

**MODIFICATION OF ASSISTANCE**

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<b>1. MODIFICATION NUMBER:</b> M004	<b>2. EFFECTIVE DATE OF MODIFICATION:</b> 08/14/07	<b>3. AWARD NUMBER:</b> 004-A-00-05-00115-00	<b>4. EFFECTIVE DATE OF AWARD:</b> 04/17/2004												
<b>5. GRANTEE:</b> Population Services International 1120 16 <sup>th</sup> Street NW, Suite 600 Washington D.C. 20036 USA  OIG ID # : 040046E7 NSI ID # : 040046E7		<b>6. ASSISTED BY:</b> Procurement Management Unit USAID/Mozambique JAT Complex, Box 1231, No. 41 Bairro Central "C" Maputo, Mozambique  LRS ID : 73201004													
<b>7. FUND DATA:</b> Amount Obligated  Budget Fiscal Year: 0 Operating Unit: See pg 2 Strategic Objective: Technical Area: Reporting Use Area: Object Class:		<b>8. FEDERAL OFFICE:</b> SO 8 & SO 9  <b>9. PRIMARY OFFICE:</b> Office of Financial Management Ronald Reagan Building MPFS/CF/PMU RFB.7.07-108 Washington, D.C. 20023-7700 USA													
<b>10. FINANCIAL SUMMARY:</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Obligated Amount</th> <th align="right">Total Fed. Aid.</th> </tr> </thead> <tbody> <tr> <td>Amount Prior to this Modification:</td> <td align="right">\$3,942,000.00</td> <td align="right">\$8,680,000.00</td> </tr> <tr> <td>Change Made by this Modification:</td> <td align="right">\$3,430,000.00</td> <td align="right">\$4,680,300.00</td> </tr> <tr> <td><b>New/Revised Total:</b></td> <td align="right"><b>\$7,372,000.00</b></td> <td align="right"><b>\$11,400,300.00</b></td> </tr> </tbody> </table>			Obligated Amount	Total Fed. Aid.	Amount Prior to this Modification:	\$3,942,000.00	\$8,680,000.00	Change Made by this Modification:	\$3,430,000.00	\$4,680,300.00	<b>New/Revised Total:</b>	<b>\$7,372,000.00</b>	<b>\$11,400,300.00</b>
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<b>11. DESCRIPTION OF MODIFICATION:</b> The purpose of this modification is to: <ul style="list-style-type: none"> <li>- increase the total obligated amount of the Agreement in the amount of \$4,680,300.00 from \$ 6,800,000.00 to \$11,400,300.00;</li> <li>- provide incremental funding in the amount of \$3,430,000.00 thereby increasing the total obligated amount from \$3,942,000.00 to \$7,372,000.00;</li> <li>- re-assign the budget as detailed attached;</li> <li>- provide an addendum to the Program Description as detailed attached; and</li> <li>- make administrative changes as detailed attached.</li> </ul>															
<b>12. THIS MODIFICATION IS INCORPORATED INTO PAYMENT TO THE AUTHORITY OF AN AGREEMENT. EXCEPT AS SPECIFICALLY REFERENCED, ALL TERMS AND CONDITIONS OF THE GRANT AGREEMENT OR CHANGE TO AGREEMENT, AS IF THEY WERE INCORPORATED HEREIN, REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</b>															
<b>13. GRANTEE:</b> <input type="checkbox"/> IS <input type="checkbox"/> IS NOT REQUIRED TO SIGN THIS DOCUMENT TO RECONSTITUTE ITS AGREEMENT WITH THE CHANGING OFFICER NUMBER															
<b>14. GRANTEE:</b>  BY: <u>Doug C. Stevens</u> (Print Type or Print) TITLE: <u>CFO</u> DATE: <u>8/2/07</u>		<b>15. THE UNITED STATES OF AMERICA:</b> U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT BY: <u>[Signature]</u> (Print Type or Print) TITLE: <u>Regional Agreement Officer</u> DATE: <u>8/01/07</u>													

## MODIFICATION OF ASSISTANCE

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<b>1. MODIFICATION NUMBER</b> M004	<b>2. EFFECTIVE DATE OF MODIFICATION</b> 08/01/2007	<b>3. AWARD NUMBER:</b> 656-A-00-06-00115-00	<b>4. EFFECTIVE DATE OF AWARD :</b> 04/17/2006
<b>5. GRANTEE:</b>  Population Services International 1120 19 <sup>th</sup> Street NW, Suite 600 Washington D.C. 20036 USA  DUNS NO. : 040054827 TIN NO. : 040054827		<b>6. ADMINISTERED BY:</b>  Procurement Management Unit USAID/Mozambique JAT Complex, Rua 1231, No. 41 Bairro Central "C" Maputo, Mozambique  LOC NO. : 72001584	
<b>7. FISCAL DATA: Amount Obligated:</b>  Budget Fiscal Year: 0 Operating Unit: See pg 2 Strategic Objective: Team/Division: Benefiting Geo Area: Object Class:		<b>8. TECHNICAL OFFICE:</b> SO 8 & SO 9  <b>9. PAYMENT OFFICE:</b> Office of Financial Management Ronald Reagan Building M/FM/CMP/GIB RRB.7.07-108 Washington, D.C. 20523-7700 USA	
<b>10. FUNDING SUMMARY:</b>		<u>Obligated Amount</u>	<u>Total Est. Amt.</u>
Amount Prior to this Modification:		\$3,942,000.00	\$6,600,000.00
Change Made by this Modification:		\$3,430,000.00	\$4,899,320.00
New/Current Total:		\$7,372,000.00	\$11,499,320.00
<b>11. DESCRIPTION OF MODIFICATION:</b>  The purpose of this modification is to:  - increase the total estimated amount of the Agreement in the amount of \$4,899,320.00 from \$ 6,600,000.00 to \$11,499,320.00; - provide incremental funding in the amount of \$3,430,000.00 thereby increasing the total obligated amount from \$3,942,000.00 to \$7,372,000.00; - re-align the budget as detailed attached; - provide an addendum to the Program Description as detailed attached; and - make administrative changes as detailed attached.			
<b>12. THIS MODIFICATION IS ENTERED INTO PURSUANT TO THE AUTHORITY OF AS AMENDED. EXCEPT AS SPECIFICALLY HEREIN AMENDED, ALL TERMS AND CONDITIONS OF THE GRANT REFERENCED IN BLOCK #3 ABOVE, AS IT MAY HAVE HERETOFORE BEEN AMENDED, REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</b>			
<b>13. GRANTEE:</b> <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT REQUIRED TO SIGN THIS DOCUMENT TO RECONFIRM ITS AGREEMENT WITH THE CHANGES EFFECTED HEREIN			
<b>14. GRANTEE:</b>  BY: _____  <div style="text-align: center;">                     _____                      Brian Smith                      (Name Typed or Printed)                 </div> TITLE: <u>Country Representative</u>  DATE: _____		<b>15. THE UNITED STATES OF AMERICA</b> U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT  BY: _____  <div style="text-align: center;">                     _____                      Victoria Ghent                      (Name Typed or Printed)                 </div> TITLE: <u>Regional Agreement Officer</u>  DATE: _____	

I. Delete "SPECIFIC" in its entirety and replace with the following:

**"SPECIFIC"**

**PREVIOUS**

Project Number:	6560080.00	
MAARD No.:	656-6047	
Appropriation:	724/91095	
Budget Plan Code:	GCD4-04-21656-KG13	
RCN:	P400004	
PEN:	10	
ECN:	R600118	
Amount:	\$29,000.00	
Appropriation:	725/61095	
Budget Plan Code:	GCD5-05-21656-KG13	
RCN:	P500004	
PEN:	10	
ECN:	R600119	
Amount:	\$582,000.00	
PEN:	20	
ECN:	R600120	
Amount:	\$1,100,000.00	
PEN:	70	
ECN:	R600121	
Amount:	\$289,000.00	
<b>Total Amount Obligated:</b>	<b>\$2,000,000.00</b>	<b>(basic)</b>
Activity:	6560090.00	
SC Doc. No.:	656-MAARD-656-6069	
SO Doc.:	656-A-00-06-00115-00	
Fund:	06-GAI-X6	
Sub-Activity:	31	
Amount:	\$500,000.00	
Sub-Activity:	33	
Amount:	\$400,000.00	
<b>Total Amount Sub-Obligated:</b>	<b>\$900,000.00</b>	<b>(modification M001)</b>
Activity:	6560090.00	
SC Doc. No.:	656-MAARD-656-6047-01	
SO Doc.:	656-A-00-06-00115-00	
Fund:	06-GAI-X6	
Un-funded action:	\$0.00	<b>(modification M002)</b>
Activity:	6560080.00	
SC Doc.:	656-MAARD-656-7014	

656-A-00-06-00115-00 M004

Sub-Activity: 10  
Fund: 2006 CD  
Amount: \$400,000.00

Sub-Activity: 20  
Fund: 2006 CD  
Amount: \$300,000.00

Sub-Activity: 70  
Fund: 2006 CD  
Amount: \$342,000.00

**Total Amount: \$1,042,000.00 (Modification M003)**

**NEW**

SC; 656-MAARD-656-7069

Program Element: A049 (65 60080.00)  
Fund: 2007 CD  
Sub-Element: A0185  
Amount: \$3,300,000.00

Program Element: A047 (65 60090.00)  
Fund: 2007 GAI-X7  
Sub-Element: A0165  
Amount: \$130,000.00

**Total Amount: \$3,430,000.00 (this Modification)"**



*Handwritten initials*

*Handwritten notes:*  
5/11  
07/26/04

**II.** Delete "A.3 AMOUNT OF AWARD AND PAYMENT" in its entirety and replace with the following:

**"A.3 AMOUNT OF AWARD AND PAYMENT**

1. USAID hereby obligates the amount of \$3,430,000.00 bringing the total obligation amount to \$7,372,000.00.00 for purposes of this Agreement.
2. Payment shall be made to the Recipient by Letter of Credit in accordance with procedures set forth in 22 CFR 226."

III. Delete "A.4 BUDGET" in its entirety and replace with the following:

**"A.4 BUDGET**

The following is the Agreement Budget, including local costs financing items, if authorized. Revisions to this budget shall be made in accordance with 22 CFR 226.

IV. Delete "A.7 KEY PERSONNEL" in its entirety and replace with the following:

**"A.7 KEY PERSONNEL**

NAME	POSITION
Brian Smith	Country Representative
Catherine Clarence	Director of Maternal and Child Health
Casimiro Macuacua	Deputy Director for Maternal and Child Health
Vitorino Malate	Coordinator for Safe Water"

**V. PROGRAM DESCRIPTION**

Amend the Program Description to include the following:

**"PROGRAM DESCRIPTION**

In June 2006, Washington announced that Mozambique had been named as a phase two Presidential Malaria Initiative (PMI) country and in October 2006, USAID/Mozambique received approval for its FY07 Malaria Operational Plan, which includes large scale coverage of children under five and pregnant women who have access to LLINs. The United States President's Emergency Plan for AIDS Relief (PEPFAR or the Emergency Plan) requires that all PEPFAR-funded activities in Mozambique contribute directly to the five-year targets established for Mozambique by the Office of the Global AIDS Coordinator (OGAC). The FY07 country operational plan builds on the strengths of its first three years of implementation, supporting activities that contribute to goals related to mitigation of the effects of the epidemic by providing health services to OVC and PLWHA, as well as pregnant women through PMTCT. As both SO8 and SO9 share an award with PSI to procure and distribute LLINs, PSI is uniquely positioned to respond to the increased resources that both SO8 and SO9 have available under PMI and PEPFAR programs.

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With these resources, PSI will address the following five components: 1) SO8: Presidential Malaria Initiative; 2) SO8: Child Health; 3) SO9: Treatment Program Area; 4) SO9: Orphans and Vulnerable Children; and 5) SO9: Prevention of Mother to Child Transmission. PSI will continue to work with partners to distribute LLINs through the United States Government (USG) PEPFAR clinical and community-based programs to PLWHA and OVC. PSI will also provide a

buffer stock of LLIN to health facilities receiving USG support to provide PMTCT services. The SO8 component will continue to target rural communities giving priority to pregnant women and children under five. Private voluntary organization (PVO) partners who receive SO8 funding, and who have already been identified, will continue to be provided with LLINs for distribution within their program. This also applies to SO9 partners with OVC programs. As FY07 funding for LLINs and SWS for PLWHA is within the PEPFAR treatment program area, rather than home-based care, PSI will develop systems for distribution through treatment sites, both pediatric and adult, as well as where PMTCT programs in which PMTCT-Plus is being implemented. USG treatment and PMTCT partners will be assisted by PSI in developing criteria for selection of clients who will receive LLINs and for reaching PLWHA who are not yet on ARV.

This section is broken up into the five program components, highlighting past and proposed activities, lessons learned, as well as opportunities and potential constraints.

### 3.1 *SO8: Presidential Malaria Activity*

In January 2006, the MOH declared that malaria is a national emergency and, as such, malaria prevention and treatment services must be provided free-of-charge to at-risk populations through the public health service. As a result, all ITNs distributed through the health system are now free of charge for pregnant women. In order to achieve sustained high-coverage of LLINs in Mozambique, a combined catch-up/keep-up strategy has been proposed. "Catch-up" calls for the rapid scale up of ITN coverage through the distribution of LLINs to children under five through integrated campaigns. "Keep up" is the routine delivery of LLINs to pregnant women through ANC visits.

Under this component, PSI will focus on free targeted distribution of SWS and LLINs through MOH health facilities, large-scale community-level campaigns and USG partners working in rural areas and with vulnerable groups.

#### 3.1.1 Key Activities

##### *Administration and Logistics*

- With SO8 funds, PSI has procured and received 100,000 LLINs to be distributed to pregnant women during routine ante-natal care (ANC) in Zambezia province. PSI began assisting the MOH in LLIN distribution to pregnant women in Zambezia in Q1 2007. To date, the MOH has distributed 34,697 LLINs to pregnant women during the routine ANC, averaging 6,000 LLINs per month. PSI has assisted the MOH at the provincial level by improving management of net distribution through provision and training in use of register books, and at the district level by ensuring that the LLINs reach the beneficiaries. PSI will continue to assist the MOH/Zambezia in distributing LLINs targeted for this province.
- With SO8 PMI funding, PSI will procure 125,000 LLINs to be used for routine delivery of LLINs to pregnant women through ANC visits according to USAID and partner recommendations.
- Under this CA to date, PSI has procured and received 100,000 LLINs for large-scale campaigns targeting children under five.
- With SO8 PMI funding, PSI will procure an additional 325,000 LLINs to be used for future campaigns implemented according to USAID and partner recommendations. Due to the large quantity of LLINs available to this target group, it is essential that PSI collaborate with the MOH and malaria partners on the distribution of these nets.

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- PSI is presently assisting the MOH in planning a large-scale campaign targeting children under five in select districts in Zambezia with low ITN coverage. The first campaign will be conducted in August/September 2007 and will target approximately 75,000 children under five.
- As mentioned above, PSI assisted the MOH in implementing an ITN retreatment campaign in five provinces, including Gaza, Zambezia, Inhambane, Tete and Cabo Delgado, treating 454,986 ITNs. PSI will assist the MOH in further retreatment campaigns upon request.

### *NGO Partnerships and Training*

- PSI will continue to work with present partner NGO activist networks to increase demand for and access to LLINs in rural communities and provide one-day training sessions for their activists in malaria prevention. Note that these training sessions will address both malaria and diarrheal disease prevention. Partners in Zambezia and Nampula include Save the Children and World Vision. These activities will complement other ITN programs working primarily in urban and peri-urban areas through the commercial sector, by targeting highly subsidized LLINs to rural communities with little or no access to commercial nets, giving priority to those with pregnant women and children under five.
- To date, PSI sold approximately 13,000 LLIN to NGO partners at a subsidized rate for distribution to rural areas through NGO activists. PSI will continue to sell LLINs to identified NGO partners, Save the Children-US (Nampula) and World Vision (Zambezia), totaling 41,000 LLINs through March 2009.

### *Marketing and Promotion*

- PSI will work with the MOH to develop pamphlets on malaria prevention, treatment and proper net use to be distributed to pregnant women through ANC, as well as through campaigns to children under five. PSI has developed a pamphlet with UNICEF funding, which will be adapted for future campaigns. The pamphlet will be mostly illustrative for easy comprehension. The pamphlet will be designed to be displayed in the homes of the target population as a small poster, so as to ensure repeat exposure to key messages.
- PSI will collaborate with the MOH to develop posters on the importance of LLIN use, which will be distributed to each health post in program districts.
- PSI will produce radio spots to be used for social mobilization during LLIN distribution through large-scale child health campaigns.

### *Project Evaluation*

- PSI will conduct a TRaC survey in Q2 2008 to measure determinants of ITN use. The PSI TRaC surveys measure purpose-level behaviors, socio-demographic factors, determinants of behavior, and exposure to interventions. TRaC allows for segmentation and evaluation, as well as monitoring.
- PSI will hire a National Assistant for Malaria who will work in collaboration with the MOH and dedicate 100% of their time to the managing and tracking of net delivery to pregnant women and children under five to ensure successful targeted distribution. PSI understands the importance of not only widespread distribution but rather monitoring proper and consistent use of nets.
- PSI will monitor progress towards objectives through periodic MAP surveys, sales data, and supervisory visits.

#### 3.1.2 Potential Constraints

- LLIN distribution is a challenge to health posts in hard-to-reach rural areas. PSI will hire a Provincial Assistant for Net Delivery, based in Zambezia, in order to assist the MOH in ensuring equitable distribution to all health posts.

### 3.2 *SO8: Safe Water Systems Activity*

Under this component, PSI seeks to expand subsidized SWS (Certeza) distribution to vulnerable groups through commercial and community channels. PSI also plans to continue developing communications targeted to vulnerable groups through mass media and interpersonal activities to promote use of SWS for waterborne disease prevention.

#### 3.2.1 Key Activities

##### *Administration and Logistics*

- PSI will continue to locally procure the Certeza brand SWS for distribution through NGO activists and the commercial sector.

##### *Commercial Activities*

- Certeza brand SWS is currently available commercially in seven provinces – Maputo, Gaza, Inhambane, Sofala, Manica, Nampula and Zambezia. PSI will launch SWS in Cabo Delgado in July 2007 and Niassa in September 2007. With these funds, commercial expansion will continue within these provinces to reach all districts capitals and major market areas, ensuring product availability in outlets which are convenient to the majority of the urban and peri-urban population.
- PSI will continue to create retail “blitz” teams, who take stock from previously identified wholesalers and move it out to market stalls and retail outlets where consumers do their routine household shopping. Certeza is slightly subsidized to increase affordability at all socio-economic levels. By the end of project, PSI expects to expand commercial availability of Certeza throughout all provinces.

##### *NGO Partnerships and Training*

- PSI will target rural poor populations that have limited or no access to the commercial sector through partner NGO activist networks. PSI will continue to support current USG partners and provide one-day training sessions for their activists in diarrheal disease, promotion and sales of Certeza. Note that these training sessions will address both malaria and diarrheal disease prevention. The product will be sold at the same slightly subsidized price through both channels.

##### *Marketing and Promotion*

- PSI will use mass media channels and the commercial sector to increase demand for and access to Certeza brand SWS in urban and peri-urban areas. Mass media campaigns – using a mix of television, radio, billboards, and point of sales materials – will be combined with one-day roadshows, contests, and theater groups in major market areas to increase demand for this product.

##### *Monitoring and Evaluation*

- PSI will monitor progress towards objectives through periodic MAP surveys, sales data, and supervisory visits.
- Safe Water System activities will be evaluated through TRaC surveys. The purpose of the surveys is to identify current knowledge, beliefs, product ownership and use rates, and to develop a profile of consistent users in order to design and evaluate communications campaigns aimed at barriers to use. PSI has recently conducted the baseline TRaC survey partially funded by the SO9 component of this agreement. Results will be available in Q3 2007 and will be used to inform the development of IEC/BCC materials. A follow-on TRaC will be conducted in Q1 2009 to evaluate program success.

#### 3.2.2 Lessons Learned

- Research shows that mass media campaigns have a significant impact in increasing demand for SWS.



### 3.2.3 Opportunities

- There is strong support from the MOH for expanding the role of SWS to reduce the burden of diarrheal diseases in Mozambique.

### 3.2.4 Potential Constraints

- Commercial infrastructure is often weakest where products are needed the most, e.g., in rural areas for malaria prevention. Investment must be made to create community distribution channels in these areas.

## 3.3 *SO9: PEPFAR - Treatment Program Component*

Under the SO9 Treatment Program funding component, PSI will expand distribution of LLINs and SWS to PLWHA enrolled in MOH treatment programs supported by USG partners (PMTCT, PMTCT-Plus and anti-retroviral therapy (ART)), develop IEC materials to be distributed through these programs, and inform partners on the importance of treatment adherence. PSI will work closely with MOH and USG partners to develop a distribution system to ensure that LLINs are distributed to PLWHA enrolled in treatment programs in an equitable manner.

### 3.3.1 Key Activities

#### *Administration and Logistics*

- With SO9 treatment program funding, PSI will provide 40,000 LLINs to PLWHA who are presently enrolled in PMTCT, PMTCT-Plus, and ART services, both pediatric and adult, by March 2009. Note that the number of those enrolled in PMTCT receiving LLINs will eventually decline once the “keep-up” strategy outlined in Section 3.1 is up and running.
- With SO9 treatment program funding, PSI will provide SWS to PLWHA enrolled in PMTCT, PMTCT-Plus, and ART services, both pediatric and adult. PSI anticipates the need to be approximately 10,000 per month to PLWHA enrolled in treatment programs.
- In Q3 2007, PSI will convene a meeting for all PEPFAR partners collaborating with the MOH in order to develop an equitable LLIN and SWS distribution system to PLWHA enrolled in treatment services. USG treatment and PMTCT partners will be assisted by PSI in developing criteria for selection of clients who will receive these products and for reaching PLWHA who are not yet on ARV.

#### *NGO Partnerships and Training*

- Under this treatment program area, PSI will establish Memorandums of Understanding (MOUs) with USG PEPFAR partners implementing treatment programs, which will outline roles and responsibilities of each partner, as well as product distribution channels.
- PSI has conducted 45 training sessions for 1,939 NGO activists working with PLWHA, OVC and rural communities. PSI plans to continue these trainings, maintaining the previous training targets shown below in Section 6: Project Results.
- PSI will conduct a one-day workshop for all USG partners on the importance of treatment adherence. This workshop will be held in Q4 2007 and will be repeated, as necessary.

#### *Marketing and Promotion*

- Using traditional social marketing techniques funded by the SO8 SWS component, PSI will scale up SWS marketing and distribution activities in provinces where the present USG PEPFAR partners are working. These provinces include Maputo, Gaza, Zambezia, Sofala and Manica. As mentioned in section 3.2, PSI has launched SWS campaigns targeting mothers of children under five, which will help to create healthy social norms that

promote usage of SWS. The social marketing and availability of SWS on the commercial sector will minimize stigma and discrimination of those who receive the product free of charge.

- PSI will create illustrative posters on malaria and diarrheal disease prevention, which will be provided to all Counseling and Testing (CT) sites. PSI will work closely with the working groups that are assisting the MOH shift from *Aconselhamento de Testagem Voluntário* (ATV) to *Aconselhamento e Testagem em Saúde* (ATS) to ensure that quality messages and materials are integrated into the new counseling protocols. PSI is uniquely positioned for this activity, as PSI is the main partner to MOH and the Center for Disease Control and Prevention (CDC) in piloting this transition.
- The posters mentioned above on malaria and diarrheal disease prevention will also assist in the promotion of the products for “prevention with positives”. All PSI and partner support groups working with positives will be provided IEC materials on the importance of net use in preventing malaria, as well as the importance of drinking clean water to prevent diarrheal disease. Materials will also be provided to “mother-to-mother” support groups in the PMTCT context.

#### *Program Monitoring and Evaluation*

- Product use and perceived benefits will be routinely monitored over the life of the program through in-depth interviews conducted by NGO activists. This monitoring requirement will be included in the MOUs between each partner and PSI.
- Program activities will be evaluated through TRaC surveys as mentioned in Section 3.2 above.

#### 3.3.2 Lessons Learned

- Under the present SO9 OVC and HBC components, an MOU exists between PSI and each of the 12 NGO partners, outlining partner roles and responsibilities and provides detailed information on product needs, delivery plans, and monitoring and evaluation. These MOUs have improved distribution and tracking of products and will continue to be utilized throughout this project, and will be an integral part of the treatment program component, as well.

#### 3.3.3 Opportunities

- PSI is working successfully with several USG NGO partners on the distribution of SWS and LLIN to PLWHA and OVC and their caregivers.
- PSI presently supports PMTCT programs in 15 health facilities, eight of which are in Zambezia, testing approximately 300 pregnant women each month. This number will increase to 22 health facilities by August 2008, mostly in Zambezia.
- PSI continues to be a member of the task forces and working groups for CT and PMTCT in order to share knowledge.

#### 3.3.4 Potential Constraints

- USG NGO partners have varying mandates and program structures, which could result in inefficient LLIN distribution if not managed well. As mentioned above, PSI will conduct a meeting with all partners in order to develop an LLIN distribution system and criteria, which can be adapted for each NGO, to ensure that the LLINs are being targeted in an equitable and efficient manner to PLWHA.

### 3.4 SO9: PEPFAR - OVC Component

Under this component, PSI will expand distribution of LLINs and SWS to a greater number of OVC enrolled in sites where USG partners support the MOH in delivering treatment services, develop IEC materials to be distributed through these programs, and inform partners on the importance of improved child health.

#### 3.4.1 Key Activities

##### *Administration and Logistics*

- To date, PSI has provided 42,410 OVC and their caregivers with LLINs. These products are delivered through NGO partner activists working with OVC. PSI will provide an additional 15,000 LLINs to those OVC who did not benefit from LLINs in FY06. PSI will work with NGO partners to develop a system to ensure that additional LLINs go to first time recipients. This distribution is included in the above mentioned MOUs with each partner.
- On a monthly basis, PSI provides approximately 10,000 OVC and their caregivers with SWS. PSI will maintain this level of distribution based on requests from NGO partners for SWS for this target group.

##### *NGO Partnerships and Training*

- PSI's present NGO partners are receiving continual training on correct usage of products. To date, PSI has conducted 45 training sessions for 1,939 NGO activists working with PLWHA, OVC and rural communities. PSI plans to maintain the previous training targets shown below in Section 6: Project Results.
- At present, PSI provides NGO activists with a SWS flipchart for training PLWHA enrolled in the current HBC program. PSI will continue this activity and will also create a malaria flipchart to be used for the same purpose.
- Through the partner MOUs, PSI will encourage partner NGOs to communicate with the Ministry of Women and Social Action (MMAS) in their respective provinces regarding the number of LLINs distributed to OVC and their caregivers.

##### *Marketing and Promotion*

- Using traditional social marketing techniques funded by the SO8 SWS component, PSI will scale up SWS marketing and distribution activities in provinces where the present USG PEPFAR partners are working in collaboration with the MOH. These provinces include Maputo, Gaza, Zambezia, Sofala and Manica. As mentioned in section 3.2, PSI has launched SWS campaigns targeting mothers of children under five. The social marketing and availability of these products on the commercial sector will minimize stigma and discrimination of those who receive the product free of charge.

##### *Monitoring and Evaluation*

- Product use and perceived benefits will be routinely monitored over the life of the program. This will be done through client interviews conducted by the NGO activists on a quarterly basis. This monitoring requirement will be included in the revised MOUs between each partner and PSI.
- Program activities will be evaluated through TRaC surveys as mentioned in Section 3.2 above.

#### 3.4.2 Lessons Learned

- As mentioned above, an MOU exists between PSI and each partner, outlining partner roles and responsibilities and provides detailed information on product needs, delivery plans, and monitoring and evaluation. These MOUs have improved distribution and tracking of products and will continue to be utilized throughout this project.

### 3.4.3 Potential Constraints

- USG NGO partners have varying criteria for their OVC programs. As mentioned above, PSI will conduct a meeting with all partners in order to develop an LLIN distribution system and criteria, which can be adapted for each NGO, to ensure that the LLINs are being targeted in an equitable and efficient manner to OVC.

### 3.5 *SO9: PEPFAR - PMTCT Component*

Under the PMTCT component, PSI will conduct the following activities:

1. **Gap Analysis:** mapping of PEPFAR interventions and mosquito net distribution from PMI and other donors and partners

PSI will contract a consultant to conduct a gap analysis to assess where PEPFAR, PMI and partners are complementary and where, geographically speaking, more actions are needed. Also, in terms of coverage of clients, including children under five, the analysis will assess gaps and/or surpluses in the system, as well as barriers to adequate supply and appropriate distribution to reach the intended recipients throughout the country. This analysis will be conducted by the end of 2007.

2. **Maintain a buffer stock of LLIN**

PSI will maintain a buffer stock of 10,000 LLINs, so as to assure that the minimum package of PMTCT includes these malaria interventions while the “keep-up” strategy gets up and running. PSI will be prepared to provide support to sites where USG partners support the MOH in delivering PMTCT services, giving priority to Zambezia and Sofala provinces. Distribution of this buffer stock will be guided by the gap analysis mentioned above.

### **MONITORING AND EVALUATION**

PSI uses a number of tools to monitor progress toward project results and to evaluate project performance:

- **Inventory and Sales Reports:** As one of the key indicators for measuring midterm success is measured in product distribution, PSI produces monthly reports of inventory and sales which provide a summary of stock movements segregated by product type, type of outlet/channel (e.g. ANCs, campaigns, commercial sales, etc.), price (or free), and province. PSI will also receive quarterly reports from partner NGOs which confirm the receipt and delivery of products targeted to PLWHAs and OVCs.
- **Interpersonal Communication Activity Reports:** Each province completes a report on each type of communication activity conducted, which is then summarized at the provincial, regional, and national levels. PSI sets and monitors quotas for the percentage of activities performed for various target groups and for the number of activities that must be evaluated per by supervisory staff. In addition, partner NGOs will be requested to report on a quarterly basis on the number of household visits, PLWHA and OVC activities conducted, and number of IEC materials disseminated, including by intervention and type.
- **Commercial Distribution Surveys:** PSI will use a ‘lot quality assurance sampling’ methodology in selected urban and peri-urban geographic areas to assess the level and quality of market penetration of the SWS. This will be done on least on annual basis.
- **Tracking (TRaC) Surveys:** PSI proposes to undertake two diarrhea disease surveys in Years 1 (baseline) and 3. The purpose of the surveys is to identify current knowledge, beliefs, product ownership and use rates, and to develop a profile of consistent users in order to design and evaluate communications campaigns aimed at barriers to use. PSI also proposes to conduct a TRaC survey to measure determinants of ITN use in Q2 2008. The TRaC survey differs from the PMI funded Malaria Indicator Survey (MIS) in that the TRaC probes for barriers to ITN use, whereas the MIS is exclusively focused on purpose level behaviors and socio-demographic questions, which is useful for monitoring only. The PSI TRaC surveys measure purpose level behaviors and socio-demographic

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questions, plus mutable determinants of behavior, and exposure to interventions. TRaC allows for segmentation and evaluation, as well as monitoring.

- **Focus Groups:** For the SO9 component, PSI will conduct focus groups to pre-test the IEC materials (malaria flipchart). For the SO8 PMI component, PSI will hire a short-term consultant to train a local research agency on qualitative research methods. PSI will then contract the local agency to conduct several focus groups on LLIN preferences, barriers to use, etc. This will be funded through the PMI portion of this agreement.

## PROJECT RESULTS

The information below illustrates expected results by year over the life of the project.

Strategic Objective	Indicator	CA Year 1: April 2006 - March 2007	CA Year 2: April 2007 - March 2008	CA Year 3: April 2008 - March 2009	LOP
SO8 - PMI	LLINs to NGOs	13,000 <sup>1</sup>	13,000	15,000	41,000
	LLINs to pregnant women through ANC	0	100,000	125,000	225,000
	LLINs to children under five	0	75,000	350,000	425,000
	ITNs retreated	454,986	0	0	454,986
	TRaC survey	0	2	1	3
	MAP survey	0	4	4	8
SO8 – SWS (CSH)	Certeza sales	110,000	150,000	175,000	435,000
	MAP survey	4	0	0	4
	Marketing campaign	0	1	1	2
	Activist Trainings	25	10	15	50
	Training Attendance	1,000	400	600	2,000
SO9 – Treatment Program Area	Certeza to PLWHA	57,500	165,000	197,000	420,000
	LLINs to PLWHA	0	40,000	38,250	56,250
SO9 – HBC	Certeza to PLWHA through HBC	120,000	65,000	65,000	250,000
	LLINs distributed to PLWHA through HBC programs	40,000	23,000	19,000	82,000
	Activist Trainings	30	25	15	70
	Training Attendance	1,200	1000	600	2,800
	TRaC survey	1	0	1	2
SO9 – OVC	Certeza to OVC and caregivers	54,000	26,500	27,000	107,500
	LLINs to OVC and caregivers	38,000	15,000	13,000	66,000
	Activist Trainings	30	20	10	60
	Training Attendance	1,200	800	400	2,400
	TRaC survey	1	0	1	2
SO9 – PMTCT	Gap Analysis	0	1	0	1
	LLIN buffer stock for PMTCT programs	0	10,000	0	10,000

<sup>1</sup> These nets were previously funded under SO8 CSH.

		2007					2008						
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
<b>Components/Activities</b>													
<b>1. SO8: Presidential Malaria Activity</b>													
1.1	Procure LLINs and hire new staff												
1.2	Conduct LLIN campaign for children under five in Zambezia												
1.3	Adapt present malaria pamphlet												
1.4	Develop malaria poster for health posts												
1.5	Conduct LLIN mapping exercise												
1.5	Conduct TRaC												
1.6	Receive LLINs												
1.7	Conduct campaigns for children under five according to MOH and partners												
1.8	Ongoing distribution of LLIN to pregnant women in Zambezia												
1.9	Train NGO partner activists												
<b>2. SO8: Safe Water Systems Activity</b>													
2.1	Procure SWS												
2.2	Ongoing mass media campaign (TV, radio, billboards)												
2.3	Launch SWS in Niassa												
2.4	Launch new SWS campaign												
<b>3. SO9 PEPFAR: Treatment Program Area</b>													
3.1	Procure LLINs												
3.2	Convene USG partners meeting to discuss LLIN distribution system												
3.3	Revise partner MOUs												
3.4	Produce copies of SWS flipchart and create malaria flipchart												
3.5	Design SWS poster for use at CT sites												
3.6	Conduct one-day workshop on treatment adherence												
3.7	Receive LLINs												
3.8	Distribute LLINs to PLWHA												
3.9	Train NGO partner activists												
<b>4. SO9 PEPFAR: OVC</b>													
4.1	Procure LLINs												
4.2	Convene USG partners meeting to discuss LLIN distribution system												
4.3	Produce copies of SWS flipchart and create malaria flipchart												
4.4	Revise partner MOUs												
4.5	Receive LLINs												
4.6	Distribute LLINs to OVC												
4.7	Train NGO partner activists												
<b>5. SO9 PEPFAR: PMTCT</b>													
5.1	Procure LLINs												
5.2	Conduct mapping exercise												
5.3	Distribute LLINs to USG partners <sup>o</sup> PMTCT program upon request												