USAID
FROM THE AMERICAN PEOPLE

Jennifer Wenborg
HealthPartners, Inc.
8170 33rd Avenue South
Bloomington, MN 55425
USA

Reference: Malaria Communities Program RFA: USAID M/OAA/GH-08-147

Subject: Cooperative Agreement No. GHS-A-00-08-00005-00

Dear Ms. Wenborg:

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 HealthPartners Uganda hereinafter referred to as the "Recipient", the sum of $1,290,000.00 to provide support for a program in Uganda as described in the Schedule of this award and in Attachment B, entitled "The Uganda Health Cooperative Malaria Communities Program."

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, 2008 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 HealthPartners, Inc., on condition that the funds will be administered in accordance with the terms and conditions as set forth in Attachment A (the Schedule), Attachment B (the Program Description), Attachment C (Branding Strategy and Marking Plan), Attachment D (Standard Provisions), and Attachment E (Initial Environmental Examination), all of which have been agreed to by your organization.

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

Sincerely,

Jamie Alissa Beck
Agreement Officer
USAID
30 September 2008.

Attachments:

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

ACKNOWLEDGED:

BY: Jennifer Weinberg
TITLE: Uganda Program Manager
DATE: September 30, 2008

A. GENERAL

1. Appropriation:	
2. Amount Obligated this Action:	$550,000.00
3. Total Estimated USAID Amount:	$1,290,000.00
4. Total Obligated USAID Amount:	$550,000.00
5. Cost-Sharing Amount (Non-Federal):	$270,900.00
6. Activity Title:	The Uganda Health Cooperative Malaria Communities Program
7. USAID Technical Office:	GH/HIDN/ID
8. Tax I.D. Number:	41-0797853
9. DUNS No.:	797053212
10. LOC Number:	N/A

B. SPECIFIC

For AID/W Actions:

1. Budget Fiscal Year:	2008
2. Operating Unit:	GH/HIDN
3. Strategic Objective:	A11
4. Distribution:	936-3100
5. Management:	A049
5. Benefiting Geo Area:	617
6. SOC:	4100201
7. Obligated Amount:	$550,000.00

C. PAYMENT OFFICE

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

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ATTACHMENT A THE SCHEDULE

A.1 PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide support for the program described in Attachment 2 to this Cooperative Agreement entitled "The Uganda Health Cooperative Malaria Communities Program."

A.2 PERIOD OF COOPERATIVE AGREEMENT

The effective date of this Cooperative Agreement is September 30, 2008. 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 $1,290,000.00.

2. USAID hereby obligates the amount of $550,000.00 for program expenditures during the period set forth in A.2 above and as shown in the Budget below. The Recipient will be given written notice by the Agreement Officer if additional funds will be added. USAID is not obligated to reimburse the Recipient for the expenditure of amounts in excess of the total obligated amount.

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

A.4 COOPERATIVE AGREEMENT BUDGET

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

TOTAL BUDGET
9/30/2008 to 9/29/2012

Cost Element	**USD**
Direct Costs	$1,290,000.00
Indirect Costs	$ -0-
Total Federal	**$1,290,000.00**
Cost Share	$270,900.00
Total Program	$1,560,900.00

A.5 REPORTING AND EVALUATION

1. **Financial Reporting**

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

2. **Program Reporting**

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

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

3. **Final Report**

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

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

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

A.6 INDIRECT COST RATE

No indirect costs have been proposed under this Agreement.

A.7 TITLE TO PROPERTY

Property Title will be vested with the Cooperating Country.

A.8 AUTHORIZED GEOGRAPHIC CODE

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

A.9 COST SHARING

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

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

A.10 SUBSTANTIAL INVOLVEMENT

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

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

b. approval of specified key personnel assigned to the position listed below. All changes thereto must be submitted for the approval by the Cognizant Technical Officer;

Title: Project Director

c. approval of monitoring and evaluation plans, and USAID involvement in monitoring progress toward achieving expected results and outcomes;

d. concurrence with the selection of sub-award recipients.

A.11 PROGRAM INCOME

The Recipient shall account for Program Income in accordance with 22 CFR 226.24 (or the Standard Provision entitled Program Income for non-U.S. organizations). Program income is not anticipated under this Program; but, if accrued, shall be added to the Program.

A.12 SPECIAL PROVISIONS

A.12.1 USAID DISABILITY POLICY (DEC 2004)

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

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

A.12.2 EXECUTIVE ORDER ON TERRORISM FINANCING (FEB 2002)

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

A.12.3 FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JAN 2002)

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

A.12.4 NON-FEDERAL AUDITS

In accordance with 22 C.F.R. Part 226.26 Recipients and subrecipients are subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–7507) and revised OMB Circular A–133, "Audits of States, Local Governments, and Non-Profit Organizations." Recipients and subrecipients must use an independent, non-Federal auditor or audit organization which meets the general standards specified in generally accepted government auditing standards (GAGAS) to fulfill these requirements.

A.12.5 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 serviced rendered by the Recipient will be on a reimbursable basis during this period until the system is deemed adequate for government contracting.

A.12.6 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.12.7 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

Executive Summary

HealthPartners and its NGO affiliate, the Uganda Health Cooperative propose an innovative program strategy that links malaria reduction interventions to building local capacity and ownership of a sustainable system for community based malaria prevention and treatment activities. The Uganda Health Cooperative Malaria Communities Program (UHC/MCP) goals are 1) to deliver a package of effective and appropriate core interventions that promote positive behavior change and prevent and treat malaria; and 2) to achieve rapid and sustainable high coverage levels for this intervention package.

The proposed UHC/MCP location is Bushenyi district in Southwestern Uganda. The program would begin October 2008 and end September 2012. The UHC/MCP funding request is for $1,290,000 with a cost share of $270,900. Of the 731,392 total population of Bushenyi, district[i], UHC/MCP will follow the MOH/NMCP strategy developing networks linking the DHT to HWs and HWs to CMDs, training 2 CMDs per village directly reaching 160,906 WRA including 12,068 WRA living with HIV/AIDS; and 124,599 children under five. UHC/MCP will reach 731,392 beneficiaries including men, women, children and the poorest of the poor.

The objectives of the UHC/MCP program are to 1) Increase proportion of pregnant women and CU5 that sleep under and ITN every night; 2) Increase the proportion of pregnant women receiving 2 or more doses of SP for IPTp during their pregnancy; 3) Increase the proportion of CU5 with suspected malaria receiving treatment with an ACT within 24 hours of onset of symptoms; and 4) Build sustainable, local organizational capacity to reduce malaria and to manage health schemes.

UHC has been helping indigenous CBO, FBO, school, and employer groups partner for prepaid health care coverage in collaboration with local health care providers since 1997. HealthPartners Child Survival grant expanded the impact of the health cooperative to: support MOH training of trainers for the DHT and health providers; and to facilitate DHT and community group election of volunteers to learn BCC strategies in order to provide sustainable mobilization at the community level for improved health practices. The proposed UHC/MCP interventions build on this collaborative community-owned strategy, expanding the local network by county in phases using MOH/NMCP policies, resources and training guides, and incorporating lessons learned from monitoring and stakeholder input in program planning for each consecutive phase.

UHC/MCP would work under the leadership of the USAID Mission, within the guidelines of the UMCSP 2005/6-2009/10, filling the gaps of the PMI endorsed Uganda malaria operational plan FY08 working with partners at the community level through CMD training and support supervision for expansion of the new HBMF program and providing IEC/BCC on ITN use and the importance of IPTp, learning malaria warning signs and the need for early treatment. Gaps that will be filled at the provider level include integrating supportive supervision for ANC workers, training on the use of severe malaria drugs and the new NMCP malaria treatment policy, improved stock management of malaria drugs, and provision of safe water, ANC and HBMF registers. Both community and provider level intervention packages include improved, sustainable monitoring and tracking systems according to NMCP policies.

Organizational Capacity and Past Performance

HealthPartners' mission is to improve the health of our members, our patients and the community. Our vision is to be the best and most trusted provider of health care, health promotion, health care financing and health care administration in the country. HealthPartners goal is to set the standard for the successful integration of medical best practices with health care, disease prevention, health promotion, patient empowerment, patient service and the provision of affordable care and coverage.

HealthPartners has been a cooperative-based, consumer-governed health care provider in Minnesota since 1957. HealthPartners includes five non-profit entities that provide health care services, insurance and health plan coverage to 670,000 members. HealthPartners has 50 primary care, specialty care and dental clinics, and a regional medical center with more than 10,000 employees. HealthPartners has long-term contractual relationships with approximately 70 medical groups at more than 700 sites totaling over 7,000 health care providers in the U.S. Midwest Region. HealthPartners has an annual budget of about $2.1 billion in revenues with about $7.2 million in domestic U.S. government and foundation grants of which $130,000/year is from USAID cooperative development program and $250,000/year is from USAID Child Survival and Health Grants Program.

Collaboration with a wide range of partners is the basis of a sustainable network and is integral to HealthPartners strategy. UHC will build on the partnerships that have been developed through their programs and will expand them in Bushenyi following the NMCP strategy under the leadership of the USAID Mission with substantial involvement from PMI and MOH/NMCP including approval of annual work plans, M&E plans, and key personnel. UHC/MCP and its partners will follow the three ones principle embracing standard data collection, dissemination and coordinated coverage.

UHC collaborations are in-kind with payment for individual materials or services but not through subcontracts. Key partners for UHC/MCP capacity building, sharing data and collaboration include the Uganda Community Based Health Financing Association (UCBHFA), Malaria and Childhood Illness NGO Secretariat (MACIS), Uganda Private Midwives Association (UPMA), Sunshine projects Ltd., Red Cross, Compassion International, and NUMAT –all of whom support MOH/NMCP with ITN distribution and IPT, IEC, BCC activities- and District officials, politicians and Local Council Chairmen, churches, schools, employer groups and community volunteers.

UCBHFA brings community-based health financing organizations together from across the country in order to share lessons learned and strengthen skills. UHC's director served on the UCBHFA board of directors for four years and UHC continues to be active members sending staff and stakeholders to UCBHFA training and tours to learn how other programs are managed. UHC staff will continue to attend regular MACIS meetings to collaborate on data collection and coverage, to learn the latest recommendations from lessons learned and to incorporate any changes to MOH/NMCP approved IEC materials. UPMA helped UHC plan, schedule and carry out training and support for midwives and will be an important partner in UHC/MCP for coordinating interventions and activities. Compassion International in Bushenyi is the negotiation process with UHC to provide membership coverage for their target populations; they will be an important collaborating partner for UHC/MCP activities as well. Red Cross, UPMA, MACIS, Sunshine project Ltd. and Compassion International have been and will continue to be key partners for collaboration on events like the health fairs, national malaria day events, and stakeholder workshops to disseminate lessons learned from monitoring and to help plan the way forward for the next phase.

These NGOs will also continue to play a role through capacity building, participatory planning and in reaching target communities. NUMAT is currently rolling out HMBF in Northern Uganda and will be an important collaborator for incorporating lessons learned as UHC/MCP follows their lead rolling out the NMCP HBMF cascade of trainings and sensitizations, support supervision and M&E in Southwestern Uganda.

District and political officials have requested to be included in participatory planning, health plan launch ceremonies and preventive health care events with UHC because they have found it raises their profile in the community, in turn their support provides important linkages in the community and lends to program credibility for potential beneficiaries/stakeholders. Churches, schools, employer groups, NGOs and community volunteers are the most important stakeholders because they are invested in improving the lives of their community and can continue to sustainably encourage behavior change. Leaders from these groups help plan interventions, select volunteers to attend training and then support volunteers by providing venues and marketing to ensure that their members attend mobilization sessions and benefit from key BCC.

UHC is and will continue to be co-located with Population Services International, sharing costs of security, transportation, computer training and other capacity building and for collaboration on procurement. UHC has developed and will continue strong partnerships with several officials at the MOH including Dr. Frederic Kato, Senior Medical Officer and NMCP focal person for malaria case management, Charles Kiberu Nsubuga, Chief Administrative Officer, Bushenyi Local Government and Dr. Ben Twetegire, the District Director of Health Services in Bushenyi, providing financial support for their training and supervision to build the capacity of HWs and CMDs and to improve stock management. UHC uses participatory planning and events to strengthen collaboration between MOH, HWs and the DHT, to share results of monitoring and evaluation and to incorporate lessons learned into work plans. UHC has MOU partnerships with six health care providers in Bushenyi and will continue to expand provider partnerships through UHC/MCP. Additionally UHC provides capacity building for providers on tracking data and using it to make results based decisions and to manage prepaid health schemes. In turn, providers offer health plan coverage and treatment to member groups and provide office space for UHC staff which helps facilitate communication between staff and community stakeholders.

UHC has 10 years of experience designing, implementing, monitoring and evaluating community-level public health programs. HealthPartners helped Ugandans establish the Uganda Health Cooperative (UHC), community-owned, prepaid health care in 1997, with funding from the USAID Cooperative Development Program (USAID/DCHA/PVC). UHC is consistent with HealthPartners' mission and vision to expand quality health services on a cooperative basis, and share its lessons learned to help save lives in Uganda as part of corporate social responsibility. UHC currently serves 6 providers and 4,000 members from 20 employer, CBO, NGO and school groups. Quarterly premiums and co-payment paid by members cover the cost of treatment with a portion of annual provider surpluses and membership fees deposited in a reserve fund. UHC is a registered NGO in Uganda (December, 2003) and was the first nationally recognized health cooperative registered in Uganda (September, 2006.) UHC is managed by a member-elected board of directors with mentorship from USAID program-funded, native Ugandan staff and HealthPartners U.S. backstop support.

UHC was designed to empower community groups to work together to improve their health. Through monitoring and community feedback, the need for preventive health education and

behavior change was evident early on. HealthPartners helped establish UCBHFA to support UHC and partnered with local NGOs to provide IEC. To reduce the high cost of malaria (both financially and physically) on the lives of Bushenyi residents, HealthPartners partnered with Commercial Market Strategies (Deloitte, Touche and Tohmatsu a PSI implemented project) to make ITNS available to members at a reduced rate subsidized by contracting providers. Providers were motivated to subsidize the nets because members fell sick less often. Nearly 7,000 nets were sold to health scheme members. The reduction in number of illness episodes among users and increased productivity was an important lesson in the fight against malaria.

Community-based, preventive health education promotes wellness, encourages early treatment (since it is pre-paid) and reduces costs to members and providers. Since the concept of health insurance is weak and services historically are paid when delivered, health education also encourages members to join schemes. Prepaid health care represents a significant behavioral change (focus on wellness and prevention), lessens reliance on herbs and traditional healers, and opens up minds for family planning and good sanitary habits. Through prevention initiatives such as safe birthing kits and subsidized ITNs[ii] to ward off mosquitoes, members receive benefits even if they are healthy and they are motivated to remain with the scheme.

In 2005, HealthPartners was awarded a Child Survival and Health Grant (USAID GHS-A-00-05-00031-00) to link child survival interventions to UHC prepaid health schemes with 50% focus on malaria reduction, 25% on reduction of diarrhea and 25% on improved maternal newborn care. This program was designed using the Child Survival Sustainability Assessment framework addressing community social, health service and local organizational dimensions with the latter being based on strengthening stakeholder capacity and ownership to maintain prepaid health schemes. Through this grant, UHC member groups and the DHT elected community volunteers, or CORP, to attend a series of BCC training and support, to bring key messages and IEC to the community. Churches and other FBO, CBO and NGO groups became regular venues for CORP BCC. An incentive program rewards CORP who reach large target audiences. Incentives are also provided for women who attend ANC when they receive their second dose of IPT and at the time of delivery for women who deliver with skilled birth attendants. To address the health services dimension, UHC worked to strengthen linkages between the MOH, DHT and HWs in the district using a train the trainer approach with frequent monitoring and supervision. ORS stations complete with clean water, storage, cups and ORS have been established at many provider sites to reduce barriers to offering this life saving service. UHC carried out barrier analysis with a team from the MOH in order to build MOH capacity and to help improve stock order management for the district.

Each dimension of the program includes a strong M&E component; CORP turn in feedback forms and sign-in lists tracking attendance at their sessions while HWs receive DHT support, supervision and follow up with MOH supported tools. The UHC Board of Directors uses a self assessment form to guide their annual work plans and to inform capacity building needs. Health scheme performance is tracked to ensure premiums and co-pay cover the cost of treatment and stakeholders are increasingly making their own results-based programmatic decisions to lead the cooperative. The program is being rolled out in phases by county with monitoring and stakeholder workshops at the end of each phase to incorporate lessons learned in participatory program planning for the next phase. Baseline, midterm and final monitoring using KPC, HFA and LQAS tools also informs program progress toward intermediate results and helps stakeholders determine the way forward.

From August 2006 to August 2007, 131 CORP turned in 19,652 signatures from pregnant women and WRA who attended their behavior change sessions. From the baseline study in January 2006 to the first phase-end monitoring assessments in February 2007, incidence of fever for children under 2 was reduced from 44% to 21%. The number of children who slept under an ITN the previous night increased from 32% to 35%, and the percentage of pregnant women who receive IPT during their last pregnancy increased from 27% to 68%[iii].

Malaria control interventions have been based on the Uganda National Malaria Control Policy and Initiatives, the Uganda Malaria Control Strategic Plans and Health Sector Strategic Plans. Mobilization training for CORP uses MOH/NMCP IEC materials and C-IMCI to educate target populations on how to use ITNs appropriately, such as how they should be hung, the importance of peak biting times and who should sleep under them. ITNs distributed by UHC are long lasting in order to reduce the need for retreatment.

Incentives greatly aid behavior change. To improve maternal malaria coverage, ANC demand and IPT uptake, UHC provides free safe birthing kits at the second administration of IPT. UHC provides free ITNS to women when they deliver their babies with skilled health professionals. In addition to monitoring results, the attached letter from Comboni hospital (Annex F) shows that deliveries in hospital increased as a result of this incentive. At the community level and through large targeted groups, UHC promotes demand for ITNs, and distributes them free to WRA and CU5 who are health scheme members. ITNs are subsidized for additional family members who join health schemes. UHC ITN distribution has been limited by funding and thus has been different from what it would be for UHC/MCP: free ITN distribution for all pregnant women and CU5.

Increasing proper care seeking behavior is addressed through monthly CORP mobilization including early recognition and care seeking for fever, compliance with prescribed treatment and knowledge of the location of HWs in case of severe disease. Children and pregnant women with malarial signs and symptoms need to receive prompt, appropriate care otherwise severe malaria may develop in a few days. UHC recognizes the importance of counseling and community-based health education programs to include recognition of early warning signs such as fever, loss of appetite, fatigue, etc. and the importance of continued feeding and increased fluids during and after illness. CORP-led sessions mobilize women on the importance of ANC and receiving IPTp at least 2 times during pregnancy. BCC addresses the need for women to retain maternal cards and works with support systems including men, and grandmothers (who have been found in qualitative studies to have the most impact on maternity decisions[iv]) to help increase maternal ANC and IPTp seeking behaviors. Promoting health plan membership within the community not only empowers the community to take responsibility and action for their health but it reduces maternal and child morbidity and mortality by increasing access to IPTp for pregnant women and reduces barriers to seeking early treatment for malaria for WRA and CU5.

The original program plan was to train CORP in the implementation of the HBMF in accordance with the UMCSP 2005/6-1009/10 however due to delays in the treatment schedule for the new drugs and issues surrounding packaging for age groups[v], this activity was delayed.

UHC promotes appropriate malaria recognition and case management at the provider level including the recent addition using MOH/NMCP developed treatment guidelines for training and supervision for the treatment of severe malaria. The approach focuses on standard care management addressing quality of care, access and demand. Quality of care is defined as appropriate assessment and

differential diagnosis, classification, treatment (and/or referral) and counseling. UHC also works with the MOH/NMCP to provide distribution of the most recent treatment guidelines for severe malaria treatment, and IMCI training and follow up including supervision of HWs. UHC is working to improve stock supplies of MOH/NMCP recommended anti-malarial drugs by supporting MOH stock supply training, supervision and monitoring.

UHC's director has worked with Dr. Fred Kato, the NMCP Senior Medical Officer, Mr. Paul Kagwa, Assitant Commissioner Health Services and Dr. Sam Okware, Commissioner of Health Services to discuss how UHC can fill the gaps of NMCP coverage in Uganda. On their recommendation and using their supported materials the UHC/MCP proposal builds on the existing health system, and political and community networks to rapidly scale-up malaria control interventions to reach every household in Bushenyi. Collaboration with these and other NMCP partners will be important for monitoring, data collection, dissemination and coverage.

The National Health Policy and the Health Sector Strategic Plans are implemented through partnerships within the broad framework of the Health Sector Wide Approach (SWAp) as defined in the MOU between government and development partners. UHC/MCP will work with SWAp and the Health Policy Advisory Committee (HPAC), the bi-annual joint review missions, the Health Sector Working Group and the Annual National Health Assembly who help to ensure coordination, continuity and regular reviews. **For past performance references see Annex D.**

Project Context/Description of Existing Gaps

Malaria is responsible for more illness and death than any other single disease in Uganda. Malaria is highly endemic in 95% of the country, representing approximately 90% of the population of 29.4 million.[vi] The 2005-2006 Uganda National Household Survey[vii] revealed that half of the population that fell sick reported malaria or fever as their major illness. It is estimated that a single case of malaria in Uganda costs a sum equivalent to ten working days.

According to the 2006 Uganda Demographic and Health Survey, household ownership of at least one ITN remains low at 16% and usage among CU5 and pregnant women is even lower at 10%. Although antenatal clinic attendance is high, only 18% of attendees completed the recommended two-doses of IPTp. The UDHS 2006 also reported that, of the more than 40% of children presenting with fever in the two weeks preceding the survey, only 29% had taken an antimalarial drug the same or next day.

Clinically-diagnosed malaria is the leading cause of morbidity and mortality; it accounts for 30-50% of outpatient visits at health facilities, 15-20% of all hospital admissions and 9-14% of all hospital deaths. Nearly half of hospital in-patient deaths among CU5 are attributed to clinical malaria. The infant mortality rate of 181 deaths per 1,000 live births in the Southwestern region of Uganda is the second highest in the country.[viii] A significant percentage of deaths occur at home and are not reported by the facility-based Health Management Information System. The NMCP estimates that the total number of fever cases for all ages was approximately 60 million in 2005. Based on epidemiological estimates, CU5 suffer from three episodes of malaria per year, and older children and adults suffer from two episodes per year. Of these cases, approximately 12 million were treated in the public and not-for profit sector.[ix]

Household surveys show that more than 90% of the population is aware of malaria and its dangers, particularly for the biologically vulnerable. More than 70% of households know what

interventions and measures should be taken with radio and HWs generally being the most important sources of information.[x] However families lack income for ITNS and early treatment seeking. Other obstacles include fears that ITNS suffocate those under them or may be toxic to humans. Reasons listed by women for not attending ANC include expense, lack of male support, lack of transportation and lack of privacy or respectful treatment in health centers.[xi]

Due to **household and care seeking behaviors** in the community, BCC strategies need to address support systems as well as those most directly impacted by malaria. Without male support, women will not likely receive IPT as the value of ANC is not recognized in southwestern Uganda. Similarly, men in these districts tend to be first priority for sleeping under ITNS because they are wage earners, leaving the more vulnerable pregnant women and CU5 without coverage. In order to successfully fight malaria, men, women and grandmothers must be included in interventions because while women are primary care takers, men tend to be the key decision makers and grandmothers hold much influence in addition to being care providers for children while mothers are in the field.

The formal health system in Uganda is stratified into the following categories: hospitals (district, regional and national levels), health center IV (health sub-district level), health center III (sub-county level), and health center II (parish level.) The Director of District Health Services is responsible for overseeing all facilities in the district, including those operated by non-for-profit organizations (mainly FBOs) and the private sector. Although not physical structures, the health center I is recognized as the community level which provides health services through volunteers and is increasingly organized as a "village health team." [xii]

Lack of human resources at health facilities has been a critical factor in the poor quality of health service delivery. According to the Resource Inventory of 2004, a total of 27,500 health workers were employed and 9,100 of these were in the not-for-profit private sector. In spite of this progress further qualified staff is needed, particularly in the area of laboratory diagnosis.[xiii]

Health care services in Uganda are either provided by government or non-profit hospitals and clinics. Government services in theory are free, but are often overcrowded and of poor quality. Residents prefer to utilize non-profit facilities but must be able to pay for services at the time of treatment, or can join prepaid schemes. The MOH requested input from UHC on its proposed structure for the National Health Insurance Bill, 2007. This document established parameters for health insurance for the formal sector and acknowledges the role of community health insurance to reduce gaps in coverage. If/when national health insurance becomes available in Uganda it will be in important step to making health care more affordable and accessible.

The NMCP, through the support of AFFORD, has been providing LLINs to pregnant women through ANC clinics in 24 districts in northern Uganda. ANC workers have also been trained to both explain the need for a LLIN and to demonstrate its proper use. There has been interest by the NMCP in expanding this strategy to more districts. [xiv] Low net utilization rates show that there is a great need for comprehensive and sustained national IEC/BCC campaigns. AFFORD has provided NMCP IEC materials to distribute to CMDs on the correct and consistent use of LLINS and developed a series of radio spots discussing ITNS. Since net ownership is increasing but usage is not, emphasis needs to be placed on BCC to increase the correct and consistent use of LLINs.[xv] In Bushenyi, current partners for ITN distribution and BCC on proper use include Compassion international, Abantu, UPMA, and the Red Cross. Sunshine projects LTD distributes IEC materials and contributes to ITN distribution and BCC in 2-3 counties. UHC distributes ITNS as incentives

for behavior change and trains community volunteers in BCC to reduce barriers to ITN use for pregnant women and CU5 but does not have resources for mass distribution and developing sustainable DHT-HW-CMD linked campaigns. UHC/MCP will work with MOH/NMCP partners in Bushenyi to close remaining ITN coverage gaps, placing emphasis on creating sustainable support systems for behavior change.

PMI supports FANC training and improved IPTp at ANC clinics by integrating it with PMTCT and through directly observed treatment at the community level in all areas of the country. Activities to promote IPT include advocacy, training, supportive supervision, and other activities related to the NMCP IPT strategy.[xvi] UHC has used train the trainer approaches to support improved ANC and IPT administration and support supervision at the district level and will use FANC training for UHC/MCP. UHC/MCP will link the CSHGP activity implementing ORS stations with safe water and cups at provider locations to make observed uptake of IPTp possible, reducing barriers to uptake and monitoring, filling the gaps listed in the MOP FY08. UHC/MCP will print and ensure distribution and use of ANC registers to help track IPTp and other ANC indicators. UHC/MCP will build on lessons learned from NMCP and other partners to reduce gaps and will expand support and incentive programs to CMD who will offer community level BCC to reduce barriers to and encourage ANC and at least 2 IPTp doses during pregnancy.

One of the objectives in the UMCSP 2005/6-1009/10 is to ensure access by everyone to ACTs, including those accessing treatment through the commercial sector. In 2003 CMDs in Bushenyi were trained to distribute HOMPAK for HBMF however since the drug regimen and other protocols have changed, retraining and supervision is needed. There needs to be further support supervision for HW in the use of ACTs; HW need to be trained, staff at referral health facilities need supervision and there should be improved quantification of commodities based on consumption data. Many more private sector providers need to be trained in the new NMCP policy and the NMCP needs to crease public demand for ACTs.[xvii] NMCP has completed the national level Training of Trainers workshop.[xviii] UHC/MCP will follow the NMCP Manual for BMF Trainers, April 2007, supporting the cascade of trainings and sensitizations beginning at the district level and linking, national, district, sub-district and community levels with sensitization to increase ownership of the program and training, support and M&E to increase skills and to ensure benefits reach the village level through CMDs. NUMAT is carrying out these interventions in Northern Uganda.[xix] UHC/MCP will incorporate lessons learned from NUMAT and from the Implementation of the HBMF Strategy Using ACT in Kiboga District: Progress report of a pilot study by malaria consortium and the MOH/NMCP, October 2007. UHC/MCP will work closely with the MOH/NMCP providing non-financial incentives to CMD to ensure comprehensive HBMF packages, coverage, and appropriate use and monitoring especially of adverse drug reactions. Finally, UHC/MCP will support MOH/NMCP needs for HW training and supervision using severe malaria and pre-referral drugs.

Program Strategy and Technically Appropriate Interventions

The UHC/MCP goals are 1) to deliver a package of effective and appropriate core interventions that promote positive behavior change and prevent and treat malaria; and 2) to achieve rapid and sustainable high coverage levels for this intervention package. These goals directly match the Uganda Malaria Control Strategic Plan 2005/6-2009/10 (MOH/NMCP) objectives to go to scale with a package of effective and appropriate interventions to promote positive behavior change and to prevent and treat malaria and to rapidly achieve and sustain high coverage levels for this

intervention package. UHC/MCP goals also directly support the PMI goal to reduce malaria-associated mortality by 50% in Uganda.

The objectives of the UHC/MCP program are to 1) Increase proportion of pregnant women and CU5 that sleep under and ITN every night; 2) Increase the proportion of pregnant women receiving 2 or more doses of SP for IPTp during their pregnancy; 3) Increase the proportion of CU5 with suspected malaria receiving treatment with an ACT within 24 hours of onset of symptoms; and 4) Build sustainable, local organizational capacity to reduce malaria and to manage health schemes.

UHC/MCP utilizes PMI strategies and program principles of building strong linkages and partnerships with local organizations, developing local, indigenous capacity and increasing local ownership, and contributing to sustainable scale-up of activities. UHC supports PMI and NMCP malaria control activities based on the three ones principle with NMCP taking the leading role in the coordination of efforts.

Below is a list of the UMCSP 2005/6-2009/10 core interventions. UHC/MCP strategies are listed in bold and include all but one of the MOH/NMCP interventions listed below.

- Malaria prevention through ITNS with emphasis on LLINs in highly-endemic areas;
- IRS with focus on low and epidemic-prone areas (prevention of malaria epidemics) and environmental management where this is feasible and effective;
- Universal access to ACT and improved diagnosis, and severe malaria management;
- Emphasis on treatment and prevention of malaria in pregnancy including IPTp;
- Intensive IEC efforts and social mobilization at all levels;
- Integration of malaria control into a balanced health system development with emphasis on human resource development; and
- Strong monitoring, evaluation and operational research to monitor progress, evaluate impact, and continuously improve interventions.

These UHC/MCP interventions support the following PMI targets: more than 90% of households with a pregnant woman and/or children under 5 will own at least one ITN; 85% of children under five will have slept under an ITN the previous night; 85% of pregnant women will have slept under an ITN the previous night; 85% of women who have completed a pregnancy in the last two years will have received two or more doses of IPTp during that pregnancy; 85% of government health facilities have ACTs available for treatment of uncomplicated malaria; and 85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.

UHC/MCP has been designed using PMI strategic and program principles. Interventions to reach the household level address three dimensions building community-social, local organizational and health service capacity to sustainably reduce malaria morbidly and mortality. Interventions will be rolled out in 5 month phases by county followed by one month for monitoring and one month to share results and plan the way forward with stakeholders, incorporating lessons learned into the next phase. Each phase will include a series of training and supervision at the CMD level and at the HW level. Building community capacity and linkages at both levels is a key component of the program structure.

UHC/MCP will carry out the cascade of trainings and sensitizations using train the trainer methodology according to the MOH/NMCP Manual for BMF Trainers, April 2007. UHC/MCP will sensitize communities working with the LCI Council, parish mobilizers, FBO, NGO and other CBO groups to help them select CMDs and to replace CMDs in the case of drop outs. Efforts will be made to include CMDs who were trained to deliver HOMPAK in 2003 to avoid duplication and to capitalize on their experience. UHC/MCP will encourage participation by volunteers who have been trained in C-IMCI BCC through UHC CSHGP. While UHC/MCP will focus on malaria control and treatment, the linkages and training support the MOH National Health Policy and the Health Sector Strategic Plan II to introduce village health teams for community coordination and collaboration to generate a healthy environment.[xx]

The series of CMD sensitization and trainings will include a comprehensive strategy to: expand the new ACT-based HBMF program making treatment with an ACT within 24 hours of onset of symptoms possible for all households in Bushenyi; BCC strategies to increase correct and consistent use of ITNS (filling any remaining gaps for LLIN distribution free to vulnerable groups in coordination with NMCP and local partners); BCC strategies to increase IPTp demand at ANC at the household level including targeting interventions to men and grandparents who largely influence ANC attendance decisions by pregnant women; BCC skills and strategies to increase the recognition of malaria warning signs in the community; and finally, training will include promotion of cooperative health plan membership as a sustainable strategy to empower the community to plan for and prevent illness and to seek care in a timely manner. CMD training and support will also cover the importance of monitoring, providing skills and tools to fill out HBMF registers, to collect sign-in lists and community feedback to improve programming and to track adverse drug reactions. UHC/MCP will eliminate gaps and scale up the use of these comprehensive strategies by CMDs with support and sustainable linkages to local organizations, HWs, the DHT and the MOH.

UHC/MCP interventions will include an incentive program providing t-shirts or badge identification, posters at CMD homes, drug storage boxes, ITNS for demonstration and in some cases bicycles to reward exemplary CMD contributions, to facilitate transportation for CMD and to retain their services while building their capacity. These incentives have proven to be successful motivators in the UHC CSHGP program and also in the Implementation of the HBMF Strategy Using ACT in Kiboga District: Progress report of a pilot study by malaria consortium and the NMCP, October 2007. UHC is currently carrying out operations research on data that has been collected to determine the milestones and timing that have contributed to reaching the greatest number of target beneficiaries and the longest duration of volunteer support. Data has been collected over 2 years where t-shirts, ITNS and bicycle incentives were given according to the number of community events held by volunteers and the number of signatures that were turned in. The results of this study will be shared with the NMCP that it may contribute to their determination of the most effective, appropriate milestones for CMD incentive programs.

At the health facility level, UHC/MCP will utilize the **PMI supported NMCP comprehensive package of focused-antenatal care (FANC) training and supervision for HWs** (with revised national SP IPTp standards if applicable), integrating it with PMTCT, improved data collection on IPT uptake at the district level, ensured adequate requisitioning of SP from medical stores, distribution of PUR for safe water and cups at health facilities offering ANC, and will support the MOH/NMCP IEC nationwide advocacy plan for IPTp. UHC/MCP will work with the National Drug Authority and its partner, the Uganda Malaria Surveillance Project, to implement their system

for monitoring drug exposure and safety in pregnancy and will print and distribute ANC registers to help track IPTp.

UHC/MCP will support training and supervision for HW in HBMF and supervision of CMDs including helping HW set up a monthly database to track CMD information per the MOH/NMCP Implementation Guidelines for the HBMF Strategy: 2nd Edition 2005. UHC/MCP will support training and supervision for HW in administration of appropriate malaria treatment and management of severe malaria drugs from the National Medical Stores and Joint Management Stores according to the MOH/NMCP policy. UHC will support and implement pharmacovigilance training for and HW to use the National Drug Authority's form for reporting adverse drug reactions from private health facilities and a specialized form for CMD to collect data from the public. These interventions at the facility level will directly impact the primary beneficiaries at the community and household level by reducing the barriers that beneficiaries report as disincentive to seeking care at a health facility.[xxi]

The decision making process for the UHC/MCP approach was derived from goals and gaps listed in the PMI supported Uganda MOP FY08 (with particular attention to filling the current activity needs and geographic coverage locations the Budget and Activity Table) and from interventions supported by the Uganda Malaria Control Strategic Plan 2005/6-2009/10 and finally, from conversations with Dr. Federic Kato, Senior Medical Officer, NMCP. UHC originally proposed to reach three districts with malaria control interventions however at the request of Dr. Kato agreed to focus on complete coverage of one NMCP priority area. Dr. Kato agreed that the NMCP policies and strategies are a logical extension of the cooperative development and child survival interventions that UHC has carried out in Bushenyi since 1997.

UHC/MCP is unique in that the proposed interventions build on its sustainable health care cooperative structure that links health care providers to the community, empowering them to take ownership and responsibility for improving and maintaining their health. Most importantly UHC has experience implementing malaria interventions, linking the national, district, sub-district and community levels. Current UHC activities build the capacity of community stakeholders, the DHT, HWs and volunteers using IMCI, MNC and C-IMCI, NMCP IEC, and BCC.

Low net utilization rates show that there is a great need for comprehensive and sustained national IEC/BCC campaigns on the correct and consistent use of ITNS.[xxii] UHC has found this to be the case in Bushenyi were the most recent monitoring results showed ITN coverage in households with children under 2 to be 78.9%, but the person who slept under the net the night before the interview was reported to be CU5 (37.4%), mothers (32.6%) and ITN not used (7.8%.) Observation showed that of the nets used, only 66.2% were properly hung. Distribution missed Mitooma sub-county where only 15.8% ITN coverage was found.[xxiii] UHC is ideally situated to work with partners in the community and to coordinate efforts with the Uganda Mission, PMI and NMCP to ensure that no gaps remain in distribution coverage, BCC messages, monitoring, supervision and support.

UHC/MCP will expand existing networks linking the MOH to the DHT using train the trainer methodology and strengthening linkages from the district level to HWs at the sub-district level and to CMDS at the community level. Thus UHC/MCP will directly reach and link 731,392 beneficiaries including 160,906 WRA, 12,068[xxiv] WRA living with HIV/AIDS; and 124,599 children under five. UHC/MCP will focus on pregnant women and CU5 but interventions will include BCC campaigns targeting men, women, grandparents, school age children and the poorest of the poor. A

map of the program location can be found in Annex A. Bushenyi district is comprised of 7 counties, 29 sub-counties, and 1,967 villages. UCH/MCP will develop systems to train, supervise and support 3,934 CMDs, 2 from each village, replacing drop outs as necessary, per NMCP policy.

Due to Household and care seeking behaviors in the community, BCC strategies need to address support systems as well as those most directly impacted by malaria. Without male support, women will not likely receive IPT as the value of ANC is not recognized in southwestern Uganda. Similarly, men in these districts tend to be first priority for sleeping under ITNS because they are wage earners, leaving the more vulnerable pregnant women and CU5 without coverage. In order to successfully fight malaria, men, women and grandmothers must be included in interventions because while women are primary care takers, men tend to be the key decision makers and grandmothers hold much influence in addition to being care providers for children while mothers are in the field.

UHC uses child survival sustainability assessment to design program approach. To strengthen community social and local organizational dimensions, UHC/MCP will partner with the DHT LCI Chairmen and local, indigenous community based and faith based organizations, NGOs and employer groups to promote health scheme participation and to select and support CMDs within a sustainable network. LCI and communities will be encouraged to include those with HOMAPAK training and distribution experience and those with previous BCC training as volunteers. UHC current partnerships include Bwera Women's Group, Child Development Centers, Igara Tea Factory, Mitooma Transporters, St. Mary's School, Nyamdago Church and many more and will continue to be expanded through UHC/MCP. UHC will partner with the MOH/NMCP for training using their trainers, training manuals, following MOH policies and using NMCP supported IEC materials enabling CMD to learn, practice and disseminate key BCC messages. CMD will then work closely with the organizations that elected them and with the surrounding villages and households to carry out BCC interventions, mobilization and follow-up.

UHC/MCP stakeholders for the health services and local organizational dimensions include the District Health Teams and the MOH/NMCP using train the trainer approach and support supervision increasing skills in appropriate diagnosis and treatment of malaria. UHC will pair HWs with CMDs to strengthen systems and communication reaching all levels of the community. UHC will leverage partnerships with existing health care providers to continue to strengthen their viability and sustainability within the community and to build linkages between communities and the health centers. UHC will work with the National Medical Stores who manage the procurement and supply of essential medicines and health supplies for the public sector and the Joint Management Stores who manage similar activities for the not-for-profit sector. These partners in coordination with the MOH/NMCP will play a key role in training, supervision, IEC materials, data collection and feedback to improving stock management for health centers. National Drug Authority and the Uganda National Bureau of Standards set the standards and control of quality and safety in the health sector. UHC will work with the NDA and UNBS to increase pharmacovigilance using their systems for data collection and reporting.

UHC/MCP will look to PMI for guidance on annual work plans and modifications, approval of specified key personnel, approval of M&E plans and monitoring progress toward achieving results and outcomes and will coordinate efforts and share results with the Uganda Mission. UHC/MCP and its partners will follow the three ones principle embracing standard data collection, dissemination and coordinated coverage.

UHC incorporated recommendations for this proposal from Dr. Frederic Kato, NMCP and current partners in Bushenyi who would become UHC/MCP stakeholders including the Bushenyi DHT, administration from Comboni, BMC, Mitooma, and Nyakasiro hospitals/health centers; community based volunteers who currently partner with churches, employer groups and other community groups and NGOs like Child Development Centers. Finally, UHC met with and incorporated input from health scheme leaders from the 23 currently contract school, employer, burial and other groups.

The following work plan matrix shows objectives (O), Activities (A), Outputs, Targets and Key-Sub-partners for each intervention. Interventions will be rolled out at the district, sub-district and community level in phases to allow monitoring, lessons learned and stakeholder input through participatory program planning to be incorporated before the next phase. (For more detail please see the Gantt Chart, Annex E). Program timelines and locations are as follows: Phase I will be rolled out in Igara East from Dec. 2008-Jun. 2009; Phase II in Igara West July 2009-Jan. 2010; Phase III in Ruhinda From Jan.–July 2010; Phase IV in Sheema South from July 2010-Feb. 2011; Phase V in Sheema North from Feb.-Aug. 2011; Phase VI in Buhweju, from Aug.-Mar. 2012; and Phase VII in Bunyaruguru from Mar.-Aug. 2012.

Work Plan Matrix (Timelines and locations are listed above and detailed in Annex E.)

Objective/ Activity	**Outputs**	**PMI Target to which output will contribute**	**Key Sub-partner(s)**
O1: Increase proportion of pregnant women and CU5 that sleep under and ITN every night			
A1: Train CMD to provide mass sensitization on appropriate ITN use through BCC, ITN distribution to close gaps, monitoring and follow-up **A2:** Supervise, and link CMD to HW, provide refresher training and incentives to CMD to encourage continued mass ITN sensitization	___ CMD trained in BCC for ITN use ___ signatures from target groups ___ CMD attend ITN refresher training ___ radio programs	More than 90% of households with a pregnant woman and/or CU5 will own at least 1 ITN; 85% of CU5will have slept under an ITN the previous night; 85% of pg women slept under an ITN the previous night	CMD; DHT; MOH/ NMCP; local govt., community, faith based, NGO, school, burial and employer groups
O 2: Increase proportion of pg women receiving 2 or more doses of SP for IPTp			
A1: Provide a comprehensive package of focused-antenatal care (FANC) training and supervision for HW with improved data collection on IPT uptake at the district level **A2:** Train CMD to provide mass sensitization on the need for IPTp and ANC using BCC strategies with monitoring and follow-up.	___ HW trained in FANC ___ HW supervised in FANC ___ CMD trained in BCC for ANC ___ signatures from sensitized audience ___ CMD attend BBC for ANC refresher training	85% of women who have completed a pregnancy in the last two years will have received two or more doses of IPTp during that pregnancy;	MOH/ NMCP; DHT; private sector providers; HW; CMD; DHT; MOH/ NMCP; CBO, FBO NGO, school, burial and employer groups

A3: Improve adequate requisitioning of SP, ACT from medical stores.	___ HW trained on improved stock mgmt ___ HW supervision/follow up	85% of govt health facilities have ACTs available for tx of uncomplicated malaria	NDA; UMSP; MOH/NMCP; DHT and HWs
A4: Distribute PUR for safe water and cups at health facilities for improved IPTp uptake and monitoring **A5:** Print and distribute NDA ANC registers to track IPTp **A6:** Mobilize community to join prepaid health schemes to reduce barriers to seeking IPTp at ANC	___ safe water stations in health facilities ___ ANC registers turned in ___ members covered by prepaid health schemes	85% of women who have completed a pregnancy in the last two years will have received 2 or more doses of IPTp during that pregnancy	PSI; DHT; NDA; MOH/NMCP; HWs; CMD; MOH/ NMCP; politicians, CBO, FBO NGO, and other groups
O3: Increase proportion of CU5 with suspected malaria receiving treatment with an ACT within 24 hours of onset of symptoms			
A1: Train and supervise CMD for HBMF distribution and data collection **A2:** Provide refresher training, support and incentives for CMD to continue reaching the community with BCC on HBMF **A3:** Train and supervise HWs in administration of appropriate malaria treatment and administration of drugs	___ CMD trained in HBMF ___ HBMF packs distributed ___ HBMF registers turned in by HWs and ___ registers turned in by CMD ___ CMD attend HBMF refresher training	85% of children under five with suspected malaria will have received treatment with an ACT within 24 hours of onset of their symptoms.	CMD; DHT; MOH/ NMCP; community, faith based, NGO, school, burial and employer groups
O 4: Build sustainable, local organizational capacity to reduce malaria and to manage health schemes.			
A1: Promote and build capacity for member-owned community health schemes	___ number of health scheme members	85% of women who have completed a pregnancy in the last two years will have received 2 or more doses of IPTp during that pregnancy	HW, health facilities, community, faith based, NGO, school, employer groups, CMDs

Performance Monitoring and Evaluation

Objectives and indicators for monitoring and measuring the success of UHC/MCP will be based on PMI and Malaria Control Strategic Plan 2005/6-2009/10 targets. These indicators will be incorporated in the KPC 2000+ tool using LQAS sampling methodology.

CMD training will include the importance of monitoring and feedback for improving the impact of a program. The incentive program will be based in part on CMD turning in sign-in lists of names from those who attend their mobilization sessions. CMDs will turn in sign-in lists/ feedback forms, HBMF registers and NDA forms reporting adverse drugs reactions to HCIIs in exchange for top off

of their supplies each month. The HST will collect CMD data from HCIIs and the M&E Coordinator will produce a monthly report on progress of interventions highlighting successes, documenting challenges and providing recommendations from lessons learned for teams going forward. This report will be distributed to HCIIs the following month so they can post the report and share the results with their CMDs. ANC and HBMF registers, the NDA's form for reporting adverse drug reactions at the HW level and HMIS 105 reports will also be collected monthly from health facilities. The following informational markers from the HMIS 105 will be included in monthly reports: the number of outpatient clinical malaria cases per district, proportions of malaria-positive blood tests and malaria-attributed morbidity. This data will be included in the M&E report and will be shared with stakeholders and the NMCP.

After each Phase, monitoring using KPC based LQAS surveys, will be conducted to track progress toward program objectives and targets. Monitoring results and feedback from stakeholders will be shared in a participatory planning event at the end of each phase to allow lessons learned to be incorporated in the work plan for the following phase. Annual reports will be shared at the stakeholder's workshop and will be distributed to the MOH/NMCP, the USAID Mission and other partners. Baseline, midterm and final assessments will be cumulative using slightly more detailed versions of KPC and HFA assessments.

The following **matrix** includes objectives, indicators, measurement methods and targets. This matrix corresponds with the activities, outputs, timelines and locations detailed in the work plan.

Objective/ Intermediate Results	**Indicators**	**Source/ method of measurement**	**Frequency/ person responsible**	**2006 DHS SW region**	**EOP target**
O1: Increase proportion of pregnant women and CU5 that sleep under and ITN every night					
IR1: Increase ITN access	***I:** % of households with a pregnant woman and/or children under five who own at least one ITN	KPC 2000+/ LQAS	Monitoring, Baseline, Midterm, EOP/M&E	11.3%	90%
IR2: Increase ITN appropriate use for CU5	***I:** % of children under five who slept under and ITN the previous night	KPC 2000+/ LQAS	Monitoring, Baseline, Mid, EOP /M&E	6.5%	85%
IR3: Increase ITN appropriate use for CU5	***I:** % of pregnant women slept under an ITN the previous night	KPC 2000+/ LQAS	Monitoring, Baseline, Mid, EOP /M&E	5.5%	85%
O2: Increase the proportion of pregnant women receiving 2 or more doses of SP for IPTp					
IR1: Increase proportion of pg women receiving 2 or more doses of IPTp during pregnancy	***I:** % of pregnant women receiving 2 doses of IPTp during their last pregnancy as verified by maternal card	KPC 2000+/ LQAS HMIS 105, ANC registers	Monitoring, Baseline, Midterm, EOP /M&EMonthly/ M&E	26.2%	85%

O3: Increase the proportion of CU5 with suspected malaria receiving treatment with an ACT within 24 hours of onset of symptoms					
IR1: Increase timely malaria treatment	***I:** % of children under 5 w fever in the last 2 wks who received treatment with ACTs within 24 hours of onset fever.	KPC 2000+/ LQAS NDA forms	Monitoring, Baseline, Mid, EOP /M&E and Monthly/ CMD/ M&E	23.8%	85%
IR2: Reduce stock outs of key malaria drugs	**I:** % of government heath facilities have ACTs available for treatment of uncomplicated malaria	HFA	Monitoring, Baseline, Midterm, EOP /M&E	%	85%
IR3: Improve malaria diagnosis and treatment training and supervision	**I:** % of HWs trained and supervised in malaria diagnosis and proper management within the last year	HFA, NDA forms	Monitoring, Baseline, Midterm, EOP /M&E	%	%
IR4: Reduce fatality from malaria in CU5	***I:** % case fatality in-patients under five years of age from malaria	HFA HMIS 105	Monitoring, Baseline, Mid, EOP /M&E	3%	2%
O 4: Build sustainable, local organizational capacity to reduce malaria and manage health plans.					
IR1: Increase capacity of CMD	**I:** Number of CMD who attend malaria treatment and prevention training	Monthly reports	Monthly/HST/ CHC	0	2,946
IR2: Increase impact of CMD	**I:** Number of CMD led mobilization sessions	Monthly reports, CMD sign-in lists	Monthly/CMD/ HCII/HST	0	126,822
IR3: Increase community capacity to prevent and reduce malaria	**I:** Number of members in the health plan	Monthly tracking	Monthly/ M&E	4,062	14,000

* PMI Indicator

Management Plan

HealthPartners has comprehensive organizational structures, human resource and financial management systems. HealthPartners successfully operates a Cooperative Development USAID subgrant and a Child Survival USAID agreement and fully complies with US government and USAID accountability and financial management requirements.

The Team Lead will be **Scott Aebischer, MPH**, HealthPartners Senior Vice President of Customer Service and Product Innovation, who has been engaged with UHC from its inception and who is

responsible for its basic design. Scott is responsible for health plan product and development at HealthPartners. Previously, he managed HealthPartners network, was responsible for health clinical relationships and directed social services for a major hospital. He holds an MPH from the University of Minnesota.

Program management will be carried out by **Jennifer Wenborg, MA,** who has played a large role in program coordination since 1999 and who has been the manager for HealthPartners international projects since 2003. She holds a MA from Northwestern Health Sciences University. Team lead and program manager positions will be based in Minnesota, USA.

Dr. Grace Namaganda, UHC director, manages UHC staff, has developed strong relationships with the PVO, NGO, and MOH officials active in the fight against malaria in this region and provides leadership for UHC activities and interventions. Dr. Namaganda holds a Master of Science in Health Services Management from Uganda Martyrs University, Kampala, and a Bachelor of Dental Surgery from Makerere University, in Kampala. Previously Dr. Namaganda was a Lecturer and Technical Assistant Curriculum Development Faculty of Health Sciences where she was responsible for development, review and update of course curricula for the Master of Science in Health Services Management, and Health Promotion and Education programs. Dr. Namaganda's relationships in the medical field have proven beneficial in establishing key provider links and in working closely with the MOH and DHT. Since internet and telephone services are not consistent in Bushenyi, Dr. Namaganda and the accountant will divide their time between Kampala and Bushenyi offices in order to ensure close coordination with PMI, MOH/NMCP, USAID Mission, HealthPartners and field staff.

Other positions will be based in Bushenyi. The program will collaborate with the DHT and MOH/NMCP for training, supervision, and strengthening networks between health workers and volunteers. No sub-contracting for activities will take place: stakeholders and program partners contribute immensely to the program and will benefit directly from capacity building and interventions. The MOH/NMCP and DHT will be reimbursed at their standard rates for training, supervision, travel, meals, incidentals and for leading events.

Communication Plan: UHC field staff will meet weekly and will be responsible for writing training, supervision and event reports in addition to monthly report summaries which will be the basis for monthly meetings led by the Director. The Director, Program Manager and Team Lead will hold weekly conference calls and communicate daily through email. The Team Lead will travel annually to visit field activities and for capacity building. The HST and CHC will be in routine collaboration with MOH/NMCP, the DHT, HWs, CMDs and the Director and M&E Coordinator. The communication and logistics coordinator will aid the team ensuring appropriate coordination of data, reports and events between stakeholders. Staff receive a standard benefit package and a corporate responsibility scorecard detailing their roles and responsibilities each year. Salary increases are based on performance scores.

UHC will share monthly M&E reports, work plans, monitoring and annual reports with the MOH/NMCP, USAID Mission, MACIS, PMI and other PMI partners. UHC will include these partners and CBO, FBO, NGO and provider based stakeholders in data collection for monitoring, results dissemination, and annual stakeholder meetings and will partner with them for special events like health fairs and Malaria day celebrations. The communication and logistics coordinator will ensure that efforts are not duplicated between MOH/NMCP, PMI and other partners in the region.

The UHC director will maintain regular contact with PMI, NMCP, NUMAT and with other program partners to coordinate coverage and collaboration.

UHC has hosted a myriad of professional volunteers from Informational Technology Specialists to the Executive Officer of HealthPartners Foundation to post graduation students wishing to contribute to program goals and activities. UHC/MCP welcomes participation of in-country technical experts, U.S. Volunteers for Prosperity and/or other volunteers and will develop travel itineraries to match program needs with volunteers' professional expertise and personal goals for this experience.

Attachment C
BRANDING STRATEGY AND MARKING PLAN

USAID/Organization Marking Plan

Date Submitted: September 4, 2008

Applicant Information:
Office: Uganda Health Cooperative Malaria Communities Program
Contact Person: Jennifer Wenborg, Uganda Program Manager, HealthPartners
Contact Phone Number: 952 883 5632
Contact E-mail: jennifer.l.wenborg@healthpartners.com

For a New Award:
USAID Solicitation Number: RFA # USAID M/OAA/GH-08-147
USAID Solicitation Name (if applicable): FY2008 President's Malaria Initiative, Malaria Communities Program

I. PROGRAM DELIVERABLES TO BE MARKED

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

B. Public Communications

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

More information: The Uganda Health Cooperative will include the USAID PMI Graphic Identity on all reports, presentations, brochures, posters, staff business cards, IEC and training materials, and commodities purchased through the program.

☒ **C. Events**

- ☒ Training workshops

More information: __All training materials will include the USAID PMI Graphic Identity and an announcement will acknowledge that "This [radio show] [launch event] [health worker training] 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 the Uganda Health Cooperative and do not necessarily reflect the views of USAID or the United States Government." A large banner with the USAID PMI Graphic Identity will be prominently displayed at all training workshops and events.

☒ **D. Commodities**

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

More information: The USAID PMI Graphic Identity will be featured on both sides of the vehicle doors, on computers, the fax machine, LCD projector, binding machine, copier, office sign and on bicycles, event banners and t-shirts.

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: None

Presumptive Exception Requested – Reasons:

Explanation:

Table: Summary of Marking Strategy In some but not all cases, the Uganda Health Cooperative (UHC) logo will be included on items in smaller, less prominent type than the USAID PMI Graphic Identity. HealthPartners will not include a corporate logo on USAID PMI program materials. HealthPartners brand standards will be followed for color combinations, photograph placement, spacing, font, maximum word count, etc. to help establish the UHC brand. Since HealthPartners goal is to develop **locally owned and operated** systems for improved health care management, when the UHC logo is used, it will be in lieu of the HealthPartners logo and in conjunction with the larger USAID PMI Graphic Identity.

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	Marking takes place
Objective 1: increase proportion of pregnant women and CU5 that sleep under an ITN every night					
Training	**CMD training**	**USAID PMI Graphic Identity printed on training materials,**	**Computer graphic**	**Upper right hand corner**	**Prior to training**

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	Marking takes place
		presentations, handouts, certificates and reports.			
Super-vision	**CMD supervision and refresher training**	**USAID PMI Graphic Identity printed on training materials, presentations, handouts, incentive items, monitoring tools, certificates and reports.**	**Computer graphic**	**Upper right hand corner, location most prominent but TBD for T-shirts, logo on cross bar of bicycles**	**Prior to supervision**

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	Marking takes place
Reporting	**Annual work plans and reports, quarterly reports, event reports**	**USAID PMI Graphic Identity printed on reports. Acknowledgement within the reports.**	**Computer graphic**	**Upper right hand corner for cover pages, lower right hand corner for secondary pages.**	**Prior to event.**
Incentives	**Incentives for CMD sustainability and increased coverage**	**USAID PMI Graphic Identity on all items including t-shirts, bicycles, drug storage boxes, certificates.**	**Computer graphic, screen printed for t-shirts, professionally developed stickers for bicycles and boxes**	**Right front of t-shirt and/or on back. Cross bar of bicycles—see photo attached. Center top of boxes, top right of certificates.**	**Immediately upon receipt of items.**
Communication	**Radio shows, monitoring results dissemination workshops,**	**Verbal announcement and acknowledgement of USAID PMI will be made at all events and**	**Disclaimer "this study/report… is made possible by the generous**	**Announcement to be made at the beginning of any public address/event.**	**Announcement to be made at the beginning of any public**

	health plan launch, malaria day and other events	**on radio. USAID PMI Graphic Identity banner will be the backdrop for event and end of training photos.**	**support of the American people …"** **Professionally printed on banner**	**Top right of banner**	**address/event.**
Objective 2: Increase the proportion of pregnant women receiving 2 or more doses of SP for IPTp					
Training and Super-vision	**FANC and stock management training and supervision for HW**	**USAID PMI Graphic Identity printed on training materials, presentations, handouts, certificates and reports.**	**Computer graphic**	**Upper right hand corner**	**Prior to training**
Improved monitoring	**Print and distribute NDA ANC registers to track IPTp**	**USAID PMI Graphic Identity printed on NDA ANC registers and on training materials to improve tracking.**	**Computer graphic**	**Upper right hand corner**	**Prior to training**

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	Marking takes place
Objective 3: Increase proportion of CU5 with suspected malaria receiving treatment with an ACT within 24 hours.					
Training and Supervision	**CMD training and incentives (covered above.)**	**HW training and supervision (covered above.)**			
Objective 4: Build sustainable, local organizational capacity to reduce malaria and manage health plans					
Behavior Change Communication	**Brochures, posters, banner, IEC and other support materials**	**USAID PMI Graphic Identity will be included on all items**	**Computer graphic, professionally printed on banner**	**Upper right hand corner**	**During development of materials**

Marking Plan Submitted By :

Jennifer Wenborg 

Printed Name Signature

Date 9/4/08 Office Uganda Program Mgr, HealthPartners

Marking Plan Approved By (USAID):

Printed Name Signature

Date Office

Attachment D
STANDARD PROVISIONS

REQUIRED STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL ORGANIZATIONS

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

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 Grantees." 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)

(This provision is applicable when work under the grant is performed in the U.S. or when employees are recruited in the U.S.)

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. 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]

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

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

Standard Provision	Burden Estimate
Air Travel and Transportation	1 (hour)
Ocean Shipment of Goods	.5
Patent Rights	.5
Publications	.5
Negotiated Indirect Cost Rates - (Predetermined and Provisional)	1

Voluntary Population Planning	.5
Protection of the Individual as a Research Subject	1

22 CFR 226	Burden Estimate
22 CFR 226.40-.49 Procurement of Goods and Services	1
22 CFR 226.30 - .36 Property Standards	1.5

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

[END OF PROVISION]

9. 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 grantee'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]

10. 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 grant with a person or entity that is included on the Excluded Parties List System (http://epls.arnet.gov). The recipient further agrees to include the following provision in any subagreements or contracts entered into under this award:

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

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

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

[END OF PROVISION]

11. 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]

12. 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]

13. 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]

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

(a) Definitions

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

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

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

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

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

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

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

USAID Identity (Identity) means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is "from the American people." The USAID Identity is available on the USAID website at **www.usaid.gov/branding** and USAID provides it without royalty, license, or other fee to recipients of USAID-funded grants, or cooperative agreements, or other assistance awards

(b) Marking of Program Deliverables

(1) All recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or subaward with the USAID Identity, of a size and prominence equivalent to or greater than the recipient's, other donor's, or any other third party's identity or logo.

(2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.

(3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.

(4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the recipient is encouraged otherwise to acknowledge USAID and the American people's support.

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all

other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

(6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government's identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.

(7) The Agreement Officer may require marking with the USAID Identity in the event that the recipient does not choose to mark with its own identity or logo.

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

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

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

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

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

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

(c) Implementation of marking requirements.

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

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within 30 days after the effective date of this provision. The plan will include:

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

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

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

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

(i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;

(ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;

(iii) USAID marking requirements would undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as "by" or "from" a cooperating country ministry or government official;

(iv) USAID marking requirements would impair the functionality of an item;

(v) USAID marking requirements would incur substantial costs or be impractical;

(vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;

(vii) USAID marking requirements would conflict with international law.

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

(d) Waivers.

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

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale for any use of recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

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

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

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

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

[END OF PROVISION]

15. REGULATIONS GOVERNING EMPLOYEES (AUGUST 1992)

(The following applies to the recipient's employees working in the cooperating country under the agreement who are not citizens of the cooperating country.)

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 grant.

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 grant 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]

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

(This provision applies when activities are undertaken outside the United States.)

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]

17. USE OF POUCH FACILITIES (AUGUST 1992)

(This provision applies when activities are undertaken outside the United States.)

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 grantee 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]

18. INTERNATIONAL AIR TRAVEL AND TRANSPORTATION (JUNE 1999)

(This provision is applicable when costs for international travel or transportation will be paid for with USAID funds. This provision is not applicable if the recipient is providing for travel with private funds as part of a cost-sharing requirement, or with Program Income generated under the award.)

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 grantee may exchange for tickets, or issue the tickets directly. Use of such U.S.-owned currencies will constitute a dollar charge to this grant.

e. THE FLY AMERICA ACT

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

f. COST PRINCIPLES

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

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]

19. OCEAN SHIPMENT OF GOODS (JUNE 1999)

(This provision is applicable for awards and subawards for $100,000 or more and when goods purchased with funds provided under this award are transported to cooperating countries on ocean vessels whether or not award funds are used for the transportation.)

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 grantee 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 grantee 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 grant.

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 grant must meet applicable eligibility requirements set out in 22 CFR 228.21.

[END OF PROVISION]

20. LOCAL PROCUREMENT (April 1998)

(This provision applies when activities are undertaken outside the United States.)

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]

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

Requirements for Voluntary Sterilization Programs

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

Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or

involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

[END OF PROVISION]

[END OF MANDATORY PROVISIONS]

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

1. PUBLICATIONS AND MEDIA RELEASES (MARCH 2006)

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

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

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

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

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

b. In the event award funds are used to underwrite the cost of publishing, in lieu of the publisher assuming this cost as is the normal practice, any profits or royalties up to the amount of such cost shall be credited to the award unless the schedule of the award has identified the profits or royalties as program income.

c. Except as otherwise provided in the terms and conditions of the award, the author or the recipient is free to copyright any books, publications, or other copyrightable materials developed in the course of or under this award, but USAID reserves a royalty-free nonexclusive and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the work for Government purposes.

[END OF PROVISION]

2. 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]

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

a. Except as modified by the schedule of this grant, 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 grant. 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 grantee is otherwise reimbursed, but only to the extent of such insurance or reimbursement;

(vi) Provided, that, if more than one of the above exceptions shall be applicable in any case, the recipient's liability under any one exception shall not be limited by any other exception.

(2) The recipient shall not be reimbursed for, and shall not include as an item of overhead, the cost of insurance, or any provision for a reserve, covering the risk of loss of or damage to the cooperating country property, except to the extent that USAID may have required the recipient to carry such insurance under any other provision of this award.

(3) Upon the happening of loss or destruction of or damage to the cooperating country property, the recipient shall notify the Agreement Officer thereof, shall take all reasonable steps to protect the cooperating country property from further damage, separate the damaged and undamaged cooperating country property, put all the cooperating country property in the best possible order, and furnish to the Agreement Officer a statement of:

(i) The lost, destroyed, or damaged cooperating country property;

(ii) The time and origin of the loss, destruction, or damage;

(iii) All known interests in commingled property of which the cooperating country property is a part; and

(iv) The insurance, if any, covering any part of or interest in such commingled property.

(4) The recipient shall make repairs and renovations of the damaged cooperating country property or take such other action as the Agreement Officer directs.

(5) In the event the recipient is indemnified, reimbursed, or otherwise compensated for any loss or destruction of or damage to the cooperating country property, it shall use the proceeds to repair, renovate or replace the cooperating country property involved, or shall credit such proceeds against the cost of the work covered by the award, or shall otherwise reimburse USAID, as directed by the Agreement Officer. The recipient shall do nothing to prejudice USAID's right to recover against third parties for any such loss, destruction, or damage, and upon the request of the Agreement Officer, shall, at the Governments expense, furnish to USAID all reasonable assistance and cooperation (including assistance in the prosecution of suits and the execution of instruments or assignments in favor of the Government) in obtaining recovery.

e. Access: USAID, and any persons designated by it, shall at all reasonable times have access to the premises wherein any cooperating country property is located, for the purpose of inspecting the cooperating country property.

f. Final Accounting and Disposition of Cooperating Country Property: Within 90 days after completion of this award, or at such other date as may be fixed by the Agreement Officer, the recipient shall submit to the Agreement Officer an inventory schedule covering all items of equipment, materials and supplies under the recipient's custody, title to which is in the

cooperating country or public or private agency designated by the cooperating country, which have not been consumed in the performance of this award. The recipient shall also indicate what disposition has been made of such property.

g. Communications: All communications issued pursuant to this provision shall be in writing.

[END OF PROVISION]

5. 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]

6. 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]

7. 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]

8. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)

a. The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website:
http://pdf.dec.org/pdf_docs/PDABQ631.pdf

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

[END OF PROVISION]

[END OF STANDARD PROVISIONS]

ATTACHMENT E
INITIAL ENVIRONMENTAL EXAMINATION

INITIAL ENVIRONMENTAL EXAMINATION
SUMMARY AND SIGNATURE PAGE

PROGRAM/ACTIVITY DATA:
Program/Activity Number: (TBD)
Country/Region: Africa (Global Health Bureau), in President's Malaria Initiative countries
Program Title: Malaria Communities Program (MCP)
Funding Begin: FY 2007 **Funding End:** September 30, 2011
IEE Amendment (Y/N): N

Current Date: March 19, 2007

ENVIRONMENTAL ACTION RECOMMENDED:

Categorical Exclusion:	X	Negative Determination:	X
Positive Determination:		Deferral:	

ADDITIONAL ELEMENTS: (Place X where applicable)
CONDITIONS X

SUMMARY OF FINDINGS:

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

A Categorical Exclusion is recommended for the following activities except to the extent that the activities directly affect the environment (such as construction of facilities), pursuant to 22 CFR 216.2(c)(1) and:
a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;
b) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;
c) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
(d) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

- Provide information, education and communication (IEC), including household and community mobilization, to support IRS spraying activities
- Support promotion of intermittent preventive treatment of pregnant women in government health facilities helping to increase the proportion of pregnant women who receive at least two doses of intermittent preventive therapy (IPT)

- Provide IEC aimed to support appropriate health seeking behavior and increasing early and effective treatment of malaria and treatment adherence
- Support community health workers in malaria community case management (i.e. home-based management of fever) activities and promoting correct and consistent use of ITNs by members of their community
- Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs

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

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

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

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

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

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

CLEARANCE:

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

Approved: _____x_____
Disapproved: _____

FILE Nº: GH PMI MCP IEE March 2007.doc

ADDITIONAL CLEARANCE FROM AFR REGIONAL BUREAU:

Africa Bureau Environmental Officer signed 3/22/07

INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY DATA:
Program/Activity Number:
Country/Region: Africa (Global Health Bureau), in President's Malaria Initiative countries
Program Title: Malaria Communities Program (MCP)
Funding Begin: FY 2007 **Funding End:** September 30, 2011 (being amended)
IEE Amendment (Y/N): N

Current Date: March 19, 2007

1.0 BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

1.1 Purpose and Scope of IEE

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

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

1.2 Background

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

USAID's malaria program is part of the US government (USG) foreign assistance program and contributes to the USG goal of "Helping to build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system." Malaria activities fall under Objective 3 - Investing in People, under the Health Program, and they are reported on under the Malaria element 1.3. The goal of the PMI is to prevent 50 percent of malarial deaths in 15 of the worst-hit countries in Africa. For more information on the President's Malaria Initiative, see http://www.fightingmalaria.gov/index.html.

1.3 Description of Activities

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

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

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

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

2.0 COUNTRY AND ENVIRONMENTAL INFORMATION

The activities funded under the MCP will occur only in the 15 President's Malaria Initiative focus countries, as these community-based activities will directly complement the more commodity-focused PMI activities of bednet procurement and indoor residual spraying. The PMI activities

themselves are covered under their own IEEs, Programmatic Environmental Assessments (PEA), country-level Supplemental Environmental Assessments (SEA), and Pesticide Evaluation Report and Safer Use Action Plans (PERSUAP) and are not covered in this IEE. The countries selected for PMI activities were those with the highest malaria mortality, and are shown below in Table 1.

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

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

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

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

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

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

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

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

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

Table 2. Summary of Environmental Determinations and Conditions

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions

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

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

4. MONITORING AND COMPLIANCE ASSURANCE

Monitoring and compliance measures

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

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

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

[ii] Three nets are provided per family, selling for 8,000 Shs ($4.50), with health providers contributing to their costs.
[iii] Report on The End of Phase I Knowledge, Practice and Coverage Survey HealthPartners Uganda Health Cooperative Child Survival Project in Bushenyi District, Uganda, March 2007.
[iv] A Qualitative Study on the Practices and Their Behavioral Determinants among Women, Men and Health Workers in Bushenyi District, HealthPartners, July 2006
[v] Uganda Malaria Operational Plan FY08
[vi] Uganda Malaria Operational Plan FY08
[vii] USBOS, 2006
[viii] Uganda Demographic and Health Survey, 2006
[ix] Uganda Malaria Operational Plan FY08
[x] Uganda Malaria Control Strategic Plan 2005/6 – 2009/10
[xi] A Qualitative Study on the Practices and Their Behavioral Determinants among Women, Men and Health Workers in Bushenyi District, HealthPartners, July 2006
[xii] Uganda Malaria Operational Plan FY08
[xiii] Uganda Malaria Operational Plan FY08
[xiv] Uganda MOP endorsed by PMI FY08
[xv] Uganda MOP endorsed by PMI FY08
[xvi] Uganda MOP endorsed by PMI FY08
[xvii] Uganda MOP endorsed by PMI FY08
[xviii] Per conversation with Dr. Frederic Kato, NMCP Senior Medical Officer, January 2007.
[xix] Uganda MOP endorsed by PMI FY08, tables.
[xx] A Training Manual for Village Health Team: Empowering Village Health Teams, Uganda Ministry of Health
[xxi] A Qualitative Study on the Practices and Their Behavioral Determinants among Women, Men and Health Workers in Bushenyi District, July 2006, HealthPartners UHC/Child Survival Project.
[xxii] Uganda MOP endorsed by PMI FY08
[xxiii] End of Phase II KPC HealthPartners Uganda Health Cooperative Child Survival Project in Bushenyi, District Uganda, October 2007.
[xxiv] Uganda HIV/AIDS Sero-Behavioural Survey 2004-05, Ministry of Health, Kampala Uganda, ORC Macro, March 2006.