



USAID
FROM THE AMERICAN PEOPLE

Mr. Moses O.T Owahro
Aidez Small Project International (ASPI)
P.O Box NB 29
Accra, Ghana

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

Subject: Cooperative Agreement No. GHS-A-00-08-00006-00

Dear Mr. Owahro:

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 Aidez Small Project International (ASPI) hereinafter referred to as the "Recipient", the sum of \$1,082,282.64 to provide support for a program in Ghana as described in the Schedule of this award and in Attachment B, entitled "ASPI Malaria Prevention and Treatment Program."

This Cooperative Agreement is effective and obligation is made as of the date of the signature of the Agreement Officer 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, 2011. 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 ASPI, 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
USAID
Agreement Officer

30 September 2008

Attachments:

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

ACKNOWLEDGED:

BY: Muselem Moses O. Owaharo
TITLE: FOUNDER & CEO
DATE: 29/09/08

A. GENERAL

1. Appropriation:
2. Amount Obligated this Action: \$550,000.00
3. Total Estimated USAID Amount: \$1,082,282.64
4. Total Obligated USAID Amount: \$550,000.00
5. Cost-Sharing Amount (Non-Federal): \$60,993.59
6. Activity Title: "ASPI Malaria Prevention and Treatment Program"
7. USAID Technical Office: GH/HIDN/ID
8. Tax I.D. Number: N/A
9. DUNS No.: N/A
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. Benefiting Geo Area: 641
6. Object Class: 4100201
7. Amount Obligated: \$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

Table of Contents

ATTACHMENT A THE SCHEDULE..... 5

A.1 PURPOSE OF COOPERATIVE AGREEMENT _____ 5

A.2 PERIOD OF COOPERATIVE AGREEMENT _____ 5

A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT _____ 5

A.4 COOPERATIVE AGREEMENT BUDGET _____ 5

A.5 REPORTING AND EVALUATION _____ 6

A.6 INDIRECT COST RATE _____ 6

A.7 TITLE TO PROPERTY _____ 6

A.8 AUTHORIZED GEOGRAPHIC CODE _____ 6

A.9 COST SHARING _____ 7

A.10 SUBSTANTIAL INVOLVEMENT _____ 7

A.11 PROGRAM INCOME _____ 7

A.12 SPECIAL PROVISIONS _____ 7

 A.12.1 USAID DISABILITY POLICY (DEC 2004) _____ 7

 A.12.2 EXECUTIVE ORDER ON TERRORISM FINANCING (FEB 2002) _____ 8

 A.12.3 FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL _____ 8

 CONFERENCES (JAN 2002) _____ 8

 A.12.4 ACCOUNTING SYSTEM SURVEY _____ 8

 A.12.5 WORKPLAN APPROVAL PROCESS _____ 8

 A.12.6 ENVIRONMENTAL CONCERNS _____ 8

ATTACHMENT B PROGRAM DESCRIPTION _____ 9

ATTACHMENT C BRANDING STRATEGY & MARKING PLAN _____ 25

ATTACHMENT D STANDARD PROVISIONS _____ 30

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

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

ATTACHMENT E INITIAL ENVIRONMENTAL EXAMINATION _____ 66

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 "ASPI Malaria Prevention and Treatment 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, 2011.

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 \$1,082,282.64.
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 shall be made to the Recipient in accordance with procedures set forth in 22 CFR 226 and the provisions entitled "Payment – Reimbursement (May 1986)."

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 the Mandatory Standard Provision entitled "Revision of Award Budget (October 1998)."

TOTAL BUDGET

Cost Element	Cost in USD
Direct Costs:	\$1,082,282.64
Indirect Costs:	\$ - 0 -
Total Federal:	\$1,082,282.64
Cost Share:	\$60,993.59
Other (NMCP):	\$96,877.64
Total Program:	\$1,240,153.87

A.5 REPORTING AND EVALUATION

1. Financial Reporting

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

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

Guidelines for the final reports will be provided by the CTO.

A.6 INDIRECT COST RATE

The Recipient has not proposed any indirect costs under this Cooperative 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 under this Cooperative Agreement is 935. The authorized geographic code for procurement of commodities under this Cooperative Agreement is 000.

A.9 COST SHARING

The Recipient agrees to contribute cost share in accordance with their approved budget. Please refer to section A.4 for more detailed cost sharing 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 positions listed below. The personnel currently listed have been approved. 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

Program income is not anticipated under this project. Should income be generated under this project, it will be added to the project in accordance with 22 CFR 226.24.

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, amendment] 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 ACCOUNTING SYSTEM SURVEY

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

A.12.5 WORKPLAN APPROVAL PROCESS

A workplan template will be provided to the Recipient within fifteen (15) days after award of this Cooperative Agreement. Final workplans will be due to the CTO approximately sixty (60) days after award of this Cooperative Agreement.

A.12.6 ENVIRONMENTAL CONCERNS

During the life of the Agreement, the Recipient will follow the approved environmental mitigation measures described in the Initial Environmental Examination, attached as Attachment E.

**ATTACHMENT B
PROGRAM DESCRIPTION**

Executive Summary

Aidez Small Project International (ASPI) is a Ghanaian, non-governmental organization dedicated to improving the health and livelihood of indigent women and their families. Since 2003, ASPI has played a key role in preventing the spread of malaria, tuberculosis, and HIV/AIDS through the delivery of healthcare services and education at the community and household level. The organization employs a participatory methodology, recruiting and training local residents as Community Based Agents (CBA's) to deliver culturally-appropriate, integrated services in the field. CBA's are the critical building blocks of the organization's various health programs, highly valued for their role in fostering trust among community members and defining overall program success. ASPI is currently requesting the support of USAID's Malaria Communities Program to continue delivery and expansion of its Malaria Prevention and Treatment Program in Ghana's Keta District, with possible extension to Ketu District. The organization hereby submits a budget request of \$1,252,168 from USAID, with a contribution of \$55,305 from the National Malaria Control Program and \$48,909 in ASPI in-kind support. The proposed contract period is January 1, 2009 – January 1, 2012.

Keta District was chosen as one of twenty NMCP pilot project sites in 2003, due to its high prevalence of malaria-specific morbidity and mortality. The district is home to 152,484 people, with children under five comprising 20% of the population (30,497). While the total number of pregnant women in Keta is unknown, ASPI estimates that there are approximately 30,000 in need of malaria prevention services each year. Many are among the "poorest of the poor," as 40% of the local population lives below the national indigence line.

For more than a year, ASPI has partnered with NMCP and Keta District Health Directorate (KDHD) to deliver its Malaria Prevention and Treatment Program in 23 communities throughout Keta District. The program is strategically designed to reflect the NMCP objectives and strategies that support PMI's MOP initiative. These include distributing insecticide treated nets (ITNs) and promoting their correct and consistent use; training community agents to implement services and education; organizing bed net re-treatment campaigns and disseminating supplies; and conducting house-to-house visits to ensure accurate use of IPTp among pregnant women, and detect and treat malaria symptoms in children under five with ACT. ASPI carries out these activities in a variety of culturally-appropriate forums, such as church services, credit group meetings, and traditional community durbars.

ASPI is a trusted presence in Keta District and fosters strong ties with local residents. The organization has been invited twice to renew its contract with NMCP and enjoys a close working relationship with KDHD in the field. While other health facilities in Keta offer on-site medical care, the ASPI-KDHD-NMCP collaborative is the only comprehensive malaria control campaign to go into the field, delivering education and services in peoples' own homes. This strategic approach, endorsed by PMI and NMCP, has enabled ASPI to contribute to an overall decline in malaria burden of 17.7% in Keta District since 2003. With the generous support of USAID, ASPI aims to build on this success by expanding its malaria control program to 95 communities throughout Keta and Ketu District by 2012.

Organization Capacity and Past Performance

Aidez Small Project International (ASPI) is a Ghanaian, non-governmental organization dedicated to improving the health and livelihood of indigent women and their families. Since 2003, ASPI has played a key role in preventing the spread of malaria, tuberculosis (TB), and HIV/AIDS in Ghana's Greater Accra and Volta Regions through the delivery of quality healthcare services and education. The organization is locally conceived, supported, and staffed by 6 Ghanaian nationals, as well as several Nigerians and Americans, and manages 48 volunteer Community Based Agents (CBAs), who

serve as the face of the organization in the field. Through the delivery of culturally-appropriate health services at the community and household levels, ASPI has effectively reached more than 18,000 clients in over 50 communities throughout Ghana.¹

ASPI employs a participatory methodology to foster local ownership of healthcare status and target Ghanaian women who are in the greatest need of support. CBA's are trusted members of the communities they serve, referred by local opinion leaders and carefully trained in prevention and treatment services. Many are former public health officers who wish to continue healthcare delivery on a volunteer basis. CBA's are involved in almost every aspect of program implementation at the community and household level, including disseminating IEC/BCC materials; organizing community meetings and educational forums; maintaining referral networks with local health facilities and ties with traditional leaders; delivering health services to schools and churches; and conducting house-to-house visits to provide case management and follow-up. They are avidly encouraged to value their unique strength as community members, leveraging knowledge of local customs and norms, and relationships with neighbours and friends to personalize service delivery in their particular communities. Those who demonstrate exceptional service are promoted to Supervising Agents (SA's), responsible for overseeing a cluster of communities and volunteers. Thus, CBA's are the building blocks of ASPI's various health programs, highly valued for their critical role in fostering trust among program beneficiaries and defining overall success of the organization.

In November 2004, ASPI expanded its health platform to include a microfinance and savings component, a small loans project designed to improve the health of poor families through promotion of economic opportunity. Recognizing the critical interplay between economic and health status, ASPI strategically integrates financial and health services to create a targeted and reciprocal model of service delivery -- the microfinance (MF) schema regularly brings together large groups of impoverished women, providing an ideal opportunity for the delivery of health services and education. In turn, financial services provide women with the resources to protect their own health, as well as that of their families. It is important to note that many aspects of ASPI's health programs continue to operate independently of the MF program; however, ASPI selectively integrates services when appropriate to increase efficiency and more effectively target primary beneficiaries (e.g. distributing ITN's to women during credit group meetings). Accordingly, some CBA's also serve as credit officers, while others are exclusively health delivery specialists. While ASPI maintains its focus as a healthcare organization, it recognizes

¹ Communities are locally defined as a group of people sharing common cultural norms and practices, and living in close proximity to one another. Each community in Ghana is separately named and referenced.

the W.H.O. tenet stating that health is not merely the absence of disease, but "a state of complete physical, mental, and social well-being."²

ASPI's core mission is to improve the health and livelihood of poor families, and to promote economic opportunity through the provision of integrated financial and health services. The organization's guiding principles include:

- employing a participatory methodology, by which relevant stakeholders and program beneficiaries are involved in the design and implementation of program activities;
- targeting the "poorest of the poor," especially vulnerable women and their children;
- delivering personalized community and home-based care in a culturally sensitive and appropriate manner; and
- empowering those in need with the knowledge and resources necessary to realize opportunity and achieve self-sufficiency.

Former and On-going Projects

ASPI has an annual operating budget of \$92,100, which covers financial and non-financial services separately. Health programs are largely sponsored by the Global Fund, in partnership with in-country government agencies. These include \$25,900 from the National Tuberculosis Control Program (NTP), \$1,200 from Ghana Aids Commission (MSHAP), and \$20,000 from National Malaria Control Program (NMCP) to implement the TB, HIV/AIDS, and Malaria Prevention and Treatment programs, respectively. Microfinance services are self-funded, with a budgeted loan portfolio of \$45,000 to be covered by interest income.

The organization currently operates tuberculosis and malaria control programs in the Ketu and Keta Districts of Ghana's Volta Region, and recently concluded an HIV/AIDS project in the Ayawaso Sub-District of the Greater Accra Region. Each of ASPI's health programs is integrated with its microfinance services to varying degree; however, the MF program is outlined separately below for clarity.

Tuberculosis Prevention Program:

Since 2006, ASPI has run its tuberculosis (TB) prevention program in partnership with the National Tuberculosis Control Program (NTP) and under sponsorship by the Global Fund. The organization has succeeded in reaching more than 10,600 people in 10 communities throughout Ketu District during that time. It implements a specialized behaviour change communication (BCC) curriculum, designed to reduce transmission of TB through early detection and treatment. This model is founded on NTP's proven techniques, tailored to the specific cultural norms of Ketu District residents, and implemented at the community and household level by ASPI CBA's. To date, CBA's have identified 12 suspected cases of TB during house-to-house visits and credit group meetings, and referred clients to local health facilities; four cases were confirmed and immediately treated. Further activities include community durbars,³ educational campaigns at local churches, schools, and marketplaces, and distribution of information, education, and communication (IEC) materials throughout Ketu District. The organization is currently awaiting approval for contract renewal in 2008.

2 World Health Organization. (n.d.). Retrieved December 24, 2007, from: <http://www.who.org>.

3 Community durbars are traditional Ghanaian gatherings, discussed in detail in *Program Strategy and Technically-Appropriate Interventions*.

ASPI Malaria Prevention & Treatment Program MCP Technical Application 3

HIV/AIDS Program:

From November, 2006 to March, 2007, ASPI implemented an HIV/AIDS prevention and support program in the Ayawaso Sub-Metropolitan District of Ghana's Greater Accra Region. The program was a pilot project, run in partnership with Ghana Aids Commission (MSHAP) and the Accra Metropolitan Assembly (AMA), to test the effectiveness of integrating microfinance and HIV/AIDS health education services. Activities included one large community durbar focused on the prevention of HIV/AIDS transmission and de-stigmatization of the disease for PLWHA; delivery of HIV/AIDS health education during credit group meetings; and distribution of IEC materials and condoms at each venue. Program messages and materials were delivered entirely in the local languages of Twi and Ewe. Initial surveys indicated strong positive feedback from the Ayawaso community; however, MSHAP failed to release almost 2/3 of contracted funds and ASPI was therefore unable to conduct a comprehensive evaluation. ASPI is currently lobbying MSHAP to fulfil its contractual obligations, so that it may re-instate and formally evaluate the program, and address the unmet need for HIV/AIDS services in the Ayawaso Sub-District of Greater Accra.

Microfinance and Savings Program:

ASPI's microfinance and savings program serves over 3,000 clients in the Ketu, Keta, and Ayawaso District of the Greater Accra and Volta Regions. The program includes small loan provision, group and individual savings, entrepreneurial training, technical assistance, and health services and

education. Employing a mutual guarantee system, the MF program brings together more than 300 groups of economically active poor, including petty traders, chemical sellers, farmers, fish mongers, and others. Over 80% of ASPI's MF clients are women and approximately 60% live below the national indigence line of \$1 per day. Thus, MF clients are also the targeted primary beneficiaries of its health service and education programs. ASPI leverages MF credit group meetings and activities to reach indigent women in the greatest need of healthcare support. In turn, women who are free of disease are able to realize economic opportunity and care for their own well-being, as well as their families'. The organization's unique strength as a financial service provider affords a mutually beneficial model of care that allows ASPI to address the economic determinants of health.

Malaria Prevention and Treatment Program:

For more than a year, ASPI has partnered with the National Malaria Control Program (NMCP) and Ghana Health Services (GHS) to reduce the prevalence of malaria morbidity and mortality in Ghana's Keta District. Under sponsorship by the Global Fund, ASPI currently serves more than 23 communities in Keta, specifically targeting pregnant women and children under five who are who are at greatest risk of malaria-specific complications. Program activities and objectives are strategically aligned with the NMCP and PMI Malaria Operational Plan (MOP) and include:

- distribution of insecticide treated nets (ITNs) and promotion of correct and consistent use;
- implementation of bed net re-treatment campaigns and dissemination of supplies;
- promotion of correct use of IPTp among pregnant women;
- training of Community Based Agents (CBAs) to disseminate services and education at the community and household level;
- provision of case management and referrals via home-based care, especially for pregnant women and children under five; and
- dissemination of IEC/BCC materials to support appropriate health seeking behaviour and promote early and effective treatment with ACT.

ASPI collaborates with the Keta District Health Directorate (KDHD), the district-level branch of Ghana Health Services, to carry out each activity in a variety of culturally-appropriate venues, including community durbars, local churches and schools, house-to-house visits, credit group meetings, and heavily travelled areas of Keta's major highway. By delivering services at the community and household level, ASPI is constantly promoting and re-enforcing positive health messaging in a safe and trusted space, ensuring affordable and easy access to malaria prevention services and education. The Malaria Prevention and Treatment Program is outlined in much greater detail below (please see *Program Strategy and Technically-Appropriate Interventions*), along with strategies for expanding services to reach a greater number of primary beneficiaries.

To date, the malaria prevention program has been very successful, exceeding projected target indicators in both terms and twice warranting invitation by NMCP to renew contracted services. In its pilot phase, ASPI served 8 communities in Keta District over 6 months, during which it trained and managed 16 CBA's; presented IEC/BCC to 720 community durbar participants; conducted 400 house-to-house visits and 60 follow-up visits to pregnant women on IPTp; and implemented 2 bed net re-treatment sites where 500 nets were successfully re-treated. A KDHD district-wide evaluation indicated that the project significantly contributed to an overall 3.7% decrease in malaria-specific mortality and a 1.7% decline in malaria morbidity in 2006. Based on these findings, NMCP invited ASPI to expand its program to 15 new communities in Keta District during the following 6-month term. Expanded services included training and managing 26 CBA's; introducing audio-visual broadcasts during community durbars hosting more than 1,670 participants; constructing 2 additional bed net re-treatment sites and re-treating 637 nets; conducting 869 house-to-house visits with 226 follow-up visits for pregnant women on IPTp; distributing 300 ITNs; and posting/disseminating over 2,200 malaria control materials.

Success and continued growth of the Malaria Prevention and Treatment Program is made possible through the on-going support of NMCP and KDHD. While ASPI currently partners with several Ghanaian government health agencies, it has met the most success establishing a long-term and constructive relationship with NMCP and KDHD representatives. Not only does ASPI receive project funding, commodities and policy support from NMCP, but it collaborates closely with KDHD in the field to implement services at the community and household level. ASPI and KDHD regularly share resources, such as training curriculum, referrals for qualified CBAs, and surveillance and evaluation data, and leverage each other's technical skills and support to maximize service delivery. When selecting participant communities, the agencies consult the same strategic work plan so as to avoid duplicating services and target those in greatest need of support. ASPI holds bi-monthly meetings with KDHD representatives to discuss program progress, strategically coordinate upcoming events, and address any challenges in the field. Most importantly, ASPI and KDHD management and staff enjoy a close and congenial working relationship -- Moses O.T. Owahro, Executive Director of ASPI speaks almost daily to Dr. Atsu Seake-Kwawu, District Director of Keta Health Services. Dr. Atsu has kindly provided a letter of recommendation on behalf of ASPI, attached as *Appendix A* along with recommendations from ASPI Malaria Prevention & Treatment Program MCP

Ms. Naa Korkor Allotey, NMCP Zonal Coordinator and Togbui Gamor II, Keta District Ayanui Sub-Divisional Chief.

Project Context/Description of Existing Gaps

Malaria is hyper-endemic in Ghana, with year-round transmission throughout the entire country. It is a leading cause of morbidity and mortality, accounting for 44% of outpatient hospital visits and approximately 22% of deaths in children under age 5.4 Between 3 and 3.5 million cases of malaria are reported each year in Ghana; however, this number is likely underreported, as most cases are diagnosed and treated at home.⁵ Given this high prevalence and the limited resources available to combat malaria, key stakeholders have strategically targeted prevention efforts to reach pregnant women and children under age five, who are at the greatest risk of malaria-specific complications. In Ghana, 1 in 9 children will die before the age of five, with malaria being the leading cause of death among children throughout the nation. Of the 900,000 cases of malaria in children under five reported each year, approximately 20,000 end in death. Furthermore, among pregnant women malaria accounts for 8% of hospital admissions and 9% of maternal deaths each year.

Despite these alarming numbers, research shows that Ghanaian families are adopting malaria prevention techniques at the household level. According to UNICEF's 2006 Multiple Indicator Cluster Survey (MICS),⁶ 30% of households own at least one mosquito net, with 19% owning an ITN specifically. About 33% of children under five slept under a bed net the night before the survey was conducted, with 22% sleeping under an ITN. Of the children under five who were ill with fever during the 2 weeks leading up to the survey, 48% had taken an appropriate anti-malarial drug within 24 hours of symptom onset, although only 3.4% used ACT. Among pregnant women, 67% took an anti-malarial drug to prevent malaria during their most recent pregnancy, with 28% having taken SP two or more times. These figures show a tremendous improvement in comparison to the Ghanaian Demographic and Health Survey (DHS) of 2003,⁷ and demonstrate the continued success of the National Malaria Control Program.

Keta District

Based on high prevalence of malaria burden in the area, NMCP selected Keta District as one of 20 pilot sites implemented in 2003. The district is home to a string of rural fishing and farming communities, spread along a narrow peninsula and flanked by Keta Lagoon to the North and the Gulf of Guinea in the South. The lagoon is a designated wetland heritage site (RAMSAR) and

contributes significantly to a local economy that depends almost entirely on fresh water and sea fishing. Poverty levels fluctuate with the seasons and increase significantly when fish stock levels are low. Overall, Keta District covers 1,086km², a third of which is currently underwater.

The remaining land mass is a geological mix of sand and clay, much of which remains marshy even in the dry season and invariably floods with the bi-annual rainfall. This has serious implications for the spread of malaria, as the floods create numerous fresh water bodies that are ideal for the breeding of *Anopheles* mosquitos.⁸

Since the introduction of NMCP, overall malaria morbidity in Keta District has declined from 46% in 2003 to 28.3% in 2006.⁹ While this indicates a significant success on behalf of NMCP and partners such as ASPI, it is critical to continue expanding services to reach a greater number of primary beneficiaries. According to KDHD's 2006 Annual Report,¹⁰ 28% of deaths among children under age five were attributable to malaria, an increase of 12% since 2004. This is an alarming proportion given that children under five represent 20% of the overall population in the area.

Among pregnant women, malaria cases reported during ANC visits remained practically unchanged between 2005 and 2006, with 1,012 cases of malaria in pregnancy treated in the latter year. These numbers indicate that while the overall rate of malaria burden in Keta is declining, the situation among the district's most vulnerable populations is stagnating or worsening.

Additionally, the report covered data on several of the key malaria indicators reflected by UNICEF at the national level. Results showed that 32% of children under five in Keta used a bed net the night before the survey, a proportion almost equal to the national average. While KDHD found that 3,456 pregnant women took IPTp, with 2395 women taking 2 or more doses, it was unable to determine the total number of pregnant women in the district and, therefore, could not calculate proportions that are comparable to the national average.¹¹ Likewise, the report indicated that 5,740 pregnant women slept under an ITN the night before the survey, but could not generate a proportion for comparison to the UNICEF report. Going forward, ASPI aims to support KDHD and NMCP in the collection of sound and reliable data that directly reflects each of the malaria indicators outlined in the PMI Malaria Operational Plan.

Household Behaviour and Care-Seeking Practices

At the household level, the policies that classify pregnant women and children under five as primary beneficiaries translate into interventions that target Ghanaian mothers. As in many African societies, women in Keta District are responsible for preparing food, washing clothes, cleaning the home, and maintaining the health and safety of their children, while earning a portion of the household income through petty trade or other services. Young women become mothers at an early age and, on average, carry between 6 and 8 pregnancies in their lifetime (although many newborns will not survive infancy). Children generally accompany their mothers to work each day until they are old enough to attend primary school, and many continue to support the family trade after school hours as most households cannot afford to forfeit their

⁸ Ghana Health Services, Keta District Health Directorate. (November, 2007). *Microplanning for Maternal and Child Health Promotion*. Submitted by: Fiagbor Carlin Gershon, District Disease Control Officer.

⁹ Ghana Health Services, Keta District Health Directorate. (2006). *"Malaria Situation in Keta District" Presentation*. Submitted by: Dr. Atsu Seake-Kwawu, District Director of Health.

¹⁰ Data cited from KDHD's 2006 Annual Report, as 2007 surveillance data was in analysis phase during completion of this report.

¹¹ While the average number of pregnant women in Keta is unknown, there are currently 77,767 women residing in the district, each bearing between 6 and 8 pregnancies in her lifetime. Based on these numbers, ASPI estimates that there are approximately 30,000 pregnant women in need of malaria prevention services each year.

contribution. Overall, approximately 40% of the population in Keta District lives below the national indigence line of \$1 per day.¹²

ASPI's experiences in the field have demonstrated time and again that poverty is the principle barrier hindering Ghanaian mothers from accessing malaria services for themselves and their families.

When ASPI first arrived in Keta District in 2006, the Government of Ghana had just introduced the National Health Insurance Scheme (NHIS) to the area. ASPI widely promoted NHIS free health services including malaria diagnosis and treatment, and made numerous referrals to public hospitals and health centres. However, CBAs in the field soon learned that the referrals were not being put to use and that NHIS's "free" services are actually quite costly for Ghana's rural poor. When a working mother seeks malaria treatment for a sick child, not only does she lose an entire day's pay by missing work but she can spend as much as 80% of her daily income on transport to the nearest treatment facility. These costs can translate into two days without food for the family and put mothers in the devastating position of pitting the health of one child, sick with malaria against the well-being of the entire household.

Mothers who do manage to bring their children in for treatment are met with additional expenses and fees. Most impoverished women do not seek NHIS services until one of their children is ill with fever or they are feeling sick during pregnancy. When they arrive at the public facility expecting free services as advertised, they are made aware for the first time of the GHc 3.00 (\$3.10) membership fee required to access care. This cost can equal as much as 300% of their daily income and many return home without treatment, having forfeited a day's work and the cost of travel.¹³ Women who do find the means to pay report additional expenses during the treatment stage. They are sent between various departments for services (e.g. the doctor's office for consultation, laboratory for blood testing, lavatory for urine collection, etc.) and at each station are asked to pay an additional, unauthorized fee. On average, ASPI clients claim that the cost of "free" NHIS services amounts to approximately GHc 13.00 (\$13.39), plus transport expenses and forfeited daily income. These incremental costs render services unaffordable and inaccessible for poor Ghanaian mothers, and, thus there is the general perception among many Keta District residents that malaria treatment is simply outside of their financial means.¹⁴

Healthcare Service Delivery in Keta District

According to a recent KDHD Micro-Planning report, there are 22 public and private health centres currently operating in Keta District. Government-run agencies include 9 general health centres and 2 hospitals (excluding KDHD/NMCP), and private facilities comprise 5 health clinics, 5 ANC centres and 1 Christian mission. Additionally, a number of chemical sellers (pharmacies) and school health clinics serve the district, as well as informal sector specialists, such as traditional birth attendants, healers, and herbalists. While some of these facilities offer on-site medical testing and treatment for malaria, none venture into the field to deliver services at the community and household level.

Rather, this task is left to NMCP, KDHD, and collaborating non-governmental and private-voluntary organizations. According to KDHD reports and local testimony, NGO/PVO activity in the district has been short-lived and generally unreliable. In 2004, for example, Infanta Malaria, a local NGO run by a nurse practitioner, offered education in malaria control to 30 school teachers and 30 school children in 1 Keta community, but discontinued the service in the following year. A professor from John Hopkins University organized a train-the-trainer seminar for healthcare providers in 1 Keta community in 2007; however, the extent of future services is unknown. ASPI remains the only NGO/PVO in Keta District to offer comprehensive malaria control education *and* services in numerous communities throughout the area. The reliable and extensive nature of the program has earned the organization the support of on-site medical practitioners and the trust of local residents.¹⁵

Program Strategy and Technically-Appropriate Interventions

The overall goal of ASPI's Malaria Prevention and Treatment Program is to eradicate malaria-specific mortality and morbidity, especially among pregnant women and children under five, through the provision of health information and resources. To measure progress towards this goal, ASPI has developed the following objectives and indicators, strategically aligned with PMI and NMCP targets:

Objective

Indicator

2006 Keta District Health Directorate¹

Year 12

Year 22

Year 32

Proportion of households with at least one ITN

Unknown³

45%

80%

>90%

Proportion of pregnant women sleeping under an ITN the previous night

Unknown⁴

30%

70%

85%

*Promote correct and consistent use of ITN's, especially among pregnant women and children under five.

Proportion of children under five sleeping under an ITN the previous night

32%

40%

70%

85%

*Promote timely and appropriate use of IPTp among pregnant

Proportion of women who have received 2 or more doses of IPTp during their last pregnancy in the last two years

Unknown⁴

40%

60%

85%

15 KDHD/NMCP's involvement in Keta District health service delivery is discussed in relation to the NMCP-KDHD-ASPI collaborative and outlined in detail in the *Former and On-going Projects* section of *Organization Capacity and Past Performance*, as well as the *Rationale* section under *Program Strategies and Technically-Appropriate Interventions*.

women to reduce the burden of malaria in pregnancy

*Foster local ownership and knowledge of malaria prevention and treatment

Proportion of households demonstrating increased knowledge of malaria prevention techniques, symptoms and treatment

N/A⁵

50%

75%

90%

¹These figures represent coverage data as of December 2006, when the Keta District Health Directorate (KDHD) conducted their year end analysis; final baseline coverage figures for the MCP

will be obtained from the 2008 KDHD report. 2District wide coverage of interventions will be measured on three occasions: (1) End of Year 1; (2) End of Year 2; (3) End of Year 3. 3Data on the number of households with at least one ITN was not presented in the KDHD 2006 report. 4Data on the estimated total number of pregnant women in Keta District in 2006 was not presented in the KDHD 2006 Annual Report. The agency was therefore unable to interpret relevant baseline figures for this category. 5Baseline data for knowledge indicators will be collected by ASPI six months prior to program commencement.

Training Community Based and Supervising Agents (CBAs, SAs)

ASPI views its dedicated staff and volunteers as the critical building blocks of a successful program. CBA's and SA's are involved in every aspect of program implementation in the field and serve as the face of ASPI at the community and household level. For this reason, staff and volunteer education is a priority at ASPI, where training and re-sensitization sessions are held almost on a monthly basis. Incoming CBA's learn under the SA who will be responsible for their community clusters (see *Management Plan* for further details) and SA's are trained by the Project Director and his assistant. During inaugural trainings, each SA is assigned a kiosk station used to stock supplies, retreat used bed nets, and hold meetings with CBA's and program participants. Kiosks are located in highly-travelled areas along Keta's major highway and in close proximity to the SA's particular community cluster.

Training curriculum for CBA's and SA's includes information about the epidemiology and status of malaria burden in Keta District; ASPI service delivery and internal processes; proper use of malaria commodities, such as IPTp, ACT, ITN's and bed net re-treatment tablets; case detection and referral networks; and monitoring and evaluation procedures. A pre/post-test survey is administered at each session and participant feedback is solicited to inform curriculum development and program design. Most importantly, CBA's and SA's are avidly taught to value their status as Keta District community members. They are encouraged to leverage their knowledge of local customs and norms, as well as relationships with neighbours and friends, to tailor their approach to service delivery in their particular community/ies.

Community Durbars

When ASPI is initially invited to enter a community it holds a key stakeholder meeting for local political figures, traditional chiefs, queen mothers, and NMCP and KDHD representatives.¹⁷ During this session, participants are educated about malaria and introduced to ASPI's support services. They are invited to participate in the design of the program by offering suggestions for tailoring the intervention to meet the specific needs of their community. If all stakeholders endorse the project, ASPI solicits references for prospective CBA's and goes on to organize a community-wide meeting in the form of a traditional Ghanaian durbar. Durbars are cultural events where the community comes together to discuss current issues, share ideas, and enjoy Ghanaian music and dance. Standing at the side of local opinion leaders, ASPI focuses the gathering around malaria prevention and treatment and formally introduces the program to local residents. CBA's and SA's (who are, again, local residents themselves) deliver IEC/BCC information, assess and monitor pregnant women and sick children, distribute ITN's, and gather data about local health-seeking behaviours and needs. Additionally, ASPI recently began presenting audio-visual materials created by the World Health Organization in the local Ewe language and found that the medium was well-received by durbar participants.

ASPI's introduction into a new community is thus participatory and culturally relevant. Local opinion leaders inform and endorse the program, and trusted community members introduce the organization. Durbars are sanctioned by local chiefs and queen mothers, and therefore carry significant cultural and political weight. Overall, the presentation of malaria information during

traditional durbars indicates to community members that their leaders support ASPI services and consider malaria control a critical concern in the community. As such, durbars foster local ownership of malaria prevention and treatment, and effectively mobilize community members around the issue.

Re-Sensitization Forums, Credit Group Meetings and Partnerships with the Church

To reinforce behaviour change messages and maintain a sense of urgency regarding malaria control, ASPI facilitates group dialogue around the issue in a variety of venues. Three months after the initial introductory durbar, ASPI holds a re-sensitization forum in participating communities to track program progress, re-educate citizens about malaria prevention and treatment, monitor pregnant women on IPTp, re-treat bed nets as necessary, and solicit feedback from beneficiaries so that they may inform program development. The organization conducts similar activities during credit group meetings, where it leverages the microfinance schema to reach large groups of indigent women who are in greatest need of malaria control services. Finally, ASPI fosters strong ties with local churches throughout the Keta District and regularly partners with the clergy to deliver malaria control education in a trusted and safe space.¹⁸ CBA's responsible for addressing the congregation are often members of the church themselves and

¹⁷ It is important to note that events may involve participants from several small communities located in close proximity to one another, or from one larger community, depending on the size of the area and number of people involved.

¹⁸ Collaborating churches include the Roman Catholic Church of Woe-Akloborkpodzi, Seventh Day Adventist of Ayani, Global Church of Keta, Evangelical Presbyterian Church of Keta, and World Ministry of Gomingo-Ayani.

ASPI Malaria Prevention & Treatment Program MCP Technical Application 11

have attended services there since childhood. Each of these venues allows ASPI to reach a great number of community members at once, fostering dialogue around the issue of malaria control and regularly reinforcing the message that prevention and treatment are a priority for Keta District residents.

Promotional Activities

If awarded, ASPI will collaborate with the local media to host a number of promotional activities. These include organizing an Annual Malaria Prevention March to rally excitement about malaria eradication in communities throughout the district. The parade will cover the length of Keta District's single major highway and include local leaders, political figures, community members, and KDHD, NMCP, ASPI and USAID representatives, all marching collectively to demonstrate program support. Additionally, the Project Director will hold a series of radio interviews on popular local FM talk shows, so as to broadly disseminate information about malaria control and address listeners' questions. Local newspapers and news stations will be invited to select community durbars to report on the events and raise awareness of program activities in the district. Finally, ASPI will install billboards in highly-travelled areas along the Keta District highway displaying culturally-appropriate malaria control communication. Kiosk stations will be decorated in similar social marketing messages and carry a compartment for informational brochures so that program information is available at all times. Additional promotional materials will include t-shirts, flyers, posters, stickers, and pins and will be distributed at various ASPI events. Each of these activities is designed to raise awareness of the issue and foster local ownership, while promoting visibility and recognition of ASPI's Malaria Prevention and Treatment Program throughout Keta District.

Home-Based Care

Home-based care is a critical aspect of the ASPI program, as it affords the delivery of specialized services in a safe and trusted space. This participatory approach allows CBA's to target primary

beneficiaries, deliver tailored and personalized services, and foster trust among community members. Activities include:

- distributing ITN's and promoting their correct and consistent use;
- examining used nets for re-treatment status;
- providing bed net re-treatment services (often at kiosk re-treatment sites);
- detecting malaria cases and providing referrals to appropriate health facilities for ACT (accompanying and advocating for patients when necessary);
- providing case management and follow-up for pregnant women on IPTp;
- distributing IEC/BCC materials; and
- promoting community-level ASPI events.

Two CBA's are responsible for home-based care within each community, so as to avoid absenteeism and encourage mutual support. Each CBA maintains a logbook of household activities, including information on client demographics, case detection and management, and commodity distribution. Additionally, each is assigned to an ASPI kiosk, managed by his or her Supervising Agent and located in close proximity to the community site (CBA, SA, and kiosk assignments are discussed in detail in the *Management Plan* section).

The personal nature of home-based care affords an intimate understanding of the cultural norms and values that determine health-seeking behaviour among primary beneficiaries. It allows ASPI to accurately assess what barriers prevent Ghanaian mothers from accessing IPTp, ACT, and other prevention and treatment commodities, and to address those barriers directly in the field. By bringing the malaria control program directly to peoples' homes, the organization provides the personal support necessary not only to obtain goods and services, but to sustain positive health behaviour change.

Financial Services

Unlike other health providers in the area, ASPI draws upon its unique strength as a microfinance institution to deliver effective and targeted malaria control services. As discussed in *Household Behaviour and Care-Seeking Practices*, financial constraints is the most commonly cited barrier to malaria prevention and treatment among Ghanaian mothers in Keta District. ASPI directly addresses these financial barriers through the delivery of a multi-level intervention. First, by delivering integrated microfinance and health services, the organization efficiently targets indigent women and offers them the economic viability to cover expenses associated with malaria control. Integrated services are designed to stimulate the growth of Keta's economy at the systemic level, promoting economic opportunity and facilitating access to non-financial commodities, such as healthcare delivery. At the community level, ASPI addresses financial concerns by promoting prevention as a cost-effective alternative to treatment. During durbars, educational forums, and church services, for example, ASPI will emphasize the use of ITNs over ACT by presenting a clear and simple cost-benefit analysis in the local language. This message is reinforced at the household level, where CBAs promote prevention activities, such as correct and consistent use of ITN's and IPTp for pregnant women. When treatment is necessary, house-to-house visits allow CBAs to facilitate access to care by accompanying mothers (and/or their children) to appropriate health centres, informing them about authorized and unauthorized fees, advocating for legitimate charges on their behalf, and, if awarded, offering financial assistance in the form of a T&T allowance.¹⁹ While ASPI does not wish to convey that malaria prevention and treatment is an entirely economic issue, the cost of health services strongly influences care-seeking behaviour among indigent women and must be addressed if the intervention is to remain relevant.

Rationale

There are 172 communities in Keta District; however less than half currently receive targeted malaria control services at the community and household level (60 from KDHD and 23 from ASPI). Of the 52,484 people residing in the district, only an estimated 525 received treatment

19 The T&T allowance is a nominal contribution available only to Keta District's most indigent and needy mothers, who would otherwise be unable to afford malaria prevention and treatment services. The allowance will be stringently monitored by ASPI staff and endure a thorough system of checks and balances. CBA's are aware of the economic status of families within their community and therefore can determine which residents are truly in need of the service. When a CBA identifies a pregnant woman or sick child who cannot afford necessary medical care, he or she alerts the Supervising Agent who manages the allowances for that community cluster (\$2,000/SA/year). The SA then accompanies the woman (and her child, if necessary) to an appropriate health facility, covering the cost of travel and care and advocating for legitimate fees. Receipts are collected for all services received and submitted to the Project Director promptly. Again, among target participants incremental fees are the most frequently cited barrier to malaria treatment, rendering service unaffordable and inaccessible. The T&T stipend helps to overcome this barrier by enabling women and children to engage in appropriate health-seeking behaviour.

with ACT in 2006, yet malaria accounted for 28,571 outpatient health visits that same year. A review of surveillance data, outlined in detail in *Project Context/Description of Existing Gaps*, indicates that 28% of deaths among children under five are attributable to malaria-specific causes, an alarming rate given that this group comprises 20% of the overall population (30,497). Although the average number of pregnancies is unknown, 77,767 women live in Keta District and birth rates are high; only 1478 pregnant women completed all 3 doses of IPTp in 2006. These statistics indicate the remaining unmet need for malaria control services in 89 communities throughout the district, especially among Ghanaian mothers who are responsible for the health of their pregnancies and children under five (references previously cited; please see *Appendix C* for a map of Keta District). Currently, ASPI is strategically positioned for expansion to meet this need. After more than a year of service, the organization is a trusted presence in the district and fosters strong ties with local churches, health facilities, and traditional leaders. It has been invited twice to renew its contract with NMCP and enjoys a close working relationship with KDHD in the field, such that each agency leverages technical skills and support from the other. While other health facilities offer on-site medical treatment, the ASPI-KDHD collaborative is the only comprehensive malaria control campaign to go into the field, delivering culturally-appropriate education and services in peoples' own homes. This strategic approach, endorsed by the PMI and NMCP initiatives, clearly fills a gap in services at the community and household levels, and has enabled ASPI to contribute to an overall decline in malaria burden of 17.7% in Keta District since 2003. To build on this existing foundation and success to date, ASPI aims to expand its malaria control program to 95 communities by 2012.

Birth of ASPI's Malaria Prevention and Treatment Program

ASPI initiated services in Keta District in 2005, following an invitation from Dr. Atsu Seake-Kwawu, District Director of KDHD, to partner with Ghana Health Services and NMCP. At the time, the malaria control campaign had been in operation in Keta District for nearly 3 years under KDHD and NMCP management and had met with some success in decreasing malaria-specific morbidity and mortality. Dr. Atsu resolved to expand services to a greater number of program beneficiaries and communities throughout the area. Upon learning of ASPI's on-going success in neighbouring districts, he invited Mr. Owharo, ASPI Executive Director to join the KDHD-NMCP collaborative, specifically to strengthen and expand program services at the community and household level.

The first step in defining ASPI's involvement was to hold a key stakeholder meeting and develop a comprehensive action plan. Participants included Dr. Atsu, Mr. Owaharo, the Senior District Public Health Nurse, several community assembly members, and Ms. Naa Korkor Allotey, the Zonal Coordinator for NMCP. A subsequent meeting was arranged with traditional leaders and political figures from throughout the district to formally introduce ASPI and request entry into their communities. This particular meeting engendered ASPI's existing approach to entering a new community: first a key stakeholder meeting is organized to ensure approval and solicit feedback from local opinion leaders, and then a community durbar is held to formally introduce the program to residents in a culturally-appropriate manner. Indeed, from inception ASPI's malaria control program was designed with a focus on culturally-competent care. Participatory techniques and empowerment are emphasized in every aspect of program implementation, such as CBA recruitment, presentation of materials in local languages, and regular solicitation of feedback from program beneficiaries and key stakeholders. Cultural competency is a guiding principle that affords ASPI its trusted place among Keta District residents, as well as KDHD and NMCP representatives.

The collaborative process outlined here demonstrates how ASPI's Malaria Prevention and Treatment Program was strategically aligned with NMCP policies and objectives at inception (and, later, PMI targets). The program was specifically designed to reflect NMCP's national mandate to target pregnant women and children under five through the provision of malaria control services at the community and household level. In the field, KDHD operates from the same directive, such that ASPI and KDHD employ complimentary strategies and techniques. The agencies have developed a mutually beneficial relationship, by which they share resources and technical skills, and coordinate target communities to avoid duplicating services. Overall, the ASPI-KDHD-NMCP collaborative is a successful and enduring partnership; however, the program has been faced with a number of challenges in the last year.

It is important to emphasize that ASPI is eager to continue its partnership with KDHD and NMCP, despite these challenges. While government support is not always available, the organization has developed a resourceful system of collaboration with various community partners and built a platform for effective service delivery in Keta District. This success is

ASPI Malaria Prevention & Treatment Program MCP Technical Application 15

undoubtedly due to the tireless efforts of ASPI's dedicated volunteers, who often use their ingenuity to leverage limited resources and funds. The introduction of reliable and consistent funding by USAID would allow our organization to enhance its involvement in the NMCP-KDHD-ASPI collaborative, affording the support to build staff and program capacity and expand services to reach a greater number of primary beneficiaries in the field.

Strategic Approach

If awarded, ASPI proposes an initial capacity-building period of 6 months, during which the organization will introduce the new facilities and systems made possible by the USAID-ASPI alliance. ASPI will not expand services during this time, but will continue to operate in existing participant communities while building program and staff capacity. Activities will include recruiting and hiring additional CBA's and SA's, re-furbishing kiosk stations, re-sensitizing existing staff and volunteers, strengthening monitoring and evaluation systems, and familiarizing the Project Director with every aspect of program delivery. During this time, ASPI will institute ratio protocols to define the relationship between supervising staff, volunteers, and service sites. These include: 1 community : 2 CBA's; 14-16 CBA's : 1 SA; and 1 SA: 1 kiosk. As the program expands into new communities, ASPI will maintain these ratios and apply them to staff recruitment and hiring practices, as well as kiosk construction. Each 6-month term over the following 2 ½ years will serve as a growth phase, during which ASPI will introduce between 12 and 15 new communities to the program and recruit/hire additional staff according to ratio protocols.²⁰

ASPI aims to expand the program in this way until every community in Keta District receives malaria prevention and treatment services. The goal is contingent upon KDHD program development, as the government may also choose to expand or retract services, currently being delivered in 60 communities throughout the district. Here, it is important to reiterate that ASPI and KDHD work from the same strategic work plan to ensure that service delivery is complimentary rather than duplicated. If the collaborative effectively reaches all 172 communities in Keta District within the 3-year grant period, ASPI proposes continuing expansion into the neighbouring district of Ketu. Ketu District is located immediately west of Keta and shares similar cultural norms, topography, and local business, as well as a heavily-travelled major highway (for a map of Ketu District please see *Appendix D*). ASPI has been operating its microfinance and tuberculosis control programs in the district for 5 years and is a trusted presence in many Ketu communities. The organization currently has the structures in place to launch the Malaria Prevention and Treatment Program in the district, including active CBA's from local communities and an existing office site along the Ketu-Keta highway. Recently, a Senior Divisional Chief from the Viepe-Aflao community formally invited ASPI to expand its malaria control program to Ketu District. Please find his kind letter of invitation attached as *Appendix E*.

Program Monitoring and Evaluation

ASPI will assess program effectiveness and measure progress toward pre-defined objectives through a series of data collection, analysis, and reporting procedures (please refer to *Program*

²⁰ Please see *Appendix G* for a Staffing Chart, detailing ASPI's capacity-building and expansion plan. ASPI Malaria Prevention & Treatment Program MCP Technical Application 16

Strategy and Technically-Appropriate Interventions for a list of specific program objectives and indicators). Monitoring activities include:

- gathering all NMCP and KDHD surveillance reports to obtain baseline data and track progress indicators;
- administering pre/post test surveys and questionnaires during community durbars, re-sensitization forums, credit group meetings, and church visits;
- submitting questionnaires to local health facilities on a quarterly basis for administration to patients; and
- maintaining and compiling CBA logbooks during house-to-house visits to track client demographics, prevention status, and health-seeking behaviour, especially among primary beneficiaries.

Please see the *Appendix F* for a detailed presentation of specific indicators, data sources, collection procedures and timelines for each program objective.

To carry out these steps, ASPI will undertake a 4-month consulting project (included in Year 1 of the proposed budget) prior to launching the USAID-ASPI partnership. The project will include the design of valid and reliable survey instruments, the introduction of an *Excel* based model to facilitate data collection and analysis, and training of staff to ensure accurate and timely monitoring. The project will also produce a financial reporting model and related forms, as described in the *Financial Reporting* section of the Cost/Business Application, as well as train the Project Director and Assistant Project Director in budgeting and variance reporting procedures.

Additionally, at the end of Year 1 an evaluation of program progress and impact will be conducted by a *Volunteers for Prosperity* member (please see *Volunteers for Prosperity* for further details).

Management Plan

ASPI wishes to re-emphasize how highly we value the dedicated CBA's who serve as the face of the organization in the field. All CBA's are trusted members of the communities they serve and many are former KDHD public health officers who wish to continue healthcare delivery on a volunteer basis. Their volunteer status is a strong indication of their selfless motives and commitment, as CBA's take time away from work, family, and daily obligations to support the program. As a show of appreciation, ASPI provides a per diem for volunteers to cover the cost of time and travel when appropriate. CBA responsibilities include conducting house-to-house visits; attending and facilitating durbars and educational forums; distributing ITN's and promotional materials; providing case management for pregnant women on IPTp; providing referrals to ANC centres and treatment clinics, and accompanying clients when necessary; advocating for patient rights; and representing ASPI values in the local community. Again, CBA's are intimately involved in almost every aspect of program implementation at the community and household level and their value to the organization cannot be stressed enough.

All CBA's report directly to an assigned Supervising Agent (SA). SA's are salaried, part-time employees who have been promoted for their diligent volunteer support to the organization. They are responsible for overseeing a cluster of 14-16 CBA's that serve communities in close proximity to one another. Additional responsibilities include organizing durbars and educational forums; maintaining positive relationships with local hospitals and clinics; managing referral systems and networks; gathering program monitoring data; managing CBA activity; maintaining/stocking kiosks; and keeping abreast of local events that might impact the program. Each SA is assigned a kiosk, situated in a highly-visible location among their community cluster. The site is used as a work station for storing materials such as ITN's, meeting with CBA's, and re-treating bed nets; however, the word "station" is used loosely here, as SA's are constantly moving throughout the Keta District, maintaining their ties in the community, and actively implementing the malaria control program.

Korsorku Beatrice Kplorla has served as an SA in the Atiteti area of Keta District for the past year. Her CV and job description are attached as *Appendix H*.

If awarded, Mr. Fiagbor Carlin Gershon will serve as the Project Director for the Malaria Prevention and Treatment Program. Mr. Gershon is a Ghanaian national who has worked in malaria prevention for the past five years (*please see the attached resume and job description in Appendix I*). He currently serves as the District Disease Control Officer for KDHD and has played an active role in the NMCP – KDHD – ASPI alliance since inception. Mr. Gershon is intimately familiar with the epidemiology of malaria in the Keta District, as well as the local culture and attitudes surrounding the issue. He has formal training in health data collection, experience implementing malaria control services, and working relationships with NMCP and KDHD representatives, as well as community leaders in Keta District. With the generous support of USAID, Mr. Gershon will join ASPI as a full-time, salaried Project Director stationed at the prospective Keta District office. He will be responsible for overseeing every aspect of the malaria prevention program, including corresponding with local media and conducting interviews as appropriate; ensuring accurate implementation of community-level events; maintaining strong ties with traditional leaders, health facilities management, and other community partners; preparing project updates, reports, and presentations; and maintaining correspondence with NMCP, KDHD, and USAID representatives. He will report directly to the Executive Director.

To manage each of these tasks, the PD will work with an Assistant Project Director, responsible for the logistical and administrative aspects of program implementation. These include ensuring that kiosks are adequately stocked with supplies (e.g. ITN's, re-treatment tablets, etc.); maintaining program records; managing SA activity; collecting monitoring and evaluation information; inputting data; and supporting the PD as needed. Mr. Francis Tsitsikla, one of ASPI's most trusted SA's, has been selected to fill the position of Assistant PD. Mr. Tsitsikla has worked in malaria prevention in the Keta District for more than 4 years. He joined ASPI as a volunteer CBA in the Anyanui community of Keta, where he grew-up and has lived his whole life as a respected farmer and public health servant. His dedication as a volunteer quickly earned Mr. Tsitsikla the position of SA and he now oversees ASPI activities in 15 communities throughout the Keta District. Although Mr. Tsitsikla does not currently have the technical skills to serve as Project Director (PD), he is eager for the opportunity to train with Mr. Gershon and position himself for future promotion. Mr. Tsitsikla's resume and job description are attached as *Appendix J.21*

Stakeholder Involvement

To ensure the on-going involvement of all relevant stakeholders, ASPI will form an advisory committee comprised of Mr. Moses O.T. Owahro, Executive Director of ASPI, Mr. Fiagbor Carlin Gershon, the prospective Project Director, Ms. Naa Korkor Allotey, NMCP's Zonal Coordinator, Dr. Atsu Seake-Kwawu, District Director of Health Services at KDHD, and representatives from PMI and USAID Mission. The group will meet quarterly to assess program progress, share technical skills, and engage in strategic decision-making. It is ASPI's suggestion that the group also invite traditional leaders and local figureheads when appropriate to solicit feedback and honour the participatory methodology during policy formation.

Volunteers for Prosperity

ASPI would greatly appreciate the opportunity to work with a *Volunteer for Prosperity* member. The organization currently lacks the technical skills and funding necessary to implement a large-scale evaluation study, and would benefit from the support of a volunteer consultant. If granted, the consultant will be responsible for measuring the progress and impact of the program at the completion of Year 1. He or she will design a research and sampling methodology, develop survey instruments and train staff in instrument administration, audit existing monitoring procedures and information, and collate results for analysis and presentation to ASPI. Based on these findings, the evaluation consultant will make recommendations for how the organization can effectively and efficiently move towards its final objectives. Finally, he or she will contribute to program

sustainability by training the Project Director and Assistant Project Director in evaluation techniques, so that they may repeat the process at the end of Years 2 and 3. We estimate that this process will take 4 to 6 months to complete.

It is important to note that nascent research exists on the effectiveness of integrating microfinance and healthcare services. It is ASPI's hope that the Evaluation Consultant will have be able to isolate this unique feature of the Malaria Prevention and Treatment Program to assess the impact of integrated financial and non-financial services in Keta District.

ATTACHMENT C

Branding Strategy & Marking Plan

USAID/Organization Marking Plan

Date Submitted: 11th Sept, 2008

Applicant Information:

Office: Aidez Small Project International (ASPI)
Contact Person: Moses O.T Owaharo
Contact Phone Number: + 233 - 962 - 30500, Cel: + 233 244 822835
Contact E-mail: aspi.ghana@gmail.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:

All program materials Developed/ produced IE&C materials including T-Shirt, banners, project website, news medial publication, posters, bill boards, manuals and guides, handbooks, reporting formats, project documents training workshops and progress reports will be appropriately / prominently marked with the USAID identity including the logo, PMI-MCP tag accordingly as specified in 320.3.2.4 marking requirement for specific contract/ program deliverables

C. Events

- Training workshops

More information:

Training workshops for project staff and community based assistance or volunteers (CBA/Vs), CBA/Vs performance review

meetings, Community Leader & Stakeholders Meetings, Grand Durbars and Radio -programs

- D. Commodities**
- Equipment (non Administrative)
- Program Materials (non Administrative)

More information:

Labeling, print and stickers on purchased, constructed Operation Vehicle, motorbikes, bicycles, community information centers/kiosks, pens, cameral, projector, PC and generator containing USAID identify will be used to mark and identify and promote the support of the American people under the MCP-ASPI Malaria partnership program

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:

Food, drinks, and working papers supplied during programs

Presumptive Exception Requested - Reasons:

Explanation:

Table: Summary of Marking Strategy

Program Activity	Program Deliverable	Type of Marking	Material Used for Marking	Location of Marking	When Marking will take place
<i>Objective 1:</i>					
Trainings	Banners, manuals and guides, handbooks, reporting formats, Operation vehicle, motorbikes, bicycles	Printed Photographs	USAID Logo Tag	Training grand	Before and During
Supervision	reporting formats				
Supervision	reporting formats, Vehicle, motorbikes, bicycles	Labeling, Stickers	USAID Logo Tag	Project sites,	During production and after the purchase of equipment
Reporting -	Training, progress, quarterly and annual reports	Printed	USAID Logo Tag		During activity report
Communication	Program launching, announcements, report	Messages	Media Interviews and publication, site visited, Website	site visits, internet	Before During and after programs, activities

Objective 2:

Trainings
Antenatal
Care
Supervision

Marking Plan Submitted By:

Moses O.T Owharo



Signature

Signature

Date 12/09/2006

Office

Marking Plan Approved By (USAID):

Printed Name

Signature

Date

Office

ATTACHMENT D

STANDARD PROVISIONS

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

See Required as Applicable Standard Provisions for Non-U.S. Nongovernmental Recipients listed under the Mandatory References in ADS 303 at

<http://www.usaid.gov/policy/ads/300/303mab.pdf>, also copied below.

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

1. ***ALLOWABLE COSTS (OCTOBER 1998)***

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

(1) Reasonable. Shall mean those costs which are generally recognized as ordinary and necessary and would be incurred by a prudent person in the conduct of normal business.

(2) Allocable Costs. Shall mean those costs which are incurred specifically for the award.

(3) Allowable Costs. Shall mean those costs which conform to any limitations in the award.

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

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

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

=====
===

[END OF PROVISION]

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

a. The recipient shall maintain financial records, supporting documents, statistical records and all other records pertinent to the award in accordance with generally accepted accounting principles formally prescribed by the U.S., the cooperating country, or the International Accounting Standards Committee (an affiliate of the International Federation of Accountants) to sufficiently substantiate charges to this award. Accounting records that are supported by documentation will as a minimum be adequate to show all costs incurred under the award, receipt, and use of goods and services acquired under the award, the costs of the program supplied from other sources, and the overall progress of the program. Unless otherwise notified, the recipient records and subrecipient records which pertain to this award

shall be retained for a period of three years from the date of submission of the final expenditure report and may be audited by USAID and/or its representatives.

- b. Foreign for-profit and non-profit organizations that expend \$300,000 or more per their fiscal year in "USAID awards", i.e. as recipients or subrecipients of USAID grants or cooperative agreements, or as cost reimbursable subcontractors of USAID grants or cooperative agreements, shall have an annual audit conducted in accordance with the "Guidelines for Financial Audits Contracted by Foreign Recipients" issued by the USAID Inspector General.
- c. Foreign for-profit and non-profit organizations expending less than \$300,000 per their fiscal year under USAID cost-reimbursable contracts, grants, cooperative agreements, or agreements with host governments shall be exempt from the above financial audit requirements, but are subject to the requirement to make records available upon request for review by USAID officials or their designees.
- d. USAID shall retain the right to conduct a financial review, require an audit, or otherwise ensure adequate accountability of organizations expending USAID funds regardless of the audit requirement.
- e. Foreign organizations that provide USAID resources to other organizations to carry out the USAID program and activities shall be responsible for monitoring their subcontractors or subgrantees. Allowable costs for limited scope subrecipient audits charged to USAID funds shall be limited to one or more of the following types of compliance requirements: activities allowed or unallowed; allowable costs/cost principles; eligibility; matching, level of effort; earmarking; and reporting.
- f. The audit report shall be submitted to USAID within 30 days after completion of the audit; the audit shall be completed, and the report submitted, not later than 9 months after the close of the recipient's fiscal year. The USAID Inspector General will review this report to determine whether it complies with the audit requirements of this award. No audit costs may be charged to this award if audits have not been made in accordance with the terms of this provision. In cases of continued inability or unwillingness to have an audit performed in accordance with the terms of this provision, USAID will consider appropriate sanctions which may include suspension of all or a percentage of disbursements until the audit is satisfactorily completed.
- g. This provision in its entirety shall be incorporated into all subawards with non-U.S. organizations which meet the \$300,000 threshold as described at paragraph (b) of this Provision. Subawards to non-U.S. organizations which are for more than \$10,000 but do not meet the \$300,000 threshold shall at a minimum incorporate paragraph (d) of this Provision. Subawards of grants and cooperative agreements made to U.S. organizations shall state that the U.S. organization is subject to the audit requirements contained in OMB Circular A-133.

[END OF PROVISION]

3. PAYMENT ADVANCES AND REFUNDS (OCTOBER 1998)

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

[END OF PROVISION]

4. REVISION OF AWARD BUDGET (OCTOBER 1998)

- a. The approved award budget is the financial expression of the recipient's program as approved during the award process.
- b. The recipient is required to report deviations from budget and program plans, and request prior approvals from the Agreement Officer for any of the following reasons:
 - (1) To change the scope or the objectives of the project and/or revise the funding allocated among project objectives.
 - (2) To change a key person where specified in the award, or allow a 25% reduction in time devoted to the project.
 - (3) Additional funding is needed.

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

[END OF PROVISION]

5. *TERMINATION AND SUSPENSION (OCTOBER 1998)*

- a. The Agreement Officer may terminate this award at any time, in whole or in part, upon written notice to the recipient, whenever it is determined that the recipient has materially failed to comply with the terms and conditions of the award.
- b. This award may be terminated at any time, in whole or in part, by the Agreement Officer with the consent of the recipient. Both parties shall agree upon termination conditions, including the effective date and, in the case of partial terminations, the portion of the award to be terminated. The agreement to terminate shall be set forth in a letter from the Agreement Officer to the recipient.
- c. This award may be terminated at any time in whole or in part by the recipient upon sending written notification to the Agreement Officer with the following information: the reasons for the termination, the effective date, and, in the case of a partial termination, the portion to be terminated. However, if USAID determines in the case of partial termination that the reduced or modified portion of the award will not accomplish the purposes for which the award was made, USAID may terminate the award in its entirety in accordance with paragraphs (a) or (b) above.
- d. If at any time USAID determines that continuation of all or part of the funding for a program should be suspended or terminated because such assistance would not be in the national interest of the United States or would be in violation of an applicable law, then USAID may, following notice to the recipient, suspend or terminate this award in whole or

part and prohibit the recipient from incurring additional obligations chargeable to this award other than those costs specified in the notice of suspension during the period of suspension. If the situation causing the suspension continues for 60 days or more, then USAID may terminate this award on written notice to the recipient and cancel that portion of this award which has not been disbursed or irrevocably committed to third parties.

- e. Termination and Suspension Procedures. Upon receipt of and in accordance with a termination notice as specified above, the recipient shall take immediate action to minimize all expenditures and obligations financed by this award and shall cancel such unliquidated obligations whenever possible. Except as provided below, the recipient shall not incur costs after the effective date of termination.

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

This provision must be included in all subagreements.

[END OF PROVISION]

6. *DISPUTES (OCTOBER 1998)*

- a. Any dispute under this award shall be decided by the USAID Agreement Officer. The Agreement Officer shall furnish the recipient a written copy of the decision.
- b. Decisions of the USAID Agreement Officer shall be final unless, within 30 days of receipt of the decision of the Agreement Officer, the recipient appeals the decision to USAID's Assistance Executive. Any appeal made under this provision shall be in writing and addressed to the Assistance Executive, U.S. Agency for International Development, Office of Procurement, 1300 Pennsylvania Ave, N.W., Washington, D.C. 20523. A copy of the appeal shall be concurrently furnished to the Agreement Officer.
- c. In order to facilitate review on the record by the Assistance Executive, the recipient shall be given an opportunity to submit written evidence in support of its appeal. No hearing will be provided.
- d. A decision under this provision by the Assistance Executive shall be final.

[END OF PROVISION]

7. *INELIGIBLE COUNTRIES (MAY 1986)*

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

[END OF PROVISION]

**8. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS
(JANUARY 2004)**

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

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

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

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

[END OF PROVISION]

9. DRUG-FREE WORKPLACE (JANUARY 2004)

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

(1) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 USC 794), as amended, or

(2) Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.

f. The policies and procedures applicable to violations of these requirements are set forth in 22 CFR Part 210.

[END OF PROVISION]

10. *NONLIABILITY (NOVEMBER 1985)*

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

[END OF PROVISION]

11. *AMENDMENT (OCTOBER 1998)*

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

[END OF PROVISION]

12. *NOTICES (OCTOBER 1998)*

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

To the USAID Agreement Officer and Cognizant Technical Officer, at the addresses specified in the award. To recipient, at recipient's address shown in the award or to such other address designated within the award.

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

[END OF PROVISION]

13. *METRIC SYSTEM OF MEASUREMENT (AUGUST 1992)*

Wherever measurements are required or authorized, they shall be made, computed, and recorded in metric system units of measurement, unless otherwise authorized by the Agreement Officer in writing when it has found that such usage is impractical or is likely to cause U.S. firms to experience

significant inefficiencies or the loss of markets. Where the metric system is not the predominant standard for a particular application, measurements may be expressed in both the metric and the traditional equivalent units, provided the metric units are listed first.

[END OF PROVISION]

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

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

[END OF PROVISION]

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

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

[END OF PROVISION]

16. *MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (DECEMBER 2005)

(a) Definitions

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

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

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

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

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

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

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

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

(b) Marking of Program Deliverables

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

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

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

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

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

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

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

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

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

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

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

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

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

(c) Implementation of marking requirements.

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

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

- (i) A description of the program deliverables specified in paragraph (b) of this provision that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.
- (ii) the type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,
- (iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

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

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

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

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

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

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

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

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

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

(d) Waivers.

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

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

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

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

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

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

[END OF PROVISION]

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

Requirements for Voluntary Sterilization Programs

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

Prohibition on Abortion-Related Activities:

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

- (2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

[END OF PROVISION]

[END OF MANDATORY PROVISIONS]

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

1. PAYMENT – REIMBURSEMENT (MAY 1986)

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

[END OF PROVISION]

2. INTERNATIONAL AIR TRAVEL AND TRANSPORTATION (JUNE 1999)

a. PRIOR BUDGET APPROVAL

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

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

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

b. NOTIFICATION

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

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

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

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

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

c. SECURITY ISSUES

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

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

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

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

e. THE FLY AMERICA ACT

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

f. COST PRINCIPLES

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

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

g. SUBAWARDS

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

[END OF PROVISION]

3. OCEAN SHIPMENT OF GOODS (JUNE 1999)

- a. At least 50% of the gross tonnage of all goods purchased under this award and transported to the cooperating countries shall be made on privately owned U.S. flag commercial ocean vessels, to the extent such vessels are available at fair and reasonable rates.
- b. At least 50% of the gross freight revenue generated by shipments of goods purchased under this award and transported to the cooperating countries on dry cargo liners shall be paid to or for the benefit of privately owned U.S. flag commercial ocean vessels to the extent such vessels are available at fair and reasonable rates for such vessels.
- c. When U.S. flag vessels are not available, or their use would result in a significant delay, the recipient may request a determination of non-availability from the USAID, Transportation and Commodities Division, Office of Procurement, 1300 Pennsylvania Avenue, N.W.,

Washington, D.C. 20523, giving the basis for the request which will relieve the recipient of the requirement to use U.S. flag vessels for the amount of tonnage included in the determination. Shipments made on non-free world ocean vessels are not reimbursable under this award.

- d. The recipient shall send a copy of each ocean bill of lading, stating all of the carrier's charges including the basis for calculation such as weight or cubic measurement, covering a shipment under this agreement to:

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

and

U.S. Agency for International Development,
Office of Procurement, Transportation Division
1300 Pennsylvania Avenue, N.W.
Washington, DC 20523-7900

- e. Shipments by voluntary nonprofit relief agencies (i.e., PVOs) shall be governed by this standard provision and by USAID Regulation 2, "Overseas Shipments of Supplies by Voluntary Nonprofit Relief Agencies" (22 CFR 202).
- f. Shipments financed under this award must meet applicable eligibility requirements set out in 22 CFR 228.21.
- g. This provision will be included in all subagreements which will finance goods to be shipped on ocean vessels.

[END OF PROVISION]

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

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

- a. General Requirements:

(1) The recipient shall maintain a written code or standards of conduct that shall govern the performance of its employees engaged in the awarding and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such conflict would arise when the employee, officer or agent, or any member of the employee's immediate family, the employee's partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in

the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient.

(2) All procurement transactions shall be conducted in a manner to provide, to the maximum extent practical, open and free competition. The recipient shall be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, invitations for bids, and/or requests for proposals shall be excluded from competing for such procurements. Contracts shall be made to the offeror whose offer is responsive to the solicitation and is most advantageous to the recipient, price, quality, and other factors considered. Solicitations shall clearly establish all requirements that the bidder or offeror shall fulfill in order to be evaluated by the recipient. Any and all offers may be rejected when it is in the recipient's interest to do so.

(3) All recipients shall establish written procurement procedures. These procedures shall provide, at a minimum, that:

- (i) Recipients avoid purchasing unnecessary items,
- (ii) Where appropriate, an analysis is made of lease and purchase alternatives to determine which would be the most economical and practical procurement, and
- (iii) Solicitations for goods and services provide for all of the following:
 - (A) A clear and accurate description of the technical requirements for the material, product or service to be procured. In competitive procurements, such a description shall not contain features which unduly restrict competition.
 - (B) Requirements which the bidder/offeror must fulfill and all other factors to be used in evaluating bids or proposals.
 - (C) A description, whenever practicable, of technical requirements in terms of functions to be performed or performance required, including the range of acceptable characteristics or minimum acceptable standards.
 - (D) The specific features of "brand name or equal" descriptions that bidders are required to meet when such items are included in the solicitation.
 - (E) The acceptance, to the extent practicable and economically feasible, of products and services dimensioned in the metric system of measurement.

(F) Preference, to the extent practicable and economically feasible, for products and services that conserve natural resources and protect the environment and are energy efficient.

(iv) Positive efforts shall be made by the recipients to utilize U.S. small business, minority owned firms, and women's business enterprises, whenever possible. Recipients of USAID awards shall take all of the following steps to further this goal:

(A) Make information on forthcoming opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises. To permit USAID, in accordance with the small business provisions of the Foreign Assistance Act of 1961, as amended, to give United States small business firms an opportunity to participate in supplying commodities and services procured under the award, the recipient shall to the maximum extent possible provide the following information to the Office of Small and Disadvantaged Business Utilization (OSDBU/MRC), USAID, Washington, D.C. 20523, at least 45 days prior to placing any order or contract in excess of \$100,000:

- (a) Brief general description and quantity of goods or services;
- (b) Closing date for receiving quotations, proposals, or bids; and
- (c) Address where solicitations or specifications can be obtained.

(B) Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.

(C) Encourage contracting with consortiums of small businesses, minority-owned firms, and women's business enterprises when a contract is too large for one of these firms to handle individually.

(D) Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms, and women's business enterprises.

(v) The type of procurement instruments used, (e.g. fixed price contracts, cost reimbursable contracts, purchase orders, incentive contracts), shall be determined by the recipient but shall be appropriate for the particular procurement and for promoting the best interest of the program or project involved. The "cost-plus-a-percentage-of-cost" or "percentage of construction cost" methods of contracting shall not be used.

(vi) Contracts shall be made only with responsible contractors who possess the potential ability to perform successfully under the terms and conditions of the proposed procurement. Consideration shall be given to such matters as contractor

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

(vii) Recipients shall, on request, make available for USAID, pre-award review and procurement documents, such as request for proposals or invitations for bids, independent cost estimates, etc., when any of the following conditions apply:

(A) A recipient's procurement procedures or operation fails to comply with the procurement standards in this part, and

(B) The procurement is expected to exceed \$10,000.

(viii) The recipient shall document some form of price or cost analysis in its procurement files in connection with every procurement action. Price analysis may be accomplished in various ways, including the comparison of price quotations submitted, and market prices, together with discounts. Cost analysis is the review and evaluation of each element of cost to determine reasonableness, allocability, and allowability.

(ix) Procurement records and files for purchases in excess of the recipient's own small purchase threshold shall include the following at a minimum:

(A) Basis for contractor selection;

(B) Justification for lack of competition when competitive bids or offers are not obtained, and;

(C) Basis for award cost or price.

(x) A system for contract administration shall be maintained to ensure contractor conformance with terms, conditions, and specifications of the contract and to ensure adequate and timely follow up of all purchases. Recipients shall evaluate contractor performance and document, as appropriate, whether contractors have met the terms, conditions, and specifications of the contract.

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

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

(2) All contracts in excess of \$10,000 shall contain suitable provisions for termination by the recipient, including the manner by which termination will be effected and the basis for settlement. In addition, such contracts shall describe conditions under which the contract may be terminated for default as well as conditions where the contract may be terminated because of circumstances beyond the control of the contractor.

(3) All negotiated contracts (except those for less than the recipient's small purchase threshold) awarded by the recipient shall include a provision to the effect that the recipient, USAID, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers, and records of the contractor which are directly pertinent to the specific program for the purpose of making audits, examinations, excerpts and transcriptions.

(4) In all contracts for construction or facility improvement awarded for more than \$100,000, the recipient shall observe generally accepted bonding requirements.

(5) Contracts, the principal purpose of which is to create, develop, or improve products, processes, or methods; or for exploration into fields that directly concern public health, safety, or welfare; or contracts in the fields of science or technology in which there has been little significant experience outside of work funded by the U.S. Government, shall contain a notice to the effect that matters regarding rights to inventions, intellectual property, and materials generated under the contract are subject to the regulations included in these grant provisions. The contractor shall be advised as to the source of additional information regarding these matters.

[END OF PROVISION]

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

a. Ineligible and Restricted Goods and Services: USAID's policies on ineligible and restricted goods and services are contained in ADS Chapter 312. (See ADS 312)

(1) Ineligible Goods and Services. Under no circumstances shall the recipient procure any of the following under this award:

- (i) Military equipment,
- (ii) Surveillance equipment,
- (iii) Commodities and services for support of police or other law enforcement activities,
- (iv) Abortion equipment and services,
- (v) Luxury goods and gambling equipment, or
- (vi) Weather modification equipment.

(2) Ineligible Suppliers. Funds provided under this award shall not be used to procure any goods or services furnished by any firm or individual whose name appears on the "Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs." USAID will provide the recipient with this list upon request.

(3) Restricted Goods. The recipient shall not procure any of the following goods and services without the prior approval of the Agreement Officer:

- (i) Agricultural commodities,
- (ii) Motor vehicles,
- (iii) Pharmaceuticals,
- (iv) Pesticides,
- (v) Used equipment,
- (vi) U.S. Government-owned excess property, or
- (vii) Fertilizer.

Prior approval will be deemed to have been met when:

- (i) The item is of U.S. source/origin;
- (ii) The item has been identified and incorporated in the program description or schedule of the award (initial or revisions), or amendments to the award; and
- (iii) The costs related to the item are incorporated in the approved budget of the award.
Where the item has not been incorporated into the award as described above, a separate written authorization from the Agreement Officer must be provided before the item is procured.

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

(1) For DFA funded awards or when the total procurement element during the life of the award is valued at \$250,000 or less, the following rules apply:

(i) The authorized source for procurement of all goods and services to be reimbursed under the award is USAID Geographic Code 935, "Special Free World," and such goods and services must meet the source, origin and nationality requirements set forth in 22 CFR 228 in accordance with the following order of preference:

- (A) The United States (USAID Geographic Code 000),
- (B) The Cooperating Country,

- (C) USAID Geographic Code 941, and
- (D) USAID Geographic Code 935.

(ii) Application of Order of Preference: When the recipient procures goods and services from other than U.S. sources, under the order of preference in paragraph (b)(1)(i) above, the recipient shall document its files to justify each such instance. The documentation shall set forth the circumstances surrounding the procurement and shall be based on one or more of the following reasons, which will be set forth in the recipient's documentation:

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

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

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

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

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

[END OF PROVISION]

6. SUBAGREEMENTS (OCTOBER 1998)

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

[END OF PROVISION]

7. LOCAL PROCUREMENT (OCTOBER 1998)

- a. Financing local procurement involves the use of appropriated funds to finance the procurement of goods and services supplied by local businesses, dealers, or producers, with payment normally being in the currency of the cooperating country. Regardless of which source, origin, and nationality rules in paragraph (b) of the Provision entitled "USAID Eligibility Rules for Goods and Services" apply, these rules may be followed for local procurement. Rules on Ineligible and Restricted goods continue to apply.
- b. Locally financed procurements must be covered by source and nationality waivers as set forth in 22 CFR 228, Subpart F, except as provided for in the Standard Provision "USAID Eligibility Rules for Goods and Services," or when one of the following exceptions applies:
 - (1) Locally available commodities of U.S. origin, which are otherwise eligible for financing, if the value of the transaction is estimated not to exceed \$100,000 exclusive of transportation costs.

- (2) Commodities of geographic code 935 origin if the value of the transaction does not exceed the local currency equivalent of \$5,000.
 - (3) Professional services contracts estimated not to exceed \$250,000.
 - (4) Construction services contracts estimated not to exceed \$5,000,000.
 - (5) Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:
 - (i) Utilities including fuel for heating and cooking, waste disposal and trash collection;
 - (ii) Communications - telephone, telex, fax, postal and courier services;
 - (iii) Rental costs for housing and office space;
 - (iv) Petroleum, oils and lubricants for operating vehicles and equipment;
 - (v) Newspapers, periodicals and books published in the cooperating country;
 - (vi) Other commodities and services and related expenses that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country, e.g., vehicle maintenance, hotel accommodations, etc.
- c. The coverage on ineligible and restricted goods and services in the standard provision entitled, "USAID Eligibility Rules for Goods and Services," also apply to local procurement.
- d. This provision will be included in all subagreements where local procurement of goods or services will be financed with USAID funds.

[END OF PROVISION]

8. 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]

9. *NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS (MAY 1986)*

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

[END OF PROVISION]

10. *REGULATIONS GOVERNING EMPLOYEES (JUNE 1993)*

- a. The recipient's employees shall maintain private status and may not rely on local U.S. Government offices or facilities for support while under this recipient.
- b. The sale of personal property or automobiles by recipient employees and their dependents in the foreign country to which they are assigned shall be subject to the same limitations and prohibitions which apply to direct-hire USAID personnel employed by the Mission including the rules contained in 22 CFR Part 136, except as this may conflict with host government regulations.

- c. Other than work to be performed under this award for which an employee is assigned by the recipient, no employee of the recipient shall engage directly or indirectly, either in the individual's own name or in the name or through an agency of another person, in any business, profession, or occupation in the foreign countries to which the individual is assigned, nor shall the individual make loans or investments to or in any business, profession, or occupation in the foreign countries to which the individual is assigned.
- d. The recipient's employees, while in a foreign country, are expected to show respect for its convention, customs, and institutions, to abide by its applicable laws and regulations, and not to interfere in its internal political affairs.
- e. In the event the conduct of any recipient employee is not in accordance with the preceding paragraphs, the recipient's chief of party shall consult with the USAID Mission Director and the employee involved, and shall recommend to the recipient a course of action with regard to such employee.
- f. The parties recognize the rights of the U.S. Ambassador to direct the removal from a country of any U.S. citizen or the discharge from this award of any third country national when, in the discretion of the Ambassador, the interests of the United States so require.
- g. If it is determined, under either (e) or (f) above, that the services of such employee shall be terminated, the recipient shall use its best efforts to cause the return of such employee to the United States, or point of origin, as appropriate.

[END OF PROVISION]

11. PARTICIPANT TRAINING (OCTOBER 1998)

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

[END OF PROVISION]

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

- a. Except as modified by the Schedule of this award, title to all equipment, materials, and supplies, the cost of which is reimbursable to the recipient by USAID or by the cooperating country, shall at all times be in the name of the cooperating country or such public or private agency as the cooperating Government may designate, unless title to specified types or classes of equipment is reserved to USAID under provisions set forth in the Schedule of this award, but all such property shall be under the custody and control of recipient until the owner of title directs otherwise or completion of work under this award or its termination, at which time custody and control shall be turned over to the owner of title or disposed of in accordance with its instructions. All performance guarantees and warranties obtained from suppliers shall be taken in the name of the title owner.
- b. The recipient shall prepare and establish a program, for the receipt, use, maintenance, protection, custody, and care of equipment, materials, and supplies for which it has custodial responsibility, including the establishment of reasonable controls to enforce such program. The recipient shall be guided by the requirements of 22 CFR Part 226.30 through 226.36.
- c. Within 90 days after completion of this award, or at such other date as may be fixed by the Agreement Officer, the recipient shall submit an inventory schedule covering all items of equipment, materials, and supplies under the recipient's custody, title to which is in the cooperating country or public or private agency designated by the cooperating country, which have not been consumed in the performance of this award. The recipient shall also indicate what disposition has been made of such property.

[END OF PROVISION]

13. PUBLIC NOTICES (JUNE 1993)

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

"The U.S. Agency for International Development administers the U.S. foreign assistance program providing economic and humanitarian assistance in more than 80 countries worldwide."

The recipient may call on USAID's Office of External Affairs for advice regarding public notices. The recipient is requested to provide copies of notices or announcements to the cognizant technical

officer and to USAID's Office of Legislative and Public Affairs as far in advance of release as possible.

[END OF PROVISION]

14. PROGRAM INCOME (OCTOBER 1998)

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

[END OF PROVISION]

15. 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) Reports are 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]

16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JANUARY 2002)

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

[END OF PROVISION]

17. 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.encapafrika.org) and utilize the Minimal Program Checklist (Annex A).

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

INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY DATA:

Program/Activity Number:

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

Program Title: Malaria Communities Program (MCP)

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

IEE Amendment (Y/N): N

Current Date: March 19, 2007

1.0 BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

1.1 Purpose and Scope of IEE

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

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

1.2 Background

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

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

1.3 Description of Activities

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

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

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

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

2.0 COUNTRY AND ENVIRONMENTAL INFORMATION

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

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

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

1. Angola	2. Benin	3. Ethiopia
4. Ghana	5. Kenya	6. Liberia
7. Madagascar	8. Malawi	9. Mali
10. Mozambique	11. Rwanda	12. Senegal
13. Tanzania	14. Uganda	15. 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.”²¹

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

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

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

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

4. MONITORING AND COMPLIANCE ASSURANCE

Monitoring and compliance measures

As required by ADS 204.3.4, the MCP 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.

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