



**USAID**  
FROM THE AMERICAN PEOPLE

Abigail Nelson  
Episcopal Relief and Development  
815 Second Avenue  
New York, NY  
10017

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

Subject: Cooperative Agreement No. **GHN-A-00-07-00007-00**

Dear Ms. Nelson:

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 Episcopal Relief and Development hereinafter referred to as the "Recipient", the sum of \$1,482,022.00 to provide support for a program in Angola as described in the Schedule of this award and in Attachment B, entitled "NetsforLife- Mucaba Municipality Uige Province, Angola."

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

This Cooperative Agreement is made to the Recipient Episcopal Relief and Development, 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 (Marking Plan and Branding Strategy), Attachment D (the Standard Provisions) and Attachment E (Initial Environmental Examination), all of which have been agreed to by your organization.

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

Sincerely,

Marjan Zanganeh  
Agreement Officer  
USAID

Attachments:

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

ACKNOWLEDGED:

BY:   
TITLE: Vice President, Programs  
DATE: 9/26/2007

**A. GENERAL**

1. Amount Obligated this Action:	<b>\$325,000.00</b>
2. Total Estimated USAID Amount:	<b>\$1,482,022.00</b>
3. Total Obligated USAID Amount:	<b>\$325,000.00</b>
4. Cost-Sharing Amount (Non-Federal):	<b>\$441,503.00</b>
5. Activity Title:	<b>NetsforLife- Mucaba Municipality Uige Province, Angola</b>
6. USAID Technical Office:	<b>USAID/GH/HIDN/ID</b>
7. Tax I.D. Number:	<b>73-1635264</b>
8. DUNS No.:	<b>140874400</b>

**B. SPECIFIC**

Request No:	<b>12603/2235</b>
Commitment Doc. Type	<b>PR</b>
Commitment No.	<b>GH/HIDN-02235</b>
Line Item	<b>1</b>
Budget Fiscal Year:	<b>2007</b>
EBFY	<b>2008</b>
Fund	<b>CD</b>
Operating Unit:	<b>GH/HIDN</b>
Strategic Objective:	<b>A11</b>
Distribution	<b>936-3100</b>
Management	<b>A049</b>
BGA	<b>997</b>
SOC	<b>4100202</b>
Amount	<b>\$325,000.00</b>

## TABLE OF CONTENTS

<b>ATTACHMENT A SCHEDULE</b> .....	6
<b>A.1 PURPOSE OF COOPERATIVE AGREEMENT</b> .....	6
<b>A.2 PERIOD OF COOPERATIVE AGREEMENT</b> .....	6
<b>A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT</b> .....	6
<b>A.4 COOPERATIVE AGREEMENT BUDGET</b> .....	6
<b>A.5 REPORTING AND EVALUATION</b> .....	7
<b>A.6 INDIRECT COST RATE</b> .....	7
<b>A.7 TITLE TO PROPERTY</b> .....	8
<b>A.8 AUTHORIZED GEOGRAPHIC CODE</b> .....	8
<b>A.9 COST SHARING</b> .....	8
<b>A.10 SUBSTANTIAL INVOLVEMENT</b> .....	9
<b>A.11 KEY PERSONNEL APPROVAL</b> .....	8
<b>A.12 PROGRAM INCOME</b> .....	9
<b>A.13 SPECIAL PROVISIONS</b> .....	9
A.13.1 USAID DISABILITY POLICY (DEC 2004).....	9
A.13.2 EXECUTIVE ORDER ON TERRORISM FINANCING (FEB 2002).....	10
A.13.3 FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JAN 2002).....	10
A.13.4 ACCOUNTING SYSTEM SURVEY.....	9
A.13.5 WORKPLAN APPROVAL PROCESS.....	9
A.13.6 ENVIRONMENTAL CONCERNS.....	9
<b>ATTACHMENT B PROGRAM DESCRIPTION</b> .....	11
<b>ATTACHMENT C USAID/ERD MARKING PLAN</b> .....	397
<b>ATTACHMENT D STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL ORGANIZATIONS</b> .....	442
1. <i>APPLICABILITY OF 22 CFR PART 226 (May 2005)</i> .....	44
2. <i>INELIGIBLE COUNTRIES (MAY 1986)</i> .....	44
3. <i>NONDISCRIMINATION (MAY 1986)</i> .....	44

4.	<i>NONLIABILITY (NOVEMBER 1985)</i> .....	44
5.	<i>AMENDMENT (NOVEMBER 1985)</i> .....	45
6.	<i>NOTICES (NOVEMBER 1985)</i> .....	45
7.	<i>NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (April 1998)</i> .....	45
8.	<i>SUBAGREEMENTS (June 1999)</i> .....	46
9.	<i>OMB APPROVAL UNDER THE PAPERWORK REDUCTION ACT (December 2003)</i> .....	46
10.	<i>USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (April 1998)</i> .....	47
11.	<i>DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (January 2004)</i> .....	50
12.	<i>DRUG-FREE WORKPLACE (January 2004)</i> .....	51
13.	<i>EQUAL PROTECTION OF THE LAWS FOR FAITH-BASED AND COMMUNITY ORGANIZATIONS (February 2004)</i> .....	52
14.	<i>IMPLEMENTATION OF E.O. 13224 -- EXECUTIVE ORDER ON TERRORIST FINANCING (March 2002)</i> .....	52
15.	<i>MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (December 2005)</i> .....	53
16.	<i>REGULATIONS GOVERNING EMPLOYEES (AUGUST 1992)</i> .....	57
17.	<i>CONVERSION OF UNITED STATES DOLLARS TO LOCAL CURRENCY (NOVEMBER 1985)</i>	58
18.	<i>USE OF POUCH FACILITIES (AUGUST 1992)</i> .....	58
19.	<i>INTERNATIONAL AIR TRAVEL AND TRANSPORTATION (JUNE 1999)</i> .....	59
20.	<i>OCEAN SHIPMENT OF GOODS (JUNE 1999)</i> .....	61
21.	<i>LOCAL PROCUREMENT (April 1998)</i> .....	62
22.	<i>VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)</i> .....	63
23.	<i>PUBLICATIONS AND MEDIA RELEASES (MARCH 2006)</i> .....	64
24.	<i>PARTICIPANT TRAINING (April 1998)</i> .....	65
25.	<i>TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)</i>	65
26.	<i>PUBLIC NOTICES (MARCH 2004)</i> .....	69
27.	<i>COST SHARING (MATCHING) (July 2002)</i> .....	70
28.	<i>REPORTING OF FOREIGN TAXES (March 2006)</i> .....	70

29.	<i>FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (January 2002)</i>	71
30.	<i>USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)</i> .....	72
31.	<i>ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (JUNE 2005)</i> .....	72
32.	<i>CONDOMS (JUNE 2005)</i> .....	72
33.	<i>PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (JUNE 2005)</i> .....	73
34.	<i>PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)</i> .....	73
	<b>ATTACHMENT E INITIAL ENVIRONMENTAL EXAMINATION</b> .....	<b>75</b>

**ATTACHMENT A  
SCHEDULE**

**A.1 PURPOSE OF COOPERATIVE AGREEMENT**

The purpose of this Cooperative Agreement is to provide support for the program described in Attachment B to this Cooperative Agreement entitled "NetsforLife- Mucaba Municipality Uige Province, Angola."

**A.2 PERIOD OF COOPERATIVE AGREEMENT**

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

**A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT**

1. The total estimated amount of this Cooperative Agreement for the period shown in A.2 above is \$1,482,022.00.
2. USAID hereby obligates the amount of **\$325,000.00** for program expenditures. The Recipient will be given written notice by the Agreement Officer if and when 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 via Direct Reimbursement in accordance with the provisions set forth in 22 CFR 226.

**A.4 COOPERATIVE AGREEMENT BUDGET**

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

**TOTAL BUDGET**

<b>Cost Element</b>	<b>Total Cost</b>
1. Total Direct Charges	\$1,234,093
2. Indirect Charges	\$ 247,929
<b>3. Total USAID Amount</b>	<b>\$1,482,022</b>
<b>4. Total Cost Share (Non-Federal)</b>	<b>\$ 441,503</b>

## **A.5 REPORTING AND EVALUATION**

### **1. Financial Reporting**

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

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

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

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

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

### **2. Program Reporting**

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

### **3. Final Report**

The Recipient shall submit the original and one copy to M/FM, the Agreement Officer, and the CTO and one copy, in electronic (preferred) or paper form of final documents to one of the following: (a) Via E-mail: [docsubmit@dec.cdie.org](mailto:docsubmit@dec.cdie.org) ; (b) Via U.S. Postal Service: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210 Silver Spring, MD 20910, USA; (c) Via Fax: (301) 588-7787; or (d) Online:

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

Guidelines for final reports will be provided by the CTO.

## **A.6 INDIRECT COST RATE**

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

<b>Description</b>	<b>Rate</b>	<b>Base</b>	<b>Type</b>	<b>Period</b>
Fringe Benefits	23%	1/	1/	1/
Overhead	20.09%	2/	2/	2/

1/Base of Application: Total Labor Cost  
 Type of Rate: Provisional  
 Period: Effective date of this Cooperative Agreement until amended

2/Base of Application: Total Direct Cost  
 Type of Rate: Provisional  
 Period: Effective date of this Cooperative Agreement until amended

The Recipient shall submit its initial indirect cost proposal to USAID within ninety (90) days of the effective date of this Cooperative Agreement. The proposal shall be submitted to the following address:

Steve Tashjian  
 USAID  
 M/OAA/CAS, Room 7.09-012  
 1300 Pennsylvania Ave., NW  
 Washington, DC 20523  
 202-712-5321  
 stashjian@usaid.gov

**A.7 TITLE TO PROPERTY**

Property Title will be vested with the Cooperative Country.

**A.8 AUTHORIZED GEOGRAPHIC CODE**

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

**A.9 COST SHARING**

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 shall be limited to approval of the elements listed below:

Approval of annual workplans and modifications that describe the specific activities to be carried out under the Agreement;

- Approval of specified key personnel;
- Approval of monitoring and evaluation plans, and USAID involvement in monitoring progress toward achieving expected results and outcomes;
- Concurrence with selection of sub-award recipients

## **A.11 PROGRAM INCOME**

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

## **A.12 KEY PERSONNEL APPROVAL**

The following key personnel position is hereby approved:

- Project Director

## **A.13 SPECIAL PROVISIONS**

### **A.13.1 USAID DISABILITY POLICY (DEC 2004)**

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

(b) USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort

to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

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

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

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

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

#### **A.13.4 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.

#### **A.13.5 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 CTO approximately sixty (60) days after award of this Cooperative Agreement.

#### **A.13.6 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.

**-End of Schedule-**

## **Attachment B PROGRAM DESCRIPTION**

The Recipient's Program Description entitled "**NetsforLife- Mucaba Municipality Uige Province, Angola**" submitted in response to RFA M/OAA/GH/07-858, and the Recipient's proposed Branding Strategy and Marking Plan (Attachment C) is attached hereto and is made a part of this Award.

**ATTACHMENT B  
PROGRAM DESCRIPTION**

## **1. Executive Summary**

Episcopal Relief and Development (ERD) requests \$1,482,022, matched with \$441,500 of ERD private funds, to implement a PMI project from October 1, 2007 to Sept. 30, 2012 in Mucaba municipality, Uige Province, Angola. The program area covers a total population of 90,896, including 18,179 children under 5, 11, 388 pregnant women, and an additional 3,454 PLWHA. The program seeks to achieve PMI goals: Increasing LLITN usage by pregnant women and the under fives; ensuring that malaria symptoms are recognized in the household and prompt and effective treatment is sought and received; ensuring pregnant women receive Intermittent Presumptive Therapy. Collaborative partnerships with both MINSA and NGOs will be deepened to ensure impact. Additional activities to be done jointly with ERD's global NetsforLife malaria project that has been working since 2006 in other municipalities will increase the numbers of beneficiaries reached. Although ERD has extensive relief and development experience, including the number of malaria programs in Africa, this will be the first USAID Cooperative Agreement with the organization.

NetsforLife is an ERD initiative that distributes Long Lasting Insecticide Treated Nets (LLITNs) to communities marginalized by extreme poverty and underserved in terms of health care provision and infrastructure. NfL, understanding prevailing knowledge and attitudes to malaria transmission and prevention, provides information to bring about behavior change and distributes a low cost technology (LLITNs) to mobilize communities to overcome the heavy burden that malaria places on social and economic development. The program is supported by ExxonMobil, Coca Cola Africa Foundation, Standard Chartered Bank and private donors. It has achieved recognition at the White House Summit on Malaria, Congress, and in the House of Lords, London, at the All Party Committee Against Malaria.

Mucaba municipality, with an area of 120 km by 90 km, is in a frequently inaccessible remote mountainous and heavily vegetated area. Exact poverty levels in Mucaba are not known, but are thought to exceed the national level of 62%, with female literacy levels less than the 47% estimated in the Northern region. Child mortality in illiterate female-headed households is 60% higher than in other families. Christianity is the predominant religion, with the second highest being traditional religions.

ERD's partner, the Anglican Church of Angola, established in Uige Province in the 1930's, began in Mucaba in the 1970's, and with 20 parishes, it is now the largest religious denomination in the municipality and its new NGO, Anglican Action for Community Development and Assistance (AACDA), is the only nongovernmental organization present. Because MINSA health services in Mucaba were destroyed during the war, the Anglican Church supported some curative services in the municipality in 2005 by refurbishing a health center

where MINSA health staff has been working. The MINSA health center has been reopened and now has capacity to provide ANC and ACT services, although the highest trained health worker in Mucaba is trained only at the basic nurse level. There are no doctors or midwives. Four MINSA health posts are nonfunctional, so the vast majority of Mucaba's population has no access to health services, which are defined by MINSA as living within 10 km of a health facility. Malaria is the leading cause of under 5 mortality (264 per1000 live birth). Maternal mortality rate is also extremely high at 1500-1700 deaths per 100,000 live births.

## **2. Organizational Capability**

Episcopal Relief and Development (ERD) is the international relief and development agency of the Episcopal Church in the United States, and a member church of the worldwide Anglican Communion. ERD provides relief services in times of disaster, supports long-term recovery for economies and physical infrastructure after emergencies, and promotes sustainable development through food security and primary health programming. ERD is also involved in national disaster recovery and serves as a lead agency in the Katrina response and long-term recovery in the Gulf Coast of the United States. ERD is a subcontractor to the federally-supported Katrina Aid Today. ERD works in partnership with organizations within the Anglican Communion, ecumenical and interfaith bodies, national development programs, local communities and others with a common vision for justice and peace among all people.

ERD has received national and international recognition for its impact in malaria prevention since our malaria prevention program, NetsforLife, began in 2004. Through our participatory methodology and strong development partnerships, we have provided bednets to 680,000 high risk individuals in 8 African countries<sup>1</sup> who had been previously overlooked in local government programs, and sensitized 500,000 in how to prevent and treat malaria. ERD began as the Presiding Bishop's Fund for World Relief in 1939, and became Episcopal Relief and Development in 2000, 501(c)3 and is now governed by a 21-person board of directors. Until 2000, the main source of funding came primarily from private donations, and in-kind support from the Episcopal Church. Over the past 7 years, however, the organization has increasingly leveraged corporate and foundation funding. ERD's 2006 budget of \$26 million supported global programming in 32 countries throughout Latin America, Asia and Africa. ERD also receives pro-bono M&E support from the Swiss Tropical Institute to measure behavioral change, net usage, and mortality and morbidity statistics collected from the communities and local health posts. The strategic direction of ERD, in 2003, transformed its annual granting program to a longer term partnership model, emphasizing 3-5 year programs internationally that placed strong emphasis on local capacity building and institution strengthening. In many parts of the world, particularly areas recovering from or facing civil unrest and conflict, ERD and its partners provide one of the few organized, widespread, community focused, and trusted institutions. In September 2006 a Gallup poll showed that 40-60% of health and education infrastructure in sub Saharan Africa is church owned.

### **ERD's History with Malaria Prevention**

ERD's malaria prevention programming in Africa began in 2004, starting with a consultation with the Earth Institute-Columbia University in New York. This consultation led to a malaria control pilot program launched with Anglican partners in the post conflict setting of

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<sup>1</sup> Angola, Burundi, Democratic Republic of Congo, Ghana, Kenya, Mozambique, Zambia and Uganda in 2006. In 2007, adding Botswana, Liberia, Madagascar, Malawi, Nigeria, and Zimbabwe.

Katanga region, Democratic Republic of Congo, and in Northern and Central Zambia. The program design emphasized community mobilization, and education for home based symptoms recognition, appropriate treatment, bed net usage, and environmental interventions in mosquito breeding areas. The program works with the a strong network of church affiliates and women's groups in extremely rural areas to distribute long lasting insecticide treated nets (LLITNs) to the targeted vulnerable of under-5 and pregnant women. These programs, were enthusiastically received by the communities and effectively increased net coverage in the vulnerable populations of pregnant women and the under fives in some areas by 48%. The training program increased knowledge of malaria and its causes by 28% in these same areas. Community mobilization and engagement methods learned from the pilot have been vital in the delivery and acceptance of the health behavior changes.

Based on the impact of the pilot, ERD undertook a major funding raising initiative to scale up to sixteen countries in Africa including Angola. In 2006 a three-year NetsforLife program was launched, with the goal to distribute one million LLITNs along with a strong community maternal and child health preventive training and education program. Recent reports from our year one partners cite almost 3,000 malaria agents trained and active in their communities supporting over half a million people. Anglican bishops and other leaders have increased their advocacy for nets and treatment in many of the countries, with the Rt. Rev. Denis Sengulane president of the National Malaria Control Board in Mozambique, for example. The Swiss Tropical Institute has further agreed to advise ERD on M&E analysis for behavioral change, net usage, mortality and morbidity statistics collection from the communities and local health posts.

Igreja Anglicana da Angola (AAC) is a diocese within the province of the Anglican Church of Southern Africa, ERD's largest and longest standing partner on the continent. Unusually for the Anglican Church, the Angolan diocese does not have its roots within the colonial structures but rather is a church that has grown organically and effectively through the work of committed individuals who began to organize in the 1930's in Uige. Although it has a nationwide presence, Uige remains its heartland, with more than eighteen priests and seventy parishes and outstations located in this highly endemic malarial area. This is the area of intended focus for the PMI proposal.

The Angolan Anglican Church (AAC) development department is responsible for coordinating the operation of clinics, schools and training institutions owned by the Church and implements a range of social and economic programs. The department contains an HIV and AIDS unit supported through the Provincial Church in Southern Africa enabling parish programs to fight stigma and increase knowledge and awareness on preventing HIV. Agricultural training programs have focused on equipping returning soldiers with new skills for civilian life. With an annual budget of \$520,000 ERD supports programs with

AACDA that includes NetsforLife and a clean water program, in Cunene. This serves returning refugees who have been living in Namibia and are rebuilding their lives. The local priest recruited and trained health mobilizers and health committees. In six communities nineteen boreholes and wells have been constructed to supply more than 1,000 families with clean water.

In partnership with the National Malaria Control Program and the National and Provincial MINSAs, Angolan NetsforLife has distributed 49,500 nets through 400 activists in 3 municipalities in Uige Province and nine communities in Cunene Province in its first year.

### **General Program Methodologies**

ERD promotes participatory programming and provides technical assistance to partners in order to support their program implementation. Our support includes assistance in conducting needs assessments and community-based identification of objectives, indicators, targets, and research. Many ERD-supported programs utilize both quantitative and qualitative research methods.

### **3. Situational Analysis**

In January 2005 discussions began with the Africa Health Initiative of Exxon Mobil Foundation regarding an effective faith-based response to malaria prevention in Angola. The Anglican Church with its strong roots in the community, in Uige province and Southern Angola, has successfully shown impact in malaria morbidity and mortality. The result of these discussions was a grant of \$308,000 to purchase and distribute long lasting insecticide treated nets through the Anglican Church network. This grant was leveraged with a matching corporate grant and NetsforLife expanded into Zambia.

In September 2006 the ExxonMobil Foundation made a grant to NetsforLife specifically for monitoring and evaluation. The public private partnership now includes Standard Chartered Bank, the Coca-Cola Africa Foundation, the Starr Foundation and other private donors. The commitment and time invested by our funders has enabled the NetsforLife program to benefit from individual corporate expertise. A governance structure which includes a committee of funders meets quarterly and reviews the program benchmarks against the plan. This has allowed participation, accountability and efficiency. Vestergaard-Frandsen is a member of the partnership and contributes funds for radio and TV messaging about correct use of nets.

In Angola, malaria is the most significant cause of child and maternal mortality in the country and ERD enthusiastically supports PMI's leadership. In February 2007, NetsforLife launched its malaria program in St. Stephens Church in Kiambiaksi (suburb of Luanda), which was attended by Admiral Tim Ziemer, Dr. Van Dunem, Minister of Health, Ambassador Cynthia Efird, Bishop Soares and Dr. Steven Phillips of ExxonMobil.

In April 2007, the Archbishop of Canterbury visited the Angolan Anglican Church and encouraged them to continue the work of the church in underserved communities. The Angolan Bishop has begun the process of registering the Development Department as a separate Angolan indigenous NGO, that will be named Anglican Action for Community Development and Assistance (AACDA). It is anticipated that this incorporation will be completed by September 2007.

### Project Location

Uige province lies 6 hours by road to the northeast of Luanda. The northernmost municipalities lie along the border with the Republic of Congo (ROC) and the major ethnic group in Uige, Bakongo, is the same as in Bas Congo in the ROC. Many inhabitants of Uige fled to the Congo during the twenty three year long war. As a result, many of the inhabitants, especially those with secondary education, speak French as well as Kikongo, the local language.

Population (Uige Province)	492,297
HDI (Angola)	166 (out of 177 countries)
Level of Poverty (national level)	62 %
Population living in absolute poverty	28%
Maternal mortality ratio	1 500 -1 800/100 000 live births
Infant mortality rate	166/1000 live births
Under 5 mortality rate	274/1000 live births
Live expectancy at birth	42 years
Population with access to health care	35-40%
Population with access to clean water	30-40%
Global malnutrition rate	40%
Chloriquine resistance	>50%
Utilization of mosquito nets (ITN)	<10%
Adult HIV+ prevalence	3.9% (1.6-9.4%)

Maternal and Child health as well as malaria control statistics in Uige Province and in the municipalities targeted by the project are substantially lower than the national average. BCG coverage is 26% for the entire province, indicating poor access to EPI services. This is supported by Pentavalent vaccine coverage of 32% (39% dropout rate), routine measles (22%), and routine polio 28% (33% dropout). There was a measles campaign along with Vitamin A and ITN distribution in July 2006 and there have been polio campaigns in the past. Coverage data from the campaigns is not reflected in the routine statistics. There is no routine Vitamin A supplement program. Maternal tetanus toxoid coverage for the entire province is approximately 26%, with a dropout rate between doses one and two of 46%. In Mucaba Municipality, it is estimated the drop-out rate is much lower. Coverage of three doses of

the Pentavalent vaccine (which included DPT) in Mucaba Municipality is 12%. Uige Province is hyperendemic for malaria, meaning high levels of year-round transmission, with *p. falciparum* and *p. vivax* which are responsible for 89% and 7%, respectively of malaria cases. National studies estimate 50% or more have resistance to chloroquine, even though health facilities are still prescribing unused stocks of the medicine. Amodioquine is the first line treatment drug until ACTs become available in the near future. *A. funestus* and *A. gambiae* are the predominant mosquito vector species in the province. In a recent survey, 31% of families had treated mosquito nets in their homes, but only 4.3% of families had LLINs. 36% of children under 5 and 13% of pregnant women slept under a mosquito net. 40% said they didn't use nets because they did not have one in the household. When asked why they did not have a net over 20% said because they were not available, 5% said they didn't want to use one and 6% didn't know. Care seeking for malaria in Uige Province far exceeds the national average. When asked if they sought treatment for a child under 5 years old with malaria, 60% said yes, 4% said no and 36% didn't answer. Although 40% of children were treated with chloroquine, this is lower than the national average of 51%. On the other hand, use of Fansidar (22%) and traditional medicine (13%) exceed the national averages of 9% and 4% respectively.

Mucaba Municipality covers a mountainous and heavily vegetated area to the North East of the provincial capital of Uige and is known for poor accessibility, lack of NGO partners and a weak MINSA infrastructure. A major bridge providing access to the municipality was damaged during the war and has still not been rebuilt. Unlike developed countries where the Anglican Church is attended by many middle and upper class members, the Angolan Anglican Church has always served the poorest and hardest to reach communities. Uige Province is where the first churches were established in the 1930's and there has been a church in Mucaba Municipality for over 35 years that now has 20 parishes. Each church has an active Mothers' Unions, consisting of many members. Youth Groups are also popular. Similar to the NfL strategy, parish priests and local pastors of other denominations are trained in teaching parishioners and local community members about using nets and overall preventive health and hygiene at the household level. This will be expanded within the context of community IMCI and promoting ANC attendance for prompt care seeking for case management and preventing IPTp through focused ANC services at the health facilities.

#### *Access to health services in Mucaba Municipality*

The GOA defines access to health care as living within 10 km of a functioning health facility. Prior to independence, there were trained health promoters working in health posts throughout the country. Today, most health posts are semi-functional, or non-functional. Use of self-medication or traditional healers is still widespread. There are 4 pharmacies in Mucaba, and 11 "private" clinics, largely established by untrained and unregulated practitioners, some of whom may have been the trained health promoters from before the war. The health center, and all MINSA health activities are under a municipal

health director, who has only the basic nursing training of one year in the classroom and 2 years of on the job experience. The Uige Provincial Health Director acknowledges that MINSA's health management in Mucaba is weak and is trying to recruit additional, and higher qualified staff to work there. This is a challenge due to difficulties of attracting someone from outside the province to work in such a remote rural area. Current malaria drugs available include chloroquine, amodiaquine, quinine, and Fansidar. Mucaba has 1 MINSA health center, 5 MINSA health posts (semi-functional), 1 Anglican health post, 4 pharmacies and 11 private providers who are mostly former health promoters who have opened clinics that are unregulated and unsupervised. Medications (some with labeling indicating they were from donors) are available in the markets and they are also unregulated. The drugs and over 30,000 LLITNS are currently located in the MINSA health center. The nets are stored awaiting distribution to pregnant women as part of the second phase of the campaign to reach children under 5 that took place in July 2006. The plan to provide nets to women who attend ANC, and health services are stalled due to logistics.

ACTs are available at the provincial level, but not yet at the municipal level. Training on ACTs is scheduled later in 2007, and the NMCP and MINSA representatives said that NfL-Mucaba will be invited to participate in the training. The proposed NfL-Mucaba Project Director has also been invited to participate in the ACT TOT in Luanda. This will provide an additional much needed trainer in Uige Province and facilitate the roll out of availability of ACTs to Mucaba and other Uige municipalities.

In March 2007, the Anglican health center was the only health facility open when funds were provided to refurbish the building. Staff are provided by MINSA, so it is a *defacto* government facility. Since the nearby MINSA health center has been reactivated, the Anglican center now functions as a health post. However, the only laboratory services in the municipality are located in the Anglican center. This is highly valued by the entire municipality. There is no microscopic malaria diagnosis capacity in Mucaba at this time and it is not clear when the PMI microscopes might be provided to Mucaba. The current NetsforLife team, is estimating the cost of upgrading the laboratory to provide microscopic diagnostic services, at least at the central level. Meanwhile, presumptive treatment is used at both health centers.

There are only two health centers (HC) in Mucaba municipality and 4 government health posts are still nonfunctional. There are currently no other NGOs working in Mucaba Municipality. The estimated literacy rate in Uige province is 14% and priority is given to educating boys. This is a community that subsists primarily on farming.

### **Local Partners**

#### *Uige Provincial Level*

NetsforLife has been working in Uige Province since 2006 and has already established partnerships with NMCP, MINSA, UNICEF and CAAM

(Italian NGO) through the provincial Malaria Partners Committee. It is anticipated that additional organizations will join this partnership as malaria activities scale up in the province. There are several local NGOs with experience in various aspects of community mobilization. Most have worked in land mine awareness, child protection, or HIV/AIDS awareness. Some of the larger ones are members of the national NGO group FUNGA. All have capacity to do programming in the local language, Kikongo, as well as Portuguese. There is currently no provincial level NGO consortium. Only one NGO, the newly formed LUKLIARB has a focus on grassroots community mobilization against malaria. They have 14 members and have established an office in Uige with local support.

ASAFP (Angolan Association for Saving People) is a nationwide NGO and was established in 1997 with the objective of providing education to remote communities. They work in Uige, Songo, Ambula, Negage, Puri, Sanza Polmo and Bongo municipalities in mine awareness, STI/HIV, TB, Immunizations and malaria. They also mobilize communities for latrine building. They are receiving support from the Global Fund, CRD (Danish Refugee Council), NGM (German) UNICEF, national Women's Network, and CHINIDA (demining) and PSI (HIV/AIDS).

Secut is based in Uige province and was established in 1997 with assistance from UNICEF to work on mine awareness. Their objective is to promote 1) sustainable community development 2) peace and justice 3) social development 4) support to youth 5) cultural and educational change. Their major activities include education and information, child protection, training and capacity building and social advocacy. They have capacity to organize workshops, build community networks and develop training materials. UNICEF, Save the Children and Catholic Relief Services are funding Secut. Staff are predominantly female and include university trained teachers and basic health workers. They have an office as well as vehicles.

ADC Action for Community Development was established by Deputies of Parliament, who are their current funders, and are based in Luanda. In Uige they have a coordinator, a supervisor and 5 trainers and work in cholera and HIV/AIDS. They train mothers and fathers in community development, agriculture, education and health. They do not currently work in the proposed project area.

Angolan Alliance for Development for Christian Youth is a Luanda-based NGO working in education, primary health care, skills training and capacity building, civil society, youth rights advocacy, HIV/AIDS education, women's empowerment, child protection, emergency response, gender violence prevention and prison outreach. They work in Sanzo Polmbo and Negage municipalities. They receive support from IBIS (Danish) and the Anglican Church. Discussion held between AAC and NGO representatives revealed that each organization has competencies that could contribute to extending the outreach of the program and that they are willing to collaborate with NetsforLife-Mucaba program. Scale up to extend into communities beyond the current MINSA is an

opportunity. AAC discussed the program strategy, with the NMCP, PMI, UNICEF and the MINSA IMCI focal point at the national level, and the Uige Province's NMCP, MINSA and UNICEF representatives. All were very supportive of the community mobilization and training focus of the NetsforLife-Mucaba proposal. Dr. Benge Mogo, Uige's Provincial Health Director (MINSA), stated that the community IMCI framework of supporting malaria efforts "has been a dream that we have had for a long time."

#### *Anglican Churches*

There are 20 parishes in Mucaba District and Anglicans represent the largest single denomination in the municipality. Their long standing presence, service to the poor, and the lack of other NGOs in the area justifies the selection of Mucaba as the impact area. Anglican priests and other church spokespersons have effective means of reaching communities with malaria and other health messages. One Anglican priest currently gives malaria messages over the local radio.

#### *Mothers' Unions*

The Mothers' Union (MU) is an Anglican organization with more than 3.6 million members worldwide. The backbone of the MU is its worldwide network of volunteers. Whatever their individual backgrounds, members are related by a commitment to marriage and family. They give their time to generously help others, whether by running local projects, supporting international campaigns, or fundraising for those in need in their parish community.

Each Anglican parish has a Mothers' Union that works for women's involvement in development including health promotion, income generation and raising profile of women within the community. Members consist of both young mothers and older, mature women, many of whom are grandmothers and very influential in household health behaviors. They are enthusiastic participants in the current NetsforLife program in the other municipalities and will be the major route for access to mothers and families at the community level.

#### *Youth Clubs*

Every parish provides an opportunity for young people to gather socially and choirs are especially popular. Sunday school, and more formal teaching, gives leadership training to young students who are encouraged to volunteer and serve in their communities.

#### *International Partners (Implementation)*

The Swiss Tropical Institute (STI) is a member of the NetsforLife Advisory council and is providing technical assistance to the design, analysis and output of the monitoring and evaluation. STI has critiqued and offered revisions to the survey indicators, and commented on the first evaluation results. STI will provide technical advice and analysis for the new program in Mucaba, as well as advice on integrating reporting through the NMCP information mechanisms as they are strengthened through the PMI/NMCP activities.

#### 4. Project Strategy

The goal of the program is the same as that of PMI: to contribute (with partners) to the decrease of malaria associated mortality in Mucaba Municipality of Uige Province, Angola by 50% compared with pre-initiative levels by 2010.

Major aspects of the approach include:

- Transmission reduction through vector control and interruption of mosquito-human contact by distributing Long Lasting Insecticide-Treated Nets (LLITNs).
- Promoting behaviors, attitudes and practices changes by infusing "Nets culture" through community mobilization and education
- Promote effective case management at first line health facilities and household preventive and treatment behaviors in the context of Community IMCI (CIMCI)
- Promote Intermittent Presumptive Therapy in pregnancy (IPTp) through attendance for at least 3 focused ANC visits that include IPTp and provision of a LLITN.
- Promote health conducting environmental behaviors and household practices that support maternal and child health including appropriate care and treatment for sick children and pregnant women.

The overall program strategy is three-fold: 1) community-mobilization to access services for IPTp and LLITNs for pregnant women and the under fives through ANC delivered by MINSA and Church health facilities and malaria case management with ACTs through Community IMCI; and community/household distribution and appropriate use of LLITNs by the biologically vulnerable, 2) improving quality of malaria health services by assisting MINSA to revitalize nonfunctional health services through training and assisting in transportation for training and linkage with the NMCP malaria logistics system, 3) advocacy and assistance partnerships for extension of all PMI malaria services to Mucaba municipality and to remote communities within the municipality. The program will work in close partnership with the NMCP, the Anglican Churches, other churches and NGOs in the program area, as well as MINSA at the Province and Municipality level to develop synergies of effort to mobilize communities and extend the reach of the NMCP Malaria Program to areas currently unreached by health services, as well as strengthen malaria activities where programs have already started. All approaches and indicators are consistent with the 2007 draft Malaria Control Strategy and present a unique opportunity to demonstrate how the community-based component can effectively increase the NMCP strategy target coverage. The value-added of the NfL - Mucaba project is the ability to reach households in virtually every community in Mucaba Municipality with health prevention and care seeking messages that include promoting malaria-specific behaviors that have been proven to reduce malaria mortality and morbidity. Specific program outcome and process indicators can be found in the Monitoring and Evaluation section of the proposal. Community IMCI is a framework for providing support to households and communities,

linking them to health facilities and local providers. It involves community mobilization and promotion of 16 key household behaviors (including the PMI malaria components), and linking households with the health facilities that serve them, encouraging the inclusion of private providers such as TBAs and pharmacists, increasing the reach of scarce resources. Antenatal Care services are the platform for pregnancy related malaria prevention. The project will devote significant effort to promoting and enabling pregnant women to go for ANC. Improved quality of ANC services increasing awareness will link health personnel with training programs and advocate for adequate supplies and equipment at the health facilities. The project will apply and build on lessons learned in ERD's multi-country NetsforLife (NfL) implemented in other countries. Specific Uige NfL lessons learned will be drawn upon to modify approaches and add PMI emphasis behaviors (accessing IPTp and ACT case management).

The approach starts with a baseline study to establish the coverage of malaria household prevention measures, the household member's knowledge, attitudes and perceptions concerning malaria transmission and current health seeking behaviors. Appropriate sampling techniques will be used to ensure the significance of the data. Analysis of this data has two distinct uses - the education and awareness component of the program can be honed to cover local misconceptions and knowledge gaps on malaria transmission and prevention and to identify the barriers, both cognitive and physical, to promote effective treatment. Second, timely feedback to the community on the burden that malaria is creating within their own community and community specific messaging on prevention and treatment builds a sense of empowerment to fight together to defeat this disease.

Community selected and NfL- Mucaba trained activists will reinforce the messaging on a house to house basis, mapping coverage of malaria household prevention measures. LLITNs should then be provided to the communities from in country sources. Before and following net distribution each house is visited to see if a LLITN is in the household, visual verification that it is hanging, and questioning the occupants about who is sleeping under the net and when. Families with children under 5 who were missed by the campaign will be provided with nets. Pregnant women will be strongly encouraged to go for ANC, where they will receive a net as part of those services, but they will also receive Tetanus Toxoid (TT) vaccination, iron/folate tablets, IPTp in addition to the net. Activistas will then visit the households (20 per activista) regularly to monitor availability and use of the net, as well as whether any pregnant women have attended ANC. In addition, cases of fever are recorded, as well as whether treatment was received, where it was received and what kind of treatment.

Community malaria committees are formed and include influential members of the community, including as appropriate, providers of traditional health care. They will also include the local priest and/or other religious leaders trained in providing encouragement for

malaria prevention and treatment through their sermons, counseling of parishioners and other community meetings.

#### *Training and Capacity Building*

NetsforLife currently has a training curriculum that is used by the District Health Coordinators for training activitistas, Mothers' Unions, clergy, and malaria committees. The current manual, however, is written in Portuguese and NFL experience has demonstrated a need for training materials in the predominant local language, Kikongo. This will benefit the entire Uige Province, and be useful in other provinces in northern Angola along the Congo border, translation is included in the budget (see Annex A). In addition, the need to be literate in filling out forms is felt to have led to gender imbalance in the opportunity to be selected as an activista. The project will adapt and apply non-verbal (primarily pictures) record keeping methodologies and other training and monitoring methodologies that have been developed in Africa for use in semi or non-literate populations.

Gender awareness training was an expressed need communicated by NFL staff and partners in Uige. One or more of the local NGOs state they have experience and capabilities for this training.

At the health facility level, NMCP and MINSA have received funding through the Global Fund and PMI to train health workers in ANC (with IPTp), IMCI (with ACT treatment) and distribution and promotion of nets. The project will assist by giving church health workers the opportunity to participate in the training and enabling the Project Director to become a trainer of trainers in ACT. This will enable him to provide training in ACT to MINSA and other health providers in the Uige Province. The project will also assist in transporting \training participants to Uige and also help in mobilizing community members with the Mucaba MINSA EPI immunizer to do joint outreach sessions at health posts and communities. The collaboration between EPI, ANC and malaria services to remote communities will benefit all concerned. MINSA and UNICEF have pledged to assist with sufficient quantities of the essential drugs to provide these services.

Private health providers, especially TBAs (parteras) are included in the program. Several of them have become activistas in NFL areas, and some are already involved in Mucaba. Emphasis will be placed to encourage pregnant women to go for ANC and receive the pregnancy related malaria services there.

A list of proposed trainings are listed in Annex B.

#### *Community Based Structures involved in Community Mobilization Activistas*

Activistas are community volunteers who have been selected to be trained in malaria interventions. They are responsible for following 20 households on a regular basis. Since these households are the activistas' neighbors, it is not a significant time burden and large

numbers of the volunteers have proven to be manageable and still maintain program quality. (An approach similar to the effective "Care Group" model.) Activistas are trained using a NetsforLife curriculum that will be updated to include information revealed by the baseline study on community specific knowledge, attitudes and perceptions, and local health services. Activistas report regularly on the situation in their households using a census-based community monitoring and morbidity report. NfL-Mucaba will explore with the NMCP the feasibility of reporting on maternal and child mortality, with the understanding of the limitations of cause-specific self-reporting. *Supervision* is provided through District Health Coordinators. These are particularly dynamic individuals with experience in public mobilization. They have regular check lists of information on program indicators, plus household knowledge and practices and processes conducted in the activists' work. There are follow-up check lists that are filled in at specified intervals after the LLITNs are distributed. This will be extended to follow-up with pregnant women and their families to see if they have attended ANC (though they have a right to refuse to go), whether they have received IPTp and LLITNs as part of the ANC visits and if they are sleeping under the nets.

#### *Linkages through the Anglican Church and other Churches*

##### *Priest/Pastor training*

Under the current Uige NetsforLife program, priests and pastors are trained using the NfL training curriculum. This will continue and expand to include seeking IPTp and ACT services through health centers. The Kikongo translation of the manual is highly desired because priests in the more remote rural areas do not speak Portuguese well. Pastors and priests will also be involved as stakeholders in planning community mobilization activities and their ideas for approaches for overcoming obstacles to the desired behavior changes will be solicited.

##### *Through Mothers' Unions*

Through the existing 20 Mothers' Unions in Mucaba, the updated NfL malaria curriculum will be adapted for the education and background of the mothers and grandmother member of the unions. Grandmothers are enthusiastic members of the unions and are very influential in household child care behaviors.

##### *Behavior Change/Communication for Malaria and Child Health*

Local drama and song in Kikongo will be developed through the project community groups who will train peer community groups in these methodologies. Adapted NMCP and PMI materials will be translated. UNICEF, WHO, PMI and NMCP will be requested to provide financial and technical support for these materials as their benefit reach beyond the Mucaba Municipality of Uige Province.

The development of the messaging will be guided by a Behavior Change and Communication Coordinator.

The project community implementation structures allow for delivering the same information and promotion through multiple communication channels. This has proven to be the most effective approach to changing health behaviors at community levels in many other programs in rural Africa. Based on the lessons learned already by NfL in Uige, this is thought that this will be an extremely effective approach.

#### *Local NGOS*

Five Angolan NGOs working in Uige Province were interviewed in the process of the proposal design. All have experience in certain aspects of community mobilization and empowerment. None are currently working in Mucaba Municipality, but all of the groups were interested in participating in malaria community mobilization activities in the municipality. No selection or commitments were made yet, pending an organizational capacity assessment at the beginning of the program.

#### *Radio Messages*

Radios are available in most of the rural areas in Uige Province, though not every family has one. Generally, people gather around to listen to one radio. One hindering factor is that radios are largely controlled by the men, so programming has to be of interest to them as well. NetsforLife currently sponsors malaria messages about using nets. NfL - Mucaba will provide additional malaria behavior promotions, LLITNs usage by the biologically vulnerable, on care-seeking for ACTs, and ANC attendance for nets and IPTp in both Portuguese and Kikongo.

#### *Strengthening and extending MINSA's malaria services through outreach to communities*

The only service-delivery of these new measures in the project will be done at the Anglican-MINSA health center in Mucaba that is already delivering curative health services using MINSA staff, and is already included in MINSA's plans for IPTp and ACT case management services. Staff will also be receiving training in first line health facility IMCI as well as focused ANC services.

Angola does not currently have an official Strategie Avancee, or a Mobile Health outreach, but it is being considered by the national MINSA. The NfL-Mucaba project will use the synergy of the immunization outreach to extend coverage. A MINSA and NfL team will use motorbikes provided by the project to go to the MINSA health posts and will be able to reach those underserved communities that have no access to health facilities.

#### *Communication linkages to NMCP, USAID/ PMI at the Provincial and National Level*

NfL- Mucaba Program Director will be the direct contact with PMI, NMCP and for technical issues with USAID. He will also participate in the NMCP Malaria Partners Task Force and be an advocate for Uige Province when new NMCP, UNICEF and other malaria partners undertake programming in selected provinces. He will also be the liaison with the church's NGO Anglican Action for Community Development and Assistance (AACDA)

for malaria and maternal/child health. Direct communication from Mucaba through Uige Province and to the NMCP will help in assessing the impact of PMI efforts at the beneficiary level. Additional information of communication through the program Monitoring and Evaluation system are included in that section of the proposal.

As a PMI partner, NfL- Mucaba will meet with USAID's PMI and procurement offices annually for workplan approvals and other program-related implementation guidance. Reporting will be done in accordance with the PMI reporting schedule. (See project workplan.)

Logistics and commodities from Luanda to Uige are the responsibility of the NMCP and PMI is assisting them through other partners. It will not be a focus of the NfL- Mucaba program. NfL- Mucaba will help local authorities to advocate for malaria services to Uige Province and Mucaba, Uige and Songo municipalities with the national government. They will also provide valuable monitoring feedback on the extent that services are reaching the community and municipality levels.

#### *Program Strategy integration with NMCP and PMI and the National Malaria Strategic Plan*

Although Uige Province is included in MINSA target malaria provinces, some PMI/NMCP initiatives targeting certain priority provinces do not include Uige. In addition, the NMCP acknowledges the logistic problems in getting malaria commodities from Luanda to Uige city and from Uige city out into the municipalities. The Global Fund is providing support to the NMCP to improve logistics and commodity transport and USAID's RPM plus project is providing support to improve the rational use of pharmaceuticals. Hence, to some extent, the success of community-based initiatives in meeting PMI indicators will be dependent on the other PMI and NMCP activities in the country.

Uige NMCP and MINSA representatives enthusiastically endorsed extending programs to Mucaba because they acknowledge that MINSA services there are weak, there are extreme accessibility problems and there are no other NGOs working there. In Mucaba, local government authorities in planning, development and health were very supportive of the proposed program plan.

## **5. MONITORING AND EVALUATION**

**Monitoring** is the *routine tracking* of the key elements of program performance through record keeping, regular reporting, sentinel systems and periodic community surveys. Monitoring assists program managers to determine which areas require greater effort and improvements. Data collected through the programs monitoring system will be used to: 1) collect, process, analyze and manage community malaria data; 2) verify whether activities have been implemented as planned to ensure accountability and address problems that have emerged in a timely manner; 3) provide feedback to data providers and relevant authorities to improve future planning; 4) document

periodically whether planned strategies have achieved expected outcomes and contributed to achievement of the established goal (impacts). Annex C provides a diagram of the NetsforLife-Mucaba monitoring and evaluation processes.

**Baseline and Endline studies**

PMI/NMCP is conducting national level studies on the major PMI indicators. One such survey was conducted in 2006. Preliminary findings from this survey are included in Annex D. NetsforLife-Mucaba will conduct community population based studies at the beginning and end of the program using a 30-cluster modification of the USAID PVO Child Survival and Health **Knowledge, Practice and Coverage (KPC)** malaria module, with some additional Community IMCI and ANC questions added. Quality assurance and progress towards project goals and objectives will be monitored by measuring specific indicators using the **Lot Quality Assurance Sampling methodology**. Technical assistance to NetsforLife-Mucaba will be required to perform these assessments and provisions have been made in the budget for this assistance, which is available in Angola due to the work of the CORE group Polio program and other PVO/NGO programs in the country.

**Routine reporting systems**

**Quarterly reports** are the main instruments conceived to track information about the inputs, process and outputs. This report is developed from the **monthly reports** coming from the project Coordinators in the field. **House Monitoring Report** is provided by the activists on a regular base. Information from the District Health Coordinator on prevalence of cases suspected and confirmed is tracked by **Case Information Report**.

Data related to the outcome and impact evaluation will be collected through the Base Line Studies and subsequent analysis of field program reports in a period of 6, 12 and 24 month after the begin of intervention and compared to national surveys conducted by the NMCP and PMI.

**Sources of Information and methods of collection.**

Source of Information	Type of Information	Data Collection Points	Data Collector	Frequency	Data Collection Ways and Comments
Community	Base Line Data collected in house to house visits	Community/ Household	District Health Coordinator	Once	Community survey conducted before the implementation of activities.

					Data collection coordinated by Country Project Director with a possibility of external intervention
Community	Household surveys	Community/Household	District Health Coordinator	6, 12, 24 month	Household surveys are done after the implementation of the project to assess progresses and evaluate outcomes
Community	Report on sensitization, educations, training and nets distribution activities  Report on nets use and on identified Malaria suspect or confirmed Cases in the community	Household	District Health Coordinator	Weekly	Information is sent to district coordination. Malaria Agent use the Weekly information spreadsheet.  <b>Active supervision</b>
Community	Report of Community Malaria Comities on how project progresses and improvement situation	Community meeting	Regional Project Supervisor	Two times a year	Information is recorded by the regional coordinating team
District Level	Detailed report on sensitization	From field weekly	Regional Project Supervisor	Monthly	Information is sent to country

	, educations, trainings, nets distribution and follow up activities	reports	r		coordinatio n. District Project Coordinator use the Monthly information spreadsheet to send data, progress records, constraints and proposals <b>Active Supervision</b>
Country Level	Detailed report on sensitization , educations, training, nets distribution and follow up activities, progresses toward the Country Action plan.	From the field monthly Reports	Country Project Directors	Quarterly	Project Director will make an executive descriptive and analytic quarterly report with inclusion of all quantitative stratified and qualitative data tracked during the reported period. Monthly information spreadsheet to send data, progress records, constraints and proposals <b>Active</b>

					<b>supervision</b>
	Malaria Round Tables	Meeting	Country Project Director	Annual, or as requested by PMI/NMCP	Malaria round table tracks progresses, and constraints and proposes plan alterations or adaptations
ERD PMI Program Management	Consolidation of a summary report on sensitization, educations, trainings, nets distribution and follow up activities, progresses toward the Angola Country Action plan.	Quarterly Reports	PHC-Officer Malaria M&E consultant Project M&E officer	Quarterly and whenever possible	M&E team works in different geographic points (NY/Africa). The follow up of the Countries is divided according to supervision plan  <b>Active supervision</b>
	Information on the outcomes and qualitative changes in the communities	Baseline and Household surveys reports	PHC-Officer Malaria M&E consultant Data Manager	When done	To assess the achievement and contribution toward national and global goals
MHIS (Municipality Health Information System)	OPD cases In-patient cases Malaria Deaths Drug stock-outs IPT for Malaria in pregnancy	Health facilities Municipal, Provincial and National MINSA Director	Project Coordinator	Quarterly	Project coordinator receives data from M&E officer, analyzes it and forwards it to MINSA,

	Net availability	s			NMCP, PMI and other partners to monitor the epidemiological trend in the region
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*Information Flow*

Data flows from the District Health Coordinator to the Municipal Supervisor to the Project Coordinator at the Provincial Level. It is also shared at the local level with the Municipal Health Director and local municipal, church and community leaders. The same information will be provided to the Development Director and shared with the AADCA in Luanda. Quarterly feedback on progress towards malaria objectives will be provided to communities through Mothers' Union and the activists. These will be followed by community discussion on ways to overcome barriers to meeting program indicators as well as lessons learned to inform other community-based malaria programs

**Progress measuring (Mapping)**

Definitions within the context are: 1)**Development impact:** generally thought of as significant and lasting changes in the well-being of large numbers of intended beneficiaries; 2)**Outcomes:** changes in the behaviour, relationships, activities, or actions of the people, groups, and organizations with whom a program works directly; 3)**Boundary partners:** those individuals, groups, and organizations with whom the program interacts directly and with whom the program anticipates opportunities for influence.

Quality assurance, program progress and internal performance will be tracked by clarifying what the project plans to accomplish, with whom, and how through **Outcome Mapping**. This is a method for monitoring changes in the partners and in the program as an organization. It encourages the program to look regularly at how it can improve its performance and evaluate intended and unexpected results. Outcome mapping focuses on outcomes, instead of impacts. Emphasis is on changes in behaviour of boundary partners.

**Outcome Mapping**

<p><b>VISION:</b> The Change of behavior, practices and attitudes in the community at the end of the road is an determinant factor toward effective disease prevention and sustainable development</p>
<p><b>MISSION</b> NfL- Mucaba project aims to prevent malaria transmission in the remote communities, supplying preventive tools and promoting malaria preventive behaviors that leads to individual (vulnerable people),</p>

collective and environmental health.	
<b>Boundary Partner 1.</b>	<b>Outcome 1</b> 85% of households with children under 5 or pregnant women in the community covered own at least 1 LLITN
	At least 85% of those at risk of malaria, particularly pregnant women and children under 5 years of age sleep under an insecticide impregnated net the night before
	<b>Outcome 2</b> 85 % of child caregivers in the community recognize at least 2 danger signs of malaria
	85% of children under 5 or pregnant women with danger signs of malaria receive treatment with an appropriate antimalarial (as defined by NMCP policy) within 24 hours of onset of symptoms
	<b>Outcome 3</b> 85% of pregnant women will know that they should attend at least 3 antenatal visits to receive health services to prevent malaria and protect them and their babies
	85% of pregnant women attending prenatal care in the community receive at least 2 doses of IPT

#### **Time frame for M&E Measurements**

The following reporting schedules are suggested the basic monitoring and evaluation components: Input indicators, continuously; Process indicators, quarterly and Outcome indicators at 6 months, 12 months, 24 months, then yearly and at the end of the program.

#### **Capacity Building in M&E**

The Swiss Tropical Institute and NetsforLife's International Program has provided regular capacity building to their M&E team and partners. This will be extended to the new partners in the NfL- Mucaba program in Mucaba and in other areas where ERD and the AACD are working in Uige Province. This will facilitate the development and strengthening of existing M&E systems to support the accomplishment of the M&E plan. The strategy will include institutional capacity building, strengthening of existing structures and system, building linkages with ongoing systems, and development of procedures and guidelines for implementation. Measures to assure the long-term sustainability of a good malaria control M&E system will include technical guidance.

## **6. MANAGEMENT PLAN & WORK PLAN**

*ERD Headquarters in the US*

The Vice President of Programs at headquarters has oversight and responsibility for all ERD's programs and will supervise this project. The grants officer at headquarters will provide training and support for the team particularly in USAID financial reporting requirements and grow headquarter's capacity for future USG grant applications. The communications officer will 'tell the story' of NfL-Mucaba and through the grass root networks of ERD's supporters in the USA. The NetsforLife program officer is based in New York and has technical responsibility for all sixteen country programs. He is a MD, MPH with extensive experience in maternal child health in Africa, and he will be closely involved in NfL-Mucaba and apply lessons learned from each of the NfL programs to refine best practice and increase impact of the Mucaba program. ERD's office in New York will manage the Cooperative Agreement and will be responsible for all financial and administrative reporting to USAID in Washington.

By September 2007, the Development Office of the Anglican Church Angola (AACDA) will be a separate, registered NGO. Mario dos Santos is the current Director of Development and will head the new NGO reporting to Bishop Soares. He has overall responsibility for the existing NetsforLife program. Mario is accountable for all the resources, management of the staff, and delivery of the programs. He reports quarterly to donors with details of program operation against plan. He will facilitate the logistics and communications in Luanda in support of the NfL- Mucaba program. He will be supported by an Administrative Assistant in the Luanda office. The Program Director NfL-Mucaba in the Uige office will be the main contact between USAID/PMI in Angola.

Dr. Matondo Alexandre, the proposed Project Director is an experienced MD, MPH who comes from Uige Province. He was the former Director of the Uige Provincial Hospital as well as the UNICEF field office representative in Uige Province. He has eight years of experience working in malaria and has managed the NetsforLife program in Uige and Cunene as well as provided monitoring and evaluation guidance to NetsforLife in other African countries. He will be based in Uige. He speaks, reads, and writes Portuguese, English, German, French and the local language Kikongo. He will represent the NfL-Mucaba program with USAID/PMI and in national collaboration meetings with the NMCP and partners. In 2007 he will be a certified as a trainer in ACT malaria case management by the NMCP. He will be supported at the headquarters level by Dr. Stephen Dzisi, an experienced MD international health/tropical medicine specialist who oversees the global Nets for Life Program. CVs for Drs. Alexandre and Dzisi can be found in Annex E.

The Uige office will have a BCC Coordinator with a strong background in education and adult learning as well as field experience in public health programs in Angola, preferably in Uige Province. He/she will be responsible for all the workshops and training materials development. The *District Health Coordinators* will be based in the municipality and will have a health background as well as supervisory experience at the

field level. They will supervise the *Volunteer Activistas* who are the direct household and community mobilizers.

The first three months of the project will be devoted to establishing an office in Uige, hiring staff, procuring and registering vehicles, and organizing baseline assessments and conduct stakeholder planning meetings. After the baseline assessments are completed early in the second quarter, a series of stakeholder workshops and consultations with NMCP, PMI, UNICEF, WHO, MINSA, local NGOs and other members of the Uige Province malaria community will collaborate to develop a detailed workplan for submission to USAID.

*Communications Plan for NMCP, USAID/Angola and PMI*

ERD's NetsforLife team met with representatives of the NMCP, PMI, UNICEF both in Luanda and Uige Province before writing the proposal. Dr. Alexandre is already a member of the NMCP malaria technical group and NfL-Mucaba will be a member of the new NMCP partners group that is expanding to include NGOs. Dr. Alexandre is already involved in the training plan for introducing ACT case management to Uige Province. After the grant is awarded, Dr. Alexandre and Mr. Dos Santos will meet with USAID/Angola, PMI and NMCP to agree on collaboration in developing the Detailed Implementation Plan (workplan). Dr. Alexandre will travel to Luanda for malaria partner's meetings and consultations with PMI and NMCP each month. The NfL offices in Luanda and Uige will upgrade internet/e-mail and telephone communications capacity to facilitate contact and communication between NfL-Mucaba and USAID/PMI in both places.

**ATTACHMENT C**  
**BRANDING STRATEGY & MARKING PLAN**

## USAID/Organization Marking Plan

**Date Submitted:** August 31, 2007

### **Applicant Information:**

Office: Episcopal Relief and Development

Contact Person: Abigail Nelson

Contact Phone Number: 212 716 6139

Contact E-mail: anelson@er-d.org

### **For a New Award:**

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

USAID Solicitation Name (if applicable): Nets for Life Mucaba

## **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:

- PMI will be credited during all radio announcements, and other public service programming included within the sensitization and training workplan.
- Any materials adapted or translated by Nets for Life Mucaba for sensitization and training with contain PMI logos.
- The NetsforLife Mucaba office will print leaflet news letters semi annually. These news letters will contain the PMI logo amongst other sponsors.
- Information products are primarily sourced by PMI and multilateral partners through the Ministry of Health and NMCP. We anticipate the materials provided to feature the PMI logo.

### **C. Events**

- Training workshops

More information:

- During workshops, a PMI logo will be present on all marked promotional and informational materials.
- In addition, we expect all workshop participants to receive T-shirts featuring the PMI logo.

Program launches and Annual Events

- The program launch, and National Malaria Day celebrations will feature banners, and other visuals where PMIs logo will be features amongst those of additional Nets for Life Mucaba sponsors.
- PMI local, regional, and national officials will be invited to any and all launches and high visibility events.

**D. Commodities**

- Equipment (non Administrative)
- Program Materials (non Administrative)

More information:           None

**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:

- Vehicle
- Motorbikes
- Bicycles
- Office space

Presumptive Exception Requested - Reasons:

- PMI is not charged for vehicle or motorbike costs in the budget.
- PMI is charged for 7 bicycles.

- ERD has the operational practice of marking vehicles in the name of local implementing partner only. This is to increase visibility of local partner in serving its communities. We request that this policy stands for bicycles costed to PMI, as well as for motorbikes and vehicles costed to ERD.
- The office space will be built by ERD for use by local partner. ERD is incurring 100% of the office space costs (line 70 of budget), and we request office signage name the local implementing partner only.

**Table: Summary of Marking Strategy**

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	When Marking will take place
<b>Objective 1: Community Sensitization and Behavioral Change</b>					
Malaria Trainings	Translated Pamphlets	Logo	Ink Stamps	Bottom Left	TBD
Malaria Trainings	T Shirts	Logo	Silk Screening	Back Bottom	TBD
Malaria Trainings	Radio Messaging	Bed net use Announcement	Voice	Following message	TBD
Malaria Trainings	Radio Messaging	Mosquitoes cause malaria Announcement	Voice	Following message	TBD
Ante natal Trainings	Radio Messaging	IPT Announcement	Voice	Following message	TBD
Ante natal Trainings	Radio Messaging	Visit health facility announcement	Voice	Following message	TBD
Post natal Trainings	Radio Messaging	Protect your baby announcement	Voice	Following message	TBD
Supervision Reporting - Communication	BCC Trainer Coordinator In formal written reports including photographs				

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	When Marking will take place
<b>Objective 2: Events, Promotions, Celebrations</b>					
Trainings	T shirts	Logo	Silk Screening	Back Bottom	TBD
Trainings	Banners	Logo	Silk Screening	Top Right	TBD
Supervision Reporting - Communication	Project Coordinator In formal written reports including photographs				

**Marking Plan Submitted By :**



Abigail F. Nelson

VP For Programs

Date: 8/31/2007

Office:

Episcopal Relief and Development

**Marking Plan Approved By (USAID):**

Printed Name

Signature

Date

Office

**ATTACHMENT D**

**STANDARD PROVISIONS**

## STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL ORGANIZATIONS

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

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

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

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

**[END OF PROVISION]**

### **2. *INELIGIBLE COUNTRIES (MAY 1986)***

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

**[END OF PROVISION]**

### **3. *NONDISCRIMINATION (MAY 1986)***

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

**[END OF PROVISION]**

### **4. *NONLIABILITY (NOVEMBER 1985)***

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

**[END OF PROVISION]**

**5. AMENDMENT (NOVEMBER 1985)**

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

**[END OF PROVISION]**

**6. NOTICES (NOVEMBER 1985)**

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

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

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

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

**[END OF PROVISION]**

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

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

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

**[END OF PROVISION]**

**8. SUBAGREEMENTS (June 1999)**

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

**[END OF PROVISION]**

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

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

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

<u>22 CFR 226</u>	<u>Burden Estimate</u>
22 CFR 226.40-.49 Procurement	

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

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

**[END OF PROVISION]**

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

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

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

- (vii) Fertilizer.

Prior approval will be deemed to have been met when:

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

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

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

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

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

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

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

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

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

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

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

**[END OF PROVISION]**

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

- a. The recipient agrees to notify the Agreement Officer immediately upon learning that it or any of its principals:
- (1) Are presently excluded or disqualified from covered transactions by any Federal department or agency;
  - (2) Have been convicted within the preceding three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;
  - (3) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b); and
  - (4) Have had one or more public transactions (Federal, State, or local) terminated for cause or default within the preceding three years.
- b. The recipient agrees that, unless authorized by the Agreement Officer, it will not knowingly enter into any subagreements or contracts under this cooperative agreement with a person or entity that is included on the Excluded Parties List System (<http://epls.arnet.gov>). The recipient further agrees to include the following provision in any subagreements or contracts entered into under this award:

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

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

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

**[END OF PROVISION]**

**12. DRUG-FREE WORKPLACE (January 2004)**

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

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

**[END OF PROVISION]**

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

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

**[END OF PROVISION]**

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

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

**[END OF PROVISION]**

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

**(a) Definitions**

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

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

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

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

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

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

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

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

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

**(b) Marking of Program Deliverables**

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

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

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

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

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

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

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

**(c) Implementation of marking requirements.**

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

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

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

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

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

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

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

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

**(d) Waivers.**

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

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

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

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

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

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

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

**[END OF PROVISION]**

**16. REGULATIONS GOVERNING EMPLOYEES (AUGUST 1992)**

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

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

**[END OF PROVISION]**

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

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

**[END OF PROVISION]**

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

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

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

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

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

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

**[END OF PROVISION]**

**19. INTERNATIONAL AIR TRAVEL AND TRANSPORTATION (JUNE 1999)**

a. PRIOR BUDGET APPROVAL

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

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

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

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

b. NOTIFICATION

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

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

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

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

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

c. SECURITY ISSUES

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

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

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

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

e. THE FLY AMERICA ACT

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

f. COST PRINCIPLES

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

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

g. SUBAWARDS.

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

**[END OF PROVISION]**

**20. OCEAN SHIPMENT OF GOODS (JUNE 1999)**

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

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

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

**[END OF PROVISION]**

**21. LOCAL PROCUREMENT (April 1998)**

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

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

**[END OF PROVISION]**

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

## Requirements for Voluntary Sterilization Programs

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

## Prohibition on Abortion-Related Activities:

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

## **23. PUBLICATIONS AND MEDIA RELEASES (MARCH 2006)**

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

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

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

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

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

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

**[END OF PROVISION]**

**24. *PARTICIPANT TRAINING (April 1998)***

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

**[END OF PROVISION]**

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

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

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

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

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

d. Risk of Loss:

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

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

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

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

**[END OF PROVISION]**

**26. PUBLIC NOTICES (MARCH 2004)**

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

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

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

**[END OF PROVISION]**

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

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

**[END OF PROVISION]**

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

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

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

**[END OF PROVISION]**

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

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

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

**[END OF PROVISION]**

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

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

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

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

**[END OF PROVISION]**

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

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

**[END OF PROVISION]**

**32. CONDOMS (JUNE 2005)**

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

[http://www.usaid.gov/our\\_work/global\\_health/aids/TechAreas/prevention/condomfactsheet.html](http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html)

**[END OF PROVISION]**

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

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

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

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

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

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

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

**[END OF PROVISION]**

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

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

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

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

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

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

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

**[END OF PROVISION]**

**ATTACHMENT E: ENVIRONMENTAL COMPLIANCE DETERMINATION**

**INITIAL ENVIRONMENTAL EXAMINATION  
SUMMARY AND SIGNATURE PAGE**

**PROGRAM/ACTIVITY DATA:**

**Program/Activity Number:** (TBD)

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

**Program Title:** Malaria Communities Program (MCP)

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

**IEE Amendment (Y/N):**   N  

**Current Date:** March 19, 2007

**ENVIRONMENTAL ACTION RECOMMENDED:**

Categorical Exclusion:      X              Negative Determination:   X  

Positive Determination:                   Deferral:       

**ADDITIONAL ELEMENTS:** (Place X where applicable)

CONDITIONS   X  

**SUMMARY OF FINDINGS:**

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

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

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

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

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

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

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

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

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

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

**APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:**

**CLEARANCE:**

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

Approved: \_\_\_\_\_x\_\_\_\_\_

Disapproved: \_\_\_\_\_

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

**ADDITIONAL CLEARANCE FROM AFR REGIONAL BUREAU:**

Africa Bureau Environmental Officer \_\_\_\_\_ signed 3/22/07

## INITIAL ENVIRONMENTAL EXAMINATION

### PROGRAM/ACTIVITY DATA:

**Program/Activity Number:**

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

**Program Title:** Malaria Communities Program (MCP)

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

**IEE Amendment (Y/N):**   N  

**Current Date:** March 19, 2007

## 1.0 BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

### 1.1 Purpose and Scope of IEE

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

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

### 1.2 Background

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

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

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

### **1.3 Description of Activities**

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

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

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

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

## 2.0 COUNTRY AND ENVIRONMENTAL INFORMATION

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

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

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

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

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

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

**The Africa Bureau has prepared a document entitled *Programmatic Environmental Assessment for Insecticide-treated Materials (PEA ITM) in USAID Activities in Sub-Saharan Africa*, which describes the risks associated with the use of ITMs, including bednets and curtains. Health and environmental risks from the use of ITMs include potential exposure of humans and the environment during production, distribution, storage, use, and disposal of pesticides, and a certain amount of exposure of persons using ITMs to pesticide vapors released from the materials. The CTO must work with the PMI country teams and the MCP implementing partners to ensure that the risks to humans and the environment are minimized, and that adequate safety precautions are observed, by following the guidance provided in the PEA ITM which can be found on the web at [http://www.afr-sd.org/documents/iee/docs/32AFR2\\_ITM\\_PEA.doc](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.”<sup>i</sup>

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

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

**Table 2. Summary of Environmental Determinations and Conditions**

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

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
<p>1. Support for distribution and promotion of correct and consistent use of insecticide treated nets (ITNs) in both routine and campaign settings in order to increase the overall number used by pregnant women and children under five</p> <p>2. Partner in the promotion and implementation of bednet retreatment campaigns</p> <p>3. Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs</p>	<p>Negative Determination with Conditions 22 CFR 216.3 (a)(2)(iii)</p> <p><b>Deferred:</b> 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 <a href="#">Programmatic Environmental Assessment for Insecticide-Treated Materials in USAID Activities in Sub-Saharan Africa</a> .</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 (<a href="http://www.encapafrica.org">www.encapafrica.org</a>) and utilize the Minimal Program Checklist (Annex A).</p>

#### 4. MONITORING AND COMPLIANCE ASSURANCE

##### Monitoring and compliance measures

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

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

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

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