



USAID
FROM THE AMERICAN PEOPLE

September 25, 2014

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Subject: Cooperative Agreement No. AID-OAA-A-14-00057, Titled, "Malaria Vector Control (MVC) project."

Dear Ms. Barron,

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 Johns Hopkins Bloomberg School of Public Health JHU-JIU-CCP), hereinafter referred to as the "Recipient", the sum of \$60,000,000.00 to provide support for a Malaria Vector Control (MVC) project as described in Attachment A, entitled "Schedule", and in Attachment B, entitled "Program Description", of this award.

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 October 1, 2014 and ending September 30, 2019. USAID will not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

This Cooperative Agreement is made to JHBSPH, on condition that the funds will be administered in accordance with the terms and conditions as set forth in 22 CFR 226, entitled "Administration of Assistance Awards to U.S. Non-Governmental Organizations"; Attachment A (Schedule), Attachment B (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 page 2 to acknowledge your review and acceptance of the Terms and Conditions of the Cooperative Agreement, and return a scanned PDF of page 2.

Sincerely,

Christopher J. Egaas
Agreement Officer

Attachments:

- A. Schedule
- B. Program Description
- C. Branding and Marking Plan

- D. Standard Provisions
- E. Initial Environmental Examination

ACKNOWLEDGED:

BY: 
 Jennifer Barron, MBA

TITLE: Director, Office of Research Administration
 Johns Hopkins Bloomberg School of Public Health
 Center for Communication Programs

DATE: 9/29/2014

A. GENERAL

- 1. Appropriation: \$ GH-HN Program Funds
- 2. Amount Obligated at Award Signing: \$ 1,850,000.00
- 3. Total Estimated USAID Amount: \$ 60,000,000.00
- 4. Total Obligated USAID Amount: \$ 1,850,000.00 (10% of obligation, see A.4)
- 5. Cost-Sharing Amount (Non-Federal): \$ 6,000,000.00
- 6. Activity Title: Malaria Vector Control (MVC)
- 7. USAID Technical Office: GH/HIDN
- 8. Tax I.D. Number: XXXXXXXXXX
- 9. DUNS No.: 001910777
- 10. LOC Number (if applicable): XXXXXXXXXX

B. SPECIFIC

- 1. GLAAS Requisition: REQ-GH-14-000057
- 2. Budget Fiscal Year: 2014/2015
- 3. Operating Unit: GH/HIDN
- 4. Fund: GH-C
- 5. Team/Division: None
- 6. Benefiting Geo Area: 997
- 7. Obligated Amount: \$1,850,000.00
- 8. Program Area/Element: A049
- 9. Dist. Code: 936-6302
- 10. SOC: 4100201

Amount Obligated this Action: \$ 1,850,000.00
 Total Estimated USAID Amount: \$ 60,000,000.00
 Total Obligated USAID Amount: \$ 1,850,000.00
 Amount Remaining to be Obligated: \$ 58,150,000.00

C. PAYMENT OFFICE

Letter of Credit related documents:

M/CFO/CMP Letter of Credit Office USAID/Washington - loc@usaid.gov

Contact Person: James DuBois, jdubois@usaid.gov

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ATTACHMENT A - SCHEDULE

A.1 PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide support for the program described in Attachment B to this Cooperative Agreement entitled "Program Description."

A.2 PERIOD OF COOPERATIVE AGREEMENT

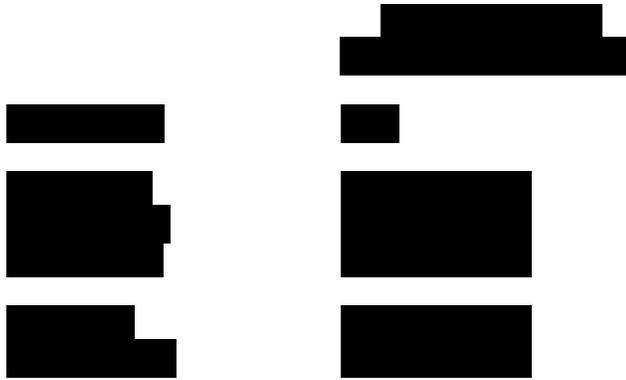
The effective date of this Cooperative Agreement is October 1, 2014. The estimated completion date of this Cooperative Agreement is September 30, 2019.

A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT

1. The total estimated amount of this Award for the period shown in A.2 above is \$60,000,000.00.
2. USAID hereby initially obligates the amount of \$1,850,000.00 for program expenditures. The Recipient will be given written notice by the Agreement Officer if/when additional funds are obligated. USAID is not obligated to reimburse the Recipient for the expenditure of amounts in excess of the total obligated amount.
3. Additional incremental funding is based on availability of funds and adequate progress being made towards the objectives stated in the Cooperative Agreement. Before obligating additional funding to the Cooperative Agreement, USAID will conduct an assessment of the availability of funds, satisfactory progress of the program, and continued relevance to USAID program objectives to determine whether or not to continue to fund the Cooperative Agreement, in whole or in part.
4. Payment shall be made to the Recipient by Letter of Credit in accordance with 22 CFR 226.22 Payment and the **LETTER OF CREDIT (LOC) ACCOUNT SET-UP AND PAYMENT PROCEDURES** found on the USAID website at <http://www.usaid.gov/work-usaid/business-funding/grant-programs/american-schools-and-hospitals-abroad/letter-credit>.

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 226.25 "Revision of Budget and Program Plans".



A.5 REPORTING AND EVALUATION

1. Financial Reporting (1 electronic copy)

Financial reporting requirements will be in accordance with 22 CFR 226 and ADS 303.3.21. Effective January 1, 2010, all financial reports must be submitted using the new Standard Form (SF) 425, and the form and the instructions are available on Office of Management and Budget (OMB)'s website, at http://www.whitehouse.gov/omb/grants_forms/.

The implementer shall submit a quarterly expenditure report for approval by the AOR, not later than 45 calendar days after the end of each quarter. The quarterly expenditure report shall include, at minimum, obligations to date, the approved budget, expenditures to date, and the balance remaining. In addition, the obligations, expenditures, and balances should be reported by source of funds (i.e., country field support or core). It is anticipated that the majority of support for this activity will come from Malaria directive funding; however, it is possible to receive other program directive funds (i.e. HIV or MCH). In such cases, both field support and core funds must be tracked by program directive. When there are multiple sources of funding for an activity the implementer must be able to demonstrate in the budget, expenditures and balances the flow of the money from multiple sources. The budget line items should include the major categories and the subcategories.

2. Annual Work Plans (1 electronic copy)

The initial work plan for the CA shall be due 45 days after award of this Agreement for AOR approval. The first work plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending upon the start date of the agreement. The annual work plan in subsequent years will be due to the AOR for approval 30 days prior to the start of the new fiscal year. The work plan serves several purposes including as a guide to program implementation, a demonstration of links between activities, program objectives and intended results, a basis for budget estimates and the foundation for the project's M&E plan. The implementer will follow the work plan year, October 1st to September 30th, unless specifically changed by the AOR in writing. Specifically, the work plan shall include:

- Brief situation analysis that details how the program contributes to national, regional, or global strategic plans in the context of what other donors and implementing partners and host-country governments are contributing;
- Program Goals;
- Milestones towards achieving those results;
- Activities to be accomplished that year related specifically toward achievement of milestones;
- Level of effort required in terms of key staff and support staff time and financial resources; and,
- Partner involvement and contributions to achieving the results.
- A separate section for each mission/operating unit that buys into this program with field support, based on the country's strategy.

Annual work plans, including the country work plans, will be shared with the other project partners, reviewed by the USAID AOR management team, and concurred by Missions/TAs and approved by the AOR.

Significant changes that impact the timing or achievement of objectives identified in the plan will require additional approval. Work plans must include a timeline for the planned achievement of milestones and outputs, as well as budgets identified with particular sub-activities.

There may be times during the course of this agreement that in addition to the information provided through this monitoring and evaluation system, more in-depth management reviews will be necessary. .

3. Performance Monitoring Plan (1 electronic copy)

The initial Performance Monitoring Plan (PMP) plan for the CA shall be due 45 days after award of this Agreement for AOR approval. Once approved, the Recipient must submit all requested changes to this plan for USAID approval. After the initial approval, in subsequent years the Recipient must submit an updated PMP (with annual targets specified) as a chapter of the annual work plan. The Recipient must include the annual outputs tracked in the PMP as part of the semi-annual technical report schedule (see description below).

4. Semi-Annual Progress Reports (1 electronic copy)

The Recipient shall submit a progress report to the AOR on a semi-annual basis (based on a fiscal year cycle). The semi-annual progress report shall be submitted no later than 45 calendar days after the end of the second (March 31) and fourth (September 30) quarters of the fiscal year. The performance reports shall contain the following information at a minimum:

- a. A summary of activities undertaken, progress made, results achieved and trends noticed during the reporting period;
- b. Data on all indicators established in the agreement's PMP;
- c. A comparison of actual accomplishments with the goals and objectives established for the period, the findings of the investigators or both;

- d. An explanation of problems encountered, reasons why established goals were not met, if appropriate, and how challenges or problems will be overcome during the next reporting period;
- e. A comparison of actual expenditures with budget estimates, including analysis and explanation of high unit costs, and any other pertinent information;
- f. Priorities for programming during the next reporting period.

In addition, the fourth quarter semi-annual progress report of each award year will provide USAID annual data on the agreed upon performance indicators of the previous year and a summary of the accomplishments for that year (as discussed in more detail, in paragraph 3, above). In addition, the report can provide any further qualitative results information the recipient would like to include to demonstrate the results achieved vis-à-vis the project objectives during that particular reporting period.

5. Environmental Compliance Planning and Reporting (1 electronic copy)

- 1) The Recipient shall develop and secure USAID clearance of the Initial Environmental Examination (IEE) prior to funding any country level activities.
- 2) All planned and ongoing country level activities shall be included in initial and annual work plans under this CA to determine if they are within the scope of the approved Regulation 216 environmental documentation.
- 3) This evaluation will be made in collaboration with the USAID AOR, Mission Environmental Officer and Bureau Environmental Officer (BEO).
- 4) A complete environmental mitigation and monitoring plan (EMMP) or project mitigation and monitoring (M&M) plan shall be prepared by the recipient as part of the program work plan and integrated into each annual work plan.
 - i. This plan shall describe how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award.
 - ii. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
 - iii. The results of the EMMP will be reported to the AOR and the BEO annually, no later than submission of the Annual Progress report, due not later than 45 days after the end of the reporting period.

6. Final Report (3 hard copies and 1 electronic copy)

As USAID requires, 90 days after the completion date of the CA, the implementer shall submit a final report to the AOR and a copy to the USAID Development Experience Clearinghouse (see info below) that includes: an executive summary of the program's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the program's activities and attainment of results by country or region, as appropriate, during the life of the CA; an assessment of progress made toward accomplishing the Goal and Objectives; significance of these activities; important research findings; comments and recommendations; lessons learned, best practices, comments and other findings generated from the Agreement, and a fiscal report that describes how the program's funds were used. See 22 CFR 226.51.

The Recipient shall submit an original and one copy of the final report to the AOR and one copy to the USAID Development Experience Clearinghouse (DEC): E-mail (the preferred means of submission) is: docsubmit@dec.cdie.org. The mailing address via U.S. Postal Service is: Development Experience Clearinghouse, 8403 Colesville Road, Suite 210, Silver Spring, MD 20910.

7. Other Reports

The implementer shall also submit other reports as required by the AOR. The implementer will submit reports to country Missions and/or other Bureaus or offices as deemed necessary by the AOR.

A.6 INDIRECT COST RATE

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

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

1/Base of Application: Salaries and wages excluding vacation pay
Type of Rate: Provisional
Period: 07/01/2014 until amended

2/Base of Application: *
Type of Rate: Predetermined
Period: 07/01/2011 until 06/30/2015

3/Base of Application: *
Type of Rate: Predetermined
Period: 07/01/2011 until 06/30/2015

*Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract) . Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

A.7 TITLE TO PROPERTY

Property Title will be vested with the Recipient during the period of performance of the award subject to the requirements of 22 CFR 226.30-37, with final disposition to be determined by the Agreement Officer at time of award closeout.

A.8 AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this award is 935.

A.9 COST SHARING

The Recipient agrees to contribute \$6,000,000.00. The Recipient agrees to expend cost share in an amount equivalent to **10%** or **\$6,000,000.00** of the total projected expenditure cost of **\$66,000,000.00** (\$60,000,000 federal share + \$6,000,000 cost share). The cost share contributions shall be listed per cost category and presented in the work plan budgets. All cost share contributions shall be in accordance with [22 CFR 226.23](#) and Standard Provisions on Cost Sharing, ADS 303.3.10, 1-4, Cost Share, or Matching and are subject to audit.

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

A.10 SUBSTANTIAL INVOLVEMENT

USAID's substantial involvement during the implementation of this Agreement must be limited to the elements listed below:

- a. Approval of Recipient's Implementation Plans: Approval of the recipient's final PMP, annual work plans, , semi-annual and annual progress reports, operational research studies/protocols, and all modifications that describe the specific activities to be carried out under the CA;
- b. Approval of specified key personnel assigned to the positions listed below. All changes thereto must be submitted for the approval by the Agreement Officer; and
 1. Project Director
 2. Senior Technical Advisor
- c. Agency and Recipient Collaboration or Joint Participation:
 - i. Collaborative involvement in selection of advisory committee members;
 - ii. Agency concurrence of sub-award recipients (see 22 CFR226.25 for requirements);
 - iii. Agency monitoring to permit specified kinds of direction or redirection because of interrelationship with other projects, as included in the Program Description, negotiated in the budget and made part of the award.

Subawards - All subawards not included and approved in the original Cooperative Agreement require approval per 22 CFR 226.25(c)(8).

A.11 PROGRAM INCOME

The Recipient must account for Program Income in accordance with 22 CFR 226.24. Program Income is not anticipated under this award; but, if accrued, it must be added to the project.

A.12 SPECIAL PROVISIONS

A.12.1 ENVIRONMENTAL CONCERNS

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.3.11.2b and 204 (<http://www.usaid.gov/policy/ads/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this award.

In addition, the Recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

No activity funded under this cooperative agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

An Initial Environmental Examination (IEE) has been approved for the Malaria Vector Control Program (see Annex C). The IEE covers activities expected to be implemented under CAs awarded under this RFA. USAID has determined that a **Negative Determination with conditions** applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this RFA.

1. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under CAs awarded under this RFA to determine if they are within the scope of the approved Regulation 216 environmental documentation.
2. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities should be undertaken prior to receiving written USAID approval of environmental documentation amendments.
3. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

4. When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an Environmental Analysis (EA), the recipient shall:
 - a. Unless the approved Regulation 216 documentation contains a complete Environmental Mitigation and Monitoring Plan (EMMP) or a project Mitigation and Monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
 - b. Integrate a completed EMMP or M&M Plan into the initial Work Plan.
 - c. Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

A.12.2 BRANDING STRATEGY AND MARKING PLAN

The Recipient shall comply with the requirements of the USAID “Graphic Standards Manual” in accordance with ADS 320, available at www.usaid.gov/branding, or any successor branding policy. The approved Branding and Marking Plan for this Award is included as **Attachment D**. All branding and marking will be developed by the recipient organization in close consultation with USAID.

A.12.3 PRODUCT LICENSING

The Recipient acknowledges USAID’s interest in ensuring that the innovations developed with USAID funding are widely available in Developing Countries at affordable prices. The Recipient shall use its best efforts to include terms in all licenses for any intangible property developed under this award, including any products, services, processes, technologies, materials, software, data, or other innovations (Intangible Property), to further this interest.

When licensing any Intangible Property, the Recipient should include provisions which provide that:

1. In registering, manufacturing, marketing, and distributing the Intangible Property, the licensee will provide the Intangible Property (e.g., product), when acquired by or on behalf of the public sector for use in Developing Countries, including when acquired by or for provision through social marketing programs, at a price that is as low as possible taking into account factors that include the reasonable and necessary costs for registering, manufacturing, marketing and distributing such Intangible Property (e.g., product).
2. No royalties will be paid to the Recipient by the licensee on the sale of or for the use of the Intangible Property (e.g., product), when acquired by or on behalf of the public sector for use in

Developing Countries, including when acquired by or for provision through social marketing programs.

For the purpose of this provision, the public sector means any government, department, or agency of a national, state or provincial, or local government. See USAID ADS 310 for a list of Developing Countries.

A.12.4 USAID DISABILITY POLICY - ASSISTANCE (JUNE 2012)

The recipient shall not discriminate against people with disabilities in the implementation of USAID funded programs and should demonstrate a comprehensive and consistent approach for including men, women, and children with disabilities. The text of the USAID Disability Policy can be found at the following Web site pdf.dec.org/pdf_docs/PDABQ631.pdf .

A.12.5 RESOLUTION OF CONFLICTS

Conflict between any of the Attachments of this Agreement shall be resolved by applying the following descending order of precedence:

1. Attachment A – Schedule
2. 22 CFR 226
3. Attachment B – Program Description
4. Attachment C – Mandatory Standard Provisions

A.12.6 ELECTRONIC PAYMENTS SYSTEM

1. Definitions:
 - a. “Cash Payment System” means a payment system that generates any transfer of funds through a transaction originated by cash, check, or similar paper instrument. This includes electronic payments to a financial institution or clearing house that subsequently issues cash, check, or similar paper instrument to the designated payee.
 - b. “Electronic Payment System” means a payment system that generates any transfer of funds, other than a transaction originated by cash, check, or similar paper instrument, that is initiated through an electronic terminal, telephone, mobile phone, computer, or magnetic tape, for the purpose of ordering, instructing or authorizing a financial institution to debit or credit an account. The term includes debit cards, wire transfers, transfers made at automatic teller machines, and point-of-sale terminals.
2. The recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, subrecipients, or contractors.

3. Exceptions. Recipients are allowed the following exceptions, provided the recipient documents its files with the appropriate justification:
 - a. Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.
 - b. Cash payments made to payees where the recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.
 - c. Cash payments to vendors below \$3000, when payment through an electronic payment system is not reasonably available.
 - d. The Recipient has received a written exception from the Agreement Officer that a specific payment or all cash payments are authorized based on the Recipient's written justification, which provides a basis and cost analysis for the requested exception.
4. More information about how to establish, implement, and manage electronic payment methods is available to recipients at <http://solutionscenter.nethope.org/programs/c2e-toolkit>.”

A.12.6 REPRESENTATION BY ORGANIZATION REGARDING A DELINQUENT TAX LIABILITY OR A FELONY CRIMINAL CONVICTION (August 2014)

- (a) In accordance with section 7073 of the Consolidated Appropriations Act, 2014 (Pub. L. 113-76) none of the funds made available by that Act may be used to enter into an assistance award with any organization that –
 - (1) Was “convicted of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency has direct knowledge of the conviction, unless the agency has considered, in accordance with its procedures, that this further action is not necessary to protect the interests of the Government”; or
 - (2) Has any “unpaid Federal tax liability that has been assessed for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency has direct knowledge of the unpaid tax liability, unless the Federal agency has considered, in accordance with its procedures, that this further action is not necessary to protect the interests of the Government”.

For the purposes of section 7073, it is USAID's policy that no award may be made to any organization covered by (1) or (2) above, unless the M/OAA Compliance Division has made a determination that suspension or debarment is not necessary to protect the interests of the Government.

(b) Applicant Representation:

- (1) The Applicant represents that it is is not an organization that was convicted of a felony criminal violation under a Federal law within the preceding 24 months.
- (2) The Applicant represents that it is is not an organization that has any unpaid Federal tax liability that has been assessed for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

[END OF ATTACHMENT A]

ATTACHMENT B PROGRAM DESCRIPTION

Executive Summary

Malaria control has made great strides in the past 15 years. Elimination is now viewed as a credible global goal. For this to happen, however, much remains to be done. We need to consistently use what we know about malaria as effectively as we can in every affected country. We also need to adapt to changing conditions quickly and with confidence. MVC proposes to lead the way on this agenda.

The malaria landscape is changing. Malaria transmission has become more complex and locally diverse as rates have decreased. Success in scaling up long-lasting insecticidal nets (LLINs) has saved millions of lives but it has also changed the epidemiology of transmission. Selective pressure favors outdoor biting vector mosquitoes where we have few current intervention options. Reduced transmission decreases short-term risk of disease, saving many infant lives, but it simultaneously increases vulnerability across all ages as immunity decreases. If control measures fail, deadly epidemics will result. The window of opportunity to drive malaria transmission down to very low levels is real and feasible--but there is no time to lose before the window starts to close. We must increase the efficiency of our tools and use them in more creative combinations if we are to **seize this moment**.

Increasing efficiency and fast reaction to changing transmission require improved data and local capacity to put that data to use. MVC brings together a team of highly-qualified, experienced and passionate collaborators who will innovate, facilitate, leverage and advocate moving malaria prevention forward, with speed. We will:

- **innovate** in both our technologies and our procedures, bringing new vector control tools and mapping technologies to bear on the problems.
- **involve** some of the best minds in the business in our operations research process.
- **facilitate** the development of new tactics and tools as well as facilitate the consensus required to weave them into global and national policies and into the field.
- **leverage** our professional networks and experience to incorporate new opportunities and ideas into practice.
- **advocate** with key decision-makers at all levels, from the UN system multilaterals through national, provincial and district political leaders down to the heads of households who make the tools work. We will reach these levels through strategic use of communication channels suited to each level, from global RBM Board meetings, peer-reviewed journal articles, workshops and trainings, to mass media and community opinion leader messaging.

Not only vectors are changing. The social and economic environment is in flux. African economies are growing and urbanizing rapidly. They are also becoming far more sophisticated, as access to education and information expand. These trends offer huge opportunities to the nimble. For example, with a bit more work on characterizing and modeling transmission risk, by the end of MVC we will be able to gain potentially large savings in public sector investments by: (1) quantifying the required levels of LLIN coverage needed to harness the ITN community effect in low prevalence urban settings; and (2) linking that percentage to subsidy rates needed to stimulate the corresponding proportion of urban households to invest in malaria prevention

commodities. Such fine-tuning may seem minor but the savings to the public sector multiplied across a continent that is rapidly approaching 50% urban dwellers are major.

The global landscape is changing as well. The move to sustainable development goals (SDGs) in 2015 will change the context of global aid funding, with far greater emphasis on multi-sectoral collaboration. MVC's unique access to decision makers means we can keep USAID and PMI's priorities in the forefront of planning discussions at the global, national and sub-national levels. Globally, malaria has a good reputation for providing value for money and we will work to strengthen the case.

These changes raise challenges, but also opportunities: we envision cross-sectoral collaboration with agriculture programs to reach rural households; improved housing that will reduce vector-human contact; and innovative subsidy schemes for LLIN. MVC will introduce a project management process and **Action Cycle** which will provide the ongoing evaluation, review, creative re-conceptualization and piloting needed to creatively, quickly and authoritatively respond to opportunities raised by this new environment.

The MVC team assembled to meet these challenges and move malaria closer to elimination is second to none. We bring together well-known, proven and skilled leaders in malaria policy, research and implementation. The team will be led by **Dr. Matthew Lynch** and **Ms. Hannah Koenker** of the **Johns Hopkins Bloomberg School of Public Health Center for Communication Programs** (JHU·JHU-CCP). They lead the current NetWorks project and are poised to deliver strong results under MVC. Both are well known leaders in the global malaria community. In addition to JHU·JHU-CCP, we selected five proven leaders in malaria control: **Tropical Health**, led by Dr. Albert Kilian, will lead the operations research agenda; **PSI** has an unparalleled footprint in malaria control implementation around the globe; **MEDA** brings its focus on business solutions to development problems and its expertise with e-voucher programs in several African countries; **Swiss TPH** and **Tulane University** both have specialized research skill sets—Swiss TPH in mathematical modeling and Tulane in cost-effectiveness.

In summary, MVC offers an exciting opportunity to move the malaria agenda forward swiftly, efficiently and effectively. We realize that the challenges we face now are substantive and that without drive and determination they will be with us for the next decade or more. Overcoming these challenges with innovative thinking and effective action in the next five years will make real gains at a critical time. We believe we have the vision, experience, partners and staff to set the stage for the end-game in malaria prevention.

MVC Implementation

MVC is led by JHU-JHU-CCP as prime in partnership with five truly expert, experienced and highly respected partners. Each partner has demonstrated technical expertise in malaria control and the management ability to implement successful programs worldwide.

Core Partner	Role/Strengths
JHU-CCP	Prime. Overall project leadership, management and coordination. Will lead policy work, BCC activities, behavioral research, LLIN continuous distribution planning (with PSI—see below), management of field activities, and project M&E. Also will explore opportunities for deploying new vector management tools with Tropical Health and the Expert Committee. Will access other resources within JHU as needed including the Johns Hopkins Malaria Research Institute.
Tropical Health	Lead research partner. Tropical Health, led by Dr. Albert Kilian, will lead the Operations Research activities and will provide expert advice in survey design and implementation oversight (e.g. post-campaign survey design, evaluation of continuous distribution approaches (schools, community), LLIN durability and care and repair surveys), refining the NetCALC quantification tool for LLIN needs assessment using different distribution channels, and development of a methodology to plan and design context responsive routine LLIN distribution channels. Tropical Health will also provide technical assistance for all types of distribution and for entomology activities related to new vector control measures.
PSI	PSI will provide technical support in LLIN distribution with lead roles for mass campaigns and LLIN procurement, especially in countries where PSI is already working. It will also provide technical support to planning, distribution and logistics for continuous distribution through ANC and EPI and in areas where strategies call for franchised sales. PSI will share (with MEDA) the lead role in private sector continuous distribution supply chain technical support using demand and supply side innovations such as vouchers and product subsidies.
MEDA	MEDA will provide support for private sector continuous distribution channels , using demand and supply side innovations such as vouchers and product subsidies. MEDA will also assist researchers in designing, measuring and implementing selective aspects of continuous long-lasting ITN distribution and/or alternative vector management control mechanisms through commercial channels.
Swiss Tropical and Public Health	Swiss TPH will provide the secretariat for the VCWG , and in particular for the CD and Durability work streams. It will also provide operations research support in mathematical modeling and in new tools development through their Vector Control Centre. Swiss TPH is uniquely qualified to use the OpenMalaria program to provide mathematical modeling to test models and estimate outputs and outcomes of specific interventions, including continuous distribution. Dr. Christian Lengeler will provide expert input into the MVC Expert Committee.
Tulane University	Tulane University's Center for Applied Malaria Research and Evaluation will provide support for cost-effectiveness and cost-benefit analyses and studies as needed/requested. Dr. Josh Yukich will serve as a member of the MVC Expert Committee.

MVC Management Approach: MVC is organized to leverage the expertise, strengths and skill-set of our partners and staff. The organizational structure was designed as an efficient and flexible model of management that allows for timely and informed decision-making. It will expand over the life of the project to allow for the growth of country programs.

Partner roles: JHU-JHU-CCP's approach to project management is characterized by crisp lines of responsibility and clear implementation roles, adapted as needed for specific country contexts. MVC management will assign lead roles to project partners based on the principle that work is awarded on the

basis of superior capacity to perform the designated activities in the specified country at that point in time. Capacity to be evaluated includes human resources with the appropriate skills and country-specific experience, administrative infrastructure in country, ability to start implementation quickly, including registration and other issues, and complementary existing activities that can strengthen the impact of the MVC activity. In cases where more than one MVC partner may have capacity, the interested parties will meet with the MVC Project Director to review the various capacities in terms of the desired scope of work and discuss options. The Project Director will make the final decision.

Maintaining innovation and cutting-edge issue focus: NetWorks I found that a regular annual meeting of an Expert Committee was extremely useful to steer the project and ensure it was addressing timely and important issues in the field. MVC will continue to use this approach by convening a similar Expert Committee for technical advice and guidance. The Expert Committee will ensure that MVC provides innovative, high-quality and relevant operations research support to the PMI OR agenda (See OR objective above). The Expert Committee's membership will be established in collaboration with USAID following the award of the agreement.

Project Governance: MVC will provide timely technical and financial reporting through clear communication with partners, use of consistent reporting templates, and clear deadlines. Regular decision making will be facilitated through focused, weekly project review meetings with the MVC Management Team--made up of JHU·JHU-CCP project staff, a designated point person from each partner and the project's financial manager. This tried-and-true process allows for close monitoring of activities and helps flag departures from budgets so that adjustments can be made smoothly and without disruption to program activities. These weekly meetings have worked successfully in NetWorks I to ensure activities have impact, are well-implemented and are cost-effective. The key to the efficiency and transparency of this approach is a detailed agenda on google docs which is updated by each partner and helps pinpoint items for discussion.

Lines of communication: The PD will be responsible for ensuring communication between project teams, partners and USAID/Washington. He will initiate weekly or bi-weekly calls with USAID to discuss project progress, matters and concerns. These meetings will also provide the opportunity to discuss shifts in priorities and changes to the activities as the monitoring system identifies them. MVC will adhere to USAID reporting guidelines and will submit semi-annual reports on-time to the AOR.

Communication with USAID Missions rests with the Project Director and the Field Operations Director. MVC will respond to Mission requests quickly. The Field Operations Director will consult with project staff and partners to determine the most appropriate staff to design and implement requested activities. MVC is designed to scale up as USAID Missions request field activities. For efficiency, the country projects will flow into JHU·JHU-CCP's existing country support system. JHU·JHU-CCP is currently implementing activities in over 30 countries and has over 25 years of experience managing complex programs in multiple countries simultaneously.

Responsiveness to Field Support requests: MVC has field offices in all 20 PMI countries in sub-Saharan Africa and in the Mekong region. This gives us increased capacity to respond quickly, effectively and cost-efficiently to requests for field support. We can cost share office costs and other expenses with other projects and facilitate activities, particularly for focused pieces of work such as short-term technical assistance, quickly and responsively.

Rapid start-up plan: JHU·JHU-CCP can guarantee a seamless and rapid start-up of MVC. Most of the staff are in place and can begin new activities immediately. We are positioned to scale up activities under Objective 3 as field support comes in over the course of the first year. Our flexible partner and staffing approach enables us to expand as needed to quickly respond to changing project needs and levels of field support buy-in. We will coordinate closely with other key stakeholders to identify areas for research and we will maintain close coordination with USAID teams in Washington and with field missions, through our Senior Management Team’s and our partnership’s combined extensive field office presence.

Annual work plans: The MVC team will work closely with USAID to develop a start-up plan upon award. We will create the first year work plan within three months. Annual work plans will include activities and results in addition to LOE, funding sources, technical assistance, collaborating partner involvement and expected results. Targets, indicators, and data sources will be identified for each intermediate result. As MVC acquires field support, we will modify strategies and activities to meet Mission or PMI requirements.

Key Personnel and Staffing

The MVC team has been carefully chosen to ensure success. Our key personnel exceed the requirements as outlined in the RFA. Each is technically excellent, has a passion for the work, believes in the goals of MVC and has the drive to make the project a success.

Project Director: Matthew Lynch, PhD	
Main Technical/Administrative Functions	<ul style="list-style-type: none"> ▪ Set priorities for project’s overall technical vision; provide strategic and management direction and leadership ▪ Ensure project achieves quality results in a timely fashion within budget ▪ Establish and maintain effective working relationships with USAID, other donors, core partners and collaborators, especially WHO coordinating bodies and JHSPH ▪ Ensure monitoring and evaluation, internal capacity building and documentation and dissemination systems are in place ▪ Mentor project staff ▪ Lead global leadership and advocacy activities; act as a resource within the CA community ▪ Make final decisions on all strategic, technical and financial issues; ultimately responsible for project performance
Required Experience and Academic Background	<ul style="list-style-type: none"> ▪ PhD in International Health from Johns Hopkins Bloomberg School of Public Health ▪ Over 25 years of experience in design, management, implementation and leadership of projects in developing countries ▪ 15 years in malaria control programming as Project Director of NetWorks and Technical Advisor/Malaria Team Leader at USAID ▪ Seven years of service on RBM Partnership Board including four years as vice chair; currently an active member of RBM’s MERG and VCWG ▪ Excellent oral and written communication skills; ability to interact professionally in French
Reporting	Reports to JHU-JHU-CCP Director of Global Projects, Alice Payne Merritt; supervises

STA/DPD, the Policy Team, the Field Implementation Team and the Financial Manager.
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Dr. Matthew Lynch is the proposed MVC Project Director. He is a well-known global leader in malaria, having served as Vice Chair of the RBM Partnership Board and Chair of the Executive Committee from 2008-2013 and as Project Director of MVC from 2009-2014. He has strong management experience and the ability to work at all levels with NGOs, governments, donors and partners. He is level-headed, trusted, and visionary. He can identify roadblocks to success and devise strategies to overcome these barriers, bringing together conflicting viewpoints and finding common goals. He is well respected by his peers.

Dr. Lynch has spent more than a decade focusing on malaria control issues. At the global level, Dr. Lynch has played a leadership role in re-orienting RBM Partnership interactions, increasing informational and financial transparency and improving management and quality of RBM Executive Committee work and RBM Board Meetings. Dr. Lynch is an active member of the MERG and the VCWG. His professional network includes relationships with WHO, the Swiss Tropical Institute, the London School of Hygiene and Tropical Medicine, Tulane University, and PATH/MACEPA. Dr. Lynch serves on the Technical Advisory Committee for PSI's ACTwatch project, and as a reviewer for the Gates Foundation, CDC and a number of professional journals.

Under Dr. Lynch's leadership, the NetWorks project tested innovative approaches to LLIN distribution, built capacity in M&E of LLIN distribution and use, and moved LLIN policy forward. This strong track record will continue as the Project Director of MVC.

Senior Technical Advisor & Deputy Project Director: Hannah Koenker, MPH	
Main Technical/Administrative Functions	<ul style="list-style-type: none"> ▪ Provide strategic oversight and management to the technical team, primarily for Objective 2, the Research Team ▪ Provide day-to-day management of the MVC team with the project director ▪ Provide TA to field support projects, especially in BCC, LLIN promotion, demand creation and effective use; will work with the Field Implementation Officer to ensure country programs are fully supported ▪ Mentor project staff ▪ Oversee creation of tools for the malaria control community
Required Experience and Academic Background	<ul style="list-style-type: none"> ▪ MPH in International Health/Social and Behavioral Sciences, Johns Hopkins Bloomberg School of Public Health ▪ PhD in Epidemiology from University of Basel expected in Spring 2015 ▪ Twelve years of experience in developing countries; seven years of focused experience in malaria control activities ▪ Extensively published and cited ▪ Over five years of management and supervisory experience ▪ Recognized globally as a leader in BCC for malaria control ▪ Excellent oral and written communication skills; and is professionally fluent in French
Reporting	Reports to Project Director; supervises the Research Team including research partners and the Communication/KM Officer

Ms. Hannah Koenker is our proposed Senior Technical Advisor & Deputy Director. She is recognized globally as a leader in malaria BCC and in monitoring and evaluation for malaria BCC and has a

demonstrated ability to manage, lead, and make effective decisions. She has led the AMP BCC working group since 2009 and the PMI BCC M&E Task Force since 2012. In that role she led the development of the RBM Malaria BCC Indicator Reference Guide and led the first national assessment of continuous distribution options, in Tanzania. She has excellent management experience and is organized, diplomatic, and highly productive. She is a skilled and proven problem solver, highly cited researcher, and recognized technical expert. She is an active member of the AMP, the VCWG, and helped to reestablish RBM's Communication Community of Practice, where she serves on the M&E Task Force.

Ms. Koenker's research credentials are considerable; she has published five first-author papers under NetWorks I, and co-authored an additional six published papers. Two more first-author papers are in preparation. She is completing a PhD in Epidemiology at the University of Basel (expected in early 2015) under Dr. Christian Lengeler.

Other Core Staff

MVC has assembled a stellar group of highly skilled professionals to work in senior-level positions.

Staffing Plan

We know from experience that talented individuals are the core of a successful project. Our staffing plan is designed to balance efficiency with productivity. To institutionalize the project's outreach to research institutions and technical experts from endemic countries, the project will create an additional indicator in the PMP to reflect the number of endemic country institutions in active collaboration with the project. This indicator will be crafted in collaboration with our AOR during the kickoff of the new project.

MVC will have a Field Operations Director, [REDACTED] to provide technical assistance, supervision and oversight for all field activities and country programs (Objective 3). [REDACTED] will be based in Nairobi to closely coordinate with the PSI Malaria Office and other Africa-based partners.

At the Baltimore office, [REDACTED] will be Senior Program Officer for Management, responsible for capacity-building components, monitoring workplan and budget coherence, and staff development. We will draw upon our experienced cadre of Program Officers within the JHU-JHU-CCP Malaria Team to support key technical areas as well as provide technical and administrative backstopping to field programs. The key technical areas that will be supported by them include M&E & BCC [REDACTED] [REDACTED], Care & Repair/Durability ([REDACTED]), [REDACTED] and overall project support ([REDACTED]). In addition to tracking a specific technical theme, each Program Officer will take lead responsibility for specific country programs as field support activities come in. By assigning lead responsibility to a specific PO we ensure programs are tracked for technical support as well as administrative support such as contracting, monitoring of spending, pipeline and obligations and other key administrative functions with no confusion. A senior financial manager, [REDACTED], will be dedicated to the project to ensure sound financial management and compliance with USAID and JHU rules, regulations, and policies.

In MVC we are introducing the role of a Communications and KM Officer (TBD after award.). He/she will oversee project documentation and dissemination activities including the project website and promotion of tools and approaches, publications, social media and project KM. He/she will help organize global events and assist with advocacy activities.

Institutional Capacity

Johns Hopkins Bloomberg School of Public Health Center for Communication Programs

(JHU·JHU-CCP): The Johns Hopkins Bloomberg School of Public Health is the number-one ranked School of Public Health in the US. Since its founding in 1988, JHU·JHU-CCP, based in the School's Department of Health, Behavior and Society, has implemented hundreds of projects throughout the developing world and in the US and has worked with thousands of organizations and professionals in the government, NGO and private sectors. JHU·JHU-CCP's staff of over 600 professionals manages over \$100 million in projects each year in more than 30 countries. Our donors include USAID, the Bill & Melinda Gates and Packard Foundations, UNICEF, DFID, WHO and more. Countless people have been touched by JHU·JHU-CCP's programming in malaria, FP/RH, HIV/AIDS, MNC, nutrition and other health areas.

JHU·JHU-CCP will bring this history of leadership and innovation to its role as the prime implementer of MVC. JHU·JHU-CCP has over a decade of experience in malaria-related programming. We have developed frameworks demonstrating how integrating communication into large-scale programs can contribute to malaria control. Also, as part of Johns Hopkins University, JHU·JHU-CCP has access to the rich technical resources of the Johns Hopkins Bloomberg School of Public Health, the School of Medicine and The Johns Hopkins Malaria Research Institute, which is led by Nobel-prize winner Dr. Peter Agre. We can easily draw on colleagues for GIS mapping, sophisticated entomological and epidemiological analysis and more. The International Centers of Excellence in Malaria Research program led by Dr. William Moss includes study sites in Zambia and in Zimbabwe with potential for significant contributions to the MVC technical agenda.

JHU·JHU-CCP's Global Program on Malaria is home to a number of malaria projects including NetWorks I, the Communication and Malaria Initiative in Tanzania (COMMIT), now part of the Tanzania Capacity and Communication Project (TJHU-CCP) and, until recently, the Bill & Melinda Gates Foundation-funded Voices for a Malaria-Free Future project. JHU·JHU-CCP also leads the STOP Malaria program in Uganda and is a partner on the SunMap project in Nigeria. JHU·JHU-CCP is an NGO representative on the Roll Back Malaria (RBM) Partnership Board and is active in a number of working groups including the Malaria Advocacy Working Group of RBM, the Monitoring and Evaluation Reference Group (MERG) and the Harmonization Working Group (HWG). JHU·JHU-CCP also holds membership in the Alliance for Malaria Prevention (AMP) Core Group.

JHU·JHU-CCP's highly successful NetWorks project worked in four result areas: policy, effective LLIN distribution approaches, operations research (M&E), and behavior change communication around net use and net care and repair. NetWorks supported 10 countries' access to and use of LLINs to prevent malaria, provided expert design and evaluation of LLIN distribution activities, and conducted research to inform global LLIN policy in conjunction with WHO and Roll Back Malaria. Leadership from NetWorks has changed the global policy discussion on LLIN distribution. Continuous LLIN distribution is now a mainstream malaria intervention, as evidenced by the recent WHO Malaria Policy Advisory Committee (MPAC) recommendations of March 2014. These global policy recommendations were made possible largely by the body of evidence developed and published by NetWorks in journal articles and case studies. Using the private sector in continuous distribution is also now a frequent topic in technical discussions, and the Global Fund (GFATM) is working with NetWorks to promote utilizing private sector capabilities in continuous distribution into WHO policy (and thus into GFATM

programs). The project led the development of a set of indicators for monitoring and evaluating malaria BCC programs, in conjunction with a large group of RBM partners, and has created a series of online training modules in M&E for malaria BCC, as well as for NetCALC, the tool used to model and plan continuous distribution strategies. NetCALC has been used in 14 countries to develop preliminary distribution strategies, and seven countries have used it in strategy development. NetWorks supports the secretariat for the RBM Vector Control Working Group, housed at SwissTPH, to ensure wide dissemination of findings around LLIN distribution.

JHU·JHU-CCP's largest malaria project outside of NetWorks, the COMMIT project (2008-2013) brought together a powerful team of organizations with unparalleled technical expertise to help Tanzania's NMCP and PMI achieve their goals and objectives in malaria control. COMMIT acted at the national, community and individual levels to foster social norms and self-efficacy around malaria prevention and treatment. With partners and the NMCP, COMMIT implemented the umbrella campaign *Malaria Haikubaliki* (Malaria is Unacceptable) in which all partners used the logo and slogan for their activities. 68% of people surveyed could correctly finish the phrase *Malaria Haikubaliki*; 91% of respondents had heard the phrase *Malaria Haikubaliki*; and 25,000 copies of the *Chumo* movie (part of the campaign) were sold through commercial distribution. Results show that of the 72% of respondents who had heard a COMMIT malaria message in the past month, 73% reporting taking an action ranging from sleeping under a net to going for malaria testing at the first sign of symptoms.

Population Services International (PSI): PSI provides malaria control support to national Ministries of Health in 32 countries worldwide, and 24 in Sub Saharan Africa. It supports efforts to increase access to effective malaria prevention and treatment and works closely with ministries of health to scale up proven interventions and sustain coverage over time. These interventions include delivery of long-lasting insecticidal treated nets (LLINs), long-lasting insecticide retreatment tablets, artemisinin-based combination therapies (ACTs), rapid diagnostic tests (RDTs), strategic behavior change communications and applied operational research. In 2013 alone, PSI prevented more than 226,363 malaria related deaths.

PSI has a dedicated malaria control department based in Nairobi which provides technical assistance and quality assurance to all of PSI's malaria control programs. The department is staffed with six experienced technical advisors who support individual country programs to design and implement appropriate control interventions and provide advice to Ministries of Health on the latest developments in the field. PSI malaria control staffs are represented in all major international malaria fora including the Technical Research and Advisory Committee of the WHO Global Malaria Program, the Roll Back Malaria (RBM) board, six RBM technical working groups, and the Affordable Medicines Facility for Malaria (AMFM) task force.

PSI supports ministries of health throughout Africa and Asia to achieve and sustain universal LLIN coverage. To date, PSI has delivered more than 180 million insecticide treated mosquito nets in more than 30 countries. Organizationally, 65% of the total LLINs distributed by PSI between 1995 and 2010 were distributed via continuous distribution channels such as antenatal care clinics and private sector retailers. Comparably, 35% were distributed via mass distribution campaigns. In 2010, 95% of the nets that PSI distributed were given for free.

Tropical Health, LLP: Tropical Health LLP is an international consultancy firm specializing in monitoring, evaluation and research in the health sector in Africa and Asia. Registered in the UK in

2011, the company builds on the long experience of its core staff as well as a wide network of consultants. Clients include the UK Department for International Development (DFID/UKAid), United States Agency for International Development (USAID), Bill and Melinda Gates Foundation, World Health Organization, Management Sciences for Health, Malaria Consortium, Results for Development, Montrose International, and private companies.

Tropical Health has led needs assessments, program designs, implementation and evaluation around the coverage and use of long lasting ITNs. Its Technical Director, Dr. Albert Kilian, is globally renowned for his innovative approach to monitoring LLIN interventions. Dr. Kilian has been the Lead Technical Advisor on the global USAID / President Malaria Initiative (PMI) NetWorks I project for all aspects of monitoring, evaluation and operations research; he started this role under his previous employment as M&E Director for Malaria Consortium and has continued under Tropical Health since 2012. Examples of senior technical inputs in the NetWorks project include expert advice on project strategy development and review, survey design and implementation oversight (e.g. post-campaign survey design, evaluation of continuous distribution approaches (schools, community), LLIN durability and care and repair surveys), development of a quantification tool (NetCALC) for LLIN needs assessment using different distribution channels and development of a methodology to plan and design context responsive routine LLIN distribution channels.

Tropical Health also has proven capacity in the assessment and design of interventions for LLIN market development and related monitoring. Under funding from DFID, Tropical Health is developing a strategy for sustaining universal coverage with LLIN with special emphasis on harnessing the potential of the commercial LLIN market in Tanzania. Its staff and consultants have a solid track record of supporting national MOHs and their malaria control programs and using a health systems strengthening and capacity building approach to improve malaria control.

Mennonite Economic Development Associates (MEDA): Founded in 1953, MEDA is an international economic development organization whose mission is to create business solutions to poverty. For example, MEDA's electronic coupon offers the capacity to generate demand for health goods and services by offering targeted discounts, coupled with a mapping tool that optimizes delivery and makes data accessible to entrepreneurs, researchers, policy-makers and donors. MEDA can inject technology into operations, gather nearly real-time intelligence, increase scale, extend client reach and improve project effectiveness to people in disconnected and marginalized markets, especially those in rural areas. For example, in Tanzania, MEDA implemented the Tanzania National Voucher Scheme (TNVS) – a USAID-funded public-private partnership with the Ministry of Health and Social Welfare. In addition to saving lives, this voucher model provides a unique and transparent mechanism to directly reach a target population, while building sustainability for continuous distribution of bed-nets. Known locally as *Hati Punguzo*, mothers and caregivers of infants are issued a voucher during their child's immunization visit to a local health clinic. These vouchers can be presented at any one of over 5,500 participating retailers and provides a meaningful discount towards the purchase of a LLIN.

Tulane University Center for Applied Malaria Research and Evaluation: The Tulane University School of Public Health and Tropical Medicine and the Center for Applied Malaria Research and Evaluation offer extensive experience in the design and evaluation of malaria control programs, including the measurement of vector control coverage, evaluation of health impacts, measurement of cost and cost-effectiveness and the modelling of vector control coverage and impact. In addition, Tulane

has internationally recognized expertise in the evaluation of behavior change and health communication strategies using state of the art econometric methods for causal inference. Members of Center have established a growing reputation for high quality applied malaria research and program evaluation. Their interdisciplinary research in this area has resulted in [over 50 peer-reviewed publications](#) over the past seven years, with their findings influencing both national program and global malaria policy. Of note is their work on estimating the effectiveness of malaria prevention interventions through systematic reviews and meta-analyses, impact evaluations of malaria control programs in Zambia, Malawi and Eritrea, geostatistical analysis and risk mapping, translational research on increasing the uptake and use of insecticide-treated mosquito nets (ITNS), and measuring malaria parasite prevalence using population-based household surveys.

Swiss Tropical and Public Health Institute: Swiss TPH's malaria work focuses on all aspects of applied intervention research, from testing new vaccine candidates to implementing proven control tools at scale. Of particular interest is the integration of an intervention into existing local health systems and measuring its resulting effectiveness in a real-world setting. Their entomologists are working in Basel, Tanzania, and Ivory Coast to develop a new generation of vector control tools. Swiss TPH has supported the Tanzanian NMCP since 2002 through the NETCELL project, especially the Tanzanian National ITN Program and its case management unit. In 2013 Swiss TPH began supporting the NMCP in the Democratic Republic of Congo in partnership with PSI and with support from DfID. The Dynamical Modeling Research Group at Swiss TPH focuses on understanding infection dynamics in the context of real-world disease and health systems, using a range of computational tools from statistics, mathematics and computer science. The group's main focus is on *Plasmodium falciparum* malaria and on developing a general platform for comparing, fitting and evaluating micro-simulation models of malaria dynamics. The platform is used to quantitatively predict the effects of different interventions and integrated control programs.

[END OF ATTACHMENT B]