



Ms. Faiza Janmohamed
Chief Executive Officer
Aga Khan Foundation Mozambique
Av. Julius Nyerere 1187
Maputo, Mozambique

September 29, 2009

Reference: Malaria Communities Program RFA: USAID M/OAA/GH-09-252
FY-2009 Malaria Communities Program (MCP)

Subject: Cooperative Agreement No. GHN-A-00-09-00009-00

Dear Ms. Janmohamed:

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 the Aga Khan Foundation Mozambique hereinafter referred to as the "Recipient", the sum of \$1,482,502 to provide support for a program in Mozambique as described in the Schedule of this award and in Attachment B, entitled "Enhancing Local Capacity for Sustained Malaria Control in the Cabo Delgado Province of Mozambique."

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, 2009 and ending September 29, 2012. USAID will not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

This Cooperative Agreement is made to the Recipient the Aga Khan Foundation Mozambique, 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 (Branding Strategy and Marking Plan), Attachment D (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,

Jamie Alissa Beck
Agreement Officer
USAID

Attachments:

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

ACKNOWLEDGED:

BY: _____
TITLE: _____
DATE: _____

A. GENERAL

1. Appropriation:
2. Amount Obligated this Action: \$502,432
3. Total Estimated USAID Amount: \$1,482,502
4. Total Obligated USAID Amount: \$502,432
5. Cost-Sharing Amount (Non-Federal): \$143,495
6. Activity Title: "Enhancing Local Capacity for Sustained Malaria Control in the Cabo Delgado Province of Mozambique."
7. USAID Technical Office: GH/HIDN/ID
8. Tax I.D. Number: N/A
9. DUNS No.: 365967442
10. LOC Number: N/A

B. SPECIFIC

For AID/W Actions:

1. Commitment Number: GH/HIDN-03025
2. Line Number: 1
3. BBFY: 2009
4. EBFY: 2010
5. Fund: GH-C
2. Operating Unit: GH/HIDN
3. Strategic Objective: A11
4. Distribution: 936-3100
5. Management: A049
5. Benefiting Geo Area: 997
6. SOC: 4100201
7. Obligated Amount: \$502,432

C. PAYMENT OFFICE

U.S. Agency for International Development
Office of Financial Management
M/CFO/CMP/DC, RRB 7.07-98B
1300 Pennsylvania Ave. NW
Washington, DC 20523

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ATTACHMENT A THE SCHEDULE

A.1 PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide support for the program described in Attachment 2 to this Cooperative Agreement "Enhancing Local Capacity for Sustained Malaria Control in the Cabo Delgado Province of Mozambique."

A.2 PERIOD OF COOPERATIVE AGREEMENT

The effective date of this Cooperative Agreement is September 30, 2009. The estimated completion date of this Cooperative Agreement is September 29, 2012.

A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT

1. The total estimated amount of this Cooperative Agreement for the period shown in A.2 above is \$1,482,502

2. USAID hereby obligates the amount of \$502,432 for program expenditures during the period set forth in A.2 above and as shown in the Budget below. The Recipient will be given written notice by the Agreement Officer if additional funds will be added. USAID is not obligated to reimburse the Recipient for the expenditure of amounts in excess of the total obligated amount.

3. Payment will be made to the Recipient by Direct Reimbursement in accordance with procedures set forth in 22 CFR 226.

A.4 COOPERATIVE AGREEMENT BUDGET

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

TOTAL BUDGET 9/30/2009 to 9/29/2012

Cost Element	USD
Direct Costs	\$1,300,441
Indirect Costs	\$182,062
Total Federal	\$1,482,502
Cost Share	\$143,495
Total Program	1,625,998

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.

2. Program Reporting

The Recipient shall submit one original and two copies of an annual performance report to, the Agreement Officer's Technical Representative (AOTR). Annual performance report guidelines will be provided to the recipient post award.

In addition, the recipient shall submit quarterly project updates to the AOTR thirty days following the end of the quarter. Guidelines for quarterly updates will be provided to the recipient post award.

3. Final Report

The Recipient shall submit the original and one copy to M/FM, the Agreement Officer (if requested), and the AOTR 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>.

The AOTR will provide more information regarding the final performance report.

A.6 INDIRECT COST RATE

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

Description	Rate	Base	Type	Period
G&A	27.21%	1/	1/	1/

1/ Base of Application: Total costs excluding G&A costs, subgrant and subcontract costs in excess of \$25,000 per subgrant and subcontract, commodity grant costs, and donated goods and services costs.

1 / Type of Rate:

Provisional

1 / Period:

01-01-08 until amended

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 services is 935. The authorized geographic code for procurement of goods is 000.

A.9 COST SHARING

The Recipient agrees to expend cost share as proposed in their cost application.

Please refer to Section A.4, Cooperative Agreement Budget for detailed cost share information.

A.10 SUBSTANTIAL INVOLVEMENT

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

- a. approval of annual workplans and modifications that describe the specific activities to be carried out under the Agreement;
- b. approval of specified key personnel assigned to the position listed below. All changes thereto must be submitted for the approval by the Agreement Officer's Technical Representative (AOTR);

Title: Project Director

- c. approval of monitoring and evaluation plans, and USAID involvement in monitoring progress toward achieving expected results and outcomes;
- d. concurrence with the selection of sub-award recipients.

A.11 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 Program; but, if accrued, shall be added to the Program.

A.12 SPECIAL PROVISIONS

A.12.1 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.12.2 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.12.3 FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JAN 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 AO.

A.12.4 NON-FEDERAL AUDITS

In accordance with 22 C.F.R. Part 226.26 Recipients and subrecipients are subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–7507) and revised OMB Circular A–133, “Audits of States, Local Governments, and Non-Profit Organizations.” Recipients and subrecipients must use an independent,

non-Federal auditor or audit organization which meets the general standards specified in generally accepted government auditing standards (GAGAS) to fulfill these requirements.

A.12.5 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 AOTR approximately sixty (60) days after award of this Cooperative Agreement.

A.12.6 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.

A.12.7 ACCOUNTING SYSTEM SURVEY

The Recipient shall undergo an accounting system survey after the award of the grant. The survey will be performed by USAID's Contract Audit Management Branch, Office of Acquisition and Assistance, Cost, Audit and Support Division. The survey is meant to determine if the Recipient's accounting system is in accordance with Generally Accepted Accounting Principles and if it is capable of accumulating costs for government contracting. The Recipient is required to implement recommendation(s) that may result from accounting system deficiencies noted during the survey of the accounting system. Payments for services rendered by the Recipient will be on a reimbursable basis during this period until the system is deemed adequate for government contracting.

-End of Schedule-

ATTACHMENT B
PROGRAM DESCRIPTION

The Recipient's technical application dated February 17, 2009 is hereby incorporated into this award.

SEE END OF DOCUMENT FOR ATTACHMENT B

ATTACHMENT C
MARKING AND PLAN

USAID/Organization Marking Plan

Date Submitted: 11 September 2009

Applicant Information:

Office: Aga Khan Foundation (Mozambique)
Contact Person: Colin Hagans, Program Officer
Contact Phone Number: +258-21-490-515
Contact E-mail: colin.hagans@akdn.org

For a New Award:

USAID Solicitation Number: USAID M/O AA/GH-09-252
USAID Solicitation Name (if applicable): Malaria Communities Program

I. 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: No public service announcements are planned. All reports and information products produced, such as quarterly/annual/final reports, assessments, and information brochures describing the project will be marked with the USAID/PMI logo.

C. Events

- Training workshops

More information: All training workshops for the project will be marked with a banner, with the project title and the USAID/PMI logo throughout the duration of the training.

D. Commodities

- Equipment (non Administrative)

Program Materials (non Administrative)

More information: All vehicles/motorbikes purchased for the project will have the USAID/PMI logo affixed. Program materials, including clothing incentives for APes and new CHWs trained will also include the USAID/PMI logo, as well packaging of LLINs distributed (plastic logo sticker affixed to the packaging).

II. 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: No exemptions requested

Presumptive Exception Requested - Reasons:

Explanation:

Table: Summary of Marking Strategy

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	When Marking will take place
<i>Objective 1: Mobilize communities for sustained demand for, and utilization of, proven malaria control interventions</i>					
Trainings	Training of AKF & Progresso staff/CHWs/APEs	USAID/PMI logo printed on flexible Banner T-shirts/caps for APes and new CHWs trained	Flexible plastic sheeting Cotton logo	Inside training facility T-shirt/caps	Throughout training sessions Prior to distribution of clothing
Supervision	Supervision of trained CHWs; APes; CLCs by project Technical Assistants and Health Facilitators	USAID/PMI logo on all project-purchased vehicles and motorbikes	Plastic logo adhesive for vehicles	Sides of vehicles/motorbikes	Within 2 weeks of new vehicles/motorbikes delivered
		T-shirts distributed to Technical Assistants and Health Facilitators with USAID/PMI	Cotton logo	T-shirts	Within first two months

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	When Marking will take place
Reporting -	Quarterly / final reports	logo USAID/PMI printed logo	Printed paper	Front cover sheet	Prior to printing/distribution of reports
Communication	Provincial /District meetings	Logo printed on flexible banner	Flexible plastic sheeting	Inside meeting facility	Beginning of project (prior to any meetings)
	Baseline / final assessment	USAID/PMI printed logo	Printed paper	Front cover sheet	Prior to printing /distribution of baseline / final assessment

Objective 2: Enhance the capacity of government health care providers for improved malaria diagnosis, treatment and prevention activities

Trainings	Trainings of Government Health staff and Refresher Trainings	USAID/PMI Logo printed on flexible Banner	Flexible plastic sheeting	Inside of training facility	Throughout training sessions
Antenatal Care Supervision	Supervision of trained CHWs; APES; CLCs by project Technical Assistants and Health Facilitators	USAID/PMI logo on all project-purchased vehicles and motorbikes T-shirts distributed to Technical Assistants and Health Facilitators with USAID/PMI logo	Plastic logo adhesive for vehicles Cotton logo	Sides of vehicles/ motorbikes T-shirts	Within 2 weeks of new vehicles/ motorbikes delivered Within first two months

Marking Plan Submitted By :

Colin Hagans
Printed Name



Signature

Date: 11 September 2009

Office: AKF(Moz)

Marking Plan Approved By (USAID):

Printed Name

Date

Signature

Office

ATTACHMENT D

MANDATORY STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL RECIPIENTS

I. MANDATORY STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL RECIPIENTS

1. ALLOWABLE COSTS (OCTOBER 1998)

a. The recipient shall be reimbursed for costs incurred in carrying out the purposes of this award which are determined by the Agreement Officer to be reasonable, allocable, and allowable in accordance with the terms of this award and the applicable* cost principles in effect on the date of this award. The recipient may obtain a copy from the Agreement Officer. Brief definitions of what may be considered as reasonable, allocable, and allowable costs are provided below, however, it is the recipient's responsibility to ensure that costs incurred are in accordance with the applicable set of Cost Principles.

- (1) Reasonable. Shall mean those costs which are generally recognized as ordinary and necessary and would be incurred by a prudent person in the conduct of normal business.
- (2) Allocable Costs. Shall mean those costs which are incurred specifically for the award.
- (3) Allowable Costs. Shall mean those costs which conform to any limitations in the award.

b. Prior to incurring a questionable or unique cost, the recipient shall obtain the Agreement Officer's written determination on whether the cost will be allowable.

c. It is USAID policy that no funds shall be paid as profit or fee to a recipient under this agreement or any subrecipient. This restriction does not apply to contractual relationships under this agreement.

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*NOTE: For educational institutions use OMB Circular A-21; for all other non-profit organizations use OMB Circular A-122; and for profit making firms use Federal Acquisition Regulation 31.2 and USAID Acquisition Regulation 731.2.

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[END OF PROVISION]

2. ACCOUNTING, AUDIT, AND RECORDS (OCTOBER 1998)

- a. The recipient shall maintain financial records, supporting documents, statistical records and all other records pertinent to the award in accordance with generally accepted accounting principles formally prescribed by the U.S., the cooperating country, or the International Accounting Standards Committee (an affiliate of the International Federation of Accountants) to sufficiently substantiate charges to this award. Accounting records that are supported by documentation will as a minimum be adequate to show all costs incurred under the award, receipt, and use of goods and services acquired under the award, the costs of the program supplied from other sources, and the overall progress of the program. Unless otherwise notified, the recipient records and subrecipient records which pertain to this award shall be retained for a period of three years from the date of submission of the final expenditure report and may be audited by USAID and/or its representatives.
- b. Foreign for-profit and non-profit organizations that expend \$300,000 or more per their fiscal year in "USAID awards", i.e. as recipients or subrecipients of USAID grants or cooperative agreements, or as cost reimbursable subcontractors of USAID grants or cooperative agreements, shall have an annual audit conducted in accordance with the "Guidelines for Financial Audits Contracted by Foreign Recipients" issued by the USAID Inspector General.
- c. Foreign for-profit and non-profit organizations expending less than \$300,000 per their fiscal year under USAID cost-reimbursable contracts, grants, cooperative agreements, or agreements with host governments shall be exempt from the above financial audit requirements, but are subject to the requirement to make records available upon request for review by USAID officials or their designees.
- d. USAID shall retain the right to conduct a financial review, require an audit, or otherwise ensure adequate accountability of organizations expending USAID funds regardless of the audit requirement.
- e. Foreign organizations that provide USAID resources to other organizations to carry out the USAID program and activities shall be responsible for monitoring their subcontractors or subgrantees. Allowable costs for limited scope subrecipient audits charged to USAID funds shall be limited to one or more of the following types of compliance requirements: activities allowed or unallowed; allowable costs/cost principles; eligibility; matching, level of effort; earmarking; and reporting.
- f. The audit report shall be submitted to USAID within 30 days after completion of the audit; the audit shall be completed, and the report submitted, not later than 9 months after the close of the recipient's fiscal year. The USAID Inspector General will review this report to determine whether it complies with the audit requirements of this award. No audit costs may be charged to this award if audits have not been made in accordance with the terms of this provision. In cases of continued inability or unwillingness to have an audit performed in accordance with the terms of this provision, USAID will consider appropriate sanctions which may include suspension of all or a percentage of disbursements until the audit is satisfactorily completed.
- g. This provision in its entirety shall be incorporated into all subawards with non-U.S. organizations which meet the \$300,000 threshold as described at paragraph (b) of this

Provision. Subawards to non-U.S. organizations which are for more than \$10,000 but do not meet the \$300,000 threshold shall at a minimum incorporate paragraph (d) of this Provision. Subawards of grants and cooperative agreements made to U.S. organizations shall state that the U.S. organization is subject to the audit requirements contained in OMB Circular A-133.

[END OF PROVISION]

3. PAYMENT ADVANCES AND REFUNDS (OCTOBER 1998)

- a. Recipients shall maintain advances of USAID funds in interest bearing accounts, unless:
 - (1) the recipient receives less than \$120,000 in U.S. Government awards per year;
 - (2) the best reasonably available interest bearing account would not be expected to earn interest in excess of \$250 per year on U.S. Government cash balances; or
 - (3) the depository would require an average or minimum balance so high that it would not be practical to maintain the advance in an interest bearing account.
- b. Interest earned on advances will be remitted to USAID. However, the recipient may retain up to \$250 of interest earnings per account per year, for administrative expenses.
- c. At the time the award expires or is terminated, the following types of funds shall immediately revert to USAID:
 - (1) USAID has obligated funds to the award, but has not disbursed them to the recipient; or
 - (2) USAID has advanced funds to the recipient, but the recipient has not expended them.Notwithstanding (c) (1) and (2) above, funds which the recipient has obligated in legally binding transactions applicable to this award will not revert to USAID.
- d. USAID reserves the right to require refund by the recipient of any amount which the recipient did not spend in accordance with the terms and conditions of this award. In the event that a final audit has not been performed prior to the closeout of this award, USAID retains the right to a refund until all claims which may result from the final audit have been resolved between USAID and the recipient.

[END OF PROVISION]

4. REVISION OF AWARD BUDGET (OCTOBER 1998)

- a. The approved award budget is the financial expression of the recipient's program as approved during the award process.
- b. The recipient is required to report deviations from budget and program plans, and request prior approvals from the Agreement Officer for any of the following reasons:

- (1) To change the scope or the objectives of the project and/or revise the funding allocated among project objectives.
 - (2) To change a key person where specified in the award, or allow a 25% reduction in time devoted to the project.
 - (3) Additional funding is needed.
 - (4) Where indirect costs have been authorized, the recipient plans to transfer funds budgeted for indirect costs to absorb increases in direct costs or vice versa.
 - (5) The inclusion of costs that require prior approval in accordance with the applicable set of Cost Principles.
 - (6) The transfer of funds allotted for training allowances (direct payment to trainees) to other categories of expense.
 - (7) The recipient intends to contract or subaward any of the work under this award, and such contracts or subawards were not included in the approved award budget.
- c. If specified in the Schedule of the award, the recipient may be further restricted from transferring funds among cost categories. Such a restriction would require the recipient to get the prior approval of the Agreement Officer before making budget shifts which expect to exceed 10% of the total budget.
- d. USAID is under no obligation to reimburse the recipient for costs incurred in excess of the total amount obligated under the award. If the total obligated amount under the award has been increased, the Agreement Officer will notify the recipient in writing of the increase and specify the new total obligated award amount.

[END OF PROVISION]

5. *TERMINATION AND SUSPENSION (OCTOBER 1998)*

- a. The Agreement Officer may terminate this award at any time, in whole or in part, upon written notice to the recipient, whenever it is determined that the recipient has materially failed to comply with the terms and conditions of the award.
- b. This award may be terminated at any time, in whole or in part, by the Agreement Officer with the consent of the recipient. Both parties shall agree upon termination conditions, including the effective date and, in the case of partial terminations, the portion of the award to be terminated. The agreement to terminate shall be set forth in a letter from the Agreement Officer to the recipient.
- c. This award may be terminated at any time in whole or in part by the recipient upon sending written notification to the Agreement Officer with the following information: the reasons for the termination, the effective date, and, in the case of a partial termination, the portion to be terminated. However, if USAID determines in the case of partial termination that the

reduced or modified portion of the award will not accomplish the purposes for which the award was made, USAID may terminate the award in its entirety in accordance with paragraphs (a) or (b) above.

- d. If at any time USAID determines that continuation of all or part of the funding for a program should be suspended or terminated because such assistance would not be in the national interest of the United States or would be in violation of an applicable law, then USAID may, following notice to the recipient, suspend or terminate this award in whole or part and prohibit the recipient from incurring additional obligations chargeable to this award other than those costs specified in the notice of suspension during the period of suspension. If the situation causing the suspension continues for 60 days or more, then USAID may terminate this award on written notice to the recipient and cancel that portion of this award which has not been disbursed or irrevocably committed to third parties.
- e. Termination and Suspension Procedures. Upon receipt of and in accordance with a termination notice as specified above, the recipient shall take immediate action to minimize all expenditures and obligations financed by this award and shall cancel such unliquidated obligations whenever possible. Except as provided below, the recipient shall not incur costs after the effective date of termination.

The recipient shall within 30 calendar days after the effective date of such termination repay to the U.S. Government all unexpended USAID funds which are not otherwise obligated by a legally binding transaction applicable to this award. Should the funds paid by USAID to the recipient prior to the effective date of the termination of this award be insufficient to cover the recipient's obligations in the legally binding transaction, the recipient may submit to the Government within 90 calendar days after the effective date of such termination a written claim covering such obligations. The Agreement Officer shall determine the amount(s) to be paid by USAID to the recipient under such claim in accordance with the applicable Cost Principles.

This provision must be included in all subagreements.

[END OF PROVISION]

6. *DISPUTES (OCTOBER 1998)*

- a. Any dispute under this award shall be decided by the USAID Agreement Officer. The Agreement Officer shall furnish the recipient a written copy of the decision.
- b. Decisions of the USAID Agreement Officer shall be final unless, within 30 days of receipt of the decision of the Agreement Officer, the recipient appeals the decision to USAID's Assistance Executive. Any appeal made under this provision shall be in writing and addressed to the Assistance Executive, U.S. Agency for International Development, Office of Procurement, 1300 Pennsylvania Ave, N.W., Washington, D.C. 20523. A copy of the appeal shall be concurrently furnished to the Agreement Officer.

- c. In order to facilitate review on the record by the Assistance Executive, the recipient shall be given an opportunity to submit written evidence in support of its appeal. No hearing will be provided.
- d. A decision under this provision by the Assistance Executive shall be final.

[END OF PROVISION]

7. *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]

8. *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-years 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 grant 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]

9. 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]

10. NONLIABILITY (NOVEMBER 1985)

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

[END OF PROVISION]

11. AMENDMENT (OCTOBER 1998)

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

[END OF PROVISION]

12. NOTICES (OCTOBER 1998)

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

To the USAID Agreement Officer and Cognizant Technical Officer, at the addresses 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 effective date of the notice, whichever is later.

[END OF PROVISION]

13. METRIC SYSTEM OF MEASUREMENT (AUGUST 1992)

Wherever measurements are required or authorized, they shall be made, computed, and recorded in metric system units of measurement, unless otherwise authorized by the Agreement Officer in writing when it has found that such usage is impractical or is likely to cause U.S. firms to experience significant inefficiencies or the loss of markets. Where the metric system is not the predominant standard for a particular application, measurements may be expressed in both the metric and the traditional equivalent units, provided the metric units are listed first.

[END OF PROVISION]

***14. 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]

15. 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]

***16. 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 30 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 grant does not extend past January 2, 2006.

[END OF PROVISION]

***17. 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.

[END OF PROVISION]

[END OF MANDATORY PROVISIONS]

II. REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR NON-U.S., NONGOVERNMENTAL RECIPIENTS

1. PAYMENT – REIMBURSEMENT (MAY 1986)

- a. The recipient shall submit to the USAID Controller noted in the Schedule of the award an original and 2 copies of SF 1034, "Public Voucher for Purchases and Services Other Than Personal" and SF 1034A, Continuation of SF 1034, on a monthly basis and in no event no later than on a quarterly basis. Each voucher shall be identified by the award number and shall state the total costs for which reimbursement is being requested.
- b. Copies of SF 1034 and 1034A may be obtained from the Controller.

[END OF PROVISION]

2. 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 annual 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 USAID Cognizant Technical Officer 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 Cognizant 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 Cognizant 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 Cognizant 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 traveling. 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 grantee may exchange for tickets, or issue the tickets directly. Use of such U.S.-owned currencies will constitute a dollar charge to this grant.

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]

3. OCEAN SHIPMENT OF GOODS (JUNE 1999)

- a. At least 50% of the gross tonnage of all goods purchased under this award 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.
- b. At least 50% of the gross freight revenue generated by shipments of goods purchased under this award 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 and Commodities Division, Office of Procurement, 1300 Pennsylvania Avenue, N.W., 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 award.

- 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 202).
- f. Shipments financed under this award must meet applicable eligibility requirements set out in 22 CFR 228.21.
- g. This provision will be included in all subagreements which will finance goods to be shipped on ocean vessels.

[END OF PROVISION]

4. *PROCUREMENT OF GOODS AND SERVICES (OCTOBER 1998)*

The recipient may use its own procurement policies and practices for the procurement of goods and services under this award, provided they conform to all of USAID's requirements listed below and the standard provision entitled "USAID Eligibility Rules For Goods and Services".

- a. General Requirements:

- (1) The recipient shall maintain a written code or standards of conduct that shall govern the performance of its employees engaged in the awarding and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such conflict would arise when the employee, officer or agent, or any member of the employee's immediate family, the employee's partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to

subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient.

- (2) All procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition. The recipient shall be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, invitations for bids, and/or requests for proposals shall be excluded from competing for such procurements. Contracts shall be made to the offeror whose offer is responsive to the solicitation and is most advantageous to the recipient, price, quality, and other factors considered. Solicitations shall clearly establish all requirements that the bidder or offeror shall fulfill in order to be evaluated by the recipient. Any and all offers may be rejected when it is in the recipient's interest to do so.
- (3) All recipients shall establish written procurement procedures. These procedures shall provide, at a minimum, that:
 - (i) Recipients avoid purchasing unnecessary items,
 - (ii) Where appropriate, an analysis is made of lease and purchase alternatives to determine which would be the most economical and practical procurement, and
 - (iii) Solicitations for goods and services provide for all of the following:
 - (A) A clear and accurate description of the technical requirements for the material, product or service to be procured. In competitive procurements, such a description shall not contain features which unduly restrict competition.
 - (B) Requirements which the bidder/offeror must fulfill and all other factors to be used in evaluating bids or proposals.
 - (C) A description, whenever practicable, of technical requirements in terms of functions to be performed or performance required, including the range of acceptable characteristics or minimum acceptable standards.
 - (D) The specific features of "brand name or equal" descriptions that bidders are required to meet when such items are included in the solicitation.
 - (E) The acceptance, to the extent practicable and economically feasible, of products and services dimensioned in the metric system of measurement.

- (F) Preference, to the extent practicable and economically feasible, for products and services that conserve natural resources and protect the environment and are energy efficient.
- (iv) Positive efforts shall be made by the recipients to utilize U.S. small business, minority owned firms, and women's business enterprises, whenever possible. Recipients of USAID awards shall take all of the following steps to further this goal:
 - (A) Make information on forthcoming opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises. To permit USAID, in accordance with the small business provisions of the Foreign Assistance Act of 1961, as amended, to give United States small business firms an opportunity to participate in supplying commodities and services procured under the award, the recipient shall to the maximum extent possible provide the following information to the Office of Small and Disadvantaged Business Utilization (OSDBU/MRC), USAID, Washington, D.C. 20523, at least 45 days prior to placing any order or contract in excess of \$100,000:
 - (a) Brief general description and quantity of goods or services;
 - (b) Closing date for receiving quotations, proposals, or bids; and
 - (c) Address where solicitations or specifications can be obtained.
 - (B) Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.
 - (C) Encourage contracting with consortiums of small businesses, minority-owned firms, and women's business enterprises when a contract is too large for one of these firms to handle individually.
 - (D) Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms, and women's business enterprises.
 - (v) The type of procurement instruments used, (e.g. fixed price contracts, cost reimbursable contracts, purchase orders, incentive contracts), shall be determined by the recipient but shall be appropriate for the particular procurement and for promoting the best interest of the program or project involved. The "cost-plus-a-percentage-of-cost" or "percentage of construction cost" methods of contracting shall not be used.
 - (vi) Contracts shall be made only with responsible contractors who possess the potential ability to perform successfully under the terms and conditions of

the proposed procurement. Consideration shall be given to such matters as contractor integrity, record of past performance, financial and technical resources, or accessibility to other necessary resources. Contracts shall not be made with firms or individuals whose name appears on the "Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs." USAID will provide the grantee with copy of this list upon request.

- (vii) Recipients shall, on request, make available for USAID, pre-award review and procurement documents, such as request for proposals or invitations for bids, independent cost estimates, etc., when any of the following conditions apply:
 - (A) A recipient's procurement procedures or operation fails to comply with the procurement standards in this part, and
 - (B) The procurement is expected to exceed \$10,000.
- (viii) The recipient shall document some form of price or cost analysis in its procurement files in connection with every procurement action. Price analysis may be accomplished in various ways, including the comparison of price quotations submitted, and market prices, together with discounts. Cost analysis is the review and evaluation of each element of cost to determine reasonableness, allocability, and allowability.
- (ix) Procurement records and files for purchases in excess of the recipient's own small purchase threshold shall include the following at a minimum:
 - (A) Basis for contractor selection;
 - (B) Justification for lack of competition when competitive bids or offers are not obtained, and;
 - (C) Basis for award cost or price.
- (x) A system for contract administration shall be maintained to ensure contractor conformance with terms, conditions, and specifications of the contract and to ensure adequate and timely follow up of all purchases. Recipients shall evaluate contractor performance and document, as appropriate, whether contractors have met the terms, conditions, and specifications of the contract.

b. The recipient shall include, in addition to provisions to define a sound and complete contract, the following provisions in all contracts. The following provisions shall also be applied to subcontracts.

- (1) Contracts in excess of \$10,000 shall contain contractual provisions or conditions that allow for administrative, contractual, or legal remedies in instances in which a contractor violates or breaches the contract terms, and provide for such remedial actions as may be appropriate.

- (2) All contracts in excess of \$10,000 shall contain suitable provisions for termination by the recipient, including the manner by which termination will be effected and the basis for settlement. In addition, such contracts shall describe conditions under which the contract may be terminated for default as well as conditions where the contract may be terminated because of circumstances beyond the control of the contractor.
- (3) All negotiated contracts (except those for less than the recipient's small purchase threshold) awarded by the recipient shall include a provision to the effect that the recipient, USAID, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers, and records of the contractor which are directly pertinent to the specific program for the purpose of making audits, examinations, excerpts and transcriptions.
- (4) In all contracts for construction or facility improvement awarded for more than \$100,000, the recipient shall observe generally accepted bonding requirements.
- (5) Contracts, the principal purpose of which is to create, develop, or improve products, processes, or methods; or for exploration into fields that directly concern public health, safety, or welfare; or contracts in the fields of science or technology in which there has been little significant experience outside of work funded by the U.S. Government, shall contain a notice to the effect that matters regarding rights to inventions, intellectual property, and materials generated under the contract are subject to the regulations included in these grant provisions. The contractor shall be advised as to the source of additional information regarding these matters.

[END OF PROVISION]

4. *USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (SEPTEMBER 1998)*

- a. Ineligible and Restricted Goods and Services: USAID's policies on ineligible and restricted goods and services are contained in ADS Chapter 312. (See ADS 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 firm or individual whose name appears on

the "Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs." USAID will provide the recipient with this list 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, Origin, and Nationality: The eligibility rules for goods and services based on source, origin, 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 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. A copy will be provided upon request.
- (1) For DFA funded awards or when the total procurement element during the life of the 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 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, (including origin) and nationality requirements set forth in 22 CFR 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),
- (4) "Special Free World" countries (USAID Geographic Code 899).

- d. If USAID determines that the recipient has procured any of these specific restricted goods under this award without the prior written authorization of the Agreement Officer, and has received payment for such purposes, the Agreement Officer may require the recipient to refund the entire amount of the purchase.
- e. This provision will be included in all subagreements which include procurement of goods or services which total over \$5,000.

[END OF PROVISION]

5. SUBAGREEMENTS (OCTOBER 1998)

- a. Subawards shall be made only with responsible recipients who possess the potential ability to perform successfully under the terms and conditions of a proposed agreement. Consideration shall be given to such matters as integrity, record of past performance, financial and technical resources, or accessibility to other necessary resources. Awards shall not be made to firms or individuals whose name appears on the "Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs." USAID will provide the grantee with a copy of this list upon request.
- b. All subagreements shall at a minimum contain provisions to define a sound and complete agreement in addition to those that are specifically required by any other provisions in this award. Whenever a provision within this award is required to be inserted in a subagreement, the recipient shall insert a statement in the subagreement that in all instances where USAID is mentioned, the recipient's name will be substituted. If subagreements are being made to U.S. organizations, a suggested subaward format incorporating 22 CFR 226 and Standard Provisions will be provided.

[END OF PROVISION]

6. LOCAL PROCUREMENT (OCTOBER 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. Regardless of which source, origin, and nationality rules in paragraph (b) of the Provision entitled "USAID Eligibility Rules for Goods and Services" apply, these rules may be followed for local procurement. Rules on Ineligible and Restricted goods continue to apply.
- 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 the 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 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 will be financed with USAID funds.

[END OF PROVISION]

7. 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]

8. *NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS (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]

9. *REGULATIONS GOVERNING EMPLOYEES (JUNE 1993)*

- 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 recipient.
- 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 convention, 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 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, under either (e) or (f) above, that the services of such employee shall 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]

10. PARTICIPANT TRAINING (OCTOBER 1998)

- a. Definitions: 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 (including TrainNet requirements), except to the extent that specific exceptions to ADS 253 have been provided in this award with the concurrence of the Global Bureau's Center for Human Capacity Development. (See ADS 253) (ADS 253 may be obtained by submitting a request to the Agreement Officer.)
- 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 U.S. 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 R&O/IT.

[END OF PROVISION]

**11. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE)
(OCTOBER 1998)**

- a. Except as modified by the Schedule of this award, 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 Government 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, but 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 prepare and establish a program, 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 requirements of 22 CFR Part 226.30 through 226.36.
- c. 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 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.

[END OF PROVISION]

12. PUBLIC NOTICES (JUNE 1993)

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 80 countries worldwide."

The recipient may call on USAID's Office of External 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 Office of Legislative and Public Affairs as far in advance of release as possible.

[END OF PROVISION]

13. PROGRAM INCOME (OCTOBER 1998)

- a. The Recipient shall apply the standards set forth in this Provision to account for program income earned under the award.
- b. Program Income earned during the project period shall be retained by the recipient and, in accordance with USAID regulations, other implementing guidance, or the terms and conditions of the award, shall be used in one or more of the following ways:
 - 1) Added to funds committed by USAID and the recipient to the project or program, and used to further eligible project or program objectives.
 - 2) Used to finance the non-U.S. Government share of the project or program.
 - 3) Deducted from the total project or program allowable cost in determining the net allowable costs on which the U.S. Government share of costs is based.
- c. When the agreement authorizes the disposition of program income as described in paragraph (b)(1) or (b)(2) of this section, program income in excess of any limits stipulated shall be used in accordance with paragraph (b)(3) of this section.
- d. If the terms and conditions of the award do not specify how program income is to be used, paragraph (b)(2) of this section shall apply automatically; program income in excess of the cost share amount may be applied in accordance with paragraph (b)(1). Recipients which are commercial organizations may not apply paragraph (b)(1) of this section.
- e. Unless the terms and conditions of the award provide otherwise, recipients shall have no obligation to the U.S. Government regarding program income earned after the end of the project period.
- f. Costs incident to the generation of program income may be deducted from gross income to determine program income, provided these costs have not been charged to the award and they comply with the applicable Cost Principles.
- g. Unless the terms and conditions of the award provide otherwise, recipients shall have no obligation to the U.S. Government with respect to program income earned from license fees and royalties for copyrighted material, patents, patent applications, trademarks, and inventions produced under an award. However, Patent and Trademark Amendments (35 U.S.C. 18) apply to inventions made under an experimental, developmental, or research awards.

[END OF PROVISION]

14. 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.

[END OF PROVISION]

15. *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://pdf.dec.org/pdf_docs/PDABQ631.pdf
- 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]

[END OF STANDARD PROVISIONS]

ATTACHMENT E

INITIAL ENVIRONMENTAL EXAMINATION

**INITIAL ENVIRONMENTAL EXAMINATION
SUMMARY AND SIGNATURE PAGE**

PROGRAM/ACTIVITY DATA:

Program/Activity Number: (TBD)

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

Program Title: Malaria Communities Program (MCP)

Funding Begin: FY 2009

Funding End: September 30, 2012

IEE Amendment (Y/N): N

Current Date: September 21, 2009

ENVIRONMENTAL ACTION RECOMMENDED:

Categorical Exclusion: Negative Determination:

Positive Determination: Deferral:

ADDITIONAL ELEMENTS: (Place X where applicable)

CONDITIONS

SUMMARY OF FINDINGS:

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

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

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

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

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

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

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

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

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

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

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

CLEARANCE:

Global Health Bureau Environmental Officer:

Signed: _____

Approved: _____

Disapproved: _____

FILE N°: GHN-A-00-09-00009.00.

ADDITIONAL CLEARANCE FROM AFR REGIONAL BUREAU:

Africa Bureau Environmental Officer _____

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 2009 **Funding End:** September 30, 2012 (being amended)

IEE Amendment (Y/N): N

Current Date: September 21, 2009

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 bed net 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 AOTR 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.”

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

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

Table 2. Summary of Environmental Determinations and Conditions

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

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

4. MONITORING AND COMPLIANCE ASSURANCE

Monitoring and compliance measures

As required by ADS 204.3.4, the MCP AOTR 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.

ATTACHMENT B

PROGRAM DESCRIPTION

1. EXECUTIVE SUMMARY

Aga Khan Foundation Mozambique [AKF(Moz)], in partnership with Progresso and the Ministry of Health (MoH), proposes a three year Malaria Communities Program (MCP) for nine target districts in the Cabo Delgado Province of Mozambique; Quissanga, Meluco, Ibo, Pemba Metuge, Macomia, Mueda, Nangade, Muidumbe and Ancuabe. The proposed target districts were selected on the basis of their: ***poor health, malaria and poverty indicators; lack of community-based interventions*** and; ***long-standing and long-term commitment to development in these areas by AKF(Moz) and Progresso.*** The proposed project will be implemented in collaboration with government, communities and international and national partners in malaria control to ensure opportunities for synergies are maximized and outstanding gaps are sustainably met. The estimated population in the target communities is **396,301** people who are amongst the poorest of the poor in the Country. An estimated **87,584** primary beneficiaries (children under five and pregnant women) and **21,732** People Living with HIV/AIDS (PLWHA) will particularly benefit from proposed interventions. Enhanced community knowledge, capacities and linkages with strengthened health care systems are expected to lead to a significant increase in the number of beneficiaries beyond the lifetime of the project.

The **Goal** of the proposed MCP is: To contribute to the National Malaria Control Program (NMCP) goal to reduce morbidity and mortality due to malaria in Mozambique, in particular in among pregnant women, children under five, and other vulnerable population groups.

The Objectives are: Objective 1: Mobilize communities for sustained demand for, and utilization of, proven malaria control interventions. Objective 1 will be achieved through two Intermediate Results (IRs): **IR 1.1:** Target communities have enhanced capacity for sustained community-based malaria prevention and control. **Result 1.2:** Community members have enhanced awareness of and utilization of effective malaria prevention and control measures.

Objective 2: Enhance the capacity of government health care providers (HCPs) for improved malaria diagnosis, treatment and prevention activities. The proposed project strategy aims to promote **sustainable** malaria control in the target areas by strengthening community capacities for health promotion activities and treatment services and establishing strong linkages between communities and government health care services. Key activities include: establishment of a Provincial Advisory Group and District Coordination Committees to ensure collaboration; mobilizing communities to establish Community Leader Councils (CLCs)/ *Grupo de Activista de Saude (GAS)* and networks of volunteer Community Health Workers (CHWs) to carry out awareness raising activities; enhancing the capacity of MoH-trained CHWs (Portuguese acronym APES) for community-based health promotion and treatment; enhancing the capacity of government HCPs for IPTp, recognition of the danger signs of malaria and treatment with Artemisinin-based combination therapy (ACTs); forming strong linkages between communities and health facilities and; providing match-funded Long lasting insecticide net (LLINs) to fill jointly identified gaps.

The proposed project is consistent with the approach expected in the NMCP Strategic Plan for 2009-2012, overall Health Policy in the Country and the President's Malaria Initiative (PMI) strategies and priorities for the MCP which specifically aim to '*extend the reach and coverage of existing interventions while building local capacity and ownership for sustained malaria control*' in Mozambique. The proposed project has been designed in collaboration with all key stakeholders with the aim of fulfilling existing gaps in malaria control in the target areas through a replicable model that can be used to scale-up of proven interventions and approaches for malaria control in the Country. Of the total program cost, \$1,609,331 AKF(Moz) is requesting \$1,450,836 USD from USAID. The project will be co-financed by \$158,495 of non-US government funding (\$54k from INTRA corporation; 543 bicycles from a local businessman; and 8500 bednets from existing UNICEF and Elma Philanthropies grants). The proposed start and end dates are October 1, 2009 and September 31, 2012 respectively.

2. PAST PERFORMANCE:

2.1. Applicant Organization's Past Experience designing, implementing, monitoring and

evaluating community-level public health programs: Through an integrated Costal Rural Support Program (CRSP), AKF(Moz) has been working in Cabo Delgado since 2001 with communities in five of the districts proposed for the MCP (Quissanga, Ibo, Meluco, Pemba Metuge, and Macomia). The integrated CRSP, focused primarily on agriculture, health, education and civil society, reaches 177 villages and facilitates sustainable and equitable improvements to the living standards of women and men in vulnerable rural communities, particularly the most disadvantaged. CRSP's ***health*** initiatives currently reach **71** villages and, by 2010, the programme aims to improve the health status of 25,000 rural families, with a particular focus on women of reproductive age and children under five. Health interventions include HIV/AIDS prevention, Integrated Management of Childhood Illnesses IMCI (IMCI), nutrition, Reproductive Health and prevention and control of communicable diseases, such as malaria, diarrhea and Acute Respiratory Infection. All health interventions are designed and implemented in close collaboration with the MoH at the provincial and district levels and focus on strengthening the capacity of government HCPs while simultaneously mobilizing communities for improved preventive health behaviors and health care seeking practices. CRSP has supported the MoH in enhancing the capacity of government HCPs in ***malaria*** through trainings in diagnosis, treatment and Facility-based IMCI. At the community level, CRSP raises community awareness, through networks of CHWs, of the importance of malaria prevention and early treatment and integrates malaria interventions into Community-IMCI (C-IMCI). CRSP works in partnership with the Malaria Consortium (MC) in the distribution of free LLINs and, during 2008, supported the distribution of 41,143 LLINs to pregnant women and children under five. AKF(Moz)'s Monitoring and Evaluation (M&E) team, based in Pemba, has experience with large-scale multi-sectoral surveys as well as ongoing program monitoring. In 2007, a Knowledge, Attitudes and Practices (KAP) survey was implemented in the districts of Ibo, Quissanga and Pemba-Metuge by various partners¹ in order to assess the impact of malaria prevention interventions implemented in these districts. In all three districts, knowledge regarding the

¹ The partners are: Provincial Health Directorate, Malaria Consortium, Progresso Association, Population Services International (PSI), and Movement to Roll Back Malaria.

use of bed nets for prevention doubled between 2005 and 2007 and bed net usage amongst children under five was found to have increased in Ibo and Quissanga. Knowledge of the importance of early treatment for fever increased in Ibo and Pemba-Metuge. Overall (especially in Quissanga), knowledge of the danger of malaria in pregnancy was considerably lower than knowledge of the danger in children. Survey results have been used to refine and intensify awareness raising activities in the relevant areas.

2.2. Organization's Experience Working at the Community Level. AKF(Moz): Health interventions strive to empower communities and enhance their capacity to identify and prioritize health problems, plan, and implement community-defined solutions. Recognizing the importance of enhanced capacity and ownership for sustainable health interventions, the CRSP facilitates the formation and strengthening of **CLCs** which, as outlined in the MoH Strategy for the Community Involvement in Health (May 2005), are encouraged to take ownership for health issues in their communities. Additionally, communities are supported in mobilizing a network of **CHWs** who are responsible for disseminating health messages in the communities. CLCs are comprised primarily of community leaders, CHWs, Traditional Healers and APEs; members are provided with ongoing support through training and supervision. In response to the national decentralization efforts, in which district governments are receiving greater financial and political power and communities are being encouraged to participate in local governance, the CRSP is mobilizing communities to establish **Village Development Organisations (VDOs)**. VDOs are the integrated village-level community organisations with oversight of all development in their communities. VDOs coordinate interest groups and selected CLC members are part of the VDO. Through the CRSP, AKF(Moz) has also established other community-level groups, such as **nutrition groups** and **theatre groups**, which perform plays to educate communities on health-related issues.

Progresso: AKF(Moz) plans to work in partnership with Progresso. Progresso Association is a Mozambican Non-Governmental Organization (NGO) created in 1991 with the aim to promote Community Development in rural areas of the provinces of Cabo Delgado (in the districts of Mueda, Nangade, Muidumbe, Ancuabe, Quissaga and Ibo) and Niassa. Progresso works primarily in the Education, Health and Agriculture sectors through an integrated approach. Progresso aims to strengthen the capacities of local communities to mobilize their members for sustained improvements in health, with an emphasis on women and children. Key health activities include: supporting the MoH in Expanded Program on Immunization (EPI) and mass vaccination campaigns; training of traditional and family midwives; training of government HCPs; facilitating LLIN sales through local small traders; mobilizing communities, through malaria committees, to use LLINs and establishing community-based nutrition programs. Progresso works with the **Village Local Councils** and, in the same capacity of CLCs, Progresso mobilizes communities to form Health Village Activists Groups [**Grupo de Activista de Saude (GAS)**] which are trained and headed by 'local trainers', and comprised of local leaders and CHWs/*Activistas*. Progresso is currently active in 35 villages in their MCP-proposed target districts of Mueda, Nangade, Muidumbe and Ancuabe).

2.3 Past Performance Information: Please see Past Performance References in Attachment A.

3. ORGANIZATION CAPACITY:

3.1. Description of the Applicant Organization: AKF Mozambique [AKF(Moz)] has been active in Mozambique since 2001. The goal of AKF(Moz) is to facilitate a broad range of partnerships that collectively strengthen the knowledge, capabilities, and opportunities of individuals and institutions to sustainably improve livelihoods and catalyse inclusive socio-economic development. AKF(Moz) has an annual budget of approximately US\$3.6 million. Funding sources include multilateral donors (European Commission, UNICEF), bilateral donors (CIDA, NORAD, IPAD), private foundations (Elma Philanthropies, W.K. Kellogg Foundation, Ford Foundation) and private Mozambican Corporations (Mozal Community Trust, mCel and INTRA).

AKF(Moz)'s four initiatives are centred in the Cabo Delgado province of Mozambique:

1. **Coastal Rural Support Program (CRSP):** The five main objectives of CRSP are to: increase rural incomes; enhance food security; improve overall health status; increase access to quality education; and strengthen the capacity of communities, civil society organisations and government to manage development over the long-term. Established in 2001, CRSP now works in 177 villages and supports more than 25,000 households to improve their livelihoods.
2. **Human-Animal Conflict Mitigation Initiative (HAC-M):** Launched in May 2007, this program aims to support livelihoods through improved human-wildlife interaction in Quirimbas National Park, with the specific objectives of reducing crop losses and increasing Park revenue.
3. **Entrepreneur Development Initiative (EDI):** The overall goal of EDI is to create more markets for more people through a replicable model of market development. The programme aims to improve livelihoods through inclusive economic growth in northern Mozambique. EDI works in three main areas: value chain development, entrepreneurial education and policy and dialogue.
4. **Bridges to the Future (B2F):** launched in 2005 and aims to develop a generation of leaders, professionals and effective institutions to catalyze socio-economic development in the region.

3.2. Description of all Proposed Sub-Partners and Proposed Working Relationship:

AKF(Moz) proposes to work in **partnership** with Progresso. As a sub-partner (sub-grantee), Progresso will implement project activities in the districts of Mueda, Nangade, Muidumbe and Ancuabe and will receive technical support from AKF(Moz), specifically in the areas of M&E and IMCI. Progresso has been closely engaged in program design and a MoU will be formalized upon successful award of the project. AKF(Moz) and Progresso will work in **collaboration** with: the Provincial Health Department (PHD) and Provincial Malaria Control Program (Cabo Delgado); the District Health Departments (DHDs) and District Malaria Control Programs in all nine target districts and; PMI, WHO, UNICEF, the World Bank, MC and CSOs in the target areas.

3.3. Organization's Current Working Relationship with the Host Country Government:

AKF(Moz) has an established relationship with the host country government going back to 1999, when a MoU was signed between AKF (represented by His Highness the Aga Khan) and the Government of Mozambique (represented by President Chissano). It was agreed at that meeting that AKF(Moz) would be established and would focus on the development of Cabo Delgado, as the province has the lowest social and economic indicators in the country.

AKF(Moz) regularly shares plans and reports with the provincial government and the Ministry of Foreign Affairs, and hosts an Annual Partners Forum which includes the GoM and donor partners. AKF(Moz) participates in provincial government annual planning sessions (in relevant areas including education, health, watsan and agriculture). AKF(Moz) also provides direct support to development of district plans.

4. PROJECT CONTEXT / DESCRIPTION OF EXISTING GAPS:

4.1. Current Health Status of the Target Population: Mozambique's 2008 Human Development Index (HDI) [0.384] ranks low, 175th out of 179 countries. According to the Government's Poverty Reduction Strategy Paper (PARPA-II, 2006-2009), Cabo Delgado suffers the highest rates of human poverty in the country. Key health indicators, overall, in Mozambique are correspondingly very poor (see Table 1). Globally, Mozambique ranks 22nd for the highest under-five mortality rate (U5MR) and estimates for life-time risk of maternal death indicate that one in every 45 women in Mozambique will die from pregnancy-related causes during her reproductive years. Malnutrition, which increases susceptibility to illness and death, is also high in Mozambique. HIV adult prevalence is estimated as 16.1%. Key health indicators in the target province of Cabo Delgado exceed the national estimates and are the poorest of all ten provinces and Maputo City.

TABLE 1: KEY HEALTH INDICATORS				
Location	U5MR/ 1,000	IMR/ 1,000 LBs	MMR / 100,000 LBs	Underweight prevalence
Mozambique* (UNICEF 2006)	138	96	410 (2000-2006) 520 (2005 adjusted)	24% (6% severe)
Cabo Delgado**	241	176		34.2 (9.2% severe)
Gaza**	156	92		22.6% (6% severe)
Inhambane**	149	91		12.8% (2% severe)
Manica**	184	128		22.9% (5.8% severe)
Maputo**	108	61		9.2% (2.3% severe)
Nampula**	220	164		28.2% (8% severe)
Niassa**	206	140		25.1% (5.6% severe)
Sofala**	205	149		26.2% (8.7% severe)
Tete**	206	125		25.1% (5.8% severe)

Zambezia**	123	89		26.9% (8.9% severe)
Maputo City **	89	51		7.9% (1.4% severe)
*UNICEF 2006 Statistics; **Source Demographic and Health Survey (DHS) 2003; ***U5MR (Under 5 Mortality Rate); IMR (Infant Mortality Rate); MMR (Maternal Mortality Ratio)				

Malaria is a significant cause of morbidity and mortality in Mozambique and is the leading cause of death among children admitted to health services. Key malaria indicators are correspondingly poor in Mozambique (see table 2) and the burden of malaria is greatest amongst the most vulnerable; pregnant women, children under five and PLWHA. Of the ten provinces, Cabo Delgado has the second highest malaria parasitemia proportion in children under five years (70.8%)² and malaria is reported as the leading cause of death.³ Malaria Indicator Survey (MIS) 2007 results for Cabo Delgado indicate that an estimated 22.3% of households with children under five and/or pregnant women own one ITN (11.1% with LLINs) with 6.8% of children under five sleeping under the net the previous night; as the MIS was conducted prior to a large-scale distribution of LLINs for under five year children in 2007, it is anticipated that these proportions should now be higher. Roll out of IPTp commenced in late 2006 and, due to the high HIV prevalence, the NMCP guidelines promote at least three doses of Sulfadoxine-pyrimethamine (SP), beginning after quickening. Whilst 84.2% of pregnant women in Cabo Delgado attend at least two antenatal visits, only 1.8% of pregnant women with a birth in the past two years reported receiving at least two doses of IPTp, far below the national estimate of 16.2%. MIS results found that only 10.6% of children under five with fever in the last two weeks received any malaria treatment within 24 hours of fever onset (6.1% with ACT);

Location	HH with U5 and/or PW with 1 ITN	HH w U5 and/or PW with 1 LLIN	% < 5 year sleeping under ITN the previous night	% PW sleeping under ITN the previous night	% PW w 2+ AN visits	IPT 2 doses of PW with birth in past 2 y	ACTs < 5 year within 24 hours onset of fever	Children 6-59 months RDT positive (%)
Mozambique	15.8%	9.5%	6.7%	7.3%	85%	16.2%	4.5%	51.5%
Cabo Delgado	22.3%	11.1%	6.8%	NA	84.2%	1.8%	6.1%	70.8%
HH (Households); PW (Pregnant Women); AN (Antenatal); RDT (Rapid Diagnostic Test)								

4.2. Household Behaviors and Care-Seeking Practices in the target districts:

Household behaviors and care-seeking practices relevant to malaria in the proposed target areas are largely influenced by *health facility access issues*, lack of effective community-

² MIS 2007: Parasitemia proportion in children under five year is highest in Nampula province (75.2%)

³ Social and Economic Provincial Annual Plan Balance 2007

based health promotion and treatment, poor knowledge pertaining to malaria in the target areas and lack of maternal decision-making power. The vast majority of the proposed target population in Cabo Delgado lives in rural areas and therefore has difficulty accessing government health facilities and private clinics are present only in Muidumbe and Ancuabe. Community-based health care is meant to be provided by APEs who are selected by their communities and receive six months of training from the MoH. Following training, APEs have the mandate for health promotion, community-based treatment of selected illnesses (including malaria) and referral to health facilities. However there are insufficient numbers of APEs in the target districts, not all APEs have received training on first-line ACT treatment [especially the new first-line Artemether-lumefantrine (AL)], monitoring and supervision is currently poor and weak referral systems are in place. Additionally, APEs are not remunerated and therefore attrition is poor and motivation is low, especially for community-based health promotion activities. As described below in detail (**Section 4.3**), other government-recommended components of community-based health promotion (CLCs and CHWs) are not very active and properly trained in the proposed target areas. This **significant gap in community-based services and health promotion** is reflected in the MIS 2007 findings which indicate that knowledge pertaining to malaria transmission, symptoms and prevention is low in Cabo Delgado; while 61.5% of women surveyed were aware that fever is the main symptom of malaria, only 32% were aware that mosquitoes transmit malaria and only 20.2% knew that mosquito nets can prevent malaria.

As health facility access is difficult amongst the target population, traditional healers are often the first line of contact for health care, especially where APEs are not present or functioning. Furthermore, community members do not have a sufficient understanding of the danger of malaria in children and pregnant women nor of the importance of early treatment with the first-line antimalarial. Therefore, in the proposed target areas, many children in with fevers are treated outside the formal health sector either at home, by their mothers, or by traditional healers who do not have access to effective antimalarial medication and often prescribe herbal remedies. The 2007 KAP survey conducted in Ibo, Quissanga and Pemba-Metuge found that many mothers did not recognize fever as a danger sign and, therefore, often delayed seeking treatment and managed the fever at home through cold baths or administration of a drink made of leaves or roots believed to have medicinal effect. In some of Progresso's target areas, evil spirits are believed cause convulsions and therefore best treated by traditional healers. Although antenatal (AN) coverage is almost 85% for at least two visits, IPTp coverage of at least two doses is extremely low. Low uptake of IPTp in the target areas is due to a number of reasons, including: lack of knowledge of the danger of malaria in pregnancy and the benefit of IPTp; late attendance at AN clinics due to lack of knowledge and difficulty accessing health facilities and; a lack of sufficient training and supervision of AN clinic staff compounded by time-consuming reporting procedures. Although LLINs are provided free of charge to pregnant women and children under five there are concerns by AKF(Moz) and Progresso field staff that LLINs are not sufficient in number or not reaching all vulnerable populations (particularly children under five). Furthermore, men are the primary decision makers for ITN ownership and use; compounded by a lack of knowledge of the dangers of malaria in pregnant women and children under five, re-distribution of LLINs, often occurs to give men priority for use.

4.3. Overview of Current Status of Health Care Service Delivery in the Project

Target Areas: In Cabo Delgado there is one Provincial Hospital (Pemba city), three rural hospitals (in Mueda, Montepuez, Mocimboa da Praia) and two Health Training Centers (in Mocimboa da Praia and Pemba city). There are **47 Government HCs** in the target districts (see Table 3). According to the 2008 Social and Economic Plan for Cabo Delgado, all government HCs are providing the **current** first line antimalarial treatment however not all government HCs are distributing LLINs or implementing IPTp. Private pharmacies in Mozambique are not permitted to provide antimalarials without a prescription and private drug sellers are not widely present in the target areas. Although the public sector facility network offers services for malaria treatment free of charge, quality of care and utilization of services is often poor in the target districts due to difficulty accessing health facilities, an insufficient number and training of HCPs, shortage of medications and supplies, poor reporting and recording and a lack of monitoring and supervision. In addition to poor reporting and recording, the added burden of completing IPTp forms is reported as timely and, therefore, often not implemented. Due to access issues, the MoH recognizes the importance of strengthening primary health care (PHC) delivery through community-based health services and the new NMCP strategic plan 2009-2013 for malaria will emphasize the need to improve community-based prevention and treatment. As described in **Section 4.2**, community-based health services are not functioning optimally. The MoH is striving to revitalize the APEs network and the Health Strategic Plan (2007-2012) indicates that, under decentralization, the districts should begin including sufficient funds to pay APEs' salaries in their district budgets. Additionally, as described above in **Section 2.2**, the Strategy for the Community Involvement in Health (May 2005) advocates for the creation of Community Leader Councils (CLCs). Through prior and current interventions by AKF(Moz) and Progresso in the proposed districts, networks of volunteer CHWs (*Activistas*) have been mobilized and trained to participate in health promotion activities, but they do not have the same mandate for treatment as the APEs. Furthermore, while some Information, Education and Communication (IEC) Materials are available (through the NMCP and other partners), the NMCP Health Communication Strategy, developed in 2006, is still in draft form but expected to be approved by the MoH prior to GFATM Round 9 submission. In six target villages in Quissanga, AKF has mobilized the formation of CLCs and in eight villages in Mueda and Muidumbe, Progresso has mobilized *Grupo de Activista de Saude (GAS)*, which function in the same manner as CLCs. Through the proposed project, an estimated 279 villages in the nine target districts will be covered. For a total target population of 396,302 there are currently only 124 APEs, 243 CHWs and 14 CLCs/GAS'.

TABLE 4: CLCS/GAS', APES AND CHWS IN THE TARGET AREAS

District	# Gov HCs	*Total Population	Population covered**	Total # of Villages	Total # of Villages covered	Estimated # Households***	# of CLCs/GAS' in the target areas	# APEs in target areas	# CHWs in target areas
Quissanga	6	42,361	42,361	47	47	8,472	6	3	41
Meluco	4	27,846	22,277	38	31	4,455	0	20	13
Ibo	3	8,313,	8,313	6	6	1,663	0	0	24
Pemba M.	4	63,343	50,674	47	44	10,135	0	6	22
Macomia	6	85,213	68,170	55	51	13,634	0	11	22
Mueda	8	120,067	75,042	64	40	15,008	4	27	65
Nangade	3	63,739	21,698	47	16	4,340	0	17	0
Muidumbe	6	73,457	73,457	24	24	14,691	4	7	56
Ancuabe	7	109,792	34,310	64	20	6,862	0	33	0
TOTAL	47	585,818	396,302	392	279	79,260	14	124	243
<p>*1997 census figures extrapolated to 2010; (used by MoH) INE – National Institute of Statistics.</p> <p>** AKF will target 100% of the population in Quissanga and Ibo and 80% of the total population in Meluco, Pemba Metuge and Macomia. Progresso will target 100% of the population in Muidumbe and 63% of total population in Mueda, 34% of the population in Nangade 34% and 31% of the population in Ancuabe</p> <p>*** Average 4.7 (5) persons per HH</p>									

4.4. Other Malaria Programs and Activities: The MoH Mozambique endorses the Millenium Development Goals (MDG) targets for malaria control (MDG 6) and the Roll Back Malaria Abudja Targets. Malaria was declared a national emergency in 2006 by the MoH and, with health as one of the six sectors targeted in the PARPA-II, 2006-2009, malaria control is considered a priority under this strategy. Through support from several partners (such as PMI, JICA, WHO, UNICEF, and the World Bank) malaria prevention and control measures are being scaled up in the Country. The NMCP is currently developing the new strategic plan 2009-2013 for malaria, which is expected to be available shortly. Mozambique has been successfully funded for malaria intervention in the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Rounds 2 and 6 and the Lubombo Spatial Development Initiative (LSDI), funded through GFATM Rounds 2 and 6, included the provinces of Maputo and Gaza. The recent submission of a GFATM Round 8 proposal was, unfortunately, unsuccessful. The National ITN Distribution Policy (2007) emphasizes universal access (approximately two ITNs per household); as 60% of the requested funding for GFATM Round 8 was for purchasing necessary commodities (specifically a push for universal access of LLINs) there is currently a gap in the number of LLINs available for universal access.

In discussions with the Chief of the Provincial Malaria Control Program, Cabo Delgado, the main gaps in malaria control in the province include: insufficient training (including in reporting and recording); lack of regular supervision; an insufficient number of LLINs available to cover the target groups; inadequate community education campaigns and; insufficient outreach campaigns (mainly due to lack of transport). Through the World Bank's Booster Program, a credit of approximately US \$20 million has recently become available for malaria control; this funding is targeted primarily to three Northern provinces (including Cabo Delgado) to support the integration of facility, outreach and community services.

Discussions with the Senior Health Specialist of the World Bank, Mozambique, indicate that the Northern provinces were selected on the basis of their poor HDIs and that funds would be available to support a buffer for gaps in medications and LLINs. In the province of Cabo Delgado, Malaria Consortium (MC) is assisting the Provincial Malaria Control Program with the distribution of LLINs to the health facilities (for AN clinics) and large-scale distributions (for children under five). Aside from AKF(Moz) and Progresso, there are very few NGOs involved in malaria interventions at the community level in the nine target districts. Other partners working at the health issues in the target districts include Medicos del Mundo (Quissanga, Ibo, Pemba Metuge,) Medicus Mundus (Macomia) and SolidarMed (Ancuabe); these organizations are primarily focused on facility-based interventions and community-based Home-Based-Care (HBC) for HIV/AIDS. In order to ensure a unified approach to malaria control in the target areas and maximize synergies, AKF(Moz) and Progresso propose interventions to fill key gaps (highlighted above) by working in collaboration with: i) the PHD and the Provincial Malaria Control Program (Cabo Delgado); ii) the DHDs and District Malaria Control Programs in Quissanga, Meluco, Ibo, Pemba Metuge, Macomia, Mueda, Nangade, Muidumbe and Ancuabe and; iii) PMI, WHO, UNICEF, WB, MC and CSOs engaged in HIV/AIDS activities in the target villages.

4.5. Gender-Specific Approaches to Positively Affect the Success of Proposed Interventions:

The proposed project targets the most vulnerable to malaria; pregnant women, children under five years of age and PLWHA. In recognizing that gender inequality is a deeply entrenched problem in the proposed target areas, interventions have been designed to specifically ensure that access to, and demand for, proven interventions for the prevention of malaria in pregnancy (LLINs and IPTp) is improved and that effective malaria prevention practices (specifically targeted for pregnant women and children under five years of age) are adopted at the household level. In recognizing that men are often the key household decision makers, community-based awareness raising activities will focus on educating **both** men and women about the danger of malaria in young children and pregnant women and the importance of IPTp and use of LLINs. A key aspect of the proposed project will be to sensitize and engage key community leaders and traditional healers who have enormous potential to influence behavior change. Establishment and strengthening of CLCs/GAS' and a network of CHWs are essential for sustainable improvements in health; AKF(Moz) and Progresso will encourage gender equity within CLCs and CHW networks. The proposed project will also benefit from gender sensitisation work being carried out by AKF(Moz) and Progresso in the target areas through other interventions aimed at increasing women's access to resources.

5. PROGRAM STRATEGY AND TECHNICALLY-APPROPRIATE INTERVENTIONS:

5.1. Goal and Objectives or the Proposed Project: The **Goal:** To contribute to the NMCP goal to reduce morbidity and mortality due to malaria in Mozambique, in particular in among pregnant women, children under five, and other vulnerable population groups.

The Objectives are:

- **Objective 1:** Mobilize communities for sustained demand for, and utilization of, proven malaria control interventions. Objective 1 will be achieved through two IRs:

- **IR 1.1** Target communities have enhanced capacity for sustained community-based malaria prevention and control.
- **IR 1.2.** Community members have enhanced awareness of and utilization of effective malaria prevention and control measures.
- **Objective 2:** Enhance the capacity of government health care providers for improved malaria diagnosis, treatment and prevention activities.

AKF(Moz) and Progresso plan to build upon health interventions in their current areas of programming (106 villages) to intensify malaria control in these villages and scale-up malaria-control interventions to an additional 173 villages (total of 279 villages) over the course of the three year. Proposed interventions will commence in current areas of programming (in all districts) and scale up to additional villages. The project has been designed, and will be implemented, in collaboration with government, international and national partners in malaria control to ensure opportunities for synergies are maximized and outstanding gaps are met. The project strategy includes capacity-building interventions for Progresso (an indigenous CSO) and close collaboration with local communities to ensure interventions are effective, appropriate and sustainable. With a long-term commitment to the target areas, AKF(Moz) [through the CRSP and other initiatives], and Progresso expect future opportunities to continue their partnership with the NMCP for further scale-up.

The proposed project strategy aims to promote sustainable malaria control in the target areas by strengthening community capacities for community-based health promotion activities and treatment services and establishing strong linkages between communities and government health care services. This is consistent with the NMCP Strategic Plan for 2009-2012, overall Health Policy in the Country and PMI strategies and priorities for the PMI's MCP which specifically aim to *'extend the reach and coverage of existing interventions while building local capacity and ownership for sustained malaria control'* in Mozambique. Proposed activities have been designed according to the MCP Technical Interventions and Expected Outcomes and, focusing on the most vulnerable, aim to improve key malaria indicators such as: improving demand for and utilization of effective malaria prevention and treatment services in the community; the proportion of pregnant women and children under five sleeping under an LLIN; the proportion of pregnant women receiving at least two doses of IPTp and; the proportion of children under five years of age with a fever who receive treatment within 24 hours. As outlined in the Roll Back Malaria Strategy for Improving Access to Treatment through Home Management of Malaria and the Child Survival Health Grants Program (CSHGP) Technical Reference Materials (TRMs) for malaria, malaria interventions will be integrated into IMCI (at the health facility level) and C-IMCI at the community and household levels with the goal of integrating Home Management of Malaria (HMM) into Key Community IMCI Family Practices. This will ensure that malaria-associated complications (such as anemia) are addressed in the longer-term.

5.2. Key Malaria Activities and Interventions Proposed

CROSSCUTTING ACTIVITIES.

1. Establish a Provincial Advisory Group.

In order to ensure collaboration and ongoing communication, a Provincial Advisory Group will be formed at the onset of the project. The Advisory Group will be chaired by the PHD

and members will include representatives from PMI, the Project Director, representatives from AKF(Moz) and Progresso, the Provincial Medical Officer, the Chief of Maternal and Child Health, the Chief of HIV/AIDS, the Chief of Community Health, District Malaria Coordinators, representatives from the World Bank, UNICEF, WHO, MC, and other NGOs . During a three-day workshop, the Project Advisory Group will jointly develop a Detailed Implementation Plan (DIP) for the MCP project. Following DIP development, the Project Advisory Group will meet quarterly and review/refine the DIP on a yearly basis. This group will provide the forum for AKF(Moz) and Progresso to receive technical and/or management input from PMI and other partners.

2. Establish District Coordination Committees.

To best ensure a coordinated project approach, monitoring of project implementation, and operational planning, District Coordination Committees will be established. Members will include the Project Director, representatives from AKF(Moz) and Progresso, the District Director of Health, the Chief of the MCP at the district level, the Chief of MCH at the district level, the Chief of Community Health at the district level, and representatives from target communities, NGOs and health facilities. District Coordination Committees will meet on a quarterly basis.

3. Conduct formative research (Baseline survey).

A comprehensive baseline assessment will be conducted at the onset of the project to inform Behavior Change Communication (BCC) strategy and training interventions. As an area identified for needed capacity building, AKF(Moz) will include Progresso staff in the training, implementation and analysis of the baseline survey and enhance their capacity for collecting follow up data. The baseline assessment will include KAP surveys, Training Needs Assessments (TNA) for existing APEs and government HCPs in the target government health facilities and Health Facility Assessments (HFA). The KAP survey will be developed in collaboration with the NMCP and focus on collecting key baseline indicators. The TNAs will be used to guide the malaria and IMCI trainings. The HFAs will be used to determine availability of essential commodities for malaria prevention and control (LLINs, S/P, and ACTs). These three tools will be repeated at End of Project (EOP) to assess overall impact of the project.

Objective 1. Mobilize communities for sustained demand for and utilization of proven malaria control interventions.
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Result 1.1 Target communities have enhanced capacity for sustained community-based malaria prevention and control

Activity 1.1.1. Conduct Training in community mobilization.

AKF(Moz) and Progresso staff (Health Facilitators) will receive training in community mobilization by an external consultant. Project Health Facilitators will then be responsible for conducting community mobilization trainings for APEs, CLC members and CHWs in the target districts.

Activity 1.1.2. Train Project Health Facilitators for malaria prevention and control and IMCI.

The MoH will provide project staff with a five-day training on malaria and IMCI. Project

Health Facilitators, with support from project Technical Assistants, will then be responsible for conducting community mobilization trainings, CLC members and CHWs in the target districts.

Activity 1.1.3. Train and support APEs for malaria prevention and control and IMCI.

Guided by the TNA findings, AKF(Moz) and Progresso will assist the MoH in providing training for existing APEs in malaria and IMCI, with an emphasis on provision of the new first-line antimalarial, AL. APEs will be supported through non-financial incentives (bicycles, shirts, caps, writing materials) in a phased out manner until the Provincial government begins budgeting their salaries, as they have been requested to do by the Ministry of Health at the national level.

Activity 1.1.4. Provide ongoing monitoring and supervision (M&S) and refresher trainings for APEs. In order to support APEs in community-based health promotion and treatment of malaria, AFK (Moz) and Progresso will support the MoH in the provision of refresher trainings as identified by the TNA. Additionally, joint quarterly M&S (MoH and AKF/Progresso) will be conducted, in a phased out manner, as the DPS assumes this responsibility.

Activity 1.1.5. Form and strengthen CLCs/GAS’.

The existing 14 CLCs/GAS’ will be strengthened (outlined in **1.1.7**) and an additional **265** CLCs/GAS will be formed and strengthened in the target areas where they do not currently exist [173 by AKF(Moz) and 92 by Progresso]. All CLCs/GAS’ will be linked with the relevant government health facilities

Activity 1.1.6. Mobilize CHWs (Activistas).

CHWs /Activistas will be mobilized by project Health Facilitators, CLCs/GAS members and APEs. CHWs/ Activistas will be provided with training (outlined in **1.1.7**) and, to promote optimal outreach activities, incentives such as books, pencils, bags, T-shirts, caps and bicycles will be provided for a selected number of CHWs. Over the course of the project, an estimated 419 CHWs /Activistas will be trained. AKF(Moz) and Progresso will request the MoH to provide APEs training for those who demonstrate exceptional commitment.

Activity 1.1.7. Train CLC/GAS members and CHWs/Activistas in malaria prevention.

Project Health Facilitators will provide a 5-day training to CHWs/Activistas; malaria and C-IMCI will be central and topics will include malaria transmission (type of mosquito, peak biting time etc), correct and consistent use of ITNs by members of their community, the importance of at least two doses of IPT during routine AN care, emphasis on integrated AN care and IPT (at least two doses) plus iron/folic acid supplementation in pregnancy, the importance of children under five receiving treatment (ACT as new first-line) within 24 hours, HMM, danger signs of malaria and the Key C-IMCI Family Practices. CLC/GAS members will receive periodic training from Health Facilitators, and will also receive support from trained CHWs who make up the CLC/GAS.

Result 1.2. Community members have enhanced awareness of and utilization of effective malaria prevention and control measures

Activity 1.2.1. Conduct BCC Activities.

Using existing MoH-approved IEC materials, BCC/IEC will be carried out by APEs, CHWs/Activistas and CLC/GAS members for increased awareness the topics described under **Activity 1.1.7**. BCC activities will be carried out using innovative approaches such as door-to-door malaria awareness education (including home ‘hang up and keep up’ visits), CLC-organized community events, theatre (using CRSP-established theatre groups) and others.

Activity 1.2.2. Build malaria prevention and control activities on to existing community-based HIV/AIDS programs.

AKF(Moz) and Progresso have met with NGOs involved in community-based HIV/AIDS programs [Medicos del Mundo (Quissanga, Ibo, Pemba Metuge,) Medicus Mundus (Macomia) and Soldmade (Ancuabe) and have agreed to work in collaboration for integrated HIV/AIDS and malaria interventions. AKF and Progresso will work together with these organizations to integrate malaria awareness with HIV/AIDS awareness activities and, through match funding, AKF(Moz) and Progresso will provide LLINs, where needed, to support partner organizations working with PLWHA. Theatre groups, established under the CRSP, will be engaged in the provision of malaria and HIV awareness presentations.

Objective 2: Enhance the capacity of government HCPs for improved malaria diagnosis, treatment and prevention activities.

Proposed facility-based interventions aim to reinforce malaria prevention and treatment practices promoted at the community and household levels, improve referral systems between the communities and health facilities and enhance the capacity of government HCPs for quality malaria preventative and curative services at the facility level. The proposed project will support a total of **31 HCs in the nine districts**, as HCs are currently undergoing reclassification, training needs are expected by the MoH.

Activity 2.1. Enhance the capacity of government HCPs for IPTp, recognition of the danger signs of malaria and treatment with ACTs.

Based on the baseline TNA findings AKF(Moz) and Progresso will support the MoH in conducting necessary trainings (and/or refresher trainings) to HCPs in all 31 project-supported HCs to increase the proportion of pregnant women who receive at least two doses of IPTp and the proportion of children under five with a fever who receive ACT treatment within 24 hours. Trainings will be integrated into IMCI and AN services, emphasizing the importance of early diagnosis and treatment in children and anemia monitoring with the provision of iron/ FA for pregnant women. Provision of LLIN distribution through routing AN services will be reinforced.

Activity 2.2. Enhance the capacity of government HCPs for reporting and recording.

As poor reporting and recording (compounded by the timely process) has been identified as a contributing factor to poor IPTp uptake, training on the Health Information System (HIS) and reporting and recording guidelines will be supported. Project Technical Assistants will provide on-site support for reporting and recording and work together with health facility, district and provincial staff to identify a more efficient method of reporting and recording.

Activity 2.3. Support ongoing M&S of government HCPs.

Joint quarterly monitoring and supervision will be conducted by AKF(Moz) and Progresso together with district and provincial health staff. Integrated supervision will be conducted regularly at the district level.

Activity 2.4. Facilitate distribution of LLINs to under five children through mobile brigades or large-scale distributions.

A large-scale distribution of LLINs to children under five years of age was carried out in 2007 and it is expected that this will be repeated in 2010. AKF(Moz) and Progresso will provide support to the large-scale distribution efforts through provision of fuel and participation of project staff. Where needed in the interim, the proposed project will facilitate the distribution of LLINs through mobile brigades and will provide LLINs, through match-funding, where gaps are identified by project staff and the MoH.

5.3. Decision-making Process for the Selected Approach

5.3.1. Rationale for the Selected Population and Geographic Area

In discussions with the NMCP, WHO and the World Bank, all areas of Mozambique were identified as priorities for malaria control in Mozambique. The proposed target districts in Cabo Delgado (see map in Attachment B, Quissanga, Meluco, Ibo, Pemba Metuge, Macomia, Mueda, Nangade, Muidumbe and Ancuabe, were selected on the basis of their *poor health and malaria indicators, lack of community-based interventions and long-standing and long-term commitment to development* in these areas by AKF(Moz) and Progresso. The proposed project places emphasis on pregnant women, children under five and PLWHA. The estimated total population in the proposed nine district is **594,131** living in 392 villages. Targeting **279** of the 392 villages, the total estimated population of the proposed project is **396,201** and the estimated number of primary beneficiaries (pregnant women and children under five) is **87,584**. Other target beneficiaries include an estimated **21,732** PLWHA. Enhanced community knowledge, capacities and linkages with strengthened health care systems are expected to lead to a significant increase in the number of beneficiaries beyond the lifetime of the project.

District	Total # of Villages	Total Population (2009)*	# of Villages Targeted	Population Covered**	Children < 5 y (17.1%)	Pregnant women (5%)	PLWHA	Primary Beneficiaries (Children < 5 and PW)
Quissanga	47	42,361	47	42,361	7,244	2,118	2,253	9,362
Meluco	38	27,846	31	22,277	3,809	1,114	689	4,923
Ibo	6	8,313	6	8,313	1,422	416	205	1,838
Pemba Metuge	47	63,343	44	50,674	8,665	2,534	3,174	11,199
Macomia	55	85,213	51	68,170	11,657	3,409	2,092	15,066
Mueda	64	120,067	40	75,041	12,832	3,752	6,989	16,584
Nangade	47	63,739	16	21,698	3,710	1,085	2,863	4,795
Muidumbe	24	73,457	24	73,457	12,561	3,673	1,614	16,234
Ancuabe	64	109,792	20	34,310	5,867	1,716	1,853	7,583

TOTAL	392	594,131	279	396,301	67,767	19,817	21,732	87,584
*1997 census figures extrapolated to 2010; (used by MoH) INE – National Institute of Statistics.								
** AKF(Moz) will target 100% of the population in Quissanga and Ibo and 80% of the total population in Meluco, Pemba Metuge and Macomia. Progresso will target 100% of the population in Muidumbe and 62% of total population in Mueda, 34% of the population in Nangade 34% and 31% of the population in Ancuabe								

5.3.2. Factors in the Community:

Community-based interventions were developed to address identified gaps in malaria control at the community level, specifically: difficulty accessing health services AND poor community-based services and health promotion (lack of sufficient trained APEs and volunteer CHWs); lack of NGOs involved in malaria interventions; lack of community ownership for health issues (insufficient CLCs) poor community knowledge and practices and; cultural factors, such as lack of maternal decision-making power. Proposed interventions support the Health Strategic Plan (2007-2012), the Community Involvement in Health (May 2005), and the strategies that will be outlined in the NMCP Strategic Plan 2009-2013 for Malaria.

5.3.3. Role of All Relevant Stakeholders:

AKF(Moz)'s interest in responding to the MCP Request for Applications (RFA) for Cabo Delgado was shared with the local Mission. Development of the proposed project was done in consultation with the Chief of the National Malaria Program, the Provincial Health Department (Portuguese acronym DPS) in Cabo Delgado, the Chief of the Provincial Malaria Control Program (Cabo Delgado), the WHO Malaria Programme Officer, UNICEF and the Senior Health Specialist for the World Bank in order to ensure proposed interventions were inline with the NMCP new strategy and would not duplicate efforts but rather fill gaps in this strategy. NGOs, such as MC, Medicos del Mundo (Quissanga, Ibo, Pemba Metuge,) Medicus Mundus (Macomia) and SolidarMed were additionally consulted to ensure synergies would be maximized and overlap avoided.

5.3.4. Local Partners' Role and Responsibilities:

The proposed Management Plan is detailed in **Section 7**. The roles and responsibilities of AKF(Moz) and Progresso will be formalized in a Memorandum of Understanding (MoU) upon project award. Project interventions in the target districts of Quissanga, Meluco, Ibo, Pemba Metuge and Macomia will be the responsibility of AKF(Moz) while Progresso will be responsible for interventions in the districts of Mueda, Nangade, Muidumbe and Ancuabe, with AKF(Moz) assuming primary responsibility for all proposed interventions. As in all projects, AKF(Moz) and Progresso will work in close collaboration with the MoH at the provincial and districts levels to support MoH-led trainings and perform joint supervision of project activities.

5.4.5. Work Plan:

Please see work plan in Attachment C.

5. PERFORMANCE MONITORING AND EVALUATION:

As described in **Section 5.2**, a comprehensive baseline survey (including KAP surveys, TNAs and HFAs) will be conducted to collect baseline information against which to

measure progress towards targets and inform MCP DIP development, BCC interventions and training activities. An EOP survey will assess overall impact of the project. In addition to baseline and EOP surveys, regular monitoring is an essential component of the proposed MCP and will be a core responsibility of the MCP staff. A full-time MCP M&E Officer and one Data Entry Officer will be supported by AKF(Moz)’s CRSP M&E unit in Pemba, with mechanisms in place for both quantitative and qualitative data collection, analysis, and performance monitoring. M&E will be an on-going collaborative process with the participation of the AKF(Moz) and Progresso project staff. The MCP M&E Officer will develop and maintain a project database to streamline data collection and systems to ensure accurate and timely data are available. Project data/ information to monitor key malaria indicators in the nine target districts will be collected and compiled for inclusion in quarterly project reports. As required, annual work plans, with M&E plans, will be developed in alignment with the Malaria Operational Plan for Mozambique. In addition to quarterly program reports, detailed annual reports and a final end of project report will be prepared and submitted to USAID. **Table 7** details the M&E plan.

TABLE 7: OVERVIEW OF M&E PROCESS			
Goal: To contribute to the NMCP goal to reduce morbidity and mortality due to malaria in Mozambique in particular in among pregnant women children under five and other vulnerable population groups.			
Intervention Logic	Indicators	MoV	Frequency
Objective 1: Mobilize communities for sustained demand for and utilization of proven malaria control interventions			
Result 1.1 Target communities have enhanced capacity for	<ul style="list-style-type: none"> • 124 APEs trained for malaria prevention and control and IMCI and provided quarterly M&S. (process) • 190 CLCs established, strengthened, receiving period 	<ul style="list-style-type: none"> • Training Records • Program 	<ul style="list-style-type: none"> • Quarterly

sustained community-based malaria prevention and control	malaria training, and linked with health facilities (process/outcome) <ul style="list-style-type: none"> • 528 CHWs mobilized and trained in IMCI (including malaria prevention) (process) 	Reports	
Result 1.2. Community members have enhanced awareness of and utilization of effective malaria prevention and control measures	<ul style="list-style-type: none"> • 79,260 Households reached with malaria prevention and control BCC messages (<i>process</i>) • 7,500 LLINs provided through existing community-based HIV/AIDS programs (process) • More than 90% of households with a pregnant woman and/or children under five will own at least one ITN (<i>outcome</i>) • 85% pregnant woman surveyed report sleeping under an ITN the previous night (<i>outcome</i>) • 85% of HH with children < 5 y surveyed report < 5 y child sleeping under an ITN the previous night (<i>outcome</i>) • 85% women with a birth in the past 2 years surveyed report at least 2 doses of IPTp (<i>outcome</i>) • 85% of mothers with children under five with a fever in the past two weeks report child received treatment (preferably ACT) within 24 hours of onset of their symptoms. (<i>outcome</i>) 	<ul style="list-style-type: none"> • Program Reports • HMIS • Baseline and EOP KAP survey 	<ul style="list-style-type: none"> • Quarterly • Baseline • EOP
Objective 2: Enhance the capacity of government HCPs for improved malaria diagnosis, treatment and prevention activities.	<ul style="list-style-type: none"> • 31 HCPs in 31 Government HCs trained in IPTp, recognition of the danger signs of malaria, treatment with ACTs, IMCI and reporting and recording with regular M&S (<i>process</i>) • 85% increase in the number of pregnant women receiving two or more doses of IPTp during that pregnancy (outcome) • 85% increase in the number of children under five with a fever receiving treatment (preferably ACT) within 24 hours of onset of their symptoms. (outcome) • Facilitate the provision of government-procured LLINs provided to pregnant women and under five children through mobile brigades or large-scale distributions (number to be determined after baseline). (process) 	<ul style="list-style-type: none"> • Training Records • Program reports • Baseline and EOP HFA • HMIS • Program reports 	<ul style="list-style-type: none"> • Quarterly • Baseline • End of Project (EOP) • Quarterly

7. MANAGEMENT PLAN:

7.1. Organizational Structure and Human Resource Management:

A project Organogram is provided in Attachment D. The full-time MCP Project Director will be based in Pemba with regular travel to the proposed target districts. The Project Director, in coordination with the existing AKF(Moz) Senior Health Program Officer, will have authority for project staffing, administration, planning and project implementation,

management and administrative oversight for the MCP. He/she will also manage relationships with partner organizations, as well as coordinate MCP activities with other NGO/PVOs in the same region. The MCP Project Director will have primary responsibility for maintaining and nurturing the relationship with the PHD and DHDs and lead responsibility for communicating with USAID. The Project Director will report to and receive technical support from the Senior Health Program Officer who has 17 years of public health experience and receives technical support from the AKF Senior Health Officer in Geneva. The Project Director position will be filled by Dr. Augusto Sousa, who has over 10 years of in-country, public health expertise and project management experience, including malaria prevention and treatment. A (MoU) between AKF(Moz) and Progresso will be developed prior to project launch outlining roles and responsibilities. Health facility interventions will be coordinated and monitored by two Technical Assistants [one in AKF(Moz)'s target districts and one in Progresso target districts] who will be based in Bilibiza, Quissanga District (AKF) and Mueda town, Mueda District (Progresso) and report directly to the Project Director. Technical Assistants will be required to have malaria expertise. Nine Health Facilitators will be responsible for coordinating and monitoring community-based interventions. Health Facilitators will report to the Technical Assistants. The full-time M&E Officer will be responsible for coordinating the baseline assessment, ongoing project M&E and the EOP assessment. The M&E Coordinator will report to the Project Director and will receive support from one project Data Entry Officer and technical

7.2. Management and Oversight of Project Activities of Proposed Sub-Partners:

The roles and responsibilities of AKF(Moz) and Progresso will be formalized in a Memorandum of Understanding (MoU) upon project award. As lead, AKF(Moz) will assume the positions of Project Director, M&E Officer and Accountant and maintain direct linkages with the designated Health, Finance, M&E and Programming authorities in the AKF(Moz) country program. Both Technical Assistant Positions will be budgeted under AKF(Moz) in order to enhance the capacity of Progresso and maintain. Community-based interventions in the target districts of Quissanga, Meluco, Ibo, Pemba Metuge and Macomia will be the responsibility of AKF(Moz) while Progresso will be responsible for interventions in the districts of Mueda, Nangade, Muidumbe and Ancuabe.

7.3. Communication Plan:

As detailed in **Section 5.2**, a Provincial Advisory Group will be formed at the onset of the project to facilitate coordination and ensure ongoing communication. With representation from the MCP project, PMI, the MoH, international and national NGOs and community members, this group will serve as the forum to jointly design, monitor and tailor effective interventions. To further ensure effective communication, District Coordination Committees will be established and meet on a quarterly basis.

8. VOLUNTEERS FOR PROSPERITY:

AKF(Moz) is willing to utilize highly skilled U.S. volunteers in the implementation of the proposed project.