



**USAID**  
FROM THE AMERICAN PEOPLE

Anbessu Tolla  
Fayyaa Integrated Development Association  
PO Box 805  
Jimma, Ethiopia

Reference: Malaria Communities Program (MCP) RFA: M/OAA/GH-08-147

Subject: Cooperative Agreement No. GHS-A-00-08-00008-00

Dear Mr. Anbessu Tolla:

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 Fayaa Integrated Development Association, hereinafter referred to as the "Recipient", the sum of \$1,499,250.00 to provide support for a program in Ethiopia as described in the Schedule of this award and in Attachment B, entitled "Malaria Prevention and Treatment Interventions in Three Zones of Oromia Region in Ethiopia."

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to expenditures made by the Recipient in furtherance of program objectives during the period beginning with the effective date September 30, 2008 and ending September 30, 2011. USAID will not be liable for reimbursing the Recipient for any costs in excess of the obligated amount.

This Cooperative Agreement is made to the Recipient Fayaa Integrated Development Association, 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 (the Standard Provisions), and Attachment E (Initial Environmental Examination), all of which have been agreed to by your organization.

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

Sincerely,

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. Amount Obligated this Action: \$525,000.00
2. Total Estimated USAID Amount: \$1,499,250.00
3. Total Obligated USAID Amount: \$525,000.00
4. Cost-Sharing Amount (Non-Federal):
5. Activity Title: Malaria Prevention and Treatment Interventions in  
Three Zones of Oromia Region in Ethiopia
6. USAID Technical Office: GH/HIDN/ID
7. Tax I.D. Number: No existing TIN
8. DUNS No.: 850453641
9. LOC Number: No existing LOC

**B. SPECIFIC**

- |                         |               |
|-------------------------|---------------|
| 1. Commitment Doc. Type | PR            |
| 2. Commitment No.       | GH/HIDN-02597 |
| 3. Line Item            | 1             |
| 4. Budget Fiscal Year   | 2008          |
| 5. EBFY                 | 2009          |
| 6. Fund                 | GH-C          |
| 7. Operating Unit       | GH/HIDN       |
| 8. Strategic Objective  | A11           |
| 9. Distribution         | 936-3100      |
| 10. Management          | A049          |
| 11. BGA                 | 663           |
| 12. SOC                 | 4100201       |
| 13. Amount              | \$525,000.00  |

**C: Payment Office:**

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

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## **Attachment A 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 "Malaria Prevention and Treatment Interventions in Three Zones of Oromia Region in Ethiopia."

### **A.2 PERIOD OF COOPERATIVE AGREEMENT**

The effective date of this Cooperative Agreement is September 30, 2008. The estimated completion date of this Cooperative Agreement is September 30, 2011.

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

1. The total estimated amount of this Cooperative Agreement for the period shown in A.2 above is \$1,499,250.00 and as shown in the budget below.

2. USAID hereby obligates the amount of \$525,000.00 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.

### **A.4 COOPERATIVE AGREEMENT BUDGET**

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

#### **Cost Element**

1. Total Direct Costs	\$1,499,250.00
2. Total Indirect Costs	\$ 0.00
3. <b>TOTAL Estimated USAID Amount</b>	<b>\$1,499,250.00</b>
4. Total Cost Share	\$ 0.00

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

#### **1. Financial Reporting**

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

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

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

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

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

## **2. Program Reporting**

The Recipient shall submit one original and two copies of an annual performance report to, the Cognizant Technical Officer (CTO). Annual performance report guidelines will be provided to the recipient post award. In addition, the recipient shall submit quarterly project updates to the CTO thirty days following the end of the quarter. Guidelines for quarterly updates will be provided to the recipient post award.

## **3. Final Report**

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

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

Guidelines for final reports will be provided by the CTO.

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

No indirect cost rates have been proposed for this cooperative agreement

#### **A.7 TITLE TO PROPERTY**

Property Title will be vested with the Cooperating Country.

#### **A.8 AUTHORIZED GEOGRAPHIC CODE**

The authorized geographic code for procurement of services under this cooperative agreement is 935. The authorized geographic code for procurement of commodities under this cooperative agreement is 000.

#### **A.9 COST SHARING**

The Recipient agrees to expend cost share according to that which is set forth in the recipient's budget shown in Section A.4 Cooperative Agreement Budget.

#### **A.10 SUBSTANTIAL INVOLVEMENT**

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

- a. Approval of annual workplans and modifications that describe the specific activities to be carried out under the agreement.
- b. Approval of specified key personnel the personnel currently listed have been approved. All changes thereto must be submitted for the approval by the Cognizant Technical Officer.

Project Director

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

- c. d. Concurrence with selection of sub-award recipients.

#### **A.11 PROGRAM INCOME**

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

#### **A.12 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/](http://www.usaid.gov/about_usaid/disability/).

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

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

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

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

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

#### **A.12.4 WORKPLAN APPROVAL PROCESS**

A Workplan template will be provided to the recipient within fifteen (15) days after award of this cooperative agreement. Final workplan will be due to the CTO approximately sixty (60) days after award of this cooperative agreement.

#### **A.12.5 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

#### **A.12.6 ACCOUNTING SYSTEM SURVEY**

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

**ATTACHMENT B PROGRAM DESCRIPTION**

## 1. Executive Summary

### Title of project document: Malaria Prevention and Treatment Interventions in Three Zones of Oromia Region in Ethiopia

**Geographic focus:** Jimma Zone (Chora, Gomma, Sokoru, Shebe sombo, Tiroafeta, Omonada, and Agaro Town), Illu Ababora Zone (Dabo, Bedele, Darimu) and East Shoa Zones (Adama, Adea, Adami Tulu, Bora and Dugda Woreda) of Oromia region Ethiopia.

**Estimated number of total population:** are those in the three zones of Oromia region living in 15 Malaria prone districts (1,733,869 individuals).

Primary beneficiaries in proposed target areas:

- 74,964 pregnant women
- 292,357 children under 5

Other target groups

- 2000 PLWHA

### Summary of objectives:

In line with the national Roll Back Malaria strategy for Ethiopia, the overall goal of this proposal is to contribute to the reduction of morbidity and mortality due to Malaria in three Zones of Oromia Region.

### Summary of planned activities:

*Imagine in 2011: All individuals living in 15 districts of Oromia region being aware of the signs and symptoms of Malaria and danger signs, with improved demand, uptake and utilization of effective Malaria prevention and treatment services and understanding the benefits of owning and consistently utilizing ITN. Seeking effective treatment for child with fever within 24 hours of the onset of fever and adherences and compliance with anti-malaria drugs is the norm. Pregnant women attend ANC early in the pregnancy and receive Focused Antenatal Care services; hence Malaria burden, low birth weight and anemia during pregnancy are reduced. In short, PMI goals are achieved.* This has been the dream underpinning the commitment of Fayyaa Integrated Development Association (FIDA), ever since we began working on Malaria in the three zones of Oromia Region. We believe this proposal, which targets Malaria prevention and treatment services in the Community, through networks of churches, mosques and schools allied in the battle against HIV/AIDS offers a unique and timely opportunity to bring together our expertise and experiences in alignment with that of the many partners, donors and GoE to make this dream a reality on Malaria too.

To achieve the vision for the project, we propose five strategically linked objectives that will successfully implement the broad range of Malaria services. The present Malaria project will be integrated with the already existing HIV/AIDS prevention and care programs of FIDA. The existing HIV/AIDS programs use the network of churches, mosques and schools. These programs address the issue of HIV prevention among youths, care and support for OVC and PLWHA. In a similar fashion, this Malaria project uses the already existing opportunities of networks of churches, mosques, schools and the community based HIV/AIDS prevention

and care services to address the issue of Malaria prevention and treatment. Our innovative technical approaches outlined in this proposal will achieve the outcomes essential to expanding the Malaria messages and services required to achieve the PMI goals. Specifically, we will improve the capacity of CBOs, FBOs, Health Committees and other community groups participating in Malaria prevention and treatment activities and increase access to community based prevention treatment messages and support services through these institutions at community level in 190 CBOs and FBOs, 800 churches, and 700 mosques. We will provide targeted IEC on key messages on Malaria to households through selected Media including billboards, school mini-medias, drama, home visits, peer education, religious leaders' teachings, school Malaria clubs and community Malaria clubs. To ensure high quality Malaria diagnosis and treatment services in private health sector is another approach of the proposal. The other focus is to strengthen Malaria prevention and control during pregnancy by delivering locally feasible measures through the integration of the service in ANC clinics, PMTCT and community-based services. Encouraging pregnant women to attend ANC services through home visits and focused approach to ANC through training of health workers. The project will collaborate with Jimma University to conduct baseline and follow up researches for project monitoring and evaluation. The project will train the following groups on Malaria prevention and treatment: 1700 community, religious leaders and Kebele Health Committee, 600 community health workers, 360 teachers and students, 100 private health workers, 70 health workers working in MCH services on Focused Antenatal Care, 200 volunteers and 1000 caregivers from our existing HIV/AIDS programs to provide information on Malaria through home visits and early referral of fever cases to health facilities. As a consequence, the project will result in 74,964 pregnant women, 234,736 households with U5 children and 2000 PLWHA receiving appropriate education on the importance of household ownership and proper use of insecticide treated nets, and the need for all children under five with suspected Malaria to receive treatment with an anti-Malarial drug within 24 hours of the onset of symptoms. Moreover 2000 PLWHA and 2000 OVC receive early diagnosis and referral services through care takers. At the end of the three years we expect in the community Malaria symptoms are recognized in the household and that prompt and effective treatment is sought and received. Additionally, the program will result in improved demand, uptake and utilization of effective Malaria prevention and treatment services in the community and improved availability and uptake of Focused Antenatal Care services in pregnancy to prevent Malaria, anemia, and low birth weight.

FIDA's approaches and activities for the proposed project are consistent with USAID Ethiopia's PMI Strategic Objective: improving demand for and utilization of effective malaria prevention and treatment services in the community, increase the proportion of pregnant women and children under five that sleep under an ITN every night, and increase the proportion of children under five with suspected malaria receiving treatment with an ACT within 24 hours of

onset of symptoms. This project was developed with the MOH at the regional and local levels, and is consistent with the MOH National Malaria Control Plan and Strategy (2006-2010). The proposed project was discussed with Dr. Richard Reithinger Malaria Advisor/ Team leader in PMI Ethiopia in USAID Ethiopian Mission. Other organizations consulted include PSI, AED, AMREF, and many others.

## Project Context

Malaria is a major global health concern. At the end of 2004, 107 countries and territories had areas at risk of Malaria transmission and more than 50 % of the world's people lived in areas at risk of Malaria transmission<sup>1</sup>. An estimated 350-500 million clinical Malaria episodes and 1.1-2.7 million deaths from Malaria occur annually. Apart from being health hazard, the impact of Malaria on socioeconomic development is extremely high in endemic regions. About 60% of the cases of Malaria worldwide, and more than 90% of Malaria deaths occur in Africa south of the Sahar<sup>1</sup>.

In Ethiopia, Malaria is among the leading public health problems where it is prevalent in 75% of the country and estimated 68% of the population at risk of Malaria. Out of an estimated 9.5 million Malaria cases annually, only 4-5 million will be treated in a health facility. The remainder will often have no medical support<sup>2</sup>. Malaria has been reported as the major cause of morbidity and mortality, accounting for 17.8% of outpatient consultations, 14.1% of admissions and 29% of all deaths<sup>3</sup>. Malaria causes approximately 70,000 deaths each year. Childhood Malaria is the most common cause of hospital attendance and admissions as well as deaths in the country. Even then it is estimated that only 20% of children under five years of age that contract Malaria are treated at existing health facilities<sup>4</sup>. The disease is also associated with loss of earnings, low school attendance, and high treatment cost. Overall, Malaria in Ethiopia is estimated to account for 30% of the DALYs<sup>5</sup>. According to DHS 2005 about 6% of the surveyed population owned a mosquito net and only 1.5% of children under five and 1.1% of pregnant women had slept under an ITN the previous night. About 6% of children under 5 with fever in the previous two weeks had taken an antimalarial drug within 24 hours of onset of fever. Only 28% of pregnant women attended an antenatal clinic.

There are four major eco-epidemiological strata of Malaria in the country:

- Malaria free highland areas above 2,500 meter altitude,
- Highland fringe areas between 1,500 - 2,500 meter (which are affected by frequent epidemics),
- Lowland areas below 1,500 meters (with seasonal pattern of transmission) and,
- Stable Malaria areas (characterized by all year round transmission) limited to the western lowlands and river basins.

*P. falciparum* and *P. vivax* are the most dominant Malaria parasites in Ethiopia. They are prevalent in all malarious areas in the country and their relative composition generally is 60% and 40% of the Malaria cases respectively. *P. Malariae* accounts for less than 1%. The major

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*1* MARA/ARMA. *Towards an Atlas of Malaria Risk in Africa (1998). First Technical Report of the MARA/ARMA Collaboration, MARA/ARMA, Durban*

*2* UNICEF. *Malaria in Ethiopia*

*3* Ministry of Health. *Health and health related indicators 2005/06, Planning and Programming Department, MOH December, 2006, Addis Ababa.*

*4* UN OCHA-Ethiopia (2004) *United Nations Office for the Coordination of Humanitarian Affairs.*

*5* Ministry of Health. *National five-year strategic plan for Malaria prevention & control in Ethiopia 2006 – 2010. Addis Ababa, April 2006*

Malaria vector known in Ethiopia is *An. arabiensis*. In some areas *An. pharoensis*, *An. funestus* and *An. nili* also transmit the Malaria<sup>5</sup>. Due to high resistance to Sulphadoxine-Pyrimethamine (SP) in 11 sentinel sites ranging from 21.7%-53.4% and no treatment failure and patient complaints about Artemether-Lumefantrine (AL), the adoption of AL to replace SP was accepted. Thus, prevention and control of Malaria in pregnancy, IPT has not been adopted as a policy for the prevention of Malaria during pregnancy due to the nature of Malaria transmission in the country i.e. 40% *P. vivax*. Moreover, results from recent studies on the therapeutic efficacy of Sulphadoxine-Pyrimethamine (SP) have shown that there is a high level of treatment failure. In consequence, IPT is not considered to be an appropriate strategy even in the limited areas of intense transmission. In the national strategic plan it was recommended to strengthen ANC services, case management and use of ITNs by pregnant women.<sup>6</sup>

### 3.1 Oromia region

Oromia has 17 administrative zones and 6 special towns, and 245 districts, 36 city governors with estimated total population of 27 million. More than 91% of the districts have indigenous Malaria transmission and more than 17 million people are at risk of infection. The prevalence of Malaria in Oromia region is also high in that 64% of the land area is malarious, 65.2% of the population of the region is at risk and more than two million clinical cases are treated per year<sup>7</sup>. It is said that Malaria patients occupy 24 % of the hospital beds in the state of which 19 percent die (ENA, 2003)<sup>8</sup>. According to one study in the region more than 6 million cases were diagnosed and treated at different health institutions in five years (1995-2000)<sup>9</sup>. In the same region and during the same time interval, Malaria accounted for 11.2% of all admissions and 14.26% of all deaths in hospitals and health centers<sup>10</sup>.

According to one study of total febrile children in the region, 27.3% sought the first care from a public health facility, 27% visited community health workers (CHWs), 25.7% taken to private clinics, 6.4% received home treatment, and 13.3% did not get any care. Among 710 children who reported to receive any type of anti-Malarial treatment, 78.8% got it from one source, 19.4% visited two sources and 1.8% sought three sources. Only 28% of the children received any form of treatment within 24 hours of the onset of illness<sup>11</sup>.

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<sup>6</sup> ETHIOPIA RBM Country Consultative Mission Final Report. Ethiopia Roll Back Malaria Consultative Mission: Essential Actions to Support the Attainment Of The Abuja Targets 16th To 20th February 2004

<sup>7</sup> Un- Published Oromia Regional Health Bureau Report of 2004, Addis Ababa - Ethiopia.

<sup>8</sup> The Ethiopia News Agency (May 3, 2003), Addis Ababa. <http://www.telecom.net.et/~ena/archivenglish/MAY2003/113162.0305.htm> (May 28, 2006)

<sup>9</sup> Deressa W, Chibsa S, Olana D. The Distribution and Magnitude of Malaria in Oromia, Ethiopia. *Ethiopian Journal of Health Development*. 2004; 18(3): 164-70

<sup>10</sup> Deressa W, Chibsa S, Olana D. Magnitude of Malaria admissions and deaths at hospitals and health centers in Oromia, Ethiopia. *Ethiopian Medical Journal*. 2004; 42 :237-46

<sup>11</sup> Deressa W, Ali A, Berhane Y. Maternal responses to childhood febrile illnesses in an area of seasonal Malaria transmission in rural Ethiopia. *Acta Tropica* 102 (2007) 1-9



According to one study conducted at East Shoa, reported Malaria was 14% among 12,225 people assessed during the last 14 days. Family/self-diagnosis were most common and the main first responses included visiting village-based community health workers (CHWs) (33%), public health facility (23%) and private clinic (17%). Home treatment was the least reported first response (3%). Only 13% had sought treatment within the first 24 hours of symptom onset. Early treatment-seeking pattern was reported among those who visited CHWs and practiced home treatment, with more delays among public facility users. Treatment-seeking behavior was similar in all age groups<sup>12</sup>.

### 3.2 Project area Jimma Zone

Jimma , one of the Zones of Oromia regional states, consists of 17 woredas and one town administration, 515 rural & 18 urban kebeles, 2494 Gote(40 Household) and 12,616 Gare (10 Households) and covers area of 199316.18KM<sup>2</sup>. The zone has estimated population of 2,707,468 of which 114,308 are pregnant mothers and 487,344 <5 Children in 2007. The population density of the zone is 13 person/KM<sup>2</sup> .The mean annual temperature of the zone ranges from 10<sup>0</sup>C-33<sup>0</sup>C and the annual rainfall is estimated to be 2000mm. The altitude of the zone is in the range of 880-2600m above sea level, the climate of the zone is as follows: 16% High land, 62% Temperate and 22% Low land.

The Zonal Capital Jimma town is located 346 KMs southwest of Addis. Overall 16 out of 18 woredas are at risk of Malaria, 319 out of 491 kebeles in these districts are malarious. In the zone 70% of the land area is malarious and 1,575,971 (60%) population live in these at risk areas. Each year 60,000-80,000 clinical cases are reported. According to health services report in the zone Malaria constitutes 23.14% out patient consultation (1998-2004 years data), accounted 13-26% of all in patient admissions and the second leading cause of mortality (constituting about 11%)<sup>13</sup>.

According one study in the zone in 2006 out of the 572 caregivers, most (70.1%) spontaneously mentioned mosquitoes as cause of Malaria and concurrently half of them (51.9%) hold non-biomedical items as causes of the disease. Among the symptoms of Malaria fever was mentioned spontaneously by most (86.2%) of the caregivers. The most common perceived preventive measures of Malaria mentioned spontaneously by the caregivers were cleaning the surrounding (43.7%), keeping personal hygiene (35.7%), and bed net usage (35%). Only one third of the caregivers perceived that a child should get treatment within one day after onset of Malaria symptoms. As the first modality of treatment, about half of caregivers (52.3%) practiced home treatment and a lower proportion (44.4%) sought treatment from formal sectors. Around half of the caregivers (49.4%) practiced home treatment with antiMalarials that were bought mainly from pharmacies or shops. Home antiMalarial treatment was provided on first or second day by majority (75.5%) of caregivers whereas care seeking outside

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<sup>12</sup> Deressa W. Treatment-seeking behaviour for febrile illness in an area of seasonal Malaria transmission in rural Ethiopia. *Malaria Journal* 2007, 6:49 doi:10.1186/1475-2875-6-49

<sup>13</sup> Un- Published Oromia Regional Health Bureau Report of 2004, Addis Ababa - Ethiopia.

home tended to wait more than two days (51.9%). The commonest type of home care given to children thought to have Malaria was antiMalarial drug (71.3%), followed by bathing/washing or sponging (23.8%). Few proportions of caregivers practiced other types of home care like giving antipyretic drug (5.4%), herbal medicine (4.1%) or more fluid<sup>14</sup>. In the Zone there is gap between ITN ownership and utilization. According to a study in the zone despite high ITN coverage not all mosquito nets were used over the sleeping areas, 11.5% were used as curtains, 6.2% were in package, 3.6% were used for other purposes and 5.8% were said to be out of use. Only 17.3% households let all the young children sleep under the net the previous night. The reasons for using as curtain was desire to prevent Malaria using the curtain, fear of the chemical and frustration due to failure to let all family members sleep under a net were mentioned. A reason for use as curtain and others like scarf, or possibly dresses, however appears to go beyond the above mentioned. Nets were perceived as a better quality cloth with ornamental value. To direct questioning, most participants in all discussions agreed that nets are viewed as beautiful and therefore are valued possessions<sup>15</sup>.

In an other study in the zone among net owners and who were not using the net, the main reasons mentioned for not using the net were: difficulty of fitting the net over the sleeping area (30%); did not know how to use (20%); very recently provided (15%); less number of net compared with number of household members (15%); no benefit (10%) and other reasons (10%). The access to educational messages about ITN was very low. Only 22.7% of all respondents had heard educational message about ITN mainly through health workers (55.9%), radio (32.4%) and friends (23%)<sup>16</sup>.

In the Zone there are 1 specialized Hospital, 1 rural hospital, 17 health centers, 62 health stations and 125 Health posts. In this health institutions there are 590 different disciplines of health professionals. There are 524 Health Extension workers in the zone, which are responsible for household level health activities. In the Zone government health facilities delivering free treatment for Malaria using Coartem after diagnosing using Rapid Test (RDT). In the zone the ITN coverage is reported to be 100% through free distribution by Global Fund and Carter Center. In some of the woredas UNICEF and PSI are delivering ITNs with subsidized cost. There is no other organization involved in increasing awareness in the zone.

**Table1. Jimma zone Malaria Situation and at risk population, 2007**

		Malaria at risk				Total Populatio n	Malaria risk population			
Name wored	Tota l of	Low	Med ium	Hig h	Tota l		Low risk	Medium risk	High risk	Total

<sup>14</sup> Alemseged F.2006. Caregivers' knowledge and treatment practice on childhood Malaria in gilgel gibe field research center, south west Ethiopia. MPH thesis, Jimma University

<sup>15</sup> Getachew S. 2005. Assessment Of Use Of Insecticide Treated Mosquito Nets And Factors Affecting It In Serbo Town. MPH thesis, Addis Ababa University

<sup>16</sup> Assefa D. Insecticide Treated Net Use and Factors Influencing its Use in the Community at Gilgel Gibe Research Center, South-west Ethiopia. MPH thesis, Jimma University

a	Kebeles									
Agaro Town	5	1	0	4	5	58,624	14,656	0	43,968	58,624
Choraboter	29	0	0	20	20	97,163	0	0	58,274	58274
Dedo	54	1	5	11	17	311,303	4726	27184	54932	86842
Gera	30	0	0	3	3	104,361	0	0	14,712	14,712
Gomma	39	5	15	13	33	189,360	29602	76517	71017	177,136
Gumay	15	3	4	1	8	89,041	21024	28031	7008	56063
Kersa	31	8	3	18	29	172,214	34,128	14,536	103439	152,103
Limmu Kossa	42	7	10	9	26	165,643	40133	45,424	41420	126977
Limmu seka	57	12	21	18	51	185,445	40183	70921	60618	171,722
Mana	25	10	6	5	21	160,899	66010	39661	33005	138676
Omonada	41	7	5	6	18	262,922	44,585	29821	39,812	114218
Sekachekorsa	37	8	6	2	16	232,454	36284	27963	11984	76231
Shebesombo	21	2	9	10	21	119,517	15976	46646	56895	119517
Sokoru	38	0	17	10	27	157,734	0	67549	42825	110374
Tiroafata	27	5	4	15	24	134,357	20076	11806	82440	114322
<b>Total</b>	<b>491</b>	<b>8</b>	<b>100</b>	<b>145</b>	<b>319</b>	<b>2,441,037</b>	<b>41100</b>	<b>458,875</b>	<b>722,349</b>	<b>1,575,791</b>

### 3.4 Illu Ababora Zone

Illu Ababora, one of the Zones of Oromia regional states, consists of 20 woredas and 2 town administrations, 484 rural & 32 urban kebeles, and covers area of 15870KM<sup>2</sup>. The zone has estimated population of 1,320,070 of which 52,803 are pregnant mothers and 224,411 <5 Children in 2007. The population density of the zone is 66 person/KM<sup>2</sup>. The mean annual temperature of the zone ranges from 15°C-20°C and the annual rainfall is estimated to be between 1000-2200mm. The altitude of the zone is in the range of 1500-2576m above sea level, the climate of the zone is as follows: 16% High land, 62% Temperate and 23% Low land. The Zonal Capital Mettu town is 600 KMs southwest of Addis. Overall 12 out of 22 woredas are at risk of Malaria, 200 out of 275 kebeles in these districts are malarious.

In the Zone there are 1 Hospital, 13 health centers, 47 health stations and 102 Health posts. In addition there are 5 NGO clinics, 1 private higher clinic, 8 Middle clinics, and 55 Lower Clinics. In this health institutions there are 523 different disciplines of health professionals. There are 342 Health Extension workers in the zone, which are responsible for household level health activities. In the Zone government health facilities delivering free treatment for Malaria using Coartem after diagnosing using Rapid Test (RDT). In the zone the ITN coverage is reported to be 100% through free distribution

by Global Fund and Carter Center. There is no other organization involved in increasing awareness in the zone.

**Table 2. Distribution of population at risk of Malaria in Iluababor Zone, 2007**

S N	Woreda	Total kebele	Malarious kebeles	Total population	Population at risk	Household at risk
1	Dabo	15	15	41154	41154	8270
2	Meko	12	6	21854	10905	2181
3	Gechi	31	14	87782	32060	6324
4	Yayo	21	16	55858	54735	10950
5	Bedebe	41	32	88708	64151	13158
6	Dega	17	9	44117	22636	5431
7	Becho	11	11	38594	20621	4731
8	Darimu	28	26	142894	73476	14390
9	Metu	29	29	65195	65195	12652
10	Nopha	16	16	27867	27989	5418
11	Dedessa	27	12	62792	33171	11639
12	Borecha	27	14	56130	228055	45611
<b>Total</b>		<b>275</b>	<b>200</b>	<b>732945</b>	<b>674148</b>	<b>135750</b>

### 3.5 East Shoa

East shoa is one of the Zones of Oromia regional states. Have 11 woredas and 3 town administration, and covers area of 13553.14 KM<sup>2</sup>. The zone has estimated population of 1266757 of which 50,670 are pregnant mothers and 215,349 <5 Children in 2007. The climate of the zone is as follows: 5% High land, 24% Temperate and 71% Low land. The Zonal Capital Adama/ Nazareth town is 100 KMs east of Addis. All woredas are at risk of Malaria; 314 out of 267 kebeles in these districts are malarious. In the zone 86% of the Kebeles are malarious and 1,575,971 (89%) population live in these at risk areas. Each year 118496-709483 clinical cases are reported.

**Table3. Malaria case load in East Shoa zone, 2007**

Year	Clinically Treated Pt	Blood film collected	Positive	PF	PV	MIX
2002/3	546549	162934	89844	36141	35502	54
2003/4	358542	172227	78506	43669	24361	371
2004/5	165232	103201	26451	14339	11981	131
2005/6	218512	110229	24532	12041	12215	286
2006/7	59824	58672	9773	3307	5764	111

According to study in the area only 13% had sought treatment within the first 24 hours of symptom onset. Early treatment-seeking pattern was reported among those who visited CHWs and practiced home treatment, with more delays among public facility users. At the time of the survey, about 77% (n = 1348) of those reported with Malaria sought any form of treatment from various sources. The most frequently reported first response was visiting CHWs, followed by public health

facilities and private clinics. A considerable proportion (16%) of patients took a second or third action to the Private clinics and public health facilities were the main source of anti-malarial treatment by the majority of the patients during the second (41%) and third (35%) visits, respectively. Although symptomatic diagnosis for Malaria was reported, 23% of the individuals were neither taken to health facilities nor received any form of home treatment, the main reasons being mild illness (41%), financial constraint (37%), distant health facility (18%), shortage of time due to work overload (3.5%), and the perception that anti-malarial drugs were expensive (0.5%).<sup>17</sup> According to another study in the area of the total febrile children, 27.3% sought the first care from a public health facility, 27% visited community health workers (CHWs), 25.7% taken to private clinics, 6.4% received home treatment, and 13.3% did not get any care. Among 710 children who reported to receive any type of anti-Malarial treatment, 78.8% got it from one source, 19.4% visited two sources and 1.8% sought three sources. Only 28% of the children received any form of treatment within 24 h of the onset of illness.<sup>18</sup>

**Table4. Malaria risk in East Shoa Zone, 2007**

S N	Woreda	Total kebele	Malarious kebeles	Total population	Population at risk	Household at risk
1	Adama	47	47	171386	171386	34277
2	Adea	27	24	145532	129809	25962
3	Adami Tulu	50	44	152718	152718	30544
4	Akaki	30	20	71188	44951	8990
5	Boset	39	39	156698	156698	31340
6	Bora	19	19	54487	54487	10897
7	Dugda	42	42	184525	184525	36905
8	Fentale	22	22	82120	82120	16424
9	Gimbichu	34	8	82781	12453	2491
10	Lume	38	30	96494	70732	14146
11	Liben Zikwala	19	19	68827	68827	13765
<b>Total</b>		<b>367</b>	<b>314</b>	<b>1266757</b>	<b>1128706</b>	<b>225741</b>

<sup>17</sup> Deressa W. *Treatment-seeking behaviour for febrile illness in an area of seasonal Malaria transmission in rural Ethiopia*. *Malaria Journal* 2007, 6:49 doi:10.1186/1475-2875-6-49

<sup>18</sup> Deressa W, Ali A, Berhane Y. *Maternal responses to childhood febrile illnesses in an area of seasonal Malaria transmission in rural Ethiopia* *Acta Tropica* 102 (2007) 1–9

**Table5. Target Population of the project**

Zone	Woreda	Total population	Population at risk	Pregnant women	U5 Population	Target Total
Illu Ababoraa	Dabo	41154	41154	2058	8025	10083
	Bedele	88708	64151	3208	12509	15717
	Darimu	142894	73476	3674	14328	18002
Jimmma	Chora	58274	58274	2914	11363	14277
	Gomma	177,136	147534	7377	28769	36146
	Shebe sombo	119517	103541	5177	20190	25368
	Sokoru	110374	110374	5519	21523	27042
	Tiroafeta	114322	94246	4712	18378	23090
	Omonada	114218	69633	3482	13578	17060
	Agaro Town	58,624	43968	2198	8574	10772
	<b>Total</b>	<b>1,733,869</b>	<b>1,499,276</b>	<b>74,964</b>	<b>292,357</b>	<b>367,324</b>
East Shoa	Adama	171386	171386	8569	33420	41990
	Adea	145532	129809	6490	25313	31803
	Adami Tulu	152718	152718	7636	29780	37416
	Bora	54487	54487	2724	10625	13349
	Dugdā	184525	184525	9226	35982	45209

Target populations are those in the three zones of Oromia region living in 15 Malaria prone districts (1,733,869 Individuals).

Priority is being placed on vulnerable groups such as children under 5, pregnant women and PLWHA:

- 74,964 pregnant women
- 292,357 children under 5
- 2000 PLWHA

#### **Why these areas were selected?**

East Shoa and Jimma are among Zones of Oromiya region with the highest Malaria case loads. East Shoa harbours the majority of the cases (constitutes 47% of the region's case load in the year 1998 -2004) .In addition the frequently occurring epidemic makes these areas difficult for the community living in the areas.

Illubabaor is one of the Zones of the region which is placed at the farthest place from the center, therefore there are only few NGOs working in the Zone and there is no NGO working in Malaria awareness and capacity building in the zone. Moreover there are more than four resettlement areas with settlers from another part of the region. Due to the difference in the agro-ecology of the areas these settlers are at great risk of Malaria.

The specific districts from each zone were selected based on malaria risk in the community and case loads. In case of Illu Ababora the three districts where there is resettlement were selected.

#### **4. Program Strategy and Technically-Appropriate Interventions**

FIDA attended an orientation meeting organized by USAID Ethiopia PMI team on the country operational plan and Malaria Community Program. In consultation with Dr Richard Reithinger (Malaria Advisor/ Team leader in PMI Ethiopia) and Ato Shelleme Chibsa (Oromia Regional Health Bureau Malaria coordinator) the project site, interventions and strategies were selected.

#### GOAL OF THIS PROPOSAL

In line with the national Roll Back Malaria strategy for Ethiopia, the overall goal of this proposal is to contribute to the reduction of morbidity and mortality due to Malaria in three Zones of Oromia Region.

#### Objectives:

- 1) Improve the capacity of CBOs, FBOs, Kebele Health Committee, HEWs participating in MPTP and other community groups to deliver Malaria prevention and treatment support at community level
- 2) Achieve targeted IEC on key messages on Malaria to 95% of households through selected Media.
- 3) Increase quality Malaria diagnosis and treatment services at private sector.
- 4) Strengthen Malaria prevention and control during pregnancy by delivering locally feasible measures through the integration of the service in ANC clinics and community-based services.
- 5) Integrating Malaria prevention and early diagnosis into existing HIV prevention and home and community based care services of FIDA.
- 6) Ensure that gender is integrated into all aspects of MPTP activities
- 7) Operations research on methods and alternatives to increase health seeking behavior on Malaria

#### **Technical Approach**

The present Malaria project will be integrated in the already existing HIV/AIDS prevention and care project of FIDA. The existing HIV/AIDS project uses the network of churches, mosques and schools. It addresses the issue of HIV prevention among youths, care and support for OVC and PLWHA. In similar fashion, this Malaria project uses the already existing opportunities of networks of churches, mosques, schools and the community based HIV/AIDS prevention and care services to address the issue of Malaria prevention and treatment. Our innovative technical approaches outlined in this proposal will achieve the outcomes essential to expanding the Malaria messages and services required to achieve the PMI goals. Specifically, we will improve the capacity of CBOs, FBOs, Health Committee and other community groups participating in Malaria prevention and treatment activities and increase access to community based prevention treatment messages and support services through these institutions at community level in 190 CBOs and FBOs, 800 churches, and 700 mosques. We will provide targeted IEC on key messages on Malaria to households through selected Media including billboards, school mini-medias, drama, home visits, peer education, religious leaders' teachings, school Malaria clubs and community Malaria clubs. To ensure high quality Malaria diagnosis and treatment services at private health sector is another approach of the

proposal. The other focus is to strengthen Malaria prevention and control during pregnancy by delivering locally feasible measures through the integration of the service in ANC clinics, PMTCT and community-based services. Encouraging pregnant women to attend ANC services through home visit and focused approach to ANC through training of health workers. The project will train 1700 community, religious leaders and Kebele Health Committee, 600 community health workers, 360 teachers and students, 100 private health workers, 70 health workers working in MCH services on Focused Antenatal Care, 200 Volunteer and 1000 caregivers under the HIV/AIDS project will be trained on Malaria to provide information through home visit and early referral of fever cases to health facilities. As a consequence, the project will result

In 60,191 pregnant women, 234,736 households with U5 children and 2000 PLWHA receiving appropriate education on the importance of household ownership and proper use of insecticide treated nets, the need for all children under five with suspected Malaria to receive treatment with an anti-Malarial drug within 24 hours of the onset of symptoms. Moreover 2000 PLWHA and 2000 OVC receive early diagnosis and referral services through care takers. At the end of the three years we expect in the community Malaria symptoms are recognized in the household and that prompt and effective treatment is sought and received; improved demand, uptake and utilization of effective Malaria prevention and treatment services in the community and improved availability and uptake of Focused Antenatal Care services in pregnancy to prevent Malaria, anemia, and low birth weight.

### **Program Strategy**

The project will work in the following strategic areas:

**Skill development:** of public and private health staff , community health agents (CHAs), community leaders, CHWs, school clubs, volunteers and other community members to improve communities' access to information and health care services . This strategy will help to have many individuals trained on malaria which further train the other community members.

**Community mobilization to promote ownership:** through active involvement and support to religious institutions and leaders, community based organizations, traditional healers, and influential community leaders

**Improve access and availability of services:** by strengthening public and private sector health systems.

**Behavior change communication (BCC):** approaches to promote healthy practices at the community, family and individual level.

### **Malaria Interventions**

**Objective 1. Local and community-based institutions and partners are strengthened, with demonstrated capacity to support Malaria Prevention and Treatment services at community level.**

- 1) Identifying and mapping of CBOs, FBOs, and Kebele Health committee in each district, which could be potentially helpful in disseminating Malaria related health information
- 2) Provide comprehensive training to religious , CBO leaders and Kebele Health Committee on Malaria transmission, prevention, early diagnosis and treatment to the identified community institutions



- 3) Building the capacity of CBOs, FBOs and religious institutions developing Malaria-prevention Strategy.
- 4) Developed and printed IEC materials on Malaria-prevention to be used by CBOs & FBOs in Oromifa and Amharic language on Malaria prevention and early treatment
- 5) Arranging experiences sharing in the field of Malaria prevention with CBOs, FBOs at regional and international level
- 6) Mobilizing 800 churches and 700 mosques in Malaria prevention and early treatment seeking education.

**Objective 2. Achieve targeted IEC on key messages on Malaria to 95% of households through selected Medias.**

Education is the basis on which a successful prevention program depends. Thus, materials have to be developed which are strong and clear enough to carry the message of the program in order to influence behavior change. Different studies identified limited knowledge of Malaria as one of the key contributing factors hindering effective Malaria control in the country. This strategy will identify the appropriate mix of communications channels, including print, community mobilization, and interpersonal communications across Woredas, health centers, schools and community leaders. The focus will be to provide key messages on Malaria including symptom identification, recognition of danger signs, treatment adherence and ownership and consistent use of ITNs. Criteria for selecting the mix of approaches will include the strengths and limitations of specific communication channels, the interactive effect of combining different channels, and what the individual target audiences use. Given the resources already invested in prevention materials in Ethiopia, FIDA will customize existing materials and use creative approaches to specific Regions as described above. We will not develop new materials unless there is no other material. All customized materials will be pre-tested with the target audience, reviewed by key stakeholders, and revised accordingly. Regional and Woreda Health Bureaus will play a key role in this strategy.

**ACTIVITIES**

**2.1 Deployment of field Workers to Support Family-Focused Prevention, Care, and Treatment to Communities**

FIDA with the local government structures will identify, train and deploy 15 woreda Malaria field workers, who will ultimately work with Health Extension Workers (HEWs), community groups, local leaders, FBOs and CBOs and government health institutions to strengthen support to communities Malaria prevention activities and household's health seeking behavior and practices. FIDA brings its strong community partnerships and experience in strengthening linkages among households, communities, and health centers to the program. We will work together with various groups, including CBOs, and FBOs, community OVC/PLWHA care and support committees (where they exist), and influential leaders. This approach will provide the community-based, family-focused approach that is so critical in the context of Ethiopia.

**2.2 Trained community health workers and Health Extension Package Workers, HIV/AIDS home and community based care givers**

- for PLWHA and OVC on Malaria prevention, early treatment and adherence support to ACT
- 2.3 Develop, test and distribute new IEC materials including drama, media etc. in local dialects
  - 2.4 Increase awareness of Malaria, its signs and symptoms and its prevention on Africa Malaria Day and week in accordance with current RBM themes
  - 2.5 Install billboards with Malaria prevention and management messages
  - 2.6 Develop print and distribute teaching materials for use in schools
  - 2.7 Train teachers and peer educators in the use of IEC materials.
  - 2.8 Organize community and school anti- Malaria clubs in each districts
  - 2.9 Production and presentation of Malaria related drama at public places, mass events
  - 2.10 Strengthening school mini-medias and used for Malaria education in schools
  - 2.11 Develop, print and disseminate IEC materials for community education on Long Lasting Insecticide Treated Nets
  - 2.12 Develop, print and disseminate IEC materials for community education on ANC and prompt treatment of Malaria by CHWs or at health facilities
  - 2.13 Carry out education at community level regarding ITNs and prompt treatment
  - 2.14 Demonstration on ITN in market places, religious places and schools
  - 2.15 Celebration of Africa Malaria Day and week in each Woreda

**Objective3. To ensure high quality Malaria diagnosis and treatment services at private health sector.**

The major challenge in the provision of early diagnosis and treatment services is due to the low access to basic health service and utilization. Even when there is access the quality is compromised in most instances access. This project contributes through the following activities:

- 3.1 Rapid assessment of the quality and pitfalls of case management in private health facilities and drug vendors. To assess the quality of service provided and identify the common quality problems and practices in the institutions rapid assessment will be conducted using checklists and observations. The result of the rapid assessment will help in identifying the gaps.
- 3.2 Training on Malaria diagnosis & treatment. Based on the results of the rapid assessment and the identified weaknesses in case management, training will be organized for private institutions. First in each zones Training of Trainers (TOT) on Malaria diagnosis and case management will be provided. Subsequently these trainers will give training to private health workers.

- 3.3 Strengthening and expansion of community based service through trained community health agents towards home based services.
- 3.4 Improving laboratory services in targeted private health institution providing Malaria related services through training of Laboratory technicians.
- 3.5 Training on improved drug management system at private health facilities, through training of pharmacists/ druggist on improved drug management system.

**Objective 4. Strengthen Malaria prevention and control during pregnancy by delivering locally feasible measures through the integration of the service in ANC clinics and community-based services.**

- 4.1 Training of health workers on Malaria prevention and treatment in pregnancy including Focused Antenatal care Approach. This will include ensuring that health providers counsel mothers on early detection of anemia and iron folate supplementation, as well as the importance of using a LLIN during pregnancy and after birth along.
- 4.2 Community Based mobilization of women to attend ANC services.
- 4.3 Integration of Malaria service into the routine ANC services, PMTCT and MCH services.

**Objective 5. Integrating Malaria prevention and early diagnosis into existing HIV prevention and home and community based care services of FIDA.**

FIDA is partnering with NCMI and HHA together; this partnership is delivering in AB Prevention services to 201,000 youth and adults; 4,000 Orphans and Vulnerable Children; and 876 Palliative Care beneficiaries. This consortium mobilize 1,500 churches, 1,350 mosques, 232 schools, 38 District Youth Associations and 1,008 kebeles (community associations) to carry out the proposed scope of work over the 3 year period. This Malaria project will be integrated in to the existing HIV/AIDS project

- 5.1 . Incorporating chapter on Malaria in the existing Choose Life curricula for youth and dedicating four weeks for the training of Malaria.
- 5.2 Teachers and religious leaders will be trained in the Malaria prevention and early treatment. Training will include appropriate Educational Methods and Messages for effective communication. These leaders will also be trained to train others in prevention and to serve as co-promoters for the Youth-to-Youth groups described below in teaching Malaria prevention and early treatment.
- 5.3 A total of 33 youth promoters selected by project staff, and their respective co-promoters (teachers, priests, and parents that commit as volunteers to provide assistance) will be trained on the Malaria, Educational Methods and Messages, in addition to Choose Life Curriculum.
- 5.4 A total 200 volunteers and 1000 caregivers will be trained on Malaria prevention and early identification of signs and

symptoms to support OVC and refer them to the nearby health institutions.

- 5.5 75 Home and Community Based Care givers will be trained on Malaria prevention, early identification and referral of fever cases to health institution.

**Objective 6. Ensure that gender is integrated into all aspects of MPTP activities**

- 6.1 . Incorporating gender issues in to MPTP plan, activities planned and indicators identified
- 6.2 Identifying and document best practices that addressed gender issue in Malaria
- 6.3 Incorporate gender issue in to manuals used by MPTP
- 6.4 Recruitment and hiring of a minimum of 50% of women project staffs at the central and zonal level
- 6.5 Identify gender gaps in BCC messages in Malaria and addressing these gaps

### **Sustainability and Exit Plan**

Our sustainability and exit plan has a number of important elements, all of which reinforce each other, to ensure the delivery of Malaria services at all levels will continue at the end of project.

- Improved planning, management, monitoring, evaluation, and capacity at CBOs and FBOs will foster the sustainability of the project.
- Integration of HIV/AIDS services into the daily routine of the health centers ensures that they become standard operating procedures for the health care team.
- Incorporation of key BCC messages into the daily work of all people involved in the Malaria Network will sustain the delivery of key messages to people.
- Linkages with other Malaria partners will integrate the levels of the referral system and share resources and training so that the net effect improves and maintains a high standard of quality.
- Community mobilization and development of various community-based involvements in Malaria services will foster sustainability.

Sustainability is a critical element for this project and for all FIDA projects and progress in this regard will be closely monitored. All project interventions and activities will be designed so as to ensure a progressive process-oriented approach that serves to improve capacity and empower both the communities and the Ministry of Health to maintain project benefits once outside assistance ends. Throughout the development of this proposal, stakeholders such as community members, local authorities and zonal and woreda MoH professionals and authorities have been consulted and their participation actively sought. The views of community members were solicited through informal discussions with a team consisting of FIDA staffs. Additional discussions took place with zonal and woreda health department staff and as well as representatives of other stakeholders. The information collected was analyzed and considered and presented in this proposal.

By continuing to work closely with the local communities and the MOH, the project will ensure that initiatives undertaken have the continuing support and understanding of local officials and members of the community. It is intended that the Regional Health Bureau will be actively involved in the implementation and preparation for taking over of project initiated activities. This will be one key to future sustainability of the project. A turn over plan that includes benchmarks for progressive turn over will be developed by the Regional Health Bureau and the project and implemented during the course of the project.

Project capacity building and training for MOH staff will enable them to progressively take over supervision and monitoring of the community-based network of volunteers. The use of volunteer CHWs, HEP and TBAs linked to existing health service delivery points is also designed to promote project sustainability. This plan relies on full

community participation in project activities and the inclusion of existing area health facilities as important sources of support, supplies and referral for community-based volunteers. Links between the volunteer community network and health care providers will facilitate understanding and cooperation between local health care staff and their served communities, leading to long-term benefits for both. Further, by training community members to provide information and services, the project will be strengthening already existing community skills in such areas as community and peer education and building support for behavior change. These strengthened skills among community members are clearly sustainable after the project ends.

#### **5. Performance Monitoring and Evaluation**

A monitoring and evaluation system will be established that measures progress against objectives, tracks indicators and outputs, measures impact through baseline, annual, and EOP surveys, and continually assesses program quality and strategy. Improving abilities to track project outputs and indicators is vital to fulfill our strategic objective of continually assessing and approving the quality and consistency of Malaria prevention and treatment services. M&E and quality assurance Staff will be hired at central level. The M&E and quality assurance person will develop a comprehensive, standardized M&E system for the program and will work closely with the activity managers in their respective Zones. These M&E staff will be responsible to coordinate the collection, tracking and reporting of data by the field staff.

Mid term evaluation will be conducted by external consultants, and the results of the evaluation would direct the way forward. At the end of the project final project evaluation will be conducted by consultants. See Annex 3 for detailed M&E plan

#### **6. Management Plan**

The coordination of MPTP will be carried out through a full time Project Manager, and 3 Zonal Project officers. The PM is responsible to coordinate overall implementation of the activities. FIDA propose a technical team consisting of the key staff such as PM, a Monitoring, Evaluation and Quality assurance manager and Zonal Officers. The technical team will be supported by an efficient administrative group, which will include a Finance and Administration Manager who will supervise the ,Accountants, Administrative Assistants, and Drivers.

For cost containment, field offices will be co-located in Woreda health offices or health institutions. Woreda field offices and staff will be in routine communication with the project office in Addis, which will allow the project to reach the community and local partners on a routine basis to build capacity and facilitate routine reporting.

The project will coordinate its technical direction through a management team comprising the PM, M&E manager and Zonal project officers. The FIDA staffs and Zonal Health Offices will meet routinely as a Technical Steering Committee to coordinate and plan project activities.

The PM will be a public health specialist who has the direct responsibility for the overall technical leadership, planning, management, implementation, representation, liaison, and advocacy as

well as overall grant compliance of the project. S/he is also responsible for overall development of partnership relationships and integration with other projects through the project area. The PM position is a full time position. The PM is responsible to insure that the annual work plan is developed, lessons learned are captured and reviewed with all partners, activities are implemented, and staff and program resources are well managed.

The PM will directly supervise the project staff: Three Zonal Project officers, one M & E and quality assurance Manager. The PM coordinates technically with the Program Director in Addis and reports administratively (day-to-day programmatic accountability) to the Program Director.

Woreda field supervisors will be responsible and accountable for the day-to-day implementation of project activities in the field. In addition, they are responsible to support partnership relations on a day to day basis in the field. They are responsible to coordinate the activities of religious, community leaders, CHW and other community volunteers. The Woreda field supervisors' reports directly to Zonal Project Officer and works with the M&E person, who is also technically under the supervision of the PM.

The Zonal Project officers will be responsible and accountable for the day-to-day coordination of the activities of Field coordinators. They will be responsible for planning and implementation of all training activities to health professionals. This will include the identification of training needs assessments, sharing of training materials and contacts, the development of mechanisms to measure the effectiveness of training and supportive monitoring of partners' training events. They will be also responsible for developing the BCC strategy, identifying BCC materials or adapting BCC materials as needed, training on BCC methodology with partners and the review of the BCC interventions.

Monitoring and Evaluation components will be managed by a Monitoring and Evaluation and Quality assurance manager (MEQM). The MEQM will provide M&E training with partners, support to staff on data collection, support KABP, qualitative research, work with government to insure integration of M&E between the project and government HIS and support to M&E implementation in the field.

All FIDA programs are managed and coordinated by the Program Director. He is responsible for overall management, coordination and integration of the programs and administrative activities in the geographical areas. He is supervised by the FIDA Executive Director, based in Addis. For the current project, the Program Director will spend 50 percent of his time to provide administrative and supervisory support and coordination of the project with the other projects in the pipeline for areas.

To strengthen the management and relationships of the project with other organizations, FIDA will build on the already established

relationship of FIDA office with government counterparts at the regional and local levels. Strong links are already established with local communities and the government sector to ensure their involvement in planning, targeting and community mobilization.

The employee manager is responsible for the development of the project's support to the project at central and district levels in Human Capacity Development. Work with the Executive Director, Program Director and Project Managers in identifying specific individuals in each project. Responsible for all human resource activities to include employment, compensation, labor relations, benefits, and training. Interview job applicants; review application/resume; evaluate applicant skills and make recommendations regarding applicant's qualifications. Ensure that training, human capacity development and supervision are appropriate, tailored to the needs of the central level and district levels, and well coordinated and supervised. Prepare and maintain salary structure, job documentation, and job evaluation systems. Prepare process and distribute payroll. Design and conduct new employee orientations.

FIDA has a well developed performance management system. All key program staff develops annual individual operating plans, against which their performance is assessed. Periodic meetings, including two formal meetings per year, are held between supervisors and supervisees. FIDA's performance management system encourages 360-degree feedback, whereby feedback from one's supervisees and peers is sought. All FIDA supervisors are trained in performance management so as to be able to make best use of the appraisal and coaching process. FIDA will work to achieve to the extent possible balanced representation of men and women staff in the project. Recruitment will be done both locally and nationally, with local recruitment given priority. There may be challenges in recruiting project senior staff from the specific areas, due to the advanced skills and training required of project positions. FIDA aims to achieve diversity among its staff and at the same time respect cultural distinctiveness.

6.1 Coordination and Communication with NMCP, USAID Mission, and PMI team on program decisions and processes.

FIDA will fully integrate the staff of the project into the management, personnel, and administrative structures. An orientation will bring together the team, host-country partners, and the USAID Mission to review the USAID performance criteria against which the team will be held accountable. Under the direction of the PM, team members will agree on how to reach project goals. They will clarify individual roles, develop the work plan and M&E plan, review administrative procedures, and explore ways in which they will work together productively and supportively. This process will assure that the teams are aligned from the start. As a task progresses, the PM will pay ongoing attention to how team members work together and offer assistance and counsel when problems arise.



FIDA will provide overall project management, fielding the PM, and will be responsible to USAID for all results under the grant, as well as for financial and management accountability.

With USAID: FIDA, primarily through the PM, will meet regularly with USAID Mission PMI team and facilitate USAID input into all working groups. We will work closely with the USAID Mission PMI team in developing plans and coordinating efforts with donors to support local project activities. The project team will submit quality technical and progress reports, presentations, and other documentation and deliverables on time as specified in the work plan.

With MOH: The Project team will work with the respective health offices at the regional and Zonal level in communicating all project activities, but, to build sustainability and capacity at the Health office implementation units, FIDA will concentrate its efforts in health systems strengthening at the Regional and Woreda levels.

With other National Malaria control program partners: FIDA have a proven record of collaboration, seeking to ensure efficient use of resources and mobilize additional resources to achieve better health for the underserved and those in greatest need. FIDA will seek to collaborate with all members of PMI team, the national technical teams, and other Malaria initiatives in the country. FIDA plans to share experiences and best practices in Malaria prevention from organizations involved in Malaria activities. We also would like to share IEC materials produced by other organizations and proved to work in Ethiopia and adapt to the local situation. We have discussed to use materials from Population Service International (PSI) and Academic for Educational Development (AED).

Health Extension package Program:

All community based activities will be coordinated under the HEPW in each kebele. FIDA coordinates the activities of the community to be harmonized with the health extension package. In place where it is possible FIDA prefers to train HEPW as trainer and uses for training of community members.

#### **7. Volunteers for Prosperity**

FIDA encourages and accepts involving and hosting volunteers.

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

Ethiopia Malaria Prevention and Treatment Project(MPTP)

Addis Ababa

Ethiopia

P.O.Box 19715/1000

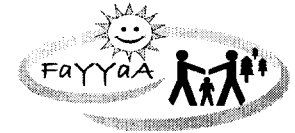
Tele: +251-113 718 940

Fax: +251-113 718937

Email: [fayyaa@ethionet.et](mailto:fayyaa@ethionet.et)



**USAID**  
FROM THE AMERICAN PEOPLE



## **Fayyaa Integrated Development Association (FIDA)**

### **Marking Plan**

FY2008 President's Malaria Initiative, Malaria Communities Program RFA # USAID

M/OAA/GH-08-147

September 2008 – September 2011

### **PURPOSE**

This Marking Plan describes how Fayyaa Integrated Development Association will incorporate a branding strategy that clearly promotes not only the USAID and Fayyaa Integrated Development Association Ethiopia Malaria Prevention and Treatment Interventions (the project); but also specifically promotes and identifies to beneficiaries, partners, and communities that the program is made possible by USAID and the generous support of the American people.

### **POSITIONING**

The name of the project is the “USAID and FIDA Ethiopia Malaria Prevention and Treatment Interventions”. The attached project logo will be in use as of signing the agreement as it appears on this letterhead.

### **PROJECT COMMUNICATION & PUBLICITY**

The project has three major objectives and related components:

Objective 1: *Improve the capacity of stakeholders participating in MPTP and other community groups to deliver Malaria prevention and treatment support at community level*

Objective 2: *Achieve targeted IEC on key messages on Malaria to 95% of households through selected Media*

Objective 3: *Increase quality Malaria diagnosis and treatment services in private sector.*

Objective 4) *Strengthen Malaria prevention and control during pregnancy by delivering locally feasible measures through the integration of the service in ANC clinics and community-based services.*

Objective 5) *Integrating Malaria prevention and early diagnosis into existing HIV prevention and home and community based care services of FIDA.*

Objective 6) *Ensure that gender is integrated into all aspects of MPTP activities*

Primary Audience - This project is supported through training and technical assistance and capacity building of CBOs, FBOs, Community Leaders, and Health Professionals.

Secondary Audience – A secondary target audience is the broader community of ordinary citizens, and national/local level agencies that support provision of Malaria services.

Communication/Program Materials – Materials used to promote the project by FIDA and by its community level partners include primarily training materials, pamphlets, brochures, newsletters, public service announcements, and websites.

Project Message – No specific message or campaign or slogan is promoted. However, inherent to this type of civil society support program are broader goals and criteria to promote social capital through enhanced capacity, transparency, and trust that derive from best practices that engage local citizenry. In brief, engaging citizens through increased public awareness and volunteerism and related initiatives always make reference to the primary branding requirement that identifies USAID and/or presents the primary message – “from the American People”.

Recipient Publicity – all program related recipient publicity includes the USAID Identity in full (including the primary message “From the American People”).

## **ACKNOWLEDGEMENTS**

Co-Funded / Jointly Sponsored-Activity – all activity conducted jointly by FIDA and other donors or local organizations or any ministry is promoted and presented with prominent positioning of the USAID Identity and the primary message “From the American People”.

Commodities – All commodities (under the program, this includes equipment -- office equipment and computers) purchased under the program by FIDA will be tagged/labelled with USAID Identity (logo).

Deliverables – All program deliverables (quarterly reports and final program report) carry the “program logo” appearing on the letterhead of this Marking Plan.

Project/Activity Sites - All project or activity sites that are permanent in nature (for example, community centers) will carry a permanent, durable sign or plaque with the USAID Identity.

Events – all conferences, seminars, exhibition, fairs, workshops, press conferences and other public activities funded by USAID under this project will be further identified with the USAID Identity primarily through a banner with the “project logo” appearing in this Marking Plan.

Technical Assistance and Communication Products – all such products including studies, reports, papers, publications, audio-visual productions, public service announcements, web/Internet sites and other information and media communication products funded by USAID will be marked with the USAID Identity. All communication products, in which content has not been approved by USAID, will 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.”*

To ensure sub-recipient “flow-down”, the following text is incorporated into the sub-awards, grant awards, and other agreements:

*“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.”*

### **PRESUMPTIVE EXEMPTIONS**

No presumptive exemptions are requested, nor expected under the project.

**ATTACHMENT D**  
**STANDARD PROVISIONS**

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

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

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

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

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

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

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

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

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

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[END OF PROVISION]

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

a. The recipient shall maintain financial records, supporting documents, statistical records and all other records pertinent to the award in accordance with generally accepted accounting principles formally prescribed by the U.S., the cooperating country, or the International Accounting Standards Committee (an affiliate of the International Federation of Accountants) to sufficiently substantiate charges to this award. Accounting records that are

supported by documentation will as a minimum be adequate to show all costs incurred under the award, receipt, and use of goods and services acquired under the award, the costs of the program supplied from other sources, and the overall progress of the program. Unless otherwise notified, the recipient records and subrecipient records which pertain to this award shall be retained for a period of three years from the date of submission of the final expenditure report and may be audited by USAID and/or its representatives.

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



[END OF PROVISION]

**3. PAYMENT ADVANCES AND REFUNDS (OCTOBER 1998)**

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

[END OF PROVISION]

**4. REVISION OF AWARD BUDGET (OCTOBER 1998)**

- a. The approved award budget is the financial expression of the recipient's program as approved during the award process.
- b. The recipient is required to report deviations from budget and program plans, and request prior approvals from the Agreement Officer for any of the following reasons:
  - (1) To change the scope or the objectives of the project and/or revise the funding allocated among project objectives.

- (2) To change a key person where specified in the award, or allow a 25% reduction in time devoted to the project.
  - (3) Additional funding is needed.
  - (4) Where indirect costs have been authorized, the recipient plans to transfer funds budgeted for indirect costs to absorb increases in direct costs or vice versa.
  - (5) The inclusion of costs that require prior approval in accordance with the applicable set of Cost Principles.
  - (6) The transfer of funds allotted for training allowances (direct payment to trainees) to other categories of expense.
  - (7) The recipient intends to contract or subaward any of the work under this award, and such contracts or subawards were not included in the approved award budget.
- c. If specified in the Schedule of the award, the recipient may be further restricted from transferring funds among cost categories. Such a restriction would require the recipient to get the prior approval of the Agreement Officer before making budget shifts which expect to exceed 10% of the total budget.
  - d. USAID is under no obligation to reimburse the recipient for costs incurred in excess of the total amount obligated under the award. If the total obligated amount under the award has been increased, the Agreement Officer will notify the recipient in writing of the increase and specify the new total obligated award amount.

[END OF PROVISION]

##### **5. *TERMINATION AND SUSPENSION (OCTOBER 1998)***

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

- d. If at any time USAID determines that continuation of all or part of the funding for a program should be suspended or terminated because such assistance would not be in the national interest of the United States or would be in violation of an applicable law, then USAID may, following notice to the recipient, suspend or terminate this award in whole or part and prohibit the recipient from incurring additional obligations chargeable to this award other than those costs specified in the notice of suspension during the period of suspension. If the situation causing the suspension continues for 60 days or more, then USAID may terminate this award on written notice to the recipient and cancel that portion of this award which has not been disbursed or irrevocably committed to third parties.
- e. Termination and Suspension Procedures. Upon receipt of and in accordance with a termination notice as specified above, the recipient shall take immediate action to minimize all expenditures and obligations financed by this award and shall cancel such unliquidated obligations whenever possible. Except as provided below, the recipient shall not incur costs after the effective date of termination.

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

This provision must be included in all subagreements.

[END OF PROVISION]

**6. *DISPUTES (OCTOBER 1998)***

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

[END OF PROVISION]

**7. INELIGIBLE COUNTRIES (MAY 1986)**

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

[END OF PROVISION]

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

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

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

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

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

[END OF PROVISION]

**9. DRUG-FREE WORKPLACE (JANUARY 2004)**

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

notification must be sent to the Agreement Officer within ten calendar days after the recipient learns of the conviction.

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

[END OF PROVISION]

**10. NONLIABILITY (NOVEMBER 1985)**

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

[END OF PROVISION]

**11. AMENDMENT (OCTOBER 1998)**

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

[END OF PROVISION]

**12. NOTICES (OCTOBER 1998)**

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

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

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

[END OF PROVISION]

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

Wherever measurements are required or authorized, they shall be made, computed, and recorded in metric system units of measurement, unless otherwise authorized by the Agreement Officer in writing when it has found that such usage is impractical or is likely to cause U.S. firms to experience significant inefficiencies or the loss of markets. Where the metric system is not the predominant standard for a particular application, measurements may be expressed in both the metric and the traditional equivalent units, provided the metric units are listed first.

[END OF PROVISION]

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

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

[END OF PROVISION]

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

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

[END OF PROVISION]

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

**(a) Definitions**

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

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

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

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

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

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

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

**USAID Identity (Identity)** means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is “from the American people.” The USAID Identity is available on the USAID website at [www.usaid.gov/branding](http://www.usaid.gov/branding) and USAID



provides it without royalty, license, or other fee to recipients of USAID-funded grants, or cooperative agreements, or other assistance awards

**(b) Marking of Program Deliverables**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(d) Waivers.**

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

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

rationale for any use of recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

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

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

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

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

[END OF PROVISION]

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

Requirements for Voluntary Sterilization Programs

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

Prohibition on Abortion-Related Activities:

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

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

[END OF PROVISION]

**[END OF MANDATORY PROVISIONS]**

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

**1. PAYMENT – REIMBURSEMENT (MAY 1986)**

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

[END OF PROVISION]

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

**a. PRIOR BUDGET APPROVAL**

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

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

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

**b. NOTIFICATION**

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

- (ii) the recipient expects significant administrative or substantive programmatic support from the Mission.

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

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

- (i) Send a written notice to the USAID Cognizant Technical Officer in the Mission. If the recipient's primary point of contact is a Technical Officer in USAID/W, the recipient may send the notice to that person. It will be the responsibility of the USAID/W Cognizant Technical Officer to forward the notice to the field.

- (ii) The notice should be sent as far in advance as possible, but at least 14 calendar days in advance of the proposed travel. This notice may be sent by fax or e-mail. The recipient should retain proof that notification was made.

- (iii) The notification shall contain the following information: the award number, the cognizant Technical Officer, the traveler's name (if known), date of arrival, and the purpose of the trip.

- (iv) The USAID Mission will respond only if travel has been denied. It will be the responsibility of the Cognizant Technical Officer in the Mission to contact the recipient within 5 working days of having received the notice if the travel is denied. If the recipient has not received a response within the time frame, the recipient will be considered to have met these standards for notification, and may travel.

- (v) If a subrecipient is required to issue a Notification, as per this section, the subrecipient may contact the USAID Cognizant Technical Officer directly, or the prime may contact USAID on the subrecipient's behalf.

c. SECURITY ISSUES

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

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

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

Travel to certain countries shall, at USAID's option, be funded from U.S.-owned local currency. When USAID intends to exercise this option, USAID will either issue a U.S. Government S.F. 1169,

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

e. THE FLY AMERICA ACT

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

f. COST PRINCIPLES

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

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

g. SUBAWARDS

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

[END OF PROVISION]

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

- a. At least 50% of the gross tonnage of all goods purchased under this award and transported to the cooperating countries shall be made on privately owned U.S. flag commercial ocean vessels, to the extent such vessels are available at fair and reasonable rates.
- b. At least 50% of the gross freight revenue generated by shipments of goods purchased under this award and transported to the cooperating countries on dry cargo liners shall be paid to or for the benefit of privately owned U.S. flag commercial ocean vessels to the extent such vessels are available at fair and reasonable rates for such vessels.
- c. When U.S. flag vessels are not available, or their use would result in a significant delay, the recipient may request a determination of non-availability from the USAID, Transportation and Commodities Division, Office of Procurement, 1300 Pennsylvania Avenue, N.W., Washington, D.C. 20523, giving the basis for the request which will relieve the recipient of the requirement to use U.S. flag vessels for the amount of tonnage included in the



determination. Shipments made on non-free world ocean vessels are not reimbursable under this award.

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

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

and

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

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

[END OF PROVISION]

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

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

- a. General Requirements:

(1) The recipient shall maintain a written code or standards of conduct that shall govern the performance of its employees engaged in the awarding and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such conflict would arise when the employee, officer or agent, or any member of the employee's immediate family, the employee's partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors

or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient.

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

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

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

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

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

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

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

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

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

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

(vi) Contracts shall be made only with responsible contractors who possess the potential ability to perform successfully under the terms and conditions of the proposed procurement. Consideration shall be given to such matters as contractor integrity, record of past performance, financial and technical resources, or accessibility to other necessary resources. Contracts shall not be made with firms or individuals whose name appears on the "Lists of Parties Excluded from Federal

Procurement and Nonprocurement Programs." USAID will provide the grantee with copy of this list upon request.

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

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

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

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

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

(A) Basis for contractor selection;

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

(C) Basis for award cost or price.

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

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

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

(2) All contracts in excess of \$10,000 shall contain suitable provisions for termination by the recipient, including the manner by which termination will be effected and the basis for settlement. In addition, such contracts shall describe conditions under which the contract

may be terminated for default as well as conditions where the contract may be terminated because of circumstances beyond the control of the contractor.

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

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

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

[END OF PROVISION]

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

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

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

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

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

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

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

Prior approval will be deemed to have been met when:

- (i) The item is of U.S. source/origin;
  - (ii) The item has been identified and incorporated in the program description or schedule of the award (initial or revisions), or amendments to the award; and
  - (iii) The costs related to the item are incorporated in the approved budget of the award.  
Where the item has not been incorporated into the award as described above, a separate written authorization from the Agreement Officer must be provided before the item is procured.
- b. Source, Origin, and Nationality: The eligibility rules for goods and services based on source, origin, and nationality are divided into two categories. One applies when the total procurement element during the life of the award is over \$250,000 and the other applies when the total procurement element during the life of the award is not over \$250,000, or the award is funded under the Development Fund for Africa (DFA) regardless of the amount. The total procurement element includes procurement of all goods (e.g. equipment, materials, supplies) and services. Guidance on the eligibility of specific goods or services may be obtained from the Agreement Officer. USAID policies and definitions on source, origin and nationality are contained in 22 CFR 228, Rules on Source, Origin and Nationality for Commodities and Services Financed by the Agency for International Development, which is incorporated into this Award in its entirety. A copy will be provided upon request.
- (1) For DFA funded awards or when the total procurement element during the life of the award is valued at \$250,000 or less, the following rules apply:
    - (i) The authorized source for procurement of all goods and services to be reimbursed under the award is USAID Geographic Code 935, "Special Free World," and such goods and services must meet the source, origin and nationality requirements set forth in 22 CFR 228 in accordance with the following order of preference:
      - (A) The United States (USAID Geographic Code 000),
      - (B) The Cooperating Country,
      - (C) USAID Geographic Code 941, and
      - (D) USAID Geographic Code 935.

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

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

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

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

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

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

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

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

(1) The United States (USAID Geographic Code 000),

(2) The Cooperating Country,

(3) "Selected Free World" countries (USAID Geographic Code 941),

(4) "Special Free World" countries (USAID Geographic Code 899).

d. If USAID determines that the recipient has procured any of these specific restricted goods under this award without the prior written authorization of the Agreement Officer, and has

received payment for such purposes, the Agreement Officer may require the recipient to refund the entire amount of the purchase.

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

[END OF PROVISION]

**5. SUBAGREEMENTS (OCTOBER 1998)**

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

[END OF PROVISION]

**6. LOCAL PROCUREMENT (OCTOBER 1998)**

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



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

[END OF PROVISION]

**7. PUBLICATIONS AND MEDIA RELEASES (MARCH 2006)**

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

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

Mailing address:  
Document Acquisitions  
USAID Development Experience Clearinghouse (DEC)  
8403 Colesville Road Suite 210

Silver Spring, MD 20910-6368  
Contract Information  
Telephone (301) 562-0641  
Fax (301) 588-7787  
E-mail: [docsubmit@dec.cdie.org](mailto:docsubmit@dec.cdie.org)

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

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

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

[END OF PROVISION]

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

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

[END OF PROVISION]

**9. *REGULATIONS GOVERNING EMPLOYEES (JUNE 1993)***

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

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

[END OF PROVISION]

**10. PARTICIPANT TRAINING (OCTOBER 1998)**

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

[END OF PROVISION]

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

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

[END OF PROVISION]

**12. PUBLIC NOTICES (JUNE 1993)**

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

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

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

[END OF PROVISION]

**13. PROGRAM INCOME (OCTOBER 1998)**

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

[END OF PROVISION]

**14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JANUARY 2002)**

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

[END OF PROVISION]

**15. 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](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  
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 his funding and is not already covered under the PMI activity, the USAID Health Team in the mission will draft and gain approval for a "Pesticide Evaluation Report and Safer Use Action Plan" (PERSUAP) for the ITN program.

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

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

**APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:**

**CLEARANCE:**

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



Approved:     x      
Disapproved:                     

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

**ADDITIONAL CLEARANCE FROM AFR REGIONAL BUREAU:**

Africa Bureau Environmental Officer     signed 3/22/07

## INITIAL ENVIRONMENTAL EXAMINATION

### PROGRAM/ACTIVITY DATA:

**Program/Activity Number:**

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

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

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

**IEE Amendment (Y/N):**   N  

**Current Date:** March 19, 2007

### 1.0 BACKGROUND AND ACTIVITY/PROGRAM DESCRIPTION

#### 1.1 Purpose and Scope of IEE

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

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

#### 1.2 Background

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

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

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

### **1.3 Description of Activities**

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

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

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

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

## 2.0 COUNTRY AND ENVIRONMENTAL INFORMATION

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

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

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

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

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

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

**The Africa Bureau has prepared a document entitled *Programmatic Environmental Assessment for Insecticide-treated Materials (PEA ITM) in USAID Activities in Sub-Saharan Africa*, which describes the risks associated with the use of ITMs, including bednets and curtains. Health and environmental risks from the use of ITMs include potential exposure of humans and the environment during production, distribution, storage, use, and disposal of pesticides, and a certain amount of exposure of persons using ITMs to pesticide vapors released from the materials. The CTO must work with the PMI country teams and the MCP implementing partners to ensure that the risks to humans and the environment are minimized, and that adequate safety precautions are observed, by following the guidance provided in the PEA ITM which can be found on the web at [http://www.afr-sd.org/documents/iee/docs/32AFR2\\_ITM\\_PEA.doc](http://www.afr-sd.org/documents/iee/docs/32AFR2_ITM_PEA.doc)**

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

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

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

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

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

Key Elements of Program/Activities	Threshold Determination & 22 CFR 216 Citation	Impact Issues & Mitigation Conditions and/or Proactive Interventions
<p>1. Support for distribution and promotion of correct and consistent use of insecticide treated nets (ITNs) in both routine and campaign settings in order to increase the overall number used by pregnant women and children under five</p> <p>2. Partner in the promotion and implementation of bednet retreatment campaigns</p> <p>3. Build malaria prevention and promotional activities on to existing community-based HIV/AIDS programs</p>	<p>Negative Determination with Conditions 22 CFR 216.3 (a)(2)(iii)</p> <p><b>Deferred:</b> Treatment or retreatment of nets</p>	<p>If provision of supplies will include insecticide treated bednets (ITNs), the USAID Health Team in the mission and their partner organizations will be required to use reliable brands of long-lasting treated nets and adhere to the stipulations made in the USAID Africa Bureau <u>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 (<a href="http://www.encapafrika.org">www.encapafrika.org</a>) and utilize the Minimal Program Checklist (Annex A).</p>

#### 4 . MONITORING AND COMPLIANCE ASSURANCE

##### Monitoring and compliance measures

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

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

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

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<sup>1</sup> Chavasse DC, Reed C, Attawell K. 1999b. *Insecticide Treated Net Projects: A Handbook for Managers*. London, England: Malaria Consortium, London School of Tropical Hygiene and Tropical Medicine.