



USAID
FROM THE AMERICAN PEOPLE

September 23, 2009

Lutheran World Relief
700 Light Street
Baltimore, MD 21230

Reference: Malaria Communities Program RFA: USAID M/OAA/GH-09-252

Subject: Cooperative Agreement No. GHS-A-00-09-00005-00

Dear Ms. Karg:

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 Lutheran World Relief hereinafter referred to as the "Recipient", the sum of \$1,489,912.00 to provide support for a program in Mali as described in the Schedule of this award and in Attachment B, entitled "Wobu Wolo: Leveraging Economic Development Partnerships to Control Malaria in Mali."

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to expenditures made by the Recipient in furtherance of program objectives during the period beginning with the effective date September 30, 2009 and ending September 29, 2012. USAID will not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

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

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

Sincerely,

Jamie Alissa Beck
Agreement Officer
USAID

Attachments:

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

ACKNOWLEDGED:

BY: _____
TITLE: _____
DATE: _____

A. GENERAL

1. Appropriation:
2. Amount Obligated this Action: \$ 560,000.00
3. Total Estimated USAID Amount: \$1,489,912.00
4. Total Obligated USAID Amount: \$ 560,000.00
5. Cost-Sharing Amount (Non-Federal): \$ 247,805.00
6. Activity Title: Wobu Wolo: Leveraging Economic Development Partnerships to Control Malaria in Mali
7. USAID Technical Office: GH/HIDN/ID
8. Tax I.D. Number: 132574963
9. DUNS No.: 799035613
10. LOC Number: HHS-48A6P

B. SPECIFIC

For AID/W Actions:

1. Budget Fiscal Year: 2009
2. Operating Unit: GH/HIDN
3. Fund: GH-C
4. Strategic Objective: A11
5. Distribution: 936-3100
6. Management: A049
7. Benefiting Geo Area: 997
8. SOC: 4100201
9. Obligated Amount: \$560,000.00

C. PAYMENT OFFICE

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

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ATTACHMENT A THE SCHEDULE

A.1 PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide support for the program described in Attachment B to this Cooperative Agreement entitled "Wobu Wolo: Leveraging Economic Development Partnerships to Control Malaria in Mali."

A.2 PERIOD OF COOPERATIVE AGREEMENT

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

A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT

1. The total estimated amount of this Cooperative Agreement for the period shown in A.2 above is \$1,489,912.00
2. USAID hereby obligates the amount of \$560,000.00 for program expenditures during the period set forth in A.2 above and as shown in the Budget below. The Recipient will be given written notice by the Agreement Officer if additional funds will be added. USAID is not obligated to reimburse the Recipient for the expenditure of amounts in excess of the total obligated amount.
3. Payment will be made to the Recipient by Letter of Credit in accordance with procedures set forth in 22 CFR 226.

A.4 COOPERATIVE AGREEMENT BUDGET

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

TOTAL BUDGET	
9/30/2009 to 9/29/2012	
Direct Costs:	\$1,258,905.00
Indirect Costs:	\$ 231,009.00
TOTAL FEDERAL:	\$1,489,912.00
Cost Share:	\$ 247,805.00
TOTAL PROGRAM:	\$1,737,717.00

A.5 REPORTING AND EVALUATION

1. Financial Reporting

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

2. Program Reporting

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

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

3. Final Report

The Recipient shall submit the original and one copy to M/FM, the Agreement Officer (if requested), and the AOTR and one copy, in electronic (preferred) or paper form of final documents to one of the following: (a) Via E-mail: docSubmit@usaid.gov; (b) Via U.S. Postal Service: Development Experience Clearinghouse, M/CIO/KM, RRB M.01, U.S. Agency for International Development, Washington DC 20523, USA; (c) (C) Online: <http://dec.usaid.gov/index.cfm>.

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

A.6 INDIRECT COST RATE

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

Description	Rate	Base	Type	Period
NICRA	18.35%	1/	1/	1/

1/Base of Application: Total direct costs, less amounts for material aid expenditures, major passthrough emergency grants, international program management costs, organizational effectiveness costs, and international finance costs.

Type of Rate: Provisional

Period: effective October 1, 2008 -- until amended.

Treatment of paid absences: Vacation, holiday, sick leave, and other paid absences are included in salaries and wages and are claimed on grants, contracts, and other agreements as part of the normal cost for the salaries and wages. Separate claims for the costs of these paid absences are not made.

LWR's current provisional rate of 18.35% is applicable for all programs. The rate has been approved by Department of State (cognizant agency)

A.7 TITLE TO PROPERTY

Property Title will be vested with the Cooperating Country.

A.8 AUTHORIZED GEOGRAPHIC CODE

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

A.9 COST SHARING

The Recipient agrees to expend an amount not less than **\$247,805.00** for financing by the Recipient and/or others from non-federal funds in accordance with 22 CFR 226.23. The cost-sharing may be cash and/or in-kind contributions, and includes un-recovered indirect costs. Failure to meet these requirements shall be handled in accordance with the Standard Provision set forth in Attachment C of this Award entitled "Cost-Sharing (Matching)."

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

A.10 SUBSTANTIAL INVOLVEMENT

It is understood and agreed that USAID will be substantially involved during the performance of this Cooperative Agreement as follows:

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

Title: Project Director : Dr. Abdoulaye Bagayoko

- c. Monitoring and evaluation plans, and USAID involvement in monitoring progress toward achieving expected results and outcomes, must be submitted for the approval by the Agreement Officer's Technical Representative (AOTR);
- d. Approval of the selection of sub-award recipients must be submitted for the approval by Agreement Officer.

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

A.11 PROGRAM INCOME

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

A.12 SPECIAL PROVISIONS

A.12.1 USAID DISABILITY POLICY (DEC 2004)

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

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

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

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

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

Funds in this agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's

delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" or as approved by the AO.

A.12.4 NON-FEDERAL AUDITS

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

A.12.5 WORKPLAN APPROVAL PROCESS

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

A.12.6 ENVIRONMENTAL CONCERNS

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

-End of Schedule-

**Attachment B
PROGRAM DESCRIPTION**

Wobu Wolo: Leveraging Economic Development Partnerships to Control Malaria in Mali

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Acronyms and Abbreviations

<5MR	Under-Five Mortality Rate
ACT	Artemisinin-based Combination Therapy
AMAPROS	<i>Association Malienne pour la Promotion du Sahel</i> (Malian Association for Promotion of the Sahel)
ANC	Ante-Natal Care
ASACO	<i>Association de Santé Communautaire</i> (Community Health Management Association)
BCC	Behavior Change Communication
BNDA	<i>Banque Nationale de Développement Agricole</i> (National Bank for Agricultural Development)
CCM	Country Coordination Mechanism
CBO	Community-Based Organization
CHW	Community Health Worker
CNIECS	<i>Centre National d'Information d'Education et de Communication pour la Sante</i> /National Center for IEC in Health
CPM	Country Program Manager
CSCOM	<i>Centre de Santé Communautaire</i> /Community Health Center
DHS	Demographic and Health Survey
DMO	District Medical Officer
DMHT	District Management Health Team
FM	Financial Management
FY	Fiscal Year
GF	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System/ <i>Système Nationale d'Information Sanitaire</i>
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Net
LLIN	Long Lasting Insecticidal Nets
LWR	Lutheran World Relief
MCP	Malaria Communities Program
MDG	Millennium Development Goals
MOH	Ministry of Health
MOP	Malaria Operational Plan
MRTC	Malaria Research and Training Center
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program (<i>PNLP</i> in French)
PAZ	Priority Action Zones
PMI	President's Malaria Initiative
PSI	Population Services International
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Tests
CSCOM	<i>Centre de Santé Communautaire</i> /Community Health Center

SP	Sulfadoxine-pyrimethamine
UNF	United Nations Foundation
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
US	United States
WHO	World Health Organization

1. Executive Summary

Program Location:	Mopti and Ségou Regions of Mali
Proposed Start and End Dates:	September 1, 2009 - August 31, 2012
Total Project Budget:	\$ 1,737,717
Requested from USAID:	\$ 1,489,912
Cost Share:	\$ 247,805
Total Population in Target Area:	3,652,436
Primary Beneficiaries:	478,813 (including 71,822 pregnant women and 90,974 children under five)

Summary of Proposed Program:

Mali is a malaria endemic country with 100% of the population considered at risk. It is the leading cause of morbidity and mortality in health facilities with more than one million clinical cases of malaria reported in 2006¹. Pregnant women and children are particularly vulnerable, with 57% of all reported deaths among children under five due to malaria.² Despite significant national and international efforts to expand key malaria control interventions, coverage and utilization of these services remain far below National Malaria Control Program (NMCP) and President's Malaria Initiative (PMI) targets. This is especially true among rural populations with whom LWR is working in Mopti and Ségou; both regions have lower <5 health-seeking, treatment and Intermittent Preventive Treatment in Pregnancy (IPTp) rates than the national average. Malaria places an additional burden on rural farm families in these regions, depleting the human and financial capital needed for production.

Since most of the planning targets for malaria commodity procurement have been achieved, the most critical remaining barriers to effective malaria prevention and treatment in Mali center on the rural poor's limited access to a.) information for behavior change and advocacy, b.) geographic access to existing health services and c.) economic resources needed to access healthcare, even with free malaria treatment provided for pregnant women and children <5. LWR will therefore take an innovative approach to expand access to and utilization of existing national malaria prevention and control services in the Mopti and Ségou regions of Mali by leveraging current community and private-sector economic development partnerships to:

- Expand behavior change communication (BCC) channels for malaria awareness, prevention and treatment to reach 478,813 people, and
- Increase access to and use of existing malaria prevention and treatment services by enhancing geographic outreach and developing Community Health Solidarity Funds (CHSF) in 25 community health center catchment areas.

LWR will leverage the capacity of its economic development partners to mobilize their rural membership and communities to expand the coverage of current BCC strategies through media outreach and community sensitization. The project will also conduct a demographic census and design an appropriate community-managed health insurance model (the CHSF) to ensure their rural members' year-round geographic and financial access to healthcare.

¹ Mali Health Management Information System, 2006 (HMIS 2006)

² HMIS 2006

Through these efforts, LWR expects to reach 478,813 people in 393 communities (including 71,822 pregnant women and 90,974 children under five) in Mali's Mopti and Ségou regions in order to reduce the burden of malaria on rural lives and livelihoods and directly contribute to progress towards PMI and NMCP targets.

4. Project Context / Description of Existing Gaps

4.1 Overview of Current Health Status of the Target Population

Malaria represents the leading cause of morbidity and mortality in Malian health facilities, accounting for 38.3% of outpatient visits and 37.3% of inpatient deaths. Children under five accounted for 32.51% of all malaria cases in 2006 and 64.42% of all malaria-related deaths in health facilities,³ the 5th highest <5 mortality rate in the world. Malaria was responsible for 21.7% of low birth weight babies and 57.7% of anemia in pregnant women in a recent study⁴. Malaria is the most frequent disease recorded in health facilities in LWR's priority action zones, Mopti and Ségou⁵.

Access to and utilization of tested malaria control interventions (like LLINs, ACTs and IPTp) in Mopti and Ségou remain low. LLINs are distributed via large scale campaigns⁶ or provided free to pregnant women attending their first antenatal care (ANC) session and children from 0-11 months upon completing their immunizations. ACTs are provided at no charge to children <5; IPTp is also free at ANC sessions. Despite these national initiatives, the percentage of children <5 who slept under ITNs is estimated at 31% for Mopti and 27% for Ségou⁷. For pregnant women, this percentage is 40.2% and 31%, respectively. The percentage of children <5 with fever that received antimalarial medication is estimated at 6.5% for Mopti and 11.2% for Ségou, lower than the national average (15%). Fewer than 4% of pregnant women in Ségou and Mopti received the two recommended doses of IPT.⁸

Three key challenges continue to impact effective malaria prevention and control in Mali: **behavioral barriers, limited geographic reach, and enduring economic obstacles.**

4.2 Household Behaviors and Care-Seeking Practices

Behavior barriers keep many people – particularly in rural communities – at risk of malaria. Behavioral change and awareness activities in the national strategic plan for malaria control are largely under-funded, making up only 2% of the 6th round⁹ GF budget. In addition, strategies are often fragmented, not adapted to community needs or inconsistent with the national malaria control policy, leading to gaps in uptake of malaria control interventions.

The average number of ITNs per household in Mopti and Ségou is 1.5 and 1.4, respectively,¹⁰ however, correct and consistent use remains a challenge. According to a survey carried out in

³ HMIS, 2006

⁴ Kayentao K, et al. *Comparison of Intermittent Preventive Treatment with Chemoprophylaxis for the Prevention of Malaria During Pregnancy in Mali*. JIS 2005 Jan 1;191(1):109-16.

⁵ HMIS, 2006

⁶ The most recent national Vitamin A/ITN distribution campaign was conducted in December 2007 with coverage estimated at 80%.

⁷ Mali Demographic and Health Survey 2006 (DHS 2006)

⁸ DHS 2006

⁹ Sarr, Dr. Lamine Cisse, *Strengthening of Malaria Control in Mali.*, http://www.theglobalfund.org/grantdocuments/6MALM_1370_0_full.pdf

¹⁰ DHS 2006

Mopti¹¹, significant predictors of ITNs use included: head of household literacy, family size, ethnicity, hearing about the NMCP and hearing about ITNs from health agents. Potential barriers include a highly mobile population, increased transportation costs in remote areas, lack of available preferred nets and seasonal use. Purchasing power and economic decision-making also influence net purchase, with male heads-of-household often controlling the resources or making decisions on using household income for net purchase. Net use may also be affected by household members' gender, with households sometimes favoring net use by their male members, even those provided by free distributions. In addition, while net ownership is relatively common, some are non-treated ITNs and, with the adoption of LLINs as the national net policy, net re-treatment kits are no longer widely available.

Care-seeking for fever in health facilities remains low and is heavily influenced by behavioral, cultural and gender-related factors. According to the HMIS 2006, the percentage of individuals that sought care in health facilities over the previous year was estimated at 26%; in Mopti this was 16%. Patients from households run by women and those living in urban areas reported more frequent care seeking in health facilities than male-headed households and rural ones. Likewise, better-off households (59%) more frequently sought care from formal health providers compared to poorest households (38%). Self-treatment or treatment from traditional practitioners by using plant-based remedies or drugs purchased from private pharmacies is also common, further delaying medical care-seeking and possibly contributing to eventual drug resistance.

Behavior also dramatically influences uptake of IPT as part of antenatal care, with late first ANC attendance (during the third trimester) the most important gap to IPT completion. Because of shame and stigma or fear of losing the pregnancy (from an evil spirit or the "evil eye"), women in some communities may wait until their pregnancy is almost to term before seeking antenatal care. Another important factor may be women's low decision-making power about their own care.

4.3 Current Status of Health Care Service Delivery

The MOH, with the support of partners like UNICEF, the GF and PMI, provide a package of malaria interventions integrated within the national health system. The system is stratified into four levels, ranging from national reference hospitals to community health centers (CSCOMs) providing primary health care. Each CSCOM has an ASACO, a community health management committee responsible for oversight and financial management of the health centers' service delivery. However, care-seeking depends largely on geographic access to services and economic feasibility.

Geographic barriers: It is estimated that one community health facility in Mali serves about 15,000 people¹² with unequal distribution of health infrastructures and staff between urban and remote areas further limiting access to services. Only 51% of the population has geographic access to public health services; in Mopti and Ségou, this is estimated at 43% and 49%, respectively.¹³ To compensate for this lack of coverage and utilization, the MOH launched a national *strategie avancée* (outreach strategy) mandating mobile teams for periodic health outreach from the CSCOM to villages in their catchment area. However, many CSCOMs lack funds to purchase inputs like fuel and maintenance for the mobile outreach strategy. In addition, the lack of human resources at the CSCOM and a clear strategy for community mobilization leads to low coverage. As a result, many in need of treatment

¹¹ Rhee M. et al, *Malaria Prevention Practices in Mopti Region, Mali*. EAMJ:Vol. 82, No. 8 (2005).

¹² World Health Statistic Report 2008

¹³ HMIS 2006

and prevention, especially those vulnerable groups for whom malaria prevention inputs are free and already pre-positioned, go unreached.

Economic obstacles to care: In addition to these challenges, high direct and indirect costs to community members further hamper health-seeking. Despite the national policy of free treatment for NMCP/PMI target groups, consultation fees and related costs are charged to the patient, making health service unaffordable for the poorest households. Households spend on average \$50 US per patient on care in health facilities¹⁴, with the poorest households frequently using a greater percentage of their annual incomes on health-related spending. Out-of-pocket expenditures include: transportation, consultation, drugs and laboratory work and hospitalization.

Community focus group discussions with LWR in September 2008 identified the high cost of seeking treatment for suspected malaria as the most significant barrier to treatment. This is particularly difficult as outbreaks occur during the rainy season, when people most need to be in their fields and have virtually exhausted their financial resources from the previous season's harvest. As a result, households often postpone seeking care--partly out of the fear of consultation or other fees--until complications begin to manifest.

4.4 Current Malaria Operations of MOH and Other NGO/PVOs

The MOH through the NMCP implements and coordinates the following key technical and supportive malaria control activities: case management; IPT of malaria during pregnancy; vector control including ITN use, IRS and destruction of mosquito breeding sites; malaria epidemic preparedness; social mobilization, behavior change communication; operational research; monitoring and evaluation and capacity-building with support from bilateral and multilateral partners like the GF, UNICEF and PMI.

Several other key stakeholders are also involved in malaria control in Mopti and Ségou. Specifically, UNICEF is working with the health districts in both regions to provide ITNs, IPT and capacity-building and operational research (much of this in collaboration with the Malaria Research and Training Center, MRTC). MRTC also has previous experience working with the Traditional Healer's Association in Bandiagara to engage traditional healers in referrals of severe malaria. Plan International is working in one health district in the region of Ségou on ITN and IPT distribution and also BCC/IEC; the *Voices of Mali* advocacy initiative is also targeting four districts of Mopti. World Vision also includes malaria as part of its IMCI approach in Koro, but their malaria-specific mobilization is limited. *Groupe Pivot* and PSI distribute ITNs and conduct BCC/IEC campaigns with the support of the GF. In August and September 2008, PSI supplied all the health districts in Ségou and Mopti with ITNs for children 0-11 months and pregnant women for use in routine ANC and vaccination coverage. RTI is working on IRS in Ségou and Bla. The proposed approach has been designed to complement these existing interventions.

4.5 Gender-Specific Approaches

Building on LWR's economic development partners' experience and membership (83% of their members are women) the proposed activities will continue to recognize and develop implementation strategies appropriate to the different roles of men and women. The project will also address potential gender barriers in terms of access to information, revenues/assets, power to make health decisions and full participation in project planning and implementation. Participation in project

¹⁴ DHS 2006

planning, monitoring and evaluation will be designed around men's and women's productive activities and be designed with respect to traditional roles and participation.¹⁵

Specific attention will be paid to women leaders' capacity to support pregnant women's access to ANC and immunization for their children (and therefore ITNs), as well as timely fever identification and treatment and correct and consistent malaria prevention. Female *relais* will take part in the census of target groups in each village and will ensure that women have been reached by outreach activities. Recognizing the role of male heads of households, men will also be sensitized on their role in supporting target groups to access and use effective malaria interventions.

5. Program Strategy and Technically Appropriate Interventions

5.1 Goal and Objectives

LWR seeks to leverage existing economic development and private sector partnerships to address key gaps in malaria prevention and treatment services in 393 marginalized communities by 2010. This project is designed to directly fill the following key gaps in malaria prevention and control identified by the NMCP and the Malaria Operational Plan for 2009: limited community access to information for behavior change, poor geographic coverage and economic barriers to access healthcare services.

GOAL: To expand access to and utilization of existing national malaria prevention and control services in the Mopti and Ségou regions of Mali by leveraging new opportunities for social and economic mobilization and behavior change communication.

Objective 1: Expand behavior change communication for malaria awareness, prevention and treatment among 478,813 people by scaling-up mobilization through community and private-sector economic development partnerships.

Rationale: LWR currently works with local economic development partner organizations that target marginalized or neglected communities in Mopti and Ségou. While these projects have been successful in increasing the target groups' annual agricultural revenues, the socio-economic burden of malaria remains a huge challenge, depleting the human and financial capital needed for crop production. With limited national investment in BCC strategies, scaling-up and expanding the different channels for message delivery is critical, particularly in rural communities. LWR's partners are strategically placed to mobilize and encourage malaria-related behavior change among these communities given their existing platform of economic development and their experience and trust in the community.

This project aims to integrate malaria control into partners' existing economic activities to reach 'last mile' communities, those previously out of reach and necessary to achieve NMCP and PMI targets. Through established networks and memberships, the project will mobilize partner staff and stakeholders to promote awareness and behavior change among members and their families, ultimately reaching 478,813 people with social mobilization strategies; contributing to PMI targets related to ITN ownership and use, IPTp uptake and timely health-seeking behavior for suspected malaria.

¹⁵ For example, many women's group meetings have an elder man present to avoid concerns with impropriety.

Objective 2: Increase access to and use of existing malaria prevention and treatment services by enhancing geographic outreach and developing Community Health Solidarity Funds in 25 community health center catchment areas.

Rationale: Discussions held with the targeted communities and health district management teams indicate that current malaria mobile outreach efforts are failing due to lack of financial resources and effective and efficient mechanisms to identify and reach their targets. The national policy of health fee recovery, whereby services are provided on a subsidized, but fee-for-service basis, often leads to under-utilization of health services and limited investment in preventive health care. To assist mobile health teams to reach previously isolated populations and increase the health facilities' effectiveness, the project will conduct a census of the target population in each village. By conducting this census, and mobilizing people to access care, the mobile health teams will be able to better direct their services and achieve their targets at lower cost.

There are a few health insurance initiatives (*mutuelles de santé*) associated with some health facilities (usually at the district or national level) in Mali. However, these initiatives do not reach the rural communities where LWR is working and, in some cases, do not meet the needs of the rural poor for low-cost insurance based on their needs and health expenditures.

In addition, though certain services are provided to pregnant women and children <5 at no cost, high indirect and auxiliary costs such as transportation and consultation fees lead to underutilization of basic health services and delays in care-seeking. To address these economic barriers to treatment, the project will also support economic development partner groups to set up financial mechanisms for subsidizing their members' health care costs. Establishing the Community Health Solidarity Funds (CHSF) will ensure access to timely diagnosis and treatment in all 25 of the community health centers' catchment areas, and directly contribute to PMI targets related to IPTp, ACT and ITN use. In addition, this increased health utilization will increase the facilities' revenue and ability to improve preventive health strategies.

CHSF Overview

The Community Health Solidarity Fund (CHSF) is a community-led health insurance fund that was inspired by the small-scale savings and loan funds that are managed by local community groups throughout Mali, including the areas targeted for this project. Through these informal local groups, called *tontines*, women and men pool funds in order to mobilize resources for short-term loans or urgent social needs like health emergencies. While inspired by this model, the proposed CHSF would formalize and expand the fund mobilization process, using the community based organizations' own revenues, establishing formal management and oversight systems and providing technical training in fund management in order to ensure the long-term stability and availability of funds for members' health care.

Aside from costs associated with the participative development of the fund itself (bringing key health and community stakeholders together to design health insurance fund packages, policies and procedures) and providing training and capacity-strengthening for the fund management committee, no additional funds will be needed for this activity. As with the *tontines*, the CHSF will be funded with revenues from the beneficiaries' own income generating activities; in this case, agricultural income. These income generating activities have been strengthened through investments by LWR to build farmer technical capacities and increase farm production and profitability. As one example of the returns on these investments, the Federation Guireyaawés, one of LWR's partners in this proposed project, has increased annual sesame production by over 350% in three years and generated revenues of over \$250,000 in 2009 alone. A percentage of these revenues, as determined

by the insurance package and negotiated and approved by the Federation's members, may be allocated to this group's CHSF.

The CHSF is designed to counter financial barriers related to health care access for suspected malaria, providing a means for all members of a participating household to seek timely treatment for any fever (regardless if the fever is diagnosed by a clinician as malaria or not). By opening the CHSF to possible support to all illnesses, with an emphasis on timely fever identification, the CHSF aims to promote health-seeking at a health facility as a first response for fever management, rather than unproven home or traditional remedies.

When conducting the technical assessment for this proposed project, community members shared key barriers to treatment of children with fever/suspected malaria within 24 hours of onset of symptoms. The principle barriers to prompt care-seeking were geographic access (transportation), high indirect costs despite the national policy of free treatment (consultation fees, costs of exams and complementary medicines) even when the drug can be found near the home. The CHSF is a financing mechanism to address these barriers. For instance, depending on the needs and negotiated package, the CHSF will cover those direct and indirect costs (transportation to health facility, coverage of consultation fees, etc) of malaria care-seeking. The resulting increase in access and early care of children with malaria will improve the number of children receiving ACT within 24 hours of the onset of symptoms.

Stakeholder Support for the CHSF

The design of this model results from a needs assessment conducted with various national stakeholders, including Board members and staff of the Guiréyaawes Federation, YAGTU, AMAPROS and health and municipal authorities from the Region, District and local levels. Specific discussions on gaps in and limitations of previous health insurance models (*mutuelles de santé*) were held with medical authorities to gather key lessons for the design of the CHSF.

Given the congruency of the CHSF with the health facilities' and local organizations' experience and existing management structures, LWR is confident that the communities will support the expanded CHSF and recognize it as aligned with their strategies and priorities. Furthermore, LWR recently began a project with the Guireyaawés Federation and YAGTU to complement the project proposed to USAID. That complementary project, including the CHSF, was launched in May 2009 with the full buy-in and support of community stakeholders.

Sustainability of the CHSF

Since the source of CHSF funds come from the participants' own revenues and the CHSF is built on the groups' existing organizational structures, the CHSF is designed to continue for as long as it continues to offer valuable services to members and the community. Annual review of the CHSF is planned along with the annual participatory evaluation process involving all key project stakeholders.

The CBOs are already managing their organizations' financial matters; with LWR's support, the organizations have developed or improved their financial procedures, instituted annual assembly meetings to review annual budgets, spending and revenues and conducted periodic elections. In addition to helping participating organizations select the CHSF management committee, helping to develop the CHSF's policies and procedures and providing financial and administrative management training for the committee, LWR's periodic monitoring visits and planned project audits will check waste and potential abuse.

Relationship between the CHSF and LWR's Current Programming

The CHSF is a much-needed complement to LWR's existing agricultural development work in Mali. While the CBOs with whom LWR is working have made gains in agricultural productivity and revenues, these gains have not always translated to improvements in members' health. This is due, in part, to a lack of access to information, limited cash flow during the malaria transmission season and the lack of formal linkages between community members and their local health facility. The CHSF also differs in another key way from other health or development programs underway in Mali in that the insurance package will be designed, negotiated, implemented and managed by key stakeholders from the health facility and community partner itself. Each CHSF will take members' specific needs into account and the final design, once negotiated with key leadership of these organizations, will be context-specific. LWR continues to accompany the community-based organizations targeted for this initiative with technical support, monitoring and supervision. Staff from these partner organizations have been recruited and trained with technical support, supervision and oversight from LWR. The CHSF, while using the community organizations' own funds and managed by the organizations' own staff, will also continue to receive technical support and supervision from LWR throughout the life of the project.

Though LWR has not previously implemented a CHSF model in Mali, LWR has significant experience working with financial institutions and managing partnerships with more complex microcredit and savings programs across Africa through its *Tripartite Rural Financing Model*. LWR's model creates a three-way partnership between LWR, financial institutions (banks, MFIs, credit unions and other lending institutions) and local farmers' organizations by connecting smallholder farmers with lenders by providing an initial, partial loan guarantee as an incentive for the financial institution to lend to the farmer. At the same time, LWR strengthens the capacities of local farmers' organizations to ensure successful harvest and sale of production surpluses and meet the financial management component of their credit line, thus ensuring successful repayment of the loan. Through the three-way partnership, farmers' organizations gain access to credit, local financial institutions lower their credit risk and build their client base, and both increase their capacity and sustainability. LWR currently has 22 active *Tripartite Model* projects, each reaching from 80 to over 6,000 smallholder farmers, in six African countries.

5.2 Key Malaria Activities

Objective 1: Expand behavior change communication for malaria awareness, prevention and treatment among 478,813 people by scaling-up mobilization through community and private-sector economic development partnerships.

Activity 1: Mobilize leadership of each community partner to integrate malaria control into their economic development activities. While all of the LWR partners targeted under the proposed project have mission statements and articles of incorporation that include health and other social objectives, the project will work with each group to review policies, existing collaborations and community partnerships in light of this expanded approach. New staff will be recruited and trained with technical support from the Project Director. In addition, mobilization meetings will be held at the beginning of the project to explain key strategies and educate the organizations' leaders, as well as ASACO and CSCOM staff, on their role in the project. The 1-day meetings will focus on the local malaria situation and its social and economic burden, available appropriate malaria control services, key messages to provide at the community level and partner roles and responsibilities in project implementation.

Activity 2: Strengthen economic development partner capacity for malaria control. The project will bring together partner representatives (both leaders and members) and other key local malaria control stakeholders for a series of 2-day workshops on malaria control. There will be 48 workshops reaching 1,300 partner and community group members. Training participants will include ASACO members in charge of health facility management and the Community Deputy in charge of health issues from the local municipality. The training will improve knowledge and skills, and strengthen the local partnerships for sustaining project outcomes. Training topics will include: malaria transmission, prevention and treatment measures, key services available at facilities level, and national health initiatives promoted by the NMCP. The training will be co-facilitated by project and CSCOM staff using the current training module developed by the MOH for the training of CBOs on malaria control.

Activity 3: Raise awareness among economic development partner membership on malaria control. After completing these capacity-building workshops, member awareness-raising sessions will be built into the agenda of the general assembly or other executive meetings of each partner. Through these events, project animators and partner leaders will sensitize the partners' 14,175 members (2,420 men and 11,755 women) about national malaria control policies and malaria control measures, including: ITN hanging and year-round use, IPTp and seeking timely and correct medical treatment utilizing ACTs. These awareness-raising sessions will continue throughout the life of the project.

Activity 4: Conduct an IEC campaign each World Malaria Day on April 25th. The project will provide technical and financial support to each of the 25 management units of ASACOs in the target areas to develop and implement culturally-appropriate and effective messages and activities to raise awareness on World Malaria Day. Campaign materials and activities may include leaflets and posters, T-shirts, songs, drama, games, radio advertisements, traditional games, theatre or film leveraged from PMI partners in-country. The IEC campaigns will involve the MOH and all key stakeholders in the project target areas. The District Medical Officer (DMO), and other NGOs and CBOs working in the wider community will also be invited. During the campaign, the BNDA will also distribute IEC messages to all of its clients. The campaign on World Malaria Day will be conducted every year over the life of the project.

Activity 5: Reinforce community messaging on malaria control to 478,813 people through IEC/BCC activities. LWR will work to leverage CНИЕCS-approved materials from key national BCC stakeholders (including *Voix du Mali* and *Keneya Ciwara*), distributing them to its (previously unreachable) economic development partners and other existing health stakeholders. Given the economic interests of LWR's partners, some existing messages may be adapted to highlight the importance of malaria prevention and control from an economic perspective, including such topics as: savings in health care spending by sleeping under an ITN, the national policy of free testing and treatment of malaria for NMCP target groups and mechanisms for free net distribution for vulnerable groups. These messages will be developed by the project staff and field-tested and approved by CНИЕCS prior to roll-out.

Print Media: The focus of IEC materials and messages (including posters, flipcharts and leaflets) includes: the correct hanging and use of ITNs by targets groups, early ANC seeking for pregnant women, prompt treatment-seeking for children and appropriate uptake and completion of treatment. IEC materials and messages will be disseminated by economic development partners during meetings or assemblies and by project animators during field visits to community and group members. ASACOs and their existing *relais* will be provided with additional materials for use in their community sensitizations. In addition, the BNDA will distribute malaria IEC materials to its 4,600

individual and institutional clients in Mopti and Ségou along with their bank statements, during bank transactions and through other public communications. It is expected that the BNDA and community economic development partners will disseminate 92,000 of these messages/materials over the life of the project.

Film: Project animators will show a film on malaria once per quarter in each of the 393 target villages; films have been developed by UNICEF, *Voix du Mali*, the NMCP and RBM. Existing health *relais* will be invited to share messages with the community during these sessions. ITNs will be provided to animators and *relais* to help demonstrate net use during these sensitization sessions.

Community Radio: LWR's economic development partners are already using the radio to spread messages about their development activities. There are 9 local stations in the project listening area, 1 in Bandiagara, 2 in Koro, 4 in Niono and 2 in Ségou. The project will contract with each station to broadcast daily at least 2 BCC spots of 1-2 minutes (songs, short messages or other messages) and 1 BCC talk show of 60 minutes per quarter (panel discussions or messages from health staff, partner group leaders, etc), broadcasted in local languages (Bambara in Niono and Ségou, Samsaye in Koro and Tomokan in Bandiagara). Many of these radio spots will be leveraged from *Voix du Mali* and *Keneya Ciwara* initiatives. A total of at least 5,000 radio messages will be broadcast over the life of the project. Project Supervisors will work with the stations to monitor implementation of this activity.

Activity 6: Strengthen local coordination, planning and advocacy in malaria control. LWR field visits and meetings held with health staff and economic development partner group leaders have shown that the local coordination mechanisms are lacking or poorly functioning. To address this gap, these community groups, *relais* and ASACOs, local health staff and others key actors will meet on a quarterly basis over the life of the project. The aim of these 1-day meetings will be to identify potential key actors/partners and ways to leverage the partnership and share experiences. It is expected that key coordination issues and lessons will emerge related to new national malaria control policies, advocacy for service delivery to underserved communities, mechanisms for engagement and planning and evaluation of project activities. Additional coordination and participation in existing partnership and coordination fora will also happen at the regional and national level.

Objective 2: Increase access to and use of existing malaria prevention and treatment services by enhancing geographic outreach and developing Community Health Solidarity Funds in 25 community health center catchment areas.

Activity 1: Conduct a health demographic census for more cost-effective CSCOM outreach. To increase the effectiveness of existing outreach efforts a health census of the target population will be conducted to identify pregnant women for IPTp and ITNs distribution, and children under 5 for ITNs distribution and access to prompt treatment. The aim of the census is to construct a database and support local health services in reaching these populations through negotiated and planned outreach with communities. Health *relais* in the target communities will be trained through a one-day workshop on the key aspects of the census, including identification of targets groups, messages to provide to households during census, data updating after the census, etc. The census will be carried out over five days in the first year of the project by the *relais* with support from project animators; a second survey will be done in the second year to update coverage targets.

Activity 2: Establish Community Health Solidarity Funds (CHSF). To develop a sustainable approach to improving community financial access to health services, LWR will work with the economic development partners to establish a Community Health Solidarity Fund (CHSF). While

each institution will develop specific policies and procedures for the CHSF, the basic framework will require each group to mobilize funds, or reserve a portion of its agricultural revenues, to provide its members with access to basic health services and related costs (transportation, consultation fees, lab analysis and, perhaps, a set of commonly prescribed medicines). In some cases, the groups may instead negotiate an annual subscription or enrollment fee with the ASACO that covers consultations and a percentage reduction on the cost of any related services. Others may negotiate in-kind payments to the ASACO from their agricultural production. The optimal framework and operational procedures will be determined in collaboration with economic development partner group members and representatives of the local ASACOs with facilitation support from project staff.

Mobilization, planning and design of financial mechanism: During the first year of the project, economic development partner members and leadership will be sensitized on the CHSF's aim and mechanisms. At least one additional sensitization and planning meeting, in addition to the project launch meeting, will be conducted by project animators with the partners' leaders and members to further explore the CHSF scope and framework.

Partnership development with ASACO: Animators will bring together the economic development partners' leadership, CSCOM and ASACO leadership to further explore and determine the scope and framework of the CHSF and develop the corresponding coordination mechanisms, policies and agreements. Once the structure and framework is determined, each CHSF will negotiate memoranda of understanding with the ASACO; it is expected that these protocols will be finalized in the first year of the project.

Training, Mobilization and Implementation: To ensure that the CHSFs are well-managed and sustainable, the project will train 908 key economic development partner leaders and ASACO leaders on resource mobilization and management for the CHSF. The training will strengthen each group's leadership capacity, knowledge and skills on mobilization and management of resources. District health officers and project staff will lead these two-day workshops during the project's first year.

Once the CHSF is established and its leadership trained, members will be sensitized by these leaders, with support from project animators, on the framework and management of the CHSF. Training will include the roles, rights and responsibilities of members under the CHSF, how to access health services under the CHSF and how expenditures will be managed. Additional onsite training support, monitoring and supervision for the CHSF will be provided by project animators throughout the life of the project.

5.3 Rationale

Despite national and international efforts to expand key malaria control interventions in Mali, coverage and utilization of these services by pregnant women and children <5 remain far below NMCP and PMI targets, due to gaps in information for behavior change and advocacy, gaps in physical or geographic access to existing health services and lack of sufficient economic resources needed to access healthcare. These challenges are noted as key gaps in the 2009 MOP and were identified as such by national malaria stakeholders consulted during the proposal development process.

Implementation areas: The proposed project will target two central regions of Mali, Mopti and Ségou. Mopti and Ségou are composed of 15 sub regions (*cercles*), with 226 communes for a population

estimated at 3,721,000, with the majority living in rural areas (79% in Ségou and 87% in Mopti)¹⁶. LWR's economic development partners will target Bandiagara, Koro, Ségou and Niono *cercles*. A map of the proposed project zones is included in **Attachment B**.

Malaria is the leading cause of morbidity and mortality in both regions, and in 2006, the reported incidence of suspected cases was 92 per 1,000 people and 48 per 1,000 for Ségou and Mopti respectively. The region of Ségou has the 2nd highest nationally-reported incidence rate¹⁷ and the 2nd highest infant mortality rate in Mali, estimated at 131 per 1,000. IPTp uptake and fever-seeking for children <5 are also lower than the national average in these two regions.¹⁸

Project linkage to current national plan and initiatives: This project supports the PMI, GF and NMCP objective of scaling up effective malaria control interventions for increasing coverage of vulnerable groups. The project objectives and strategies are aligned with the NMCP's BCC/IEC and social mobilization, capacity building and service delivery approaches. Currently, the main concern of the NMCP and its partners has shifted from the availability of essential inputs (ACT, SP, ITNs) to their access and use by communities. The project will enhance community access to services by addressing key challenges, including financial, geographical and behavioral barriers.

Targeted beneficiaries: The project is targeting smallholder farmers, farm families and their communities. The project will target members of 427 farmers' groups (CBOs) in 393 villages in Mali's Mopti and Ségou regions to implement wide-ranging social mobilization and BCC activities. These efforts will reach an estimated 478,813 people, including primary targets estimated at 90,974 children under five and 71,822 pregnant women (estimated at 23,941 new pregnancies every year over 3 years).

These 427 CBOs are supported by three larger membership organizations that coordinate agricultural services for their CBO members (i.e. bulk purchasing, crop storage, training support, fund mobilization etc.). These three membership organizations (AMAPROS, YAGTU, and the Guireyaawés Federation) are LWR's sub partners for the proposed project. Therefore, the 427 CBOs will not have a specific coordination or management role in the project to deliver services to other project beneficiaries; rather these *are* groups of the targeted beneficiaries. YAGTU and GUIREYAAWES work with 80 of the 427 CBOs involved in the project; AMAPROS currently works with the other 347 CBOs.

Role of relevant stakeholders in site selection: In September 2008, the NMCP Director provided LWR an overview of its malaria control policy, objectives and strategies in Mali, highlighting the need for strengthening local partnerships and scaling up malaria control interventions through BCC/IEC and social mobilization in all the regions and districts. LWR also met with the USAID Mission PMI team in Mali to discuss ongoing PMI activities and to identify areas where the project might intervene. Other key NMCP and PMI partners consulted when developing the proposed approach include *Groupe Pivot Santé*, *Voix du Mali*, PSI, Plan, UNICEF, World Vision and key government health stakeholders in Mopti.

Regional and District health staff in both Mopti and Ségou have also pointed to the need for scaling up BCC/IEC and social mobilization in order to increase the demand for currently underused services; providing specific guidance on what activities are needed and issues to be addressed. LWR also held focus group discussions with members and leaders of both YAGTU and Guireyaawés to

¹⁶ HMIS 2006

¹⁷ HMIS 2006

¹⁸ HMIS 2006; IPTp uptake rates were 2.9% and 3.8% and utilization rates for children <5in were 25% and 41%, for Mopti and Ségou, respectively

better understand communities' concerns about access and use of malaria control services, as well as broader needs. These discussions also focused on community participation, ownership and role and responsibilities in the project.

Roles and responsibilities of local partners: Implementing partner organizations YAGTU, Guireyaawés and the association members of AMAPROS' rural network will be leveraged to disseminate BCC materials and implement the establishment of the CHSFs. The BNDA will disseminate BCC/IEC messages to its rural clients.

AMAPROS will play the lead role in coordination, technical support and monitoring to all partners, with technical support from LWR's Project Director. LWR has current malaria and agricultural development programming through subagreements with YAGTU and Guireyaawés; these form part of LWR's cost share contribution to this project. AMAPROS will provide technical support to YAGTU and Guireyaawés with close management support from LWR over the first two years of the project to prepare for their expanded role in management and oversight of the activities once LWR's subagreements with these two organizations come to an end. LWR will provide technical support and monitoring to all project implementers throughout the life of the project.

The roles and responsibilities of the various partners under the local partner staffing plan are as follows: Community-based animators will be recruited and trained by project staff on community mobilization for malaria control. These 21 animators will reinforce linkages and advocacy between communities and their health facilities, support communities in resource mobilization and management of the CHSF and provide technical support to existing *relais* in sensitization and health surveys among target populations. Field Supervisors based in Ségou, Bandiagara and Koro, either part-or full-time, will provide supportive supervision and technical support to the activities of the animators, as well as provide project progress reports to a Project Coordinator, based in AMAPROS' existing regional office in Ségou. These Field Supervisors will also manage relationships with community radio stations for mass IEC/BCC campaigns. AMAPROS' Project Coordinator will be responsible for technical support to the three Field Supervisors and coordination with regional health and financial stakeholders in both Mopti and Ségou regions. A detailed organogram for LWR and its implementing partners is included in **Attachment C**.

Though direct financial support to key community health stakeholders is limited to the planned health survey, training and joint community mobilization, LWR's implementing partners will engage with key ASACOs and CSCOM stakeholders over the life of the project. Community health facility staff will co-facilitate training workshops for community development partners and health staff and volunteers will help design and implement World Malaria Day programming. The ASACOs will also liaise with LWR's economic development partners in defining the scope and operational procedures of the CHSF. These key collaborations will be reinforced through planned quarterly coordination meetings.

Work Plan Matrix: A work plan with timeline of activities for the first year is included in **Attachment D**.

6. Performance Monitoring and Evaluation

6.1 Indicators and Means of Verification

Project monitoring and evaluation (M&E) will provide data and indicators that are obtainable, manageable, and consistent with the expectations of the NMCP, PMI and other stakeholders.

Systems will be developed and participatory data collection and evaluation will be rolled out in Year 1 with the assistance of an experienced M&E consultant. The following process and impact indicators will measure the overall performance of the project:

Indicator	Source of Data	Frequency of Collection
<i>Objective 1: Expand behavior change communication for malaria awareness, prevention and treatment among 478,813 people by scaling-up mobilization through community and private-sector economic development partnerships.</i>		
648 leaders mobilized to integrate malaria control into economic development activities; 100% of organizations adopt strategy	Project records	Quarterly
1,300 people trained on malaria control over a two-day workshop		
14,000 economic development partner members reached with malaria control messages; 75% of partner meetings include malaria control on agenda		
75 events organized during World Malaria Day in target villages		
478,813 sensitized on malaria control		
92,000 IEC print materials supplied; 5,000 radio broadcasts; 4,000 community sensitization sessions conducted		
100 coordination meetings held with key project stakeholders		
<i>Objective 2: Increase access to and use of existing malaria prevention and treatment services by enhancing geographic outreach and developing Community Health Solidarity Funds in 25 community health center catchment areas.</i>		
50 sensitization/planning meetings held to establish CHSF by each economic development partner; 25 protocols signed; 14,000 people subscribing to CHSF	Project records	Quarterly
908 partners members and ASACO leaders trained on financial management		
% change in utilization of health services in 25 health catchment areas; # and percentage change in ANC attendance	HMIS	Annually

PMI impact indicators related to ITN ownership and use, timely ACT treatment and IPTp uptake (as mentioned in the annual workplan) will be measured throughout the course of the project using DHS and HMIS data; additional project-specific data will be collected from District health offices and from the planned community census.

In Year 2, the system will be evaluated to ensure optimal management systems to collect and disseminate the data are in place. This will be discussed and reviewed during the annual project review meeting that will bring together all project staff. Progress against planned objectives will be compiled and incorporated into the project annual report, encouraging all involved to continuously analyze the effectiveness of their approaches and documenting emerging practices. A final evaluation report will be developed by the M&E consultant using data gathered and lessons learned over the life of the project.

7. Management Plan

7.1 *Organizational Structure and Human Resource Management*

LWR's West Africa Department is led by a Regional Representative based in Ouagadougou. The Regional Representative supervises Country Program Managers (CPMs), who are responsible for all LWR programming at the country level. The project will benefit from technical support and oversight from both LWR Headquarters and regional staff. Malaria-specific technical support to the project will be provided by Hilaire Zon, LWR's West Africa Regional Malaria Coordinator, based in Burkina Faso, and Dr. José Tchofa, LWR's Malaria Program Manager, based in Baltimore. Each of these LWR staff members has a background in public and/or clinical health and over ten years of experience implementing health and malaria control activities in Africa.

Day-to-day responsibility for the project's management will be held by the Project Director, Dr. Abdoulaye Bagayoko, who will provide leadership, technical support to LWR economic development partners and coordination in the field. He will be supervised by LWR's Country Program Manager for Mali with the Director of AMAPROS, Mr. Salikou Ouattara, sharing a "dotted line" supervisory role. He will be supported by LWR's regional Program and Finance management structure, as well as a Project Finance Officer (dedicated to this project), who will provide financial assistance to LWR and training and technical project partners and play a key role in establishing the CHSFs.

Dr. Bagayoko is a medical doctor who has been working in health and child survival projects in Mali since 1996, including work with *Save the Children* and *Medicine for Mali* as well as previous field research and surveillance experience. A former Humphrey Fellow, he has participated in quality assurance training at Johns Hopkins and international public health training at Tulane University and is conversant in both French and English.

7.2 *Communication/Coordination Plan*

There are several national fora in Mali where technical inputs and coordination on malaria control could be discussed, from the NMCP's *comité de pilotage*, with representatives from the various ministerial departments involved in national malaria control initiatives, to a government-sponsored development plan working group (which includes health along with other development activities) to *Groupe Pivotal Santé's* meetings, which include an annual assembly and adhoc coordination and planning sessions. While these all would provide an opportunity for learning, networking and exchange around malaria, the most relevant of these is coordination through *Groupe Pivotal Santé*, which brings together current PMI and NMCP partners like Save the Children, PSI, the *Voix du Mali* initiative, PLAN and other national NGOs involved in malaria control programming. Since some of these coordination opportunities are presided by a different organization on a rolling basis, LWR has budgeted funds to mobilize and facilitate at least one coordination meeting per year.

In addition, LWR will share project reports with the PMI staff in Bamako and the National Malaria Control Program (NMCP) and its various sub-units at regional and district levels. While there is currently no regularly-scheduled PMI meeting in Mali, USAID holds periodic all-partner meetings that MCP grantees may attend for specific, USAID-grantee coordination. LWR's Project Director and/or staff from AMAPROS will plan to participate in these coordination meetings.

Moreover, LWR is planning to advocate for periodic PMI meetings and is committed to meeting with the PMI team in Bamako at the beginning of the project to review planned project activities and work with the team to develop and agree on a formal communications plan. LWR would also be willing to organize at least one PMI meeting in Bamako per year in order to bring together relevant stakeholders to discuss coordination on key PMI strategies. LWR regularly participates in similar PMI coordination meetings in Tanzania and would actively seek coordination with key national stakeholders to reinforce a similar approach in Mali.

Attachment C
LWR BRANDING STRATEGY AND MARKING PLAN

Date of Resubmission: September 8, 2009

Applicant Information: Lutheran World Relief
Office: 700 Light St., Baltimore, MD 21230
Contact Person: Alissa Karg
Contact Phone Number: 410-230-2820
Contact E-mail: akarg@lwr.org

For a New Award:
USAID Solicitation Number: USAID M/OAA/GH-09-252
USAID Solicitation Name (if applicable): Malaria Communities Program

BRANDING STRATEGY

1. Positioning

The intended name of the project is Wobu Wolo: Leveraging Economic Development Partnerships to Control Malaria in Mali. The USAID, PMI and LWR identities are not included in the project name because the project name will not appear on any communications, commodities, etc. The project name will only be referred to in reports to USAID and internal communications within LWR.

No logo will be developed for the project. Logos used will include the PMI identity and LWR's logo. In all cases the PMI identity will be of a size and prominence equivalent to or greater than all other identities. Relevant materials and supplies will be marked with the PMI identity and, where possible, the phrase "Made possible by the generous support of the American people".

2. Program Communications and Publicity

The primary audience for the project is malaria affected rural populations living in 15 sub regions in Mali who will be directly involved in and directly benefit from the project activities. Specific attention will be given to PMI target groups, such as pregnant women and children under five. There is no designated secondary audience.

The communication materials that will be used in the program include information and educational materials (IEC) and other public messaging. Messaging will focus on promoting positive health-seeking behavior and demand for malaria prevention and control, particularly for pregnant women and children under five. The IEC materials will not be marked because the project will use materials previously developed by national malaria prevention stakeholders and approved for use by CNIIECS.

3. Acknowledgements

While the project will collaborate with the government of Mali and other PMI actors, the only groups that will be identified on project materials are PMI and LWR.

MARKING PLAN

1. Size and Prominence of PMI Identity and Other Identifications/Logos

The PMI identity will be of a size and prominence equivalent to or greater than all other identities. In circumstances where LWR does not use its identity, the program will continue to use the PMI identity.

2. Public Communications, Commodities, and Program Materials to Be Produced

Commodities and activities that will be produced as part of the cooperative agreement and which will visibly bear the PMI identity include:

- Launch events
- Workshops and trainings
- World Malaria Day activities
- Sensitization kits

3. Pre-production Review / Public Communications

No public communications or program materials will be produced.

4. Sub-award

The sub-recipient is aware of the marking requirements and agrees to comply. Additionally, the recommended provision addressing branding and marking requirements will be included in the sub-award with the partner.

5. Program Deliverables to Be Marked

Banners bearing the PMI identity will be displayed at trainings, workshops and World Malaria Day activities. Each community health center will have at least one printed, project-related banner or signboard, marked with the PMI Identity, for display at training workshops.

Table 1: Summary of Marking Strategy

Program Deliverable to be Marked	Type of Marking	When and Where Marking Will Occur
Sensitization through film	Sticker with the PMI identity and the statement "Made possible by the generous support of the American people"	Stickers will be placed on the items in the sensitization kit (DVD player, TV, generator, stabilizer).
Trainings, workshops, launch events, and World Malaria Day activities	Banner with the PMI identity and the statement "Made possible by the generous support of the American people"	Banners will be displayed at all trainings, workshops, launch events, and World Malaria Day activities.

6. Program Deliverables Not to Be Marked

The IEC materials (print, video and radio messages) will not be marked with the PMI identity because the project will use materials previously developed by national malaria prevention stakeholders and approved for use by CNIECS.

Attachment D
REQUIRED STANDARD PROVISIONS FOR U.S., NONGOVERNMENTAL
ORGANIZATIONS

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

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

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

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

[END OF PROVISION]

2. *INELIGIBLE COUNTRIES (MAY 1986)*

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

[END OF PROVISION]

3. *NONDISCRIMINATION (MAY 1986)*

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

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

[END OF PROVISION]

4. *NONLIABILITY (NOVEMBER 1985)*

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

[END OF PROVISION]

5. AMENDMENT (NOVEMBER 1985)

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

[END OF PROVISION]

6. NOTICES (NOVEMBER 1985)

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

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

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

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

[END OF PROVISION]

7. SUBAGREEMENTS (June 1999)

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

[END OF PROVISION]

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

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

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

(Predetermined and Provisional)	1
Voluntary Population Planning	.5
Protection of the Individual as a Research Subject	1

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

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

[END OF PROVISION]

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

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

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

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

Prior approval will be deemed to have been met when:

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

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

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

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

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

- (A) The United States (USAID Geographic Code 000),
- (B) The Cooperating Country,
- (C) USAID Geographic Code 941, and
- (D) USAID Geographic Code 935.

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

(A) The procurement was of an emergency nature, which would not allow for the delay attendant to soliciting U.S. sources,

(B) The price differential for procurement from U.S. sources exceeded by 50% or more the delivered price from the non-U.S. source,

(C) Compelling local political considerations precluded consideration of U.S. sources,

(D) The goods or services were not available from U.S. sources, or

(E) Procurement of locally available goods and services, as opposed to procurement of U.S. goods and services, would best promote the objectives of the Foreign Assistance program under the award.

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

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

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

d. If USAID determines that the recipient has procured any of these goods or services under this award contrary to the requirements of this provision, and has received payment for such

purposes, the Agreement Officer may require the recipient to refund the entire amount of the purchase.

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

[END OF PROVISION]

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

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

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

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

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

[END OF PROVISION]

11. DRUG-FREE WORKPLACE (January 2004)

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

- e. Within 30 calendar days of learning about an employee's conviction, the recipient must either
 - (1) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 USC 794), as amended, or
 - (2) Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.
- f. The policies and procedures applicable to violations of these requirements are set forth in 22 CFR Part 210.

[END OF PROVISION]

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

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

[END OF PROVISION]

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

The Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It

is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all contracts/subawards issued under this agreement.

[END OF PROVISION]

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

(a) Definitions

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

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

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

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

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

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

Technical Assistance means the provision of funds, goods, services, or other foreign assistance, such as loan guarantees or food for work, to developing countries and other USAID recipients, and

through such recipients to subrecipients, in direct support of a development objective – as opposed to the internal management of the foreign assistance program.

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

(b) Marking of Program Deliverables

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Implementation of marking requirements.

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

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

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

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

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

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

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

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

(d) Waivers.

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

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

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

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

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

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

[END OF PROVISION]

15. REGULATIONS GOVERNING EMPLOYEES (AUGUST 1992)

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

- a. The recipient's employees shall maintain private status and may not rely on local U.S. Government offices or facilities for support while under this grant.
- b. The sale of personal property or automobiles by recipient employees and their dependents in the foreign country to which they are assigned shall be subject to the same limitations and prohibitions which apply to direct-hire USAID personnel employed by the Mission, including the rules contained in 22 CFR Part 136, except as this may conflict with host government regulations.
- c. Other than work to be performed under this award for which an employee is assigned by the recipient, no employee of the recipient shall engage directly or indirectly, either in the individual's own name or in the name or through an agency of another person, in any

business, profession, or occupation in the foreign countries to which the individual is assigned, nor shall the individual make loans or investments to or in any business, profession or occupation in the foreign countries to which the individual is assigned.

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

[END OF PROVISION]

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

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

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

[END OF PROVISION]

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

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

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

of the use of pouch facilities, the recipient and its employees agree to indemnify and hold harmless, the Department of State and USAID for loss or damage occurring in pouch transmission:

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

(2) U.S. citizen employees are authorized use of the pouch for personal mail up to a maximum of .45 kgs per shipment (but see (a)(3) below).

(3) Merchandise, parcels, magazines, or newspapers are not considered to be personal mail for purposes of this standard provision and are not authorized to be sent or received by pouch.

(4) Official and personal mail pursuant to a.1. and 2. above sent by pouch should be addressed as follows:

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

(5) Mail sent via the diplomatic pouch may not be in violation of U.S. Postal laws and may not contain material ineligible for pouch transmission.

(6) Recipient personnel are NOT authorized use of military postal facilities (APO/FPO). This is an Adjutant General's decision based on existing laws and regulations governing military postal facilities and is being enforced worldwide.

b. The recipient shall be responsible for advising its employees of this authorization, these guidelines, and limitations on use of pouch facilities.

c. Specific additional guidance on grantee use of pouch facilities in accordance with this standard provision is available from the Post Communication Center at the Embassy or USAID Mission.

[END OF PROVISION]

18. INTERNATIONAL AIR TRAVEL AND TRANSPORTATION (JUNE 1999)

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

a. PRIOR BUDGET APPROVAL

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

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

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

b. NOTIFICATION

- (1) As long as prior budget approval has been met in accordance with paragraph (a) above, a separate Notification will not be necessary unless:
 - (i) the primary purpose of the trip is to work with USAID Mission personnel, or
 - (ii) the recipient expects significant administrative or substantive programmatic support from the Mission.

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

- (2) Where notification is required in accordance with paragraph (1)(i) or (ii) above, the recipient will observe the following standards:
 - (i) Send a written notice to the cognizant USAID Technical Office in the Mission. If the recipient's primary point of contact is a Technical Officer in USAID/W, the recipient may send the notice to that person. It will be the responsibility of the USAID/W Technical Officer to forward the notice to the field.
 - (ii) The notice should be sent as far in advance as possible, but at least 14 calendar days in advance of the proposed travel. This notice may be sent by fax or e-mail. The recipient should retain proof that notification was made.

- (iii) The notification shall contain the following information: the award number, the AOTR, the traveler's name (if known), date of arrival, and the purpose of the trip.
- (iv) The USAID Mission will respond only if travel has been denied. It will be the responsibility of the Technical Officer in the Mission to contact the recipient within 5 working days of having received the notice if the travel is denied. If the recipient has not received a response within the time frame, the recipient will be considered to have met these standards for notification, and may travel.
- (v) If a subrecipient is required to issue a Notification, as per this section, the subrecipient may contact the USAID Technical Officer directly, or the prime may contact USAID on the subrecipient's behalf.

c. SECURITY ISSUES

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

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

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

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

e. THE FLY AMERICA ACT

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

f. COST PRINCIPLES

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

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

g. SUBAWARDS.

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

[END OF PROVISION]

19. OCEAN SHIPMENT OF GOODS (JUNE 1999)

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

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

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

U.S. Agency for International Development,

Office of Procurement, Transportation Division
1300 Pennsylvania Avenue, N.W.
Washington, DC 20523-7900

- e. Shipments by voluntary nonprofit relief agencies (i.e., PVOs) shall be governed by this standard provision and by USAID Regulation 2, "Overseas Shipments of Supplies by Voluntary Nonprofit Relief Agencies" (22 CFR Part 202).
- f. Shipments financed under this grant must meet applicable eligibility requirements set out in 22 CFR 228.21.

[END OF PROVISION]

20. LOCAL PROCUREMENT (April 1998)

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

- a. Financing local procurement involves the use of appropriated funds to finance the procurement of goods and services supplied by local businesses, dealers or producers, with payment normally being in the currency of the cooperating country.
- b. Locally financed procurements must be covered by source and nationality waivers as set forth in 22 CFR 228, Subpart F, except as provided for in mandatory standard provision, "USAID Eligibility Rules for Goods and Services," or when one of the following exceptions applies:
 - (1) Locally available commodities of U.S. origin, which are otherwise eligible for financing, if the value of the transaction is estimated not to exceed \$100,000 exclusive of transportation costs.
 - (2) Commodities of geographic code 935 origin if the value of the transaction does not exceed the local currency equivalent of \$5,000.
 - (3) Professional Services Contracts estimated not to exceed \$250,000.
 - (4) Construction Services Contracts estimated not to exceed \$5,000,000.
 - (5) Commodities and services available only in the local economy (no specific per transaction value applies to this category). This category includes the following items:
 - (i) Utilities including fuel for heating and cooking, waste disposal and trash collection;
 - (ii) Communications - telephone, telex, fax, postal and courier services;
 - (iii) Rental costs for housing and office space;

- (iv) Petroleum, oils and lubricants for operating vehicles and equipment;
 - (v) Newspapers, periodicals and books published in the cooperating country;
 - (vi) Other commodities and services and related expenses that, by their nature or as a practical matter, can only be acquired, performed, or incurred in the cooperating country, e.g., vehicle maintenance, hotel accommodations, etc.
- c. The coverage on ineligible and restricted goods and services in the mandatory standard provision entitled, "USAID Eligibility Rules for Goods and Services," also apply to local procurement.
- d. This provision will be included in all subagreements where local procurement of goods or services is a supported element.

[END OF PROVISION]

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

Requirements for Voluntary Sterilization Programs

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

Prohibition on Abortion-Related Activities:

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

[END OF PROVISION]

[END OF MANDATORY PROVISIONS]

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

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

- a. Provisional indirect cost rates shall be established for each of the recipient's accounting periods during the term of this award. Pending establishment of revised provisional or final rates, allowable indirect costs shall be reimbursed at the rates, on the bases, and for the periods shown in the schedule of the award.
- b. Within the earlier of 30 days after receipt of the A-133 audit report or nine months after the end of the audit period, the recipient shall submit to the cognizant agency for audit the required OMB Circular A-133 audit report, proposed final indirect cost rates, and supporting cost data. If USAID is the cognizant agency or no cognizant agency has been designated, the recipient shall submit four copies of the audit report, along with the proposed final indirect cost rates and supporting cost data, to the Overhead, Special Costs, and Closeout Branch, Office of Procurement, USAID, Washington, DC 20523-7802. The proposed rates shall be based on the recipient's actual cost experience during that fiscal year. Negotiations of final indirect cost rates shall begin soon after receipt of the recipient's proposal.
- c. Allowability of costs and acceptability of cost allocation methods shall be determined in accordance with the applicable cost principles.
- d. The results of each negotiation shall be set forth in a written indirect cost rate agreement signed by both parties. Such agreement is automatically incorporated into this award and shall specify (1) the agreed upon final rates, (2) the bases to which the rates apply, (3) the fiscal year for which the rates apply, and (4) the items treated as direct costs. The agreement shall not change any monetary ceiling, award obligation, or specific cost allowance or disallowance provided for in this award.
- e. Pending establishment of final indirect cost rate(s) for any fiscal year, the recipient shall be reimbursed either at negotiated provisional rates or at billing rates acceptable to the Agreement Officer, subject to appropriate adjustment when the final rates for the fiscal year are established. To prevent substantial overpayment or underpayment, the provisional or billing rates may be prospectively or retroactively revised by mutual agreement.
- f. Failure by the parties to agree on final rates is a 22 CFR 226.90 dispute.

[END OF PROVISION]

2. 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://dec.usaid.gov/index.cfm>

Mailing address:
Document Acquisitions
Development Experience Clearinghouse (DEC)
U.S. Agency for International Development
M/CIO/KM, RRB M.01
Washington DC 20523

E-mail: docSubmit@usaid.gov

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]

3. PARTICIPANT TRAINING (April 1998)

- a. Definition: A participant is any non-U.S. individual being trained under this award outside of that individual's home country.
- b. Application of ADS Chapter 253: Participant training under this award shall comply with the policies established in ADS Chapter 253, Participant Training, except to the extent that specific exceptions to ADS 253 have been provided in this award with the concurrence of the Office of International Training.

- c. Orientation: In addition to the mandatory requirements in ADS 253, recipients are strongly encouraged to provide, in collaboration with the Mission training officer, predeparture orientation and orientation in Washington at the Washington International Center. The latter orientation program also provides the opportunity to arrange for home hospitality in Washington and elsewhere in the United States through liaison with the National Council for International Visitors (NCIV). If the Washington orientation is determined not to be feasible, home hospitality can be arranged in most U.S. cities if a request for such is directed to the Agreement Officer, who will transmit the request to NCIV through EGAT/ED/PT.

[END OF PROVISION]

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

- a. Except as modified by the schedule of this grant, title to all equipment, materials and supplies, the cost of which is reimbursable to the recipient by USAID or by the cooperating country, shall at all times be in the name of the cooperating country or such public or private agency as the cooperating country may designate, unless title to specified types or classes of equipment is reserved to USAID under provisions set forth in the schedule of this award. All such property shall be under the custody and control of recipient until the owner of title directs otherwise or completion of work under this award or its termination, at which time custody and control shall be turned over to the owner of title or disposed of in accordance with its instructions. All performance guarantees and warranties obtained from suppliers shall be taken in the name of the title owner.
- b. The recipient shall maintain and administer in accordance with sound business practice a program for the maintenance, repair, protection, and preservation of Government property so as to assure its full availability and usefulness for the performance of this grant. The recipient shall take all reasonable steps to comply with all appropriate directions or instructions which the Agreement Officer may prescribe as reasonably necessary for the protection of the Government property.
- c. The recipient shall prepare and establish a program, to be approved by the appropriate USAID Mission, for the receipt, use, maintenance, protection, custody and care of equipment, materials and supplies for which it has custodial responsibility, including the establishment of reasonable controls to enforce such program. The recipient shall be guided by the following requirements:
- (1) Property Control: The property control system shall include but not be limited to the following:
 - (i) Identification of each item of cooperating country property acquired or furnished under the award by a serially controlled identification number and by description of item. Each item must be clearly marked "Property of (insert name of cooperating country)."
 - (ii) The price of each item of property acquired or furnished under this award.

- (iii) The location of each item of property acquired or furnished under this award.
 - (iv) A record of any usable components which are permanently removed from items of cooperating country property as a result of modification or otherwise.
 - (v) A record of disposition of each item acquired or furnished under the award.
 - (vi) Date of order and receipt of any item acquired or furnished under the award.
 - (vii) The official property control records shall be kept in such condition that at any stage of completion of the work under this award, the status of property acquired or furnished under this award may be readily ascertained. A report of current status of all items of property acquired or furnished under the award shall be submitted yearly concurrently with the annual report.
- (2) Maintenance Program: The recipient's maintenance program shall be consistent with sound business practice, the terms of the award, and provide for:
- (i) disclosure of need for and the performance of preventive maintenance,
 - (ii) disclosure and reporting of need for capital type rehabilitation, and
 - (iii) recording of work accomplished under the program:
 - (A) Preventive maintenance - Preventive maintenance is maintenance generally performed on a regularly scheduled basis to prevent the occurrence of defects and to detect and correct minor defects before they result in serious consequences.
 - (B) Records of maintenance - The recipient's maintenance program shall provide for records sufficient to disclose the maintenance actions performed and deficiencies discovered as a result of inspections.
 - (C) A report of status of maintenance of cooperating country property shall be submitted annually concurrently with the annual report.

d. Risk of Loss:

- (1) The recipient shall not be liable for any loss of or damage to the cooperating country property, or for expenses incidental to such loss or damage except that the recipient shall be responsible for any such loss or damage (including expenses incidental thereto):
 - (i) Which results from willful misconduct or lack of good faith on the part of any of the recipient's directors or officers, or on the part of any of its

managers, superintendents, or other equivalent representatives, who have supervision or direction of all or substantially all of the recipient's business, or all or substantially all of the recipient's operation at any one plant, laboratory, or separate location in which this award is being performed;

- (ii) Which results from a failure on the part of the recipient, due to the willful misconduct or lack of good faith on the part of any of its directors, officers, or other representatives mentioned in (i) above:
 - (A) to maintain and administer, in accordance with sound business practice, the program for maintenance, repair, protection, and preservation of cooperating country property as required by (i) above, or
 - (B) to take all reasonable steps to comply with any appropriate written directions of the Agreement Officer under (b) above;
- (iii) For which the recipient is otherwise responsible under the express terms designated in the schedule of this award;
- (vi) Which results from a risk expressly required to be insured under some other provision of this award, but only to the extent of the insurance so required to be procured and maintained, or to the extent of insurance actually procured and maintained, whichever is greater; or
- (v) Which results from a risk which is in fact covered by insurance or for which the grantee is otherwise reimbursed, but only to the extent of such insurance or reimbursement;
- (vi) Provided, that, if more than one of the above exceptions shall be applicable in any case, the recipient's liability under any one exception shall not be limited by any other exception.

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

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

- (i) The lost, destroyed, or damaged cooperating country property;
- (ii) The time and origin of the loss, destruction, or damage;

- (iii) All known interests in commingled property of which the cooperating country property is a part; and
 - (iv) The insurance, if any, covering any part of or interest in such commingled property.
- (4) The recipient shall make repairs and renovations of the damaged cooperating country property or take such other action as the Agreement Officer directs.
- (5) In the event the recipient is indemnified, reimbursed, or otherwise compensated for any loss or destruction of or damage to the cooperating country property, it shall use the proceeds to repair, renovate or replace the cooperating country property involved, or shall credit such proceeds against the cost of the work covered by the award, or shall otherwise reimburse USAID, as directed by the Agreement Officer. The recipient shall do nothing to prejudice USAID's right to recover against third parties for any such loss, destruction, or damage, and upon the request of the Agreement Officer, shall, at the Government's expense, furnish to USAID all reasonable assistance and cooperation (including assistance in the prosecution of suits and the execution of instruments or assignments in favor of the Government) in obtaining recovery.
- e. Access: USAID, and any persons designated by it, shall at all reasonable times have access to the premises wherein any cooperating country property is located, for the purpose of inspecting the cooperating country property.
- f. Final Accounting and Disposition of Cooperating Country Property: Within 90 days after completion of this award, or at such other date as may be fixed by the Agreement Officer, the recipient shall submit to the Agreement Officer an inventory schedule covering all items of equipment, materials and supplies under the recipient's custody, title to which is in the cooperating country or public or private agency designated by the cooperating country, which have not been consumed in the performance of this award. The recipient shall also indicate what disposition has been made of such property.
- g. Communications: All communications issued pursuant to this provision shall be in writing.

[END OF PROVISION]

5. COST SHARING (MATCHING) (July 2002)

- a. If at the end of any funding period, the recipient has expended an amount of non-Federal funds less than the agreed upon amount or percentage of total expenditures, the Agreement Officer may apply the difference to reduce the amount of USAID incremental funding in the following funding period. If the award has expired or has been terminated, the Agreement Officer may require the recipient to refund the difference to USAID.

- b. The source, origin and nationality requirements and the restricted goods provision established in the Standard Provision entitled "USAID Eligibility Rules for Goods and Services" do not apply to cost sharing (matching) expenditures.

[END OF PROVISION]

6. REPORTING OF FOREIGN TAXES (March 2006)

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

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

[END OF PROVISION]

7. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (January 2002)

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

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

[END OF PROVISION]

8. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)

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

http://pdf.dec.org/pdf_docs/PDABQ631.pdf

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

[END OF PROVISION]

[END OF STANDARD PROVISIONS]

ATTACHMENT E
INITIAL ENVIRONMENTAL EXAMINATION

**INITIAL ENVIRONMENTAL EXAMINATION
SUMMARY AND SIGNATURE PAGE**

PROGRAM/ACTIVITY DATA:

Program/Activity Number: (TBD)

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

Program Title: Malaria Communities Program (MCP)

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

IEE Amendment (Y/N): N

Current Date: March 19, 2007

ENVIRONMENTAL ACTION RECOMMENDED:

Categorical Exclusion: X Negative Determination: X

Positive Determination: _____ Deferral: _____

ADDITIONAL ELEMENTS: (Place X where applicable)

CONDITIONS X

SUMMARY OF FINDINGS:

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

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

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

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

- Support community health workers in malaria community case management (i.e. home-based management of fever) activities and promoting correct and consistent use of ITNs by members of their community
- Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs

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

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

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

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

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

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

CLEARANCE:

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

Approved: x
 Disapproved: _____

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

ADDITIONAL CLEARANCE FROM AFR REGIONAL BUREAU:

Africa Bureau Environmental Officer signed 3/22/07

INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY DATA:

Program/Activity Number:

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

Program Title: Malaria Communities Program (MCP)

Funding Begin: FY 2007 **Funding End:** September 30, 2011 (being amended)

IEE Amendment (Y/N): N

Current Date: March 19, 2007

1.0 BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

1.1 Purpose and Scope of IEE

The purpose of this Initial Environmental Examination (IEE) is to comprehensively review the activities USAID anticipates implementing across the Africa region under the Malaria Communities Program (MCP) (a program to complement activities undertaken as part of the President's Malaria Initiative (PMI)), and provide threshold determinations of environmental impact and conditions for mitigation if appropriate. This IEE is intended to fulfill the environmental review requirements of the U.S. Agency for International Development's (USAID's) environmental regulations, found in 22CFR216.

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

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

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

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

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

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

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

Managers.”

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

The USAID Bureau for Africa’s Environmental Guidelines for Small Scale Activities in Africa (EGSSAA) Chapter 8, “Healthcare Waste: Generation, Handling, Treatment and Disposal” (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
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Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
<p>1. Provide information, education and communication (IEC), including household and community mobilization, to support IRS spraying activities</p> <p>2. Support promotion of intermittent preventive treatment of pregnant women in government health facilities helping to increase the proportion of pregnant women who receive at least two doses of intermittent preventive therapy (IPT)</p> <p>3. Provide IEC aimed to support appropriate health seeking behavior and increasing early and effective treatment of malaria and treatment adherence</p> <p>4. Support community health workers in malaria community case management (i.e. home-based management of fever) activities and promoting correct and consistent use of ITNs by members of their community</p>	<p>Categorical Exclusion pursuant to 22 CFR 216.2(c)(1) and:</p> <p>a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;</p> <p>b) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;</p> <p>c) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services</p> <p>(d) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.</p>	<p>No biophysical are interventions involved</p> <p>The categorical exclusion applies except to the extent that activities might directly affect the environment (such as construction of facilities, water supply systems, waste water treatment extent designed to include activities, etc.)</p>

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
<p>1. Support for distribution and promotion of correct and consistent use of insecticide treated nets (ITNs) in both routine and campaign settings in order to increase the overall number used by pregnant women and children under five</p> <p>2. Partner in the promotion and implementation of bednet retreatment campaigns</p> <p>3. Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs</p>	<p>Negative Determination with Conditions 22 CFR 216.3 (a)(2)(iii)</p> <p>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 <u>USAID Africa Bureau Programmatic Environmental Assessment for Insecticide-Treated Materials in USAID Activities in Sub-Saharan Africa</u> .</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 AOTR and implementing partners will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this Request for Categorical Exclusion arise during implementation, and modify or end activities as appropriate. If additional activities are added that are not described in this document, an amended environmental examination must be prepared.

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

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