolving fund or similar approach.

Specific activities will include training by the Malaria Consortium of ANC staff to include LLIN delivery via outreach; training by the regional/technical officers of CSOs to carry out LLIN delivery by campaign, linked to HIV services and, as a pilot project, linked to gap identification by VHTs. UMCP staff based at the regional level will monitor CSO activities and ensure quality. Reaching the target of LLINs delivered under this objective assumes that LLINs will be made available from

external funding sources. Delivery of LLINs will not have an impact on malaria without a concerted effort towards ensuring high levels of retention and use of LLINs by the community (see Obj. 5).

OBJECTIVE 3: IMPROVING PROMPT AND EFFECTIVE TREATMENT

Treatment seeking referral and diagnosis

Ensuring prompt and effective treatment depends not only on correct treatment, but also on the recognition of signs and symptoms, treatment-seeking behavior, and diagnosis. The pre-treatment will focus on proper recognition of signs and symptoms by families and community medicine distributors as well as prompt rapid treatment seeking behavior and appropriate referral including clear differentiation at community level between uncomplicated and severe malaria cases. In addition, health facility staff at HC IIs will be trained on the use of rapid diagnostic tests (RDTs), if and when these commodities are put in place under external funding.

Treatment - Within case management, there will be a focus placed on adherence to the newly-revised anti-malarial drug policy, which has the potential to dramatically reduce malaria-related morbidity/mortality in Uganda. All health facilities in Uganda are now supplying ACT. The National strategy is to have these introduced at community level, which has already begun in other regions (e.g. Acholi, Lango) and is likely to be moving forward nationwide by late 2007. Currently the MOH, Malaria Consortium and other partners are revising the existing program for HBMF, in order for ACT to be delivered at the community level. When Malaria Consortium initiated the HBMF model in 2003, the target of 60% of children under 5 accessing treatment within 24 hours was achieved and resulted in an over 50% reduction in severe anemia in the 6-24 months age group. Local CSOs will be trained to support the shift to the ACT HBMF in the target districts when the approval is initiated by the MOH. This will ensure access to effective treatment in remote communities.

In order to provide rapid access to treatment for children under five with severe malaria, the administration of rectal artesunate will be introduced at HC IIs and IIIs, neither of which have comprehensive inpatient facilities. This will include a BCC component involving community leaders and VHTs to ensure the community understands the need for referral of severe malaria cases.

OBJECTIVE 4: RAISING COVERAGE OF IPTp – Coverage of IPT2 will be expanded through 3 approaches: (i) strengthening the quality of ANC services at health facilities (ii) community level delivery of IPTp, when formalized as appropriate policy by the MoH, in remote communities; (iii) intensive community-led BCC activities to increase the proportion of pregnant women attending ANC services earlier in pregnancy and accessing IPTp.

The facility focused component will strengthen the comprehension and skills of ANC service providers in IPTp administration through refresher training, increased supervision and on-the-job training. IPTp will be introduced at the community level in selected areas farthest from health facilities. This innovative intervention will ensure that even women who present to health facilities for ANC service late in pregnancy receive two doses of IPT. Local CSOs will be trained to work with CMDs in the administration of IPTp and supportive supervision will be conducted. Behavior change communications will be essential to this objective and are addressed under Objective five.

OBJECTIVE 5: COMMUNITY BEHAVIOR CHANGE

Activities carried out under this objective will be in line with the recently published Malaria Communications Strategy and Social Mobilization Guide for the new ACT policy. The district health educators will be involved from the outset under this objective, both in planning activities and supervision of CSO activities. This will ensure strengthening of district capacity and ownership.

Malaria Awareness Days **-** MIHV will apply its extensive experience with successful approaches in large-scale community mobilization events and expand its promising practices into the two regions. MIHV will train local CSOs to work with communities (and VHTs where appropriate) to implement Malaria Awareness Days. The trainings will emphasize the need to intimately involve communities in order to assure community ownership and enhance impact. Malaria Awareness Days will provide opportunities to address misconceptions about malaria, raise awareness about malaria issues, and provide services and referrals. MIHV has previously achieved good coverage by holding Malaria Awareness Days throughout districts in Uganda. Malaria Consortium will assist with LLIN demonstrations by providing practical tips on how to hang, use, and maintain nets.

Community leaders as role models **-** MIHV's extensive experience training community leaders in malaria awareness, signs and symptoms, treatment and referral, and advocacy combined with Malaria Consortium's involvement will be used for this approach. Religious leaders, women's group leaders, drug vendors and traditional healers, will be mobilized to support the campaign days, attending as role models who can answer questions on their personal experience with malaria.

Malaria Calendars **-** Malaria calendars were successful components of the MIHV model in remote Uganda regions and will be scaled up to the 2 project regions. Malaria calendars are posters that clearly and simply present the national guidelines for treatment of uncomplicated malaria. These quick reference tools can be used by low-literate populations and assist families in correctly adhering to treatment guidelines. Other messages included on the calendars are: danger signs of malaria, where to seek treatment, use of LLINs and the importance of the new ACT drugs for treatment.

Practical support by village health teams and community medicine distributors
The UMCP partners have extensive experience working with community volunteers to support family behavior change. The partners' experience and skills will be shared with local CSOs who will be trained and supervised to expand the role of VHTs and CMDs in these regions.

OBJECTIVE 6: PUBLIC-PRIVATE COORDINATION FOR CORRECT TREATMENT
Both MIHV and the Malaria Consortium have recent experience in training large numbers of private drug vendors on appropriate treatment and referral. These models will be combined and will include: the use of the standardized, MOH-approved materials developed by the MC; and the MIHV model of a 3 day training followed by intermittent 1-day refresher trainings.

OBJECTIVE 7: DISSEMINATION AND ADVOCACY
As the prime implementing partner, MIHV will take the lead in documenting lessons learned and disseminating promising practices to the international malaria community. MACIS will serve an integral coordination role in Uganda and will document lessons learned and the community-based model for dissemination nationwide through its network. MACIS will report on the project activities in their bi-annual newsletter sharing experiences, lessons learned and recommendations; and coordinate the dissemination of the final documented community model approach, which will be presented to all MACIS members at a central workshop. Standardized IEC materials and advocacy materials developed by the UMCP and approved by the MOH for use will be disseminated to MACIS members as samples and guidelines for their own development of IEC materials.

All UMCP project staff will ensure that frequent communication is maintained with relevant MOH departments including the National Malaria Control Program and the Health Promotions Department, as well as other stakeholders such as WHO, UNICEF and other international NGOs working in health care delivery in these regions. UMCP staff will also ensure visibility of the project both nationally and internationally through regular participation in the Health Policy Advisory Committee, ICCM, GFATM CCM, PMI Planning committee and MOH technical working groups, within Uganda and the East African and Southern African Roll Back Malaria Networks.

5.0 Performance Monitoring and Evaluation -

Technical oversight of the M&E of this project will be carried out by the Malaria Consortium in close collaboration with MIHV. Both partners have extensive experience in this area. Data and information will be collected to measure progress towards PMI targets and also to inform program oversight/management.

5.1 Program monitoring

Standardized monitoring tools and forms will be developed. Each implementing CSO/FBO partner will use these forms to report required data on a monthly basis to the regional technical officers based in West Nile and Karamoja regions. This information will then be relayed back to the Project Director in Kampala. On a quarterly basis, the project will hold data feedback meetings using the analyzed data to (1) inform decision-making and measure progress and (2) examine barriers to achieving expected results. The meetings will be attended by the Project Director, MC M&E Advisor, Regional Technical Officers and technical and management staff from MIHV, MC and MACIS. The Project Director will use data to guide program activities, identify problems and gaps, and develop management and technical assistance plans to ensure program quality and success.

Feedback sessions will be held with implementing CBO/FBO partners at the regional level. The sessions will serve the purpose of: 1) building partners' capacity to use data for decision-making, 2) ensuring data are being used by partners to measure progress, and 3) examining barriers to achieving results. Through LC1 and other leaders, community-level dissemination will be conducted to review key findings and seek community input into how program implementation can be improved.

5.2 Capacity Building of Implementing Partners

To facilitate effective program monitoring and develop M&E capacity for full scale-up and future programs, a major focus of program M&E efforts will be to build capacity within implementing CBOs and FBOs. Activities will be conducted to increase the data collection, reporting and analysis skills of implementing partners, including an initial workshop, refresher in-service training, on-the-job training through technical assistance, and introduction to new tools and technologies.

5.3 Measuring outcomes and impact

Pre- and post-intervention surveys will be carried out in the two regions. In West Nile the pre-intervention survey will be in Year One and for Karamoja at the beginning of Year Two (when activities are to begin). The surveys will collect the following information:

- **Knowledge and awareness of malaria transmission, signs and symptoms, and methods of prevention and treatment;**
- **Use of malaria prevention methods, particularly insecticide-treated mosquito nets among children and pregnant women, and intermittent preventive therapy among pregnant women;**
- **Treatment-seeking behavior at community and health facility levels; and**
- **Hemoglobin levels, parasite density, and prevalence rates among children (6-35 months)**

This will allow the project to establish a baseline to measure progress in terms of behavior change, PMI coverage and impact indicators. We presume if high coverage of LLINs is achieved along with improved access to and use of effective treatment for malaria, the prevalence of moderate and severe anemia and parasite prevalence and densities will decline among young children[22].

The pre- and post-intervention surveys will include a health facility component to measure quality of care provided by health workers in the public/private sectors. This will include exit interviews for pregnant women and caregivers. Also, the use of rectal artesunate at pre-referral level will be monitored in terms of its acceptability, as well as impact on treatment outcome of severe malaria.

[22] The MC was able to demonstrate a 60% decline in the prevalence of severe anaemia among children aged 6-23 months living in IDP camps in Kitgum District following the implementation of the home-based management of fever strategy.

6.0 Management Plan

6.1 Overall Project Management and Partnership

MIHV will be the lead organization with ultimate responsibility for and authority over all aspects of this project. It will be responsible for managing and coordinating the project at national and regional levels. MIHV will oversee project partners including managing sub-contracts with Malaria Consortium and MACIS, managing CSO sub-grantees, providing financial management, reporting to and liaising with HQ and USAID, and disseminating lessons learned to the malaria community outside of Uganda. All partners on this project will sign memoranda of understanding (MOU) delineating roles and responsibilities (see Annex E for draft partnership agreements).

As a partner, the Malaria Consortium will be responsible for technically backstopping the project in-country. The Malaria Consortium will provide technical oversight at the regional level via its Technical Specialist. The Malaria Consortium will technically support the Project Director. Malaria Consortium will manage the M&E, but all partners will be responsible for collecting M&E data that are relevant to their activities.

As a sub-grantee, MACIS will be responsible for sharing lessons learned and promising practices with its Ugandan membership of NGOs, CBOs, and FBOs; disseminating MOH policies and updates to program partners in the West Nile and Karamoja Regions through bi-annual regional coordination and planning workshops; and advocating for community-based malaria activities at the national level. MACIS aims to coordinate CSOs active in malaria control at the community level in Uganda. As of yet, MACIS does not have the capacity to fully manage this model, therefore MIHV will work with MACIS throughout the life of this project to develop MACIS capacity to manage and implement a community CSO model in Uganda.

Both MIHV and Malaria Consortium have a longstanding relationship with MACIS. MIHV's former Uganda Country Director served as the first Chairperson of the MACIS Steering Committee (2003-2006), MIHV now sits on the MACIS Interim Management Board, and Malaria Consortium is a member of the MACIS Technical Advisory Board. Both MIHV and Malaria Consortium will continue in these roles during this project, and as such will guide and develop MACIS capacity.
To assure open communication channels among the three organizations forming the Uganda Malaria Communities Partnership, senior project staff for MIHV, Malaria Consortium, and MACIS will meet on a quarterly basis in Kampala for project coordination and planning purposes.

6.2 MIHV Organizational Structure - The Executive Director oversees the International Program Director, Administrative Director, and other HQ staff. The International Program Director supervises the Uganda Country Director, backstops project activities in the U.S., liaises with USAID Washington, and manages information with the field. The Executive Director and International Program Director will attend conferences and CORE Group meetings, exchange ideas with U.S.-based malaria PVOs to obtain current skills and tools from CORE and other agencies, and share them with the field through email, faxes, phone calls, DHL packets and annual site visits.

The Uganda Country Director (Paige A. Bowen) oversees all organizational activities within Uganda and will maintain fiduciary and reporting responsibility. She will liaise with in-country counterparts and stakeholders (partners, PVOs, and USAID Mission) and will join existing malaria working groups to foster collaborative relationships. She will oversee the Project Director, who will be responsible for in-country project management, and the Financial Administrator.

The Project Director (Dr. AfroDavid Bankunda) will centrally manage the project from Kampala. The Project Director will supervise two full-time Regional Managers. He will travel to the project regional offices in West Nile and Karamoja 30% of his time (at least one field visit per month per region). He will be responsible for all project operations, including: budget management, managing CSO sub-grants, developing

training content both at CSO and health facility level, standardizing program resources, and overseeing the development and production of IEC materials.

The Project Director will contract 2 in-country communications experts to design and develop IEC materials (an IEC/BCC Advisor and a Visual Communications Specialist). The IEC/BCC Advisor is a Ugandan national with 10+ years of experience developing community-level IEC materials for MIHV's community-based health programs. The Visual Communications Specialist is a professional photographer/graphic designer. Upon completion of the short consultancy, this IEC/BCC team will deliver copies of all materials to MACIS to be shared widely. The Project Director will oversee all IEC/BCC activities with technical assistance from Malaria Consortium. The Project Director will provide oversight to the MACIS Secretariat Coordinator and Technical Program Officer, who will attend monthly progress meetings with the Project Director. The MACIS Secretariat Coordinator will provide quarterly and annual reports documenting the project activities undertaken by MACIS staff during that reporting period.

There will be one Regional Manager per region, each based at that region's central field office and reporting directly to the Project Director. The Regional Manager will be responsible for project, financial, and staff management at field level; monitoring CSO sub-grantees, providing support supervision to the CSOs, and coordinating CSOs to hold Malaria Awareness Days. This person will oversee the Community Health Specialist, the Technical Officer, and the Operations Officer.

The Community Health Specialist will support the Regional Manager in community-based activities, including training/supervision of CSOs; coordinating CSOs during Malaria Awareness Days; building CSO capacity; and conducting M&E. The Community Health Specialist will be a full-time international volunteer with a one-year (minimum) commitment. There will be one Community Health Specialist per regional site. MIHV has a long track record of placing highly skilled long-term volunteers at its international field sites and has fostered relationships within the University of Minnesota Schools of Public Health, Nursing, and Medicine from which it can generate professional volunteers. The Community Health Specialists will have a Masters in Public Health or equivalent.
The Technical Officer will support the regional office in technical areas. The Technical Officer will be responsible for training facility-based health workers, assisting the Community Health Specialist in technical aspects of CSO capacity-building, managing regional LLIN distribution activities, and assisting the Regional Manager to conduct M&E. There will be one Technical Officer per region. As a Malaria Consortium employee, the Technical Officer will receive oversight from the Malaria Consortium but will report directly to the Regional Manager for all project activities.

At the West Nile regional office, the Operations Officer will be responsible for managing the regional office, including administrative, bookkeeping, and logistical tasks. The Operations Officer will monitor the security situation in the region and in case of insecurity, will work with the Regional Manager to assure project staff safety. The position will be filled in Karamoja.

See Annex G for CVs of key project staff; see Annex H for the Project Organigram.

6.3 Human Resource Management. See Annex I for Human Resources Tables.

6.4 Stakeholders Communication Plan - A Project Advisory Committee (PAC) will be the primary mechanism for project coordination at the national level and will provide technical assistance/support throughout the project. The PAC will have representatives from the National Malaria Control Program (NMCP), USAID Mission, and in-country PMI team, and will include the MIHV Uganda Country Director, Project Director, Regional Managers, Malaria Consortium technical staff, the MACIS Secretariat Coordinator, and other project staff. The PAC will meet bi-annually during year one and annually each year thereafter. Its role will be to advise on the design of project assessments, operational research, reports and plans; facilitate linkages with other projects and organizations in Uganda; and provide cultural, technical and administrative

advice as needed.

The MACIS Secretariat Coordinator will maintain communication channels between project and national stakeholders. In addition to participation in stakeholder committees, she will participate on the PMI Planning Committee and the MOH Malaria Technical Working Group. She will be a key conduit for information between the project, the NMCP and in-country PMI team.

See cost application for financial management description.

See Annex J for the Project Work Plan.

7.0 Use of volunteers – As mentioned earlier, Minnesota International Health Volunteers has consistently used highly qualified health volunteers for almost 30 years. MIHV has strong connections with a variety of Universities in Minnesota as well as other states and has a system in place for recruiting, screening, orienting, and placing health volunteers internationally. In addition, MIHV will coordinate with the US Freedom Corps to place highly qualified volunteers.

ATTACHMENT C

BRANDING STATEGY & MARKING PLAN

USAID/MIHV Branding Strategy and Marking Plan

Date Submitted: August 31, 2007

Applicant Information:
Office: Minnesota International Health Volunteers
Contact Person: Laura Ehrlich
Contact Phone Number: 612-230-3256
Contact E-mail: lehrlich@mihv.org

For a New Award:
USAID Solicitation Number: USAID M/OAA/GH-07-858
USAID Solicitation Name (if applicable): Malaria Communities Program

I. BRANDING STRATEGY

A. Positioning

1. What is the intended name of this program?

The proposed name of the program is the Uganda Malaria Communities Partnership (UMCP).

2. Will a program logo be developed and used consistently to identify this program?

At this time, a new logo is not planned for this project (but may be developed if there is a perceived need in the future). Rather, project partner logos (MIHV, Malaria Consortium and MACIS) and USAID/PMI logo will be displayed on project materials.

B. Program Communications and Publicity

1. Who are the primary and secondary audiences for this project or program?

The primary audiences for the project are members of participating Community Service Organizations (CSOs) and the communities they serve; health providers in West Nile and Karamoja Regions who will be trained by the project; and MACIS members.

The secondary audiences for the project are USAID PMI staff, other organizations working in malaria control and other international health organizations/projects.

2. What communications or program materials will be used to explain or market the program to beneficiaries?

A general overview of the project will be posted on the MIHV website and informational fact sheets will be developed to explain the project, particularly for secondary audiences. In Uganda, the project activities will be marketed via community events, incentive materials (e.g. posters, calendars) and project-trained health care staff and CSO members.

3. What is the main program message(s)?

The overall goal of the project is to reduce malaria-related mortality and morbidity. Project messages will focus on prevention, proper care-seeking, improved health care and case management and dissemination of lessons learned. Specifically, messages will be focused to support the following areas:

- Building the capacity of CSOs to deliver malaria control interventions;
- Distributing and promoting the use of malaria prevention commodities such as LLIN;
- Improving care seeking and case management for children under 5 with fever;
- Improving the proportion of women receiving IPTp;
- Increasing demand, uptake and utilization of malaria prevention and treatment services in communities;
- Improving public-private coordination of referral and prescription practices; and,
- Disseminating lessons learned to scale-up project activities in other locations.

4. Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?

Initial publicity for the project will be sought from print, radio and television outlets. The project will be officially launched in both regions. Additional promotion of the project will occur through local media such as radio spots, community events, and other community outlets (e.g. CSO networks, churches, etc.).

5. Please provide any additional ideas about how to increase awareness that the American people support this project or program.

MIHV will mention this project in our annual report which goes out to all of our donors, post this project prominently on our website (www.mihv.org), and include it in any brochures which describe our international work. In West Nile and Karamoja regions, project partners including local CSOs will use the USAID/PMI branding to promote the project. In addition, through collaboration with MACIS and inclusion of USAID/PMI branding in our collaborative activities, awareness of the American people supporting the project will extend beyond the regions where the project operates.

C. Acknowledgements

1. Will there be any direct involvement from a host-country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?

The project will interact closely with the Ugandan Ministry of Health (MOH) as well as MOH staff at regional, district and local levels. At times, the MOH may also be included as an additional co-sponsor of project activities.

2. Please indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.

The project goals include the recruitment of CSOs. The project may also partner with other PVOs and NGOs to implement various project activities. Therefore, any jointly-sponsored activities will include the logo/identity of the sponsoring partners as applicable.

II. PROGRAM DELIVERABLES TO BE MARKED

Organization plans to mark the following with the USAID Graphic Identity:

B. Public Communications

- ☒ Reports
- ☒ Public Service announcements
- ☒ Promotional Materials
- ☒ Information Products

More information: All written materials produced by the project for public dissemination (e.g. reports such as baseline and final reports and MIHV annual reports; informational products such as posters, calendars and newsletters; and promotional materials including signs for offices and MIHV website pages related to the project) will be branded with the USAID/PMI logo in printed or electronic format as applicable. All audio or audiovisual materials produced by the project for public dissemination (e.g. outreach at community events, radio spots) will be branded by inclusion of language that the project is supported by USAID/PMI. (See table for details.)

☒ **C. Events**

- ☒ Training workshops

More information: Training curriculum and materials developed by the project will include the USAID/PMI logo on the front or back cover as applicable. This includes malaria control curriculum for community service organizations, IPTp training for health providers, malaria treatment training for health providers, and referral and prescription training for health care providers.

☒ **D. Commodities**
- ☒ Equipment (non Administrative)
- ☐ Program Materials (non Administrative)

More information: Equipment purchased by the project such as computers, printers and furniture will be branded with USAID/PMI logo stickers. Vehicles will be purchased through cost share and will not be branded with the PMI logo. (In the past, the USAID mission has preferred vehicles to not be branded with the USAID logo.) Other program commodities are not part of the PMI budget per se, but the budget supports the distribution of LLINs by community organizations. The distribution activities will be branded with either the USAID/PMI logo or verbal recognition as applicable.

III. PRESUMPTIVE EXCEPTION REQUESTS

Organization Requests Presumptive Exceptions listed below for the reasons indicated:

☐ **D. Commodities (Non Administrative)**
- ☐ Supplies (Non Administrative)
- ☐ Program Materials (Non Administrative)

Commodities Not To Be Marked: n/a

Presumptive Exception Requested – Reasons: n/a

Explanation: n/a

Table: Summary of Marking Strategy

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	When Marking will take place
Objective 1: Develop CSO network with generic model for malaria control					
Malaria control trainings for CSOs	Malaria control curriculum from existing sources	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 2
Supervision	Technical updates as needed	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 2, ongoing

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	When Marking will take place
Objective 2: Improve coverage of malaria-prevention commodities via CSO-led community-based LLIN delivery					
LLIN delivery by CSOs	Distribution activities for 30,000 LLINs	USAID/ PMI logo	Paper, plastic, ink as applicable	Variable	Yr 1 Qtr 4
Objective 3: Improve proportion of children under 5 receiving effective/appropriate malaria treatment within 24 hours					
Malaria treatment (ACT) trainings for health providers	Revised training materials on ACTs	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 1
Supervision	Technical updates as needed	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 2, ongoing
Objective 4: Improve proportion of pregnant women receiving 2 doses of IPT in pregnancy					
IPTp trainings for health providers	IPTp training materials	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 2
Objective 5: Improve demand, uptake, and utilization of effective malaria prevention and treatment services through CSO-led BCC activities					
Malaria Awareness Days	Informational materials	USAID/ PMI logo	Paper or Plastic/Ink	Cover or front of item	Yr 1 Qtr 4
BCC campaign	Posters, calendars	USAID/ PMI logo	Paper/Ink	Bottom of posters; Cover of calendar	Yr 1 Qtr 2
Objective 6: Improve public-private coordination by training private health care providers on referral and prescription practices					
Referral and prescription practice training for providers	Training materials	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 2
Supervision	Technical updates as needed	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 2, ongoing

Objective 7: Disseminate lessons learned and project model nationally and in Africa					
MACIS newsletters	Semi-annual newsletters	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 4, ongoing
Baseline survey report	Baseline report	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 1
Annual project report	Annual report	USAID/ PMI logo	Paper/Ink	Cover	Yr 1 Qtr 4, annually
MIHV annual report	Annual report	Description of project with USAID/ PMI branding	Paper/Ink	Project description	Annually

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 or 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

Standard Provision	Burden Estimate
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 Governments 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: ENVIRONMENTAL COMPLIANCE DETERMINATION

INITIAL ENVIRONMENTAL EXAMINATION
SUMMARY 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.encapafrica.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 Nº: 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" (found at this URL: http://encapafrica.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

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
1. Provide information, education and communication (IEC), including household and community mobilization, to support IRS spraying activities 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) 3. Provide IEC aimed to support appropriate health seeking behavior and increasing early and effective treatment of malaria and treatment adherence 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	Categorical Exclusion 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 (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.	No biophysical are interventions involved 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.)

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
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 2. Partner in the promotion and implementation of bednet retreatment campaigns 3. Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs	Negative Determination with Conditions 22 CFR 216.3 (a)(2)(iii) **Deferred:** Treatment or retreatment of nets	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 . 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.encapafrica.org) and utilize the Minimal Program Checklist (Annex A).

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.