ACTION MEMORANDUM

TO: SDAA/GH, Gloria Steele

FROM: GH/HIDN, Richard Greene

SUBJECT: Amendment No.1 to Cooperative Agreement No. GHA-A-00-07-00003 to UNICEF to provide support for the Malaria Control Partnership.

Recommendation

That you approve amendment 1 to the above cooperative agreement by signing the attached Grantee Letters (Tab 1) to obligate $340,000 core funds and $11,203,800 field support funds transferred to GH for obligation.

Background

The purpose of this agreement is to confine the partnership between UNICEF and the U.S. Agency for International Development (USAID) to support malaria programming for the President's Malaria Initiative (PMI) and other USAID malaria programs. The agreement focuses on the procurement of malaria commodities, supply and distribution as part of the PMI and other USAID malaria programs. The agreement primarily focuses on malaria commodities that support prevention and treatment programs in both PMI focus countries and non-focus countries. USAID supports UNICEF's procurement, supply, and distribution of malaria commodities that are used by Ministries of Health, NGOs, social marketing programs, and other UN organizations. The partnership can also become more programmatic and include other types of activities such as monitoring and evaluation, training, capacity building, logistics, behavior change, and information/education/ communication activities. Other types of malaria interventions may be authorized and funded by USAID under this agreement, such as support for integrated malaria ITN campaigns, training of health workers, etc.

The UNICEF Cooperative Agreement was established on June 19, 2007, and is scheduled to expire June 18, 2012. The total estimated cost of the agreement is $200,000,000. The total obligations to date are $685,000. The amount to be obligated with this action is $11,543,800, bringing the total amount obligated to this grant, including this action, is $12,228,800.

Specific activities are outlined in the Supplemental Program Descriptions (Attachment 3). Representatives from USAID and UNICEF will monitor these activities

and agree to necessary changes or adjustments to the activities, outcomes, indicators or budget line items.

Cooperative Agreement Amendment No. 1 includes the attached program descriptions, the modified schedule, and adds $ 11,543,800 in FY07 funding as described below:

- $240,000 of PMI Core funding to improve UNICEF capacity to perform timely analysis and reporting of the malaria data from recent multiple indicator surveys (MICS)
- 1000 of PMI Core funding to support the UNICEF supply division
- $3,305,000 (Field Support) for support of the procurement and distribution of LLINs in Angola
- $415,000 (Field Support) for support of the distribution of LLINs as part of the Measles Malaria Campaign (MMC) in Madagascar
- $4,318,800 (Field Support) for support of the procurement of LLINs in Malawi
- $115,000 (Field Support) for support of the procurement of laboratory supplies and diagnostic equipment in Senegal
- $1,050,000 (Field Support) for support of the procurement of LLINs in Liberia
- $2,000,000 (Field Support) for support of the procurement of LLINs in DR Congo

Environmental Determination: In accordance with 22 CFR 216.2, an initial environmental examination was approved on March 15, 2007. In accordance with the IEE, this cooperative agreement is covered under a Categorical Exclusion, and funds approved included core and field support.

Congressional Notification: Core funds obligated under this action were notified in the FY 2007 Congressional Budget Justification, dated February 2006.

Authority

In accordance with Automated Directives System (ADS) 103.3.8.2, Assistant Administrators (AAs) have the authority to negotiate, execute, amend, and supplement grants to public international organizations. Pursuant to GH Delegations of Authority under ADS 103.3.16.1, paragraph (i) delegates that authority to the Senior Deputy Assistant Administrator.

Attachments:

Tab 1. Grantee Letter and Accounting and Appropriation Data Sheet
Tab 2. Modified Schedule
Tab 3. Program Descriptions
A. Core Funding

B. Senegal
C. Angola
D. Madagascar
E. Malawi
F. Liberia
G. Democratic Republic of Congo

CLEARANCE PAGE FOR ACTION MEMORANDUM on Amendment No. 1 to UNICEF Cooperative Agreement No. GHA-A-00-07-00003 for the Malaria Control Partnership

Clearances:

GH/HIDN/ID: LHarley__in draft__________________ Date _______________
GH/HIDN/ID: SKorde___________________________ Date _______________
GH/HIDN/ID: IKoek____________________________ Date _______________
GH/HIDN: JIce_______________________________ Date _______________
GH/HIDN: EFox______________________________ Date _______________
GH/HIDN: RGreene___________________________ Date _______________
GH/SPBO/OPS: LWhite__________________________ Date _______________
GH/SPBO: KHilliard__________________________ Date _______________

Drafter: GH/HIDN: LHarley: (202)712-5024:6-27-2007:P:/GH.HIDN.PUB/PMI/UNICEF/ACTION MEMORANDUM Malaria Control Partnership CA

Attachment 1: ACCOUNTING AND APPROPRIATION DATA SHEET

UNICEF (Malaria) Cooperative Agreement
Amendment No. 1, GHA-A-00-07-00003

A. GENERAL

1. Total Estimated Amount: $ 200,000,000
2. Initial Award Obligation: $ 685,000
3. Obligated Amount this Action: $ 11,543,800
4. Total Amount Now Obligated: $ 12,228,800
5. Project Number: 936-3100
6. USAID Project Office: GH/HIDN/ID
   Ronald Reagan Building
   Washington, D.C. 20523-3700
7. Loc Number HHS-9Y02

B. SPECIFIC

1. Request ID: 2027
2. Resource Category Code 4100202
3. Organizational Symbol GH/HIDN
4. Activity Name: UNICEF (Malaria) Agreement
5. Fund/Fund Acct.

PMI Core	$ 340,000
Field Support USAID/Angola	$ 3,305,000
Field Support USAID/Madagascar.	$ 415,000
Field Support USAID/Malawi.	$ 4,318,800
Field Support USAID/Senegal.	$ 115,000
Field Support USAID/Liberia.	$ 1,050,000
Field Support USAID/DR Congo	$ 2,000,000

6. Total Obligation: $ 11,543,800

Attachment 2: REVISED SCHEDULE

UNICEF (Malaria) Cooperative Agreement
Amendment No. 1, GHA-A-00-07-00003

C. Amount of Funds Obligated under Amendment 1

2. USAID herby obligates the amount of US $11,543,800 of combined PMI core and field support funds for program expenditures during the period set forth in B.2 above and shown in the Appropriation Data Sheet (Attachment 1).

D. Grant Budget

Supplemental budgets are provided in Attachment 3 of the Cooperative Agreement Amendment.

Attachment 3: PROGRAM DESCRIPTIONS

UNICEF (Malaria) Cooperative Agreement
Amendment No. 1, GHA-A-00-07-00003

TAB A CORE Funding to Roll Back Malaria Monitoring and Evaluation ($340,000)

TAB B Field Funding from Senegal to support Laboratory Supplies and Equipment ($115,000)

TAB C Field Funding from Angola to support the Procurement and Distribution of LLINs ($3,305,000)

TAB D Field Funding from Madagascar to support the Distribution of LLINs ($415,000)

TAB E Field Funding from Malawi to support the Procurement of LLINs ($4,318,800)

TAB F Field Funding from Liberia to support the Procurement of LLINs ($1,050,000)

TAB G Field Funding from DRC Congo to support the Procurement of LLINs ($2,000,000)

TAB A: CORE Proposal

Funding Source: Bureau for Global Health
Budget: $340,000
Timeframe: Sept 2007- Sept 2008

Roll Back Malaria Monitoring and Evaluation

Background and Progress:

Information needs related to Roll Back Malaria has grown exponentially in recent years as a result of increased awareness of the impact of malaria on global health and its inclusion among the Millennium Development Goals. There is a demand from many stakeholders (policy makers and programme managers, international donor institutes, NGOs and researchers) for regular updates on the status of malaria control and prevention activities as well as trends in the global burden on malaria, by synthesis of data and information that includes data available from countries primarily through WHO. Increased financial flows for example, through the Global Fund to Fight AIDS, TB and Malaria and the emphasis on performance-based disbursement, place heavy demands on countries for timely and high quality data, including:

- Simple, standardized, timely, and accurate approaches to monitoring whether programmes are performing according to plan
- Data on coverage of programme interventions, quality of service delivery, patterns of malaria incidence and prevalence, severe disease and mortality, and equity dimensions.
- Ability to evaluate programme scale-up efforts and subsequent impact of increased coverage.

Although coordination at global and regional levels has improved in recent years, these efforts need to be sustained. There is a constant pressure to increase the numbers of indicators to be monitored placing added burdens on already over-stretched health information systems, and there are calls to more effectively distinguish indicators required by programme managers and those needed for reporting to higher levels for national and global monitoring. The number of malaria cases and deaths seen in health facilities are core indicators of the burden of malaria on health systems and trends in case fatality rate for in-patients; reporting nevertheless remains suboptimal, notably in the most affected countries. Data that is available often comes late and does not receive appropriate analysis and interpretation for priority interventions is a key outcome for the progress of Roll Back Malaria and the Millennium Development Goals. In counties with increased funding for scale-up efforts, and especially those countries receiving GFATM

funds, currently monitoring activities urgently require strengthening to document progress and impact.

In addition to routine reporting through health information systems, monitoring progress to attain the RBM coverage and impact targets will require household surveys. Coverage of key malaria interventions have been assessed in over forty countries with Demographic and Health Surveys and the UNICEF Multiple Indicator Surveys (MICS) since RPBM was launched in 1998; the last round of MICS in 2005 which was conducted in 30 malaria countries, is providing important data for document trends in the coverage of insecticide-treated nets (ITNs), treatment, and intermittent presumptive treatment of malaria in pregnancy (IPTp). Consensus exists on key RBM indicators, and operational definitions, of those indicators, data collection methods, sources and approaches to analysis have become more standardized. A Malaria Indicator Survey has also recently been developed and is ready for use in countries involved in scaling up malaria prevention and control activities. However, capacity is limited in most countries, both with regard to the effective use of information for planning and policy making.

UNICEF, as one of the founding multinational organizations of Roll Back Malaria, faces constraints in their intensified monitoring and evaluation activities related to malaria, especially in managing the timely analysis of MICS survey data.

Objectives:

To increase human capacity within UNICEF to provide technical support to countries for RBM monitoring and evaluation activities.

Activities:

- One staff posted at UNICEF to (1) to assure high quality data and prompt analyses and dissemination of the malaria results from the most recent MICS, (2) to serve as liaison between WHO, UNICEF, and MACRO on household surveys; and (3) to assure prompt analysis and dissemination of the malaria data which will be made available though the next round of MICS surveys.

Outcomes/Results

- Improved capacity to perform timely analysis and reporting of the malaria data from recent MICS surveys.

Indicators

- MICS malaria data analyzed and reported within one year of finishing surveys.

Estimated Budget: $340,000

$316,200 to support activities
$23,800 for program support
$340,000 Total

TAB B: Senegal Country Proposal

1. Background

UNICEF agrees to enter into this partnership to support malaria programming including commodity procurement for the President's Malaria Initiative (PMI) and other USAID malaria programs. The agreement will primarily focus on malaria commodities that will support prevention and treatment programs in both PMI focus countries and other USAID-assisted countries. UNICEF will act as a procurement agent for malaria commodities on behalf of USAID in accordance with the terms set forth below. The partnership may also become more programmatic and include other types of activities such as monitoring and evaluation, training, capacity building, logistics, behavior change, and information/ education/communication activities. Therefore, other types of malaria interventions may be authorized and funded by USAID under this agreement.

1.1 Responsibilities

Under the Malaria Control Partnership, USAID and UNICEF will have distinct responsibilities:

1.1.1 USAID will have the following responsibilities:

- Provide a detailed scope of need, including estimated budget, quantities and delivery timeline for specific commodity orders based on the specific USAID country programs;
- Ensure a consultative process at the country level between USAID missions, UNICEF Country Offices and other stakeholders;
- Designate consignees;
- Approve final country budgets, quantities, and delivery schedules;
- Provide camera ready, soft files and written specifications of corresponding USAID branding requirements in a timely manner;
- Confirm host government acceptability of commodities in the event that UNICEF is not the consignee;
- Ensure timely and sufficient obligation of funds;
- Support funding of dedicated UNICEF staff to manage specific USAID related commodity orders and activities.

1.1.2 UNICEF will have the following responsibilities:

- Provide detailed country budgets based on commodity orders and scope of work within budget parameters provided by USAID
- Advise USAID on issues such as availability of commodities, timing of deliveries, in-country logistics (e.g. storage, inventory, and stock management) and transportation capacity as specified and budgeted in the country proposal;
- Confirm host government acceptability of commodities in the event UNICEF is the consignee

- Upon availability of funds, process and manage USAID commodity orders according to UNICEF Supply Division's procedures, including selecting sources of supply, placing timely and firm orders with suppliers, transferring USAID funds to supplier, provide USAID required markings, arranging shipments, freight transport, insurance; quality assurance and quality control support; supporting documentation on shipment, delivery, and confirmation of receipt; and consignment.
- In the event UNICEF is consignee and as specified and budgeted on a case by case basis in the country proposal, arrange for such services as customs clearance, temporary storage, pre-acceptance quality testing, consignment, in-country logistics, and payment of fees related to any such activities. When UNICEF is not the consignee, specific roles and responsibilities will be reviewed and specified in the country proposal.
- In the event UNICEF is not the consignee, assume responsibility and title for commodities until final consignment in country and ownership is transferred to consignee.
- Liaise with UNICEF country offices, USAID country missions, and other partners, as needed, to facilitate consignments, customs, in-country technical assistance, etc.
- Ensure adequate reporting as specified in Section 9.
- Provide documentation certifying delivery of commodities to designated consignee as and when requested.
- Liaise with designated USAID contractor to facilitate commodity procurement, information, and reporting
- Ensure that quality assurance/quality control is in place as per UNICEF procedures and provide documentation on malaria commodity manufacturers as and when needed;
- Ensure that USAID funds are used for the designated country as specified in the country proposal, unless otherwise agreed between UNICEF and USAID.

1.2 Labeling and Packaging of Commodities

Labeling and packaging will be done in accordance to UNICEF standard procedures and practices as applicable for each specific commodity and as specified in UNICEF Purchase Orders contractual terms and conditions.

In the event of any specific requirement, USAID will provide camera ready, soft files and written specifications of corresponding USAID branding/labeling requirements in a timely manner to UNICEF/SD. The cost of branding/labeling will be factored into the overall cost of the commodity. The impact of any such labeling/packaging on costs and delivery lead-times will be reflected in the Programme description (Clause 2).

1.3 Shipping and Arrival procedures of commodities:

The shipment of commodities will be done in accordance to UNICEF standard procedures as implemented through UNICEF Global Freight Forwarding agreement and as specified in UNICEF Purchase Orders contractual terms and conditions.

Any specific requirement as may be applicable for specific commodities will be reflected in the Program Description (Clause 2)

2. Program Description (Senegal)

Within the framework of the President's Malaria Initiative, USAID will be supporting the scaling-up of malaria interventions in Senegal in 2007. USAID has approached UNICEF for the potential supply of laboratory diagnostic equipment and supplies for malaria diagnosis to be used in Senegal by the National Malaria Control Program (NMCP). The specific equipment and supplies to be procured are identified in detail below. A total of $230,000 USD is allocated for this specific procurement. $115,000 is allocated for this second part of the procurement.

UNICEF's role will be limited, within the current activities of the proposal, to procurement and international transport of supplies to Senegal. The UNICEF/Senegal country office has been made aware of this procurement.

USAID will ensure that the specific products being requested below are acceptable to the recipient country government and conforms to the host countries requirements. The designated consignee will be contacted as per guidelines above.

2.1. Specification:

	Item	Quantity	Unit price in USD/EUR	Total price in USD/EUR
	Equipment			
1	Microscope, Basic, for teaching, with dual observation attachment, side- by-side for routine work in a health laboratory See specs attached in Annex 2.	1 unit	€5,137.00	€5,137.00
	Optional (not included in budget) *Carrying case for teaching microscope* *See specs attached in Annex 2.*		*€ 175.00*	
2	Microscope, binocular, basic with built-in halogen illuminator and detachable mirror See specs attached in Annex 2.	60 units	$ 270.00	$ 16,200.00
	Optional (not included in budget) *Carrying case for binocular microscope* *See specs attached in Annex 2.*		*$ 27.00*	
	Alternative (not included in budget) – To be considered in case the MOH has an established standardization policy) *Biological microscope model CX21BIM-SET5 standard set.* *See specs attached in Annex 2.*		*$ 874*	
	Optional (not included in budget) Wooden storage case, with lock and key for CX21		*$ 64*	

	See specs attached in Annex 2.			
	Consumables			
4	Microscope slides superior cut edge pl. 76x26x1/1.2mm, box of 50	60 boxes	€1.73	€103.80
5	Staining through glass/lid grooved to hold 20 slides 76x26mm	60 units	€5.30	€318.00
6	Lens tissue paper, 90x72mm. Block of 500 sheets	720 packs	€4.60	€3,312.00
7	Lens cleaner fluid		No quote	
8	Staining jar , Coplin type with lid for 10 microscope slides 76x26mm	60 units	€7.65	€459.00
9	Staining jar , Coplin type with lid for 10 microscope slides 76x26mm	60 units	€7,65	€459.00
10	Tray glass grooved to hold 20 slides 76x26mm.	60 units	€5.10	€306.00
11	Microscope slides box for 100 slides, polystyrene with hinged lid and nickel-plated clip. Cork inlay on bottom prevents damage to the slide, index in lid. Color blue	60 units	€7.50	€450.00
12	Graduated cylinder, 100 ml, tall form, with hexagonal glass base and spout. Graduation and printing in durable blue ceramic stain.	60 units	€4.35	€261.00
13	Graduated cylinder, 500 ml, tall form, with hexagonal glass base and spout. Graduation and printing in durable blue ceramic stain.	60 units	€12.64	€758.40
14	Tally counter hand held 4-digits up to 9999 thumb button	60 units	€15.24	€914.40
15	Wash bottles per rd., sq. SHLDRS 250 ml, wh. sc/closure PK 5	60 units	€9.16	€549.60
16	Graduated pipettes to the tip, clear glass, 1.0ml. Graduation 0.01ml. Pack of 12	60 packs	€17.28	€86.40
17	Graduated pipettes to the tip, clear glass, 5.0ml. Graduation 0.05ml. Pack of 12	60 packs	€20.52	€102.60
18	Graduated pipettes to the tip, clear glass, 10ml. Graduation 0.1ml. Pack of 12	60 packs	€20.52	€102.60
19	Giemsa, 100ml UN number 1992, Hazard class 3, packing group II	60	€7.66	€459.60
	Hazardous charge		€78	€78.00
20	Oil, immersion oil (MERSOL)	60	€4.99	€299.40
21	Citrisolve		No quote	
22	Hot-air blower heavy duty 400W 220-240V 50Hz A.C.	60 units	€160.99	€9,659.40
23	EARL light	120 units	€60	€7,200.00

Prices have been indicated in the currency of the offers submitted by UNICEF sources so that quantities may be adjusted by USAID/Senegal according to availability of funds.

A 10% buffer to cover EUR/USD exchange rate fluctuations would have to be secured in the budget. The USAID/Senegal Mission and the UNICEF/Senegal will finalize the procurement of these commodities in country. All procurements by UNICEF Senegal are to be done only with the consent of the USAID/Senegal Office

2.2 Quantity:

See details in table above. Procurement of additional slides, slide trays, and slide boxes will be authorized by USAID if the items above can all be purchased within the total original budget of $215,000.00 and additional funds remain.

2.3 Airfreight:

Consignee must be informed well in advance of shipment and goods should be dispatched at the beginning of a week (depending on the destination) so the goods do no arrive on Friday afternoon or Saturday where they would be left in the airport.

2.4 Delivery time

USAID/Senegal requests delivery as soon as possible within routine (non-expedited) timeframe. Delivery FCA port of origin is estimated at 8 weeks from issuing of order to supplier. An additional 2 to 3 weeks will be required for air shipment to airport of receipt.

2.5 Price

See table above

2.6 Packaging

N/A

2.7 Labeling

USAID may require special markings on tertiary packages.

2.8 Quality Assurance

Upon arrival at port and before clearing, USAID/Senegal will check the shipment to ensure that all equipment and supplies have arrived intact. If case of discrepancy or damage, USAID and MOH of Senegal will submit a claim to UNICEF promptly so that it may be submitted to the insurance company according to UNICEF procedures. UNICEF and USAID will consult to resolve any issues that may arise under this component.

2.9 Designated Consignee and Responsibilities

Sylva Etian, Director USAID Senegal Health Program (consignee), will be responsible for any quality checking, custom clearance, storage, and distribution of the laboratory equipment and supplies and related fees.

Consignee details
Ms. Sylva Etian
Director, Health Program
USAID Senegal
Petit Ngor
B.P. 49
Dakar, Senegal

Phone: +221-869-6100

3. Other Program Support
Not applicable

4. Budget

Scope of Need and Budget for Malaria Activities in Countries in US$										
Country Commodities (as applicable to each country)	a. Cost of Goods	b. Freight, Insurance	c. Program Support Costs (PSC) 7% (a+b)	d. Subtotal cost commo-dities A+b+c	e. Other in-country support: TA, transport	f. PSC of other in-country support %(d)	g. Subtotal other in-country support d+e	h Total Costs a+b+e	i. Total PSC c+f	Total Budget (d+g)
Total	106,950		8,050							115,000

5. Reporting requirements

1. Certificate of receipt of goods: documentation certifying delivery of commodities to consignee to be submitted to USAID as and when needed;
2. Financial Activity Report: quarterly report detailing status of obligations, expenditures, and remaining balance of USAID funds; by country;
3. Shipment History Report: quarterly report detailing status of commodity shipments by country. Fields may include inter alia country recipient, procurement status, commodity, quantities, freight mode, shipping date, receipt date.
4. Progress Report: yearly report detailing status of in-country activities when UNICEF country office is the consignee and providing other programmatic or logistics support.

Specifications for items offered

Item 1

Microscope, basic, for teaching, with dual observation attachment, side-by-side. Ref Eclipse E200.
Support system: Rotable body, inclined, metal base.
Quadruple revolving nosepiece, with distinct click stop.
Stage 216x150 mm, clamp attached. Travel range 78x54 mm.
Magnification: Range 40X to 1000X, binocular observation tubes, inclined. Objectives, minimum achromatic, 4X, 10X, 40X (spring-loaded), 100X (spring-loaded, oil immersion), standard field numbers. Eyepieces, pair, 10X, standard field number, adjustable inter-pupillary distance (1 pair provided for microscope, 1 pair provided for side attachment).
Magnification optics anti-fungus treated.
Illumination: Halogen bulb, 6V/30W (2 pieces).
Condenser, type Abbe, min. 1.25 N.A., with centering and adjustment by rack and pinion, including iris diaphragm lever. Colored filters (daylight), blue. Adjustment: coarse (37.7 mm per rotation) and fine (0.2 mm) per rotation).
Power supply: 220-240V 50/60Hz, complete with transformer, detachable cord or fixed cable, potentiometer and low heat output.
Teaching attachment: Dual, side by side, with pointer system, illumination by at least 30W.
Supplied with:
- Lens tissue paper for cleaning.
- 1 x immersion oil
- 2 x eye shades
- 2 x tube caps
- 2 x spare halogen bulbs
- 1 x airtight plastic cover (to protect against dust and changing humidity)
- 1 x arrow pointer
- 1 x instruction manual in English, French and Spanish.

With power cord plug according to requirements of the receiving country.
Warranty - 12 months.

Optional to Item 1
Plastic carrying case for teaching microscope E200. Ref MXU92398.

Item 2
Microscope, Basic, for teaching, with dual observation attachment, side- by-side for routine work in a health laboratory
Binocular microscope, model VISION 2000.
Body: rotable (360 degrees), inclined, metal base. Quadruple revolving nosepiece, with distinct click stop. Stage 135 x 125 mm, with clamps for mounting object slide. With fixed, graduated mechanical stage traveling 50 x 75 mm, with coaxial focusing object slide by moving stage in X or Y directions. Range of magnification: 40x - 1600x, binocular observation tube, inclined. Objectives, Achromatic 4x, 10x, 40x (spring loaded), 100x (spring loaded, oil immersion), with standard field numbers. Eyepieces, pair, Widefield 10x and 16x standard field number, inter-pupillary distance and diopter

adjustment as per international standards. Magnification optics are anti-fungus treated. Illumination: built-in halogen bulb, 6V/20W (2 ea spare provided) and detachable mirror. Condenser, type Abbe, 1.25 N.A., with centering provision, and up and down movement adjustment by rack and pinion, including iris diaphragm operated through lever, and supplied with dark field stop. Colored filters (daylight), blue. Co-axial coarse and fine focusing mechanism with tension control. Power supply: 220-240 V, 50/60 Hz, complete with transformer built in base, detachable cord or fixed cable for adjustment of illumination. With potentiometer. Lamp house sufficiently insulated for low heat output.
Supplied complete with -
1 x cleaning kit (1 brush, 1 non-fraying cloth, 1 non-hazardous cleaning solution, lens tissue paper).
1 x immersion oil, bottle.
2 x eye shades.
1 x pair of tube caps.
2 x spare halogen bulbs.
1 x plastic cover (to protect against dust and changing humidity).
1 x instruction manual in English (French and Spanish available on request).
With power cord plug according to requirements of the receiving country.
Quality in accordance with sample microscope provided to UNICEF for evaluation in January 2005.
All items securely packed to withstand rough handling during transit.

Optional to Item 2
Box for microscope model Vision 2000.
Laminated with Sun-Mica on all sides of wooden planks. Hinges of stainless steel sheet.
With lock and key.

Alternative to Item 2
Biological microscope model CX21BIM-SET5 standard set, comprising -
CX21FS1-3 - microscope frame for transmitted microscopy with binocular tube, a pair of eyepieces 10X (F.N.18), quadruple revolving nosepiece, mechanical stage, abbe condenser, plan objective (4X, 10X, 40X, 100X), 6V20WHAL halogen bulb (2 pcs), blue filter KB-P (LP5146), immersion oil 8cc. UYCP - power cord. COVER-015 - dust cover.
CH20-MM - plano-concave mirror unit (1 pc) - USD 9.00 ea.
CLEANING KIT - lens cleaning kit (1 pc) - USD 26.00 ea.
6V20WHAL - spare halogen bulb 6V 20W (2 pcs) - USD 12.00 ea.
WHC15X - Widefield eyepiece 15X (F.N.12) (2 pcs) - USD 86.00 ea.
Anti-fungus treated. Warranty - one year.
With user's manual in English.

Optional – Alternative to Item 2
Wooden storage case, with lock and key, ref CH20-WB2 - for microscope CX21.

TAB C: Angola Country Proposal

1. Background

USAID and UNICEF agree to enter into this partnership to support malaria programming including commodity procurement, supply and distribution for the President's Malaria Initiative (PMI) and other USAID malaria programs. The agreement will primarily focus on malaria commodities that will support prevention and treatment programs in both PMI focus countries and other USAID-assisted countries. USAID will support UNICEF's procurement, supply and distribution of malaria commodities in accordance with the terms set forth below. The partnership may also become more programmatic and include other types of activities such as monitoring and evaluation, training, capacity building, logistics, behavior change, and information/ education/communication activities. Therefore, other types of malaria interventions may be supported by USAID under this agreement .

1.2 Responsibilities

Under the Malaria Control Partnership, USAID and UNICEF will have distinct responsibilities:

1.1.1 USAID will have the following responsibilities:

- Provide a detailed scope of need, including estimated budget, quantities, and delivery timeline for specific commodities based on the specific USAID country programs;
- Ensure a consultative process at the country level between USAID missions, UNICEF Country Offices and other stakeholders;
- Designate consignees;
- Approve final country budgets, quantities, and delivery schedules;
- Provide camera ready, soft files and written specifications of corresponding USAID branding requirements in a timely manner;
- Confirm host government acceptability of commodities in the event that UNICEF is not the consignee;
- Ensure timely and sufficient obligation of funds;
- Support funding of dedicated UNICEF staff to manage specific USAID related activities (see Section 6).

1.1.2 UNICEF will have the following responsibilities:

- Provide detailed country budgets based on commodity requirements and scope of work within budget parameters provided by USAID;
- Advise USAID on issues such as availability of commodities, timing of deliveries, in-country logistics (e.g. storage, inventory, and stock management) and transportation capacity as specified and budgeted in the country proposal;
- Confirm host government acceptability of commodities in the event UNICEF is the consignee;
- Upon availability of funds, process and manage USAID commodity requirements according to UNICEF Supply Division's procedures, including selecting sources of supply, placing timely and firm orders with suppliers, transferring USAID funds to supplier, provide USAID required markings, arranging shipments, freight transport, insurance; quality assurance and quality control support; supporting documentation on shipment, delivery, and confirmation of receipt; and consignment;
- In the event UNICEF is consignee and as specified and budgeted on a case by case basis in the country proposal, arrange for such services as customs clearance, temporary storage, pre-acceptance quality testing, consignment, in-country logistics, and payment of fees related to any such activities. When UNICEF is not the consignee, specific roles and responsibilities will be reviewed and specified in the country proposal;
- In the event UNICEF is not the consignee, assume responsibility and title for commodities until final consignment in country and ownership is transferred to consignee;
- Liaise with UNICEF country offices, USAID country missions, and other partners, as needed, to facilitate consignments, customs, in-country technical assistance, etc.
- Ensure adequate reporting as specified in Section 9;
- Provide documentation certifying delivery of commodities to designated consignee as and when requested;
- Liaise with designated USAID contractor to facilitate commodity procurement, information, and reporting;
- Ensure that quality assurance/quality control is in place as per UNICEF procedures and provide documentation on malaria commodity manufacturers as and when needed;
- Ensure that USAID funds are used for the designated country as specified in the country proposal, unless otherwise agreed between UNICEF and USAID.

1.2 Labeling and Packaging of Commodities

USAID will provide camera ready, soft files and written specifications of corresponding USAID branding/labeling requirements in a timely manner to UNICEF/SD. The cost of branding/labeling will be factored into the overall cost of the commodity. Specifications for primary, secondary and tertiary packaging (as required) will be provided by USAID in consultation with UNICEF/SD and will designate where and how labels, over packaging, inserts/leaflets or other materials will be printed onto, affixed, or inserted. (At a minimum, to the top and/or front surface of the package).

.

1.3 Shipping and Arrival procedures of commodities:
Given the critical importance of smooth arrival of a shipment, its subsequent clearance through customs and transportation to a national storage facility, the shipping and arrival procedures of the commodities are detailed below.

Specify shipping and arrival procedures

LLIN are produced in Asia and shipped from there, estimated arrival time from port of destination to Luanda, Angola, is 3-4 months. On arrival UNICEF Angola will conduct the port clearance of the shipment, which will take an estimated 2 weeks from date of arrival to entry into the UNICEF Luanda warehouse.

2. Program Description (Country)

Specify program description, commodities to be purchased, context, etc.

UNICEF Angola, through UNICEF Supply Division, will procure 294,200 white rectangular ((H)150X (L)190X (W)180 cm (100 nets per bale)) Long Lasting Insecticide Treated Mosquito Nets (LLINs). The LLINs will be shipped from their point of production to Luanda, Angola by UNICEF Supply Division.

Specify role of UNICEF country office, if any—Missions must discuss procurement with UNICEF country office

On arrival UNICEF Angola will conduct port clearance of the LLIN. UNICEF Angola will house the LLIN in the UNICEF Luanda warehouse prior to transportation to Government municipal warehouses in Huila and Cunene provinces. UNICEF will subsequently support the municipal health authorities in the areas reached to transport the LLIN to health centres from where they will be distributed to end users. To support this distribution process UNICEF will train provincial and municipal health staff in effective procedures for the storage, distribution and management of LLIN and on techniques to ensure end users utilize their LLIN effectively. UNICEF will monitor LLIN distribution and use by the end user.

2.1 Commodity Provision

Provide short introduction below

UNICEF will provide written evidence that the specific products being requested below are acceptable to the recipient country government and conforms to the host country's requirements. The designated consignee will be contacted per the guidelines above.

USAID/PMI will provide information on branding/labeling in Annex 2, as well as any specific written specifications or special instructions.

2.1.1. Specification

Technical Specifications for long lasting insecticide nets (LLITNs)

- Type: rectangular
- Impregnation product: WHOPES approved insecticide formulation
- Impregnation: long lasting ITNs
- Colour: White
- Size: 180 width 190 length 150 height
- 75 denier
- Packed in bales of 100 nets

2.1.2 Quantity

294,200 LLIN

2.1.3 Sea Freight

Estimated freight costs = 108,900 USD
(9 X 40' containers x 11,000 USD per container Haiphong-Luanda) + approx. 10% buffer for insurance and variations

Consignee must be informed well in advance of shipment.

2.1.4 Delivery time

Estimated Arrival Date (Luanda): 3-4 months from placement of order

Standard delivery time (FCA) for white nets: Approx. 30-45 days from placement of Purchase Order
Inspection and freight arrangements – 2 weeks
Shipping time by SEA from Haiphong to Luanda – 7 weeks

2.1.5 Price

Nets (LTA price)
White nets: 4.54 USD per unit + 2.5% Oil surcharge = 4.6535 USD per unit
Total cost 294,200 units: 1,369,059.70 USD

Estimated cost for adding USAID stickers to the bales. *0.6 USD per sticker*
2,942 bales x 0.6 USD = 1,765.20 USD

Estimated cost for branded bag. *0.17 USD per unit*
294,200 nets x 0.17 USD = 50,014 USD

Total cost (including special bag and stickers): 1,420,839 USD

2.1.6 Packaging

Packed in bales of 100 units. Each net in a plastic bag.

The bales are marked with the following information:
- UNICEF Standard markings for transportation (PO number, weight, volume, PGM reference, etc)

2.1.7 Labeling

Sample instructions below:
Primary, secondary and tertiary packaging shall be labeled with the standard USAID logo and the PMI logo.

Costing for both USAID logos on the bales and branded bag – which would provide possibility of adding PMI and USAID logos – is herewith provided for consideration by USAID. We would need confirmation of the required labeling / branding requirements prior to issuance of POs.

2.1.8 Quality Assurance

Standard UNICEF procedures apply

2.1.9 Designated Consignee and Responsibilities

Sample instructions below
UNICEF will be responsible for any quality testing, custom clearance, storage, and distribution of the LLIN and related fees.

Consignee details:
Consignee details
UNICEF Luanda
Angola via Luanda
Sea

3. Other Program Support

Describe any other program support that will be provided by the country office. Activities, results, timing, and indicators

Logistics: On arrival UNICEF Angola will conduct port clearance of the LLIN. UNICEF Angola will house the LLIN in the UNICEF Luanda warehouse prior to transportation to Government municipal warehouses in Huila and Cunene provinces. UNICEF will subsequently support the municipal health authorities in the areas reached to transport the LLIN to health centres from where they will be distributed to end users.

Training: UNICEF will train health personnel and community mobilisers in ANC and health centres on the management and logistics for LLIN distribution, including correct storage, promotion and use of LLINs and monitoring of LLIN distribution and use. Using these training sessions on malaria as an entry point, mobilisers, who are also trained on the delivery of key messages related to prevention of common illnesses will take this opportunity to improve family competencies in the scope of community Integrated Management of Childhood Illness.

4. Budget

To be filled in by UNICEF based on USAID parameters

Scope of Need and Budget for Malaria Activities in Countries in US$										
Country Commodities (as applicable to each country)	a. Cost of Goods	b. Freight, Insurance	c. Program Support Costs (PSC) 7% (d)	d. Subtotal cost commo-dities A+b+c	e. Other in-country support (TA, transport)	f. PSC of other in-country support (e) 7% for LLIN and 7% for training etc...	g. Subtotal other in-country support f+e	h Total Costs a+b+e	i. Total PSC c+f	Total Budget* (d+g)
LLIN (including labeling)	1,420,839	108,900	115,150	1,645,000	454,686.10	31,828.03	486,514.13	1,984,425.10	146,978.03	2,131,514.13
Training, Monitoring and Implementation	0	0	0	0	1,090,360.40	76,325.23	1,166,685.63	1,090,360.40	76,325.23	1,166,685.63
Total	1,420,839	108,900	115,150	1,645,000	1,545,047	108,153	1,653,200	3,074,786	223,303	3,298,200

5. Reporting requirements

a) Progress Report: annual report detailing status of in-country activities when UNICEF country office is the consignee and providing other programmatic or logistics support;

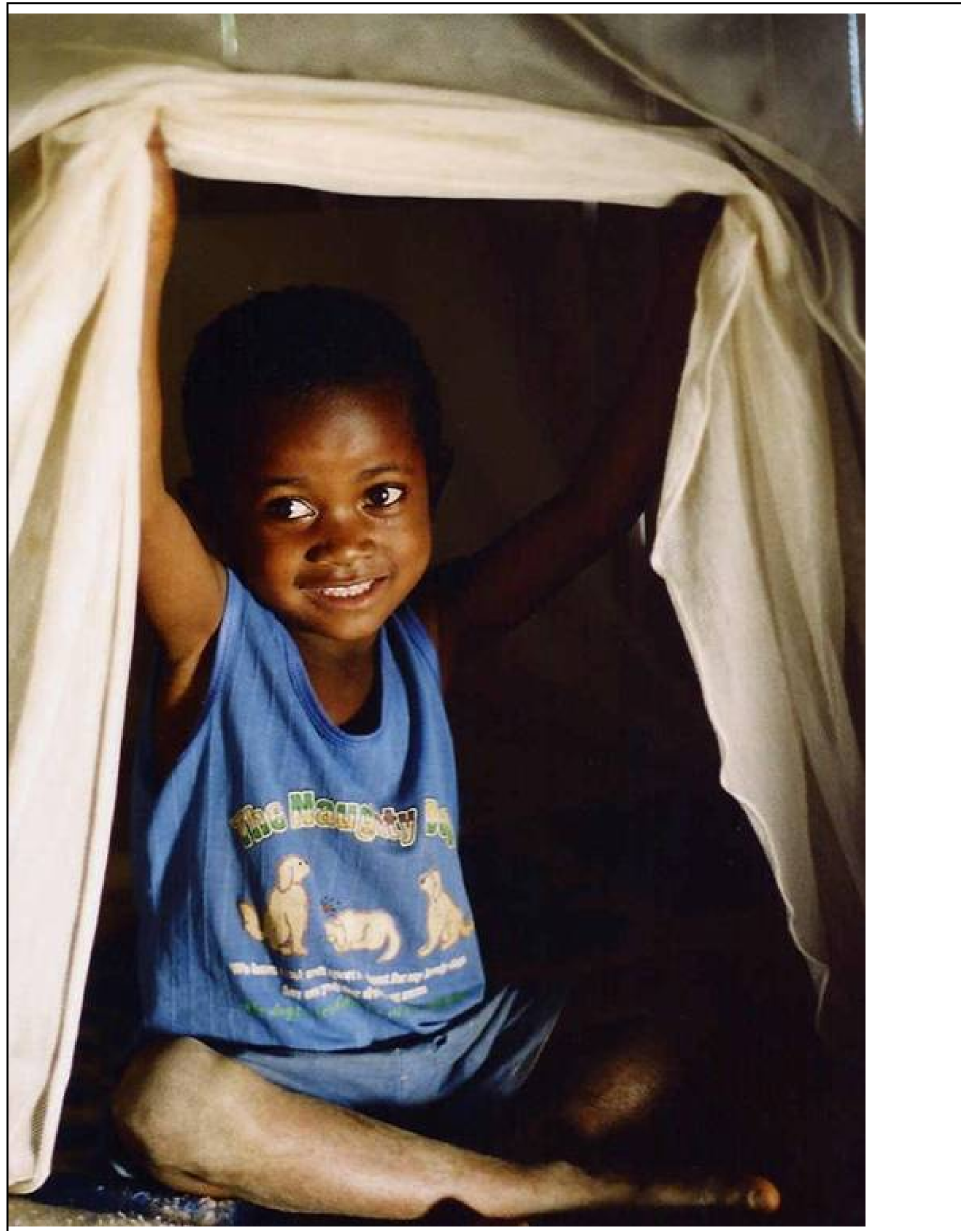
b) Financial Activity Report: annual report detailing status of obligations, expenditures, and remaining balance of USAID funds to be submitted to USAID annually one year after the signing of the agreement;

c) Shipment History Report: annual report detailing status of commodity shipments. Fields may include inter alia country recipient, procurement status, commodity, quantities, freight mode, shipping date, receipt date.

Tab D: Madagascar Country Proposal

Annex 1 - Madagascar Country Proposal

PROPOSED USE OF US RED CROSS AND MALARIA NO MORE FUNDS



Background

Malaria is a major public health issue in Madagascar. It is the second largest cause for morbidity in health centers, after Acute Respiratory Infection (ARI). Malaria diagnosis is still based on clinical data, and an average of over one million presumed cases are reported annually by health facilities. In 2005, 1,054,223 presumed cases were reported, i.e. about 16% of total consultations in health facilities. According to available official data, about 6 million cases are reported every year by health facilities and community network. Although malaria related mortality data are not available, it is considered to be the primary cause for mortality in some areas, particularly among children and pregnant women.

Due to its frequency and severity, the cost borne by the country is estimated to be more than $ 52 million per year (in terms of productivity days, school absenteeism, cost of treatment and funerals…)

1. Malaria epidemiological profiles in Madagascar

Malaria is endemic and stable in coastal lowlands, and instable in central highlands and semi desert in the South of the country that remain prone to epidemics. Malaria distribution in Madagascar is heterogeneous due to regional variations in terms of rainfall, temperatures, and altitudes. Transmission reaches a peak after the rainy season (December through April). Overall, four different epidemiological profiles are clearly defined based on the duration and intensity of transmission, including:

- Equatorial profile in the east coast, marked by a strong and perennial transmission. Major vectors include *Anopheles gambiae ss* and *Anopheles funestus*;

- Tropical profile in the west coast, marked by seasonal transmission of more than 6 months. Major vectors include *Anopheles gambiae*, *Anopheles arabiensis*, and *Anopheles funestus*;

- Sub desert profile in the South where transmission is episodic and short, taking epidemic turns. Vectors include *Anopheles gambiae*, *Anopheles arabiensis*, and *Anopheles funestus*;

- Highlands profile where malaria is epidemic. Vectors include *Anopheles arabiensis* and *Anopheles funestus*, particularly related to rice growing.

The four plasmodial species are present, with a prevalence of *Plasmodium falciparum* (more than 90% of malaria infections recorded in the country). The other 3 species – *Vivax*, *Ovalae*, and *Malariae* are available in proportions ranging from 2.6% to 4%. A new strategic plan for 2007-2012 aiming to eliminate malaria was drafted and validated in July 2007, with partners' support.

2. Major results expected of the strategic plan 2007-2012

The major results expected at the end of 2012 include:

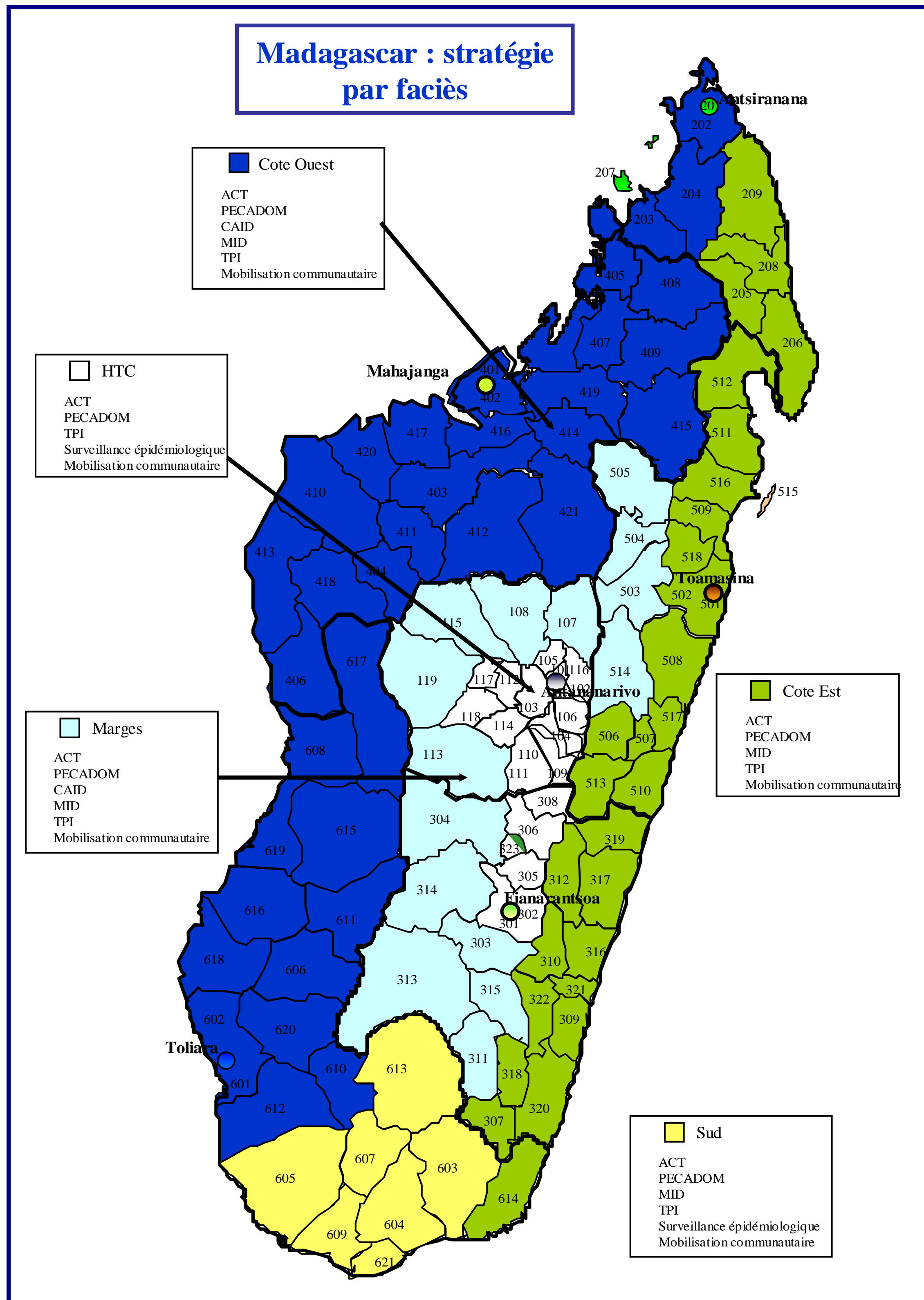
- Malaria related mortality and morbidity are reduced by 75% and 90%, respectively;
- 85% of patients are correctly managed in health facilities, and 80% at community level;
- 85% of pregnant women and children under 5 sleep under long-lasting insecticide treated nets (LLITN);
- 100% of pregnant women have been given 2 supervised doses of SP in antenatal consultations (ANC);
- 90% of people living in central highlands and west coast are protected by IRS.

3. Strategic Plan 2007-2012 implementation strategies

Adopted strategies are those recommended at global level and include the following:

- Case management based on a biological diagnosis, using treatment with ACT or quinine, as the case may be (simple or severe), at the health system level, and revitalization of management at community level;
- Malaria prevention by promoting the use of long lasting insecticide treated nets (LLITN), Intermittent Preventive Treatment (IPT) with Sulfadoxine-Pyrimethamine (SP) during pregnancy and Indoor residual spraying campaigns (IRS);
- Epidemiological surveillance and response to epidemics, especially in the highlands and sub desert South;
- Information, Education, and Communication (IEC) to ensure change of behavior towards malaria;
- Increasing coordination by applying the “three Ones” principles: 1 strategic plan, 1 coordinating system, and 1 monitoring evaluation system.

Figure 1: Epidemiological profile-based intervention mapping



4. Objectives of USG financial contributions

GOM, in collaboration with its partners, holds a Mother and Child Health Week on a biannual basis during which a high impact package of services are provided to the people, especially for those that do not have adequate access to regular programs. In October 2007, more than 1.5 million LLITNs will be freely distributed to children under 5, including 601,800 provided by the Canadian Red Cross (491,000 LLITNs) and the NGO Malaria No More (MNM)(110,000 LLITNs). A total amount of $ 580,000 will be allocated to UNICEF/M for the logistics of the 601,800 LLITNs. These $ 580,000 are from USAID and MNM in the amounts of $ 415,000 and $ 165,000 respectively. More specifically, the funds allocated to UNICEF in the total amount of $ 580,000 will help:

1. Meet port dues
2. Meet the transportation cost of LLTINs from the Toamasina port up to the 26 health districts, and from these health districts up to the distribution sites
3. Meet warehousing fees at the various stages

OBJECTIVES OF THE MOTHER AND CHILD HEALTH WEEK

The campaign's objective is to provide a long-lasting insecticide treated net to all (100%) children under 5.

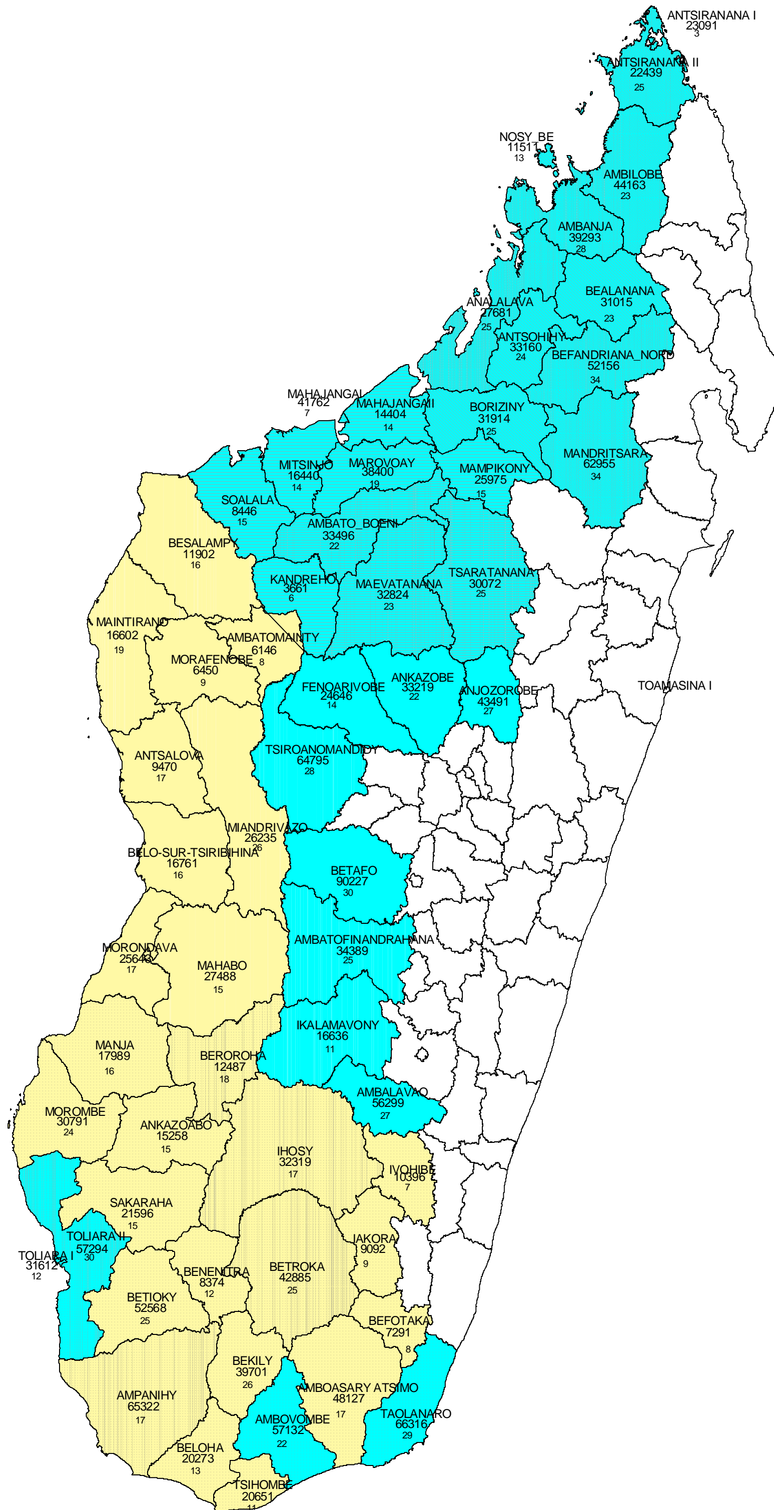
TARGET AREAS AND BENEFICIARY POPULATIONS

During the Mother and Child Health Week in October 2007, 59 districts will be targeted by insecticide treated net distribution. The 601,800 LLITNs from the Canadian Red Cross and Malaria No More will be distributed in 26 districts covering a total population of 2,218,397 including 443,775 children under 5, i.e. 20% of population in target districts (see map next page). The other 33 districts will be covered by CRESAN with LLTINs procured under Global Fund Round 4.

DISTRIBUTION STRATEGIES

Given the inadequacies in managing the target populations for the several interventions at country level, it has been decided to provide for a 15% margin to make up a safety stock and ensure an appropriate distribution of LLITNs to the target populations. 510,341 LLITNs will, therefore, be distributed in the 26 targeted districts. For the distribution of the 91,459 remaining LLITNs, it will be done on the basis of an exchange in accordance with a Memo from the ministry of health, family planning and social welfare attached to this document.

Mapping of LLITN distribution per donor



FUND MANAGEMENT

These funds will be managed per UNICEF rules and procedures. For transportation from the port up to the level of districts, an invitation to bid open to the participation of eligible carriers will be floated and advertised in local newspapers. One or more carriers will be selected on the basis of preset criteria. The carrier will be paid after submission of a delivery bill duly signed by the district's inspecting doctor. Transportation from districts to immunization sites will be provided on the basis of micro planning results. A request will be sent to UNICEF, along with a comprehensive budget. Funds will be transferred to the account of the district that will implement the activity. The district will produce supporting documents and a narrative within 3 months. UNICEF will submit a report on these contributions within the prescribed period.

BUDGET

Madagascar

Budget for the distribution of LLITN
MNM

No.	Items	Cost in US$
1	Port dues, customs clearance, and forwarding	35,275
2	Warehousing, unpacking, and security	12,865
3	Escorting fees	6,225
4	Transportation up to the 29 SSDs	83,415
5	Tools management and production	12,450
6	Micro planning duties	6,225
7	Training in Antananarivo	4,150
8	Training duties	12,450
9	Coordination and supervision (pre-campaign and per campaign)	4,000
10	ELM budget (Malaria Logistics Team)	5,395
11	Budgetary allocations for districts for intra district distribution	161,850
	Sub Total	344,300
	Contingencies	41,500
	UNICEF fees	29,050
	TOTAL BUDGET	415,000

Tab E: Malawi Country Proposal

I. CONTEXT

PLEASE LOOK IN THE COUNTRY SPECIFIC PROPS!!!

II. Scope of Work

Malawi SOW to be added.

III. BUDGET

Estimated Budget: $4,318,800

Size	Shape	Dimensions	Quantity	Texture type	Color

Consignee

Branding

Distribution Strategies

Tab F: Liberia Country Proposal

I. CONTEXT

The Mission has had two meetings with UNICEF and held consultations with the National Malaria Control Program of the Ministry of Health and Social Welfare, and is in basic agreement with the technical specs for the LLINs as summarized in the chart below.

Size	Shape	Dimensions	Quantity	Texture type	Color
X-Large	Rectangle	190x180x150cm	54,600	Polyester	White
Large	Rectangle	160x180x150	78,400	Polyester	White
Circular	Circular	1250x65x250	7,000	Polyester	White

The nets should be Permanets (long lasting insecticide treated with Deltamethrin 75/100 Deniers) with straps or hooks for hanging. All of them should be white.

Budget: $1,050,000

Consignee: National Malaria Control Program (Ministry of Health and Social Welfare)

Branding: as per USAID policies.

The health team at USAID agreed that distribution will be as per the directives and guidelines of the NMCP. This ensures enough flexibility for the USAID partners to have access to the nets for their programs as well.

Annex 1--Country Proposal Template

1. Background

UNICEF agrees to enter into this partnership to support malaria programming including commodity procurement for the President's Malaria Initiative (PMI) and other USAID malaria programs. The agreement will primarily focus on malaria commodities that will support prevention and treatment programs in both PMI focus countries and other USAID-assisted countries. UNICEF will act as a procurement agent for malaria commodities on behalf of USAID in accordance with the terms set forth below. The partnership may also become more programmatic and include other types of activities such as monitoring and evaluation, training, capacity building, logistics, behavior change, and information/ education/communication activities. Therefore, other types of malaria interventions may be authorized and funded by USAID under this agreement .

1.1 Responsibilities

Under the Malaria Control Partnership, USAID and UNICEF will have distinct responsibilities:

1.1.1 USAID will have the following responsibilities:

- Provide a detailed scope of need, including estimated budget, , quantities and delivery timeline for specific commodity orders based on the specific USAID country programs;
- Ensure a consultative process at the country level between USAID missions, UNICEF Country Offices and other stakeholders;
- Designate consignees;
- Approve final country budgets, quantities, and delivery schedules;
- Provide camera ready, soft files and written specifications of corresponding USAID branding requirements in a timely manner;
- Confirm host government acceptability of commodities in the event that UNICEF is not the consignee;
- Ensure timely and sufficient obligation of funds;
- Support funding of dedicated UNICEF staff to manage specific USAID related commodity orders and activities (see Section 6)

1.1.2 UNICEF will have the following responsibilities:

- Provide detailed country budgets based on commodity orders and scope of work within budget parameters provided by USAID
- Advise USAID on issues such as availability of commodities, timing of deliveries, in-country logistics (e.g. storage, inventory, and stock management) and transportation capacity as specified and budgeted in the country proposal;
- Confirm host government acceptability of commodities in the event UNICEF is the consignee
- Upon availability of funds, process and manage USAID commodity orders according to UNICEF Supply Division's procedures, including selecting sources of supply, placing timely and firm orders with suppliers, transferring USAID funds to supplier, provide USAID required markings, arranging shipments, freight transport, insurance; quality assurance and quality control support; supporting documentation on shipment, delivery, and confirmation of receipt; and consignment.
- In the event UNICEF is consignee and as specified and budgeted on a case by case basis in the country proposal, arrange for such services as customs clearance, temporary storage, pre-acceptance quality testing, consignment, in-country logistics, and payment of fees related to any such activities. When UNICEF is not the consignee, specific roles and responsibilities will be reviewed and specified in the country proposal.
- In the event UNICEF is not the consignee, assume responsibility and title for commodities until final consignment in country and ownership is transferred to consignee.
- Liaise with UNICEF country offices, USAID country missions , and other partners, as needed, to facilitate consignments, customs, in-country technical assistance, etc.
- Ensure adequate reporting as specified in Section 9.
- Provide documentation certifying delivery of commodities to designated consignee as and when requested.

- Liaise with designated USAID contractor to facilitate commodity procurement, information, and reporting
- Ensure that quality assurance/quality control is in place as per UNICEF procedures and provide documentation on malaria commodity manufacturers as and when needed;
- Ensure that USAID funds are used for the designated country as specified in the country proposal, unless otherwise agreed between UNICEF and USAID.

1.2 Labeling and Packaging of Commodities
Labeling and packaging will be done in accordance to UNICEF standard procedures and practices as applicable for each specific commodity and as specified in UNICEF Purchase Orders contractual terms and conditions.

In the event of any specific requirement, USAID will provide camera ready, soft files and written specifications of corresponding USAID branding/labeling requirements in a timely manner to UNICEF/SD. The cost of branding/labeling will be factored into the overall cost of the commodity. The impact of any such labeling/packaging on costs and delivery leadtimes will be reflected in the Programme description (Clause 2).

1.3 Shipping and Arrival procedures of commodities:
The shipment of commodities will be done in accordance to UNICEF standard procedures as implemented through UNICEF Global Freight Forwarding agreement and as specified in UNICEF Purchase Orders contractual terms and conditions.

Any specific requirement as may be applicable for specific commodities will be reflected in the Program Description (Clause 2)

2. Program Description (Country)

2.1. Specification:

Technical Specifications for long lasting insecticide nets (LLITNs)

- Material: Polyester
- Impregnation product: WHOPES approved insecticide formulation
- Impregnation: long lasting ITNs
- Colour: white
- 75 denier

2.2 Quantity:

Shape	Dimensions	Quantity	Texture type	Color
Rectangular	H150cmx190Lx180W	54,600	Polyester	White
Rectangular	H150cmx180Lx160W	78,400	Polyester	White
Conical	1250x65x250 (CxRxH)	7,000	Polyester	White

2.1.3 Freight

Estimated freight costs by SEA = 49,500 USD
(5 X 40' containers x 9,000 USD per container) + approx. 10% buffer for insurance and variations

2.4 Delivery time
Estimated Arrival Date (Blantyre): Approx. 4 months from placement of order

Standard delivery time (FCA) for white nets: 60 days from placement of Purchase Order
Inspection and freight arrangements – 2 weeks
Shipping time by SEA from Haiphong to Monrovia – 7 weeks

2.5 Price

Shape	Dimensions	Quantity	Nets per bale	Color	LTA Price + Oil surcharge	Cost of USAID stickers (0.6 USD each)	Total cost (Price + stickers)
Rectangular	H150cmx190Lx180W	54,600	100	White	4.6535 USD	327.6	254,408.7
Rectangular	H150cmx180Lx160W	78,400	100	White	4.264 USD	470.4	334,768
Conical	1250x65x250 (CxRxH)	7,000	50	White	7.38 USD	84	51,744

2.6 Packaging

Packed in bales of 50/100 units. Each net in a plastic bag.

The bales are marked with the following information:
- the consignee address as indicated in 2.1.9
- the bale number
- the quantity of nets in the bale
- a description of the contents "Insecticide treated mosquito nets – white colour"
- UNICEF Standard markings for transportation (PO number, weight, volume, PGM reference, etc)

2.7 Labeling
Tertiary packaging shall be labeled with the standard USAID logo .

2.8 Quality Assurance
Standard UNICEF procedures apply

2.9 Designated Consignee and Responsibilities
The consignee will be responsible for any quality testing, custom clearance, storage, and distribution of the **commodity XXXX** and related fees.

Consignee details. Specify consignee for the proposal

3. Other Program Support

Describe any other program support that will be provided by the country office. Activities, results, timing, and indicators

4. Budget

To be filled in by UNICEF based on USAID parameters

Scope of Need and Budget for Malaria Activities in Countries in US$										
Country Commodities	a. Cost of Goods	b. Freight, Insurance	c. Program Support Costs (PSC) 7% (a+b)	d. Subtotal cost commo-dities A+b+c	e. Other in-country support: TA, transport	f. PSC of other in-country support %(d)	g. Subtotal other in-country support d+e	h Total Costs a+b+e	i. Total PSC c+f	Total Budget (d+g)
LLINs	640,920.7	49,500	51,967.16	742,388						
Total										

5. Reporting requirements

1. Certificate of receipt of goods: documentation certifying delivery of commodities to consignee to be submitted to USAID as and when needed ;
2. Financial Activity Report: quarterly report detailing status of obligations, expenditures, and remaining balance of USAID funds; by country;
3. Shipment History Report: quarterly report detailing status of commodity shipments by country. Fields may include inter alia country recipient, procurement status, commodity, quantities, freight mode, shipping date, receipt date.
4. Progress Report: quarterly report detailing status of in-country activities when UNICEF country office is the consignee and providing other programmatic or logistics support.

Tab G: DR Congo Country Proposal

SUPPORT TO POLIO ERADICATION AND MALARIA CONTROL ACTIVITIES IN THE DR CONGO
Prepared by UNICEF DR Congo
April 2007

I. CONTEXT

General

Democratic Republic of Congo has one of the highest under-five mortality rates in the world with 213 deaths per 1,000 livebirths among 13 million children under-five. This is an increase from 190 per 1,000 live-births in 1995, clearly illustrating deterioration in the health situation of the population of DR Congo. The total child deaths per year was estimated at 484,000, ranking 5th in the world[1], and the current figure should be even higher. Less than 30% of the population has access to basic health services and preventable or easily treated diseases remain the main killers of Congolese children and women with malaria, measles, diarrhea, respiratory infections and malnutrition responsible for the significant majority of deaths. Malnutrition rates in children are among the highest in sub-Saharan Africa and have showed no significant improvement between 1995 and 2001; currently 40% (5.2 million) of children 0-59 months old are chronically malnourished, and more than 15% are severely malnourished.

The poor health infrastructure that resulted from the war has had its toll on the population as well. An estimated 3.8 million Congolese have lost their lives due to the conflict by having little or no access to basic life saving services such as health care, vaccinations and potable water.
The magnitude of the country and the catastrophic situation of children's state of health urgently call the international community to respond rapidly in accelerating the reduction of these preventable deaths. After decades of state and external looting of national resources, wars with its toll of physical violence, displacement, insecurity and loss of income, have pushed Congolese households over the brink. Vulnerability has increased in all senses of the word, especially in the health conditions where common preventable and treatable conditions are resulting in thousands of infant deaths per year.

Between December 2000 and February 2006, the DRC remain polio free despite internal and external risk factors. Wild polio virus has now been re-introduced and is circulating within the provinces. The situation remains critical and needs to be addressed urgently. Health sector wise, the country is subdivided into 11 provinces headed by a public health officer called Provincial Inspector. Each province has a vaccination coordination unit headed usually by a public health specialist. The provinces are subdivided into 36 sub-offices called ' antennas ' in charge of an average 10-20 health zones. Vaccination activities are carried out mainly through static services. There are a total of 515 health zones in the country. Outreach activities are now being progressively planned and implemented.

Following 5 years of civil unrest that divided the country and involved 8 foreign armies, The Sun City accords were signed in 2002 and permitted the onset of the transition period. Due to the

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[1] The Lancet, Child Survival Series, Vol 36, June 28, 2003, p.2226
Project proposal submitted to USAID for funding polio and ITNs, March 2007

transition process humanitarian access increased and economic activity picked up in the second half of 2003. However, the speedy recovery hoped for at the beginning remained limited as insecurity persisted in certain parts of the east and political commitment from the 1+4 government remained low. With the successful holding of presidential and parliamentary elections, and the installation of a democratically elected government, one can only be optimistic for a brighter future for Congolese children and women.

Overview of Immunization activities

Since 2000 routine vaccination is registering an improvement due mainly to an active coordinating committee, the implementation of several revitalization initiatives undertaken by various partners. The minimum package of the revitalization defined during the national consultation include the reinforcement of the cold chain, the improvement of the vaccine management which has always been a big problem, the training of health zone teams and staff, in organizing and monitoring immunization activities. The routine vaccination programme was re-structured in terms of staffing at central and peripheral levels. This translated into an improvement in the organization of immunization services and performance indicators in all provinces. The introduction of the RED strategy, the organization of local vaccination days and the existence of a strong ICC are other factors that favored this improvement. The resources mobilized for the routine vaccination remain relatively low. Until now vaccines have been entirely funded but other support activities such as transport, supervision, training, maintenance of equipment are not adequately covered. Funds from the Global Alliance for Vaccines and Immunization (GAVI) are only partially covering these aspects. The tuberculosis vaccination coverage has risen from 45% in 1999 to 87% in December 2006, the proportion of children receiving three doses of the combined Diphtheria, Pertussis and Tetanus vaccine (DPT3) from 31% to 76%, polio3 from 33% to 77%, Measles from 22% to 72% and Tetanus toxoid for pregnant women from 28% to 72%.

Despite this global improvement, important discrepancies do exist within provinces and health zones. The South Kivu, Orientale, Equateur and Maniema provinces still present with the lowest coverage rates. Yellow fever vaccine was introduced in 2003 and Hepatitis B vaccine in its combined tetravalent form with DPT has been introduced since January 2007. The country now disposes of the financial sustainability plan for EPI and a comprehensive multi year plan has just been finalized. It is evident from both plans and the actual state of affairs that the country will still have to depend on external support for a couple of years.

Measles is amongst the major causes of childhood deaths in the DRC. Recent studies by the International Rescue Committee (IRC) suggest that in the eastern DRC, measles is responsible for 3 – 18% of under-five deaths. To impact the alarmingly high mortality rate of children under five and to reduce the frequent outbreaks of measles occurring each year, the government of the DRC and its partners adopted national measles campaign using a province wide approach. A five-year plan was developed in 2002 and is under implementation with close to 30 million children have benefited. The DRC developed a 5 year maternal and neonatal elimination plan in 2003 and implementation has been under way since 2004 but with severe funding and programmatic difficulties.

In 2004, using a multi antigen approach, 6 health zones vaccinated more than 145,000 women of child bearing age, but funding was difficult to obtain for the organization of the 3rd round using a campaign strategy. Local vaccination days were organized in only 3 of these zones reaching only 45,241 women for the 3rd dose representing less than 48% of the original target. The revised plan suggested that 31 health zones (500,000 WCBA) be targeted during 2005 using again the multi antigen approach (in an effort to curb operational costs). With only limited

funding available (exclusively US Fund for UNICEF contribution), the government and partners revised the plan and suggested that 10 highest risk health zones in the Equateur and Orientale provinces be targeted. More that 97% of eligible women of child bearing age were reached during each of the 2 rounds.

After more than 5 years of polio free status, 20 cases of Wild Poliovirus (WPV) have been isolated in 4 provinces in 2006 (13) and 2007 (7). This indicates the fragility of the polio eradication initiative. Sub national polio campaigns have been organized since June 2006 reaching more then 5.7 million children with at least 3 doses of monovalent OPV. Polio surveillance indicators remain at acceptable and certification standards. Since 1998 quality national and sub national immunization days have been implemented uninterruptedly each year reaching an average of 90% of the targeted children. As a key strategy of the EPI programme, social mobilization continues to retain full attention of programme managers and is being reinforced. At national level, the communication plan for EPI is fully integrated into the yearly macro plan. An integrated plan has been developed for each of the UNICEF supported provinces, 8 in total. These multidisciplinary plans were drawn involving key stakeholders such as religious leaders, traditional groups, and community based associations active in the field of communication.

Overview of malaria control activities

Malaria remains the leading cause of childhood morbidity and mortality in the DRC. About 200,000 deaths are attributed to malaria each year, the majority involving children under five. On average, a Congolese child under-5 child experiences 7 episodes of fever per year due to malaria, and three out of every 10 hospital beds are occupied by malaria patients.

Curative response has been treated by the sulphadoxine pyrimethamine drug which now shows high levels of anti-corps resistance. The country has adopted combination therapy for first line treatment of malaria but coverage remains extremely low. Sleeping under ITNs is currently one of the most effective strategies to prevent children and pregnant women from obtaining malaria. UNICEF has been distributing free ITNs to a limited number of pregnant women and under five children in selected health zones from 2003-2005, but the small quantities distributed does not have enough impact in preventing malaria in a given community. In 2006, UNICEF together with other partners implemented an innovative strategy that integrated the distribution of ITNs with measles campaigns, deworming and vitamin A supplementation. This pilot project, implemented in only one province has proven to be very effective in increasing ITNs coverage at reduced logistical and operational costs, an effect from the “pigging-backing”. Ideally, it would be very effective to cover at least 60% of all children under five and pregnant women, but current lack of sufficient funding and supply production capability do not allow
managing more ITNs.

II. KEY ACHIEVEMENTS IN 2006

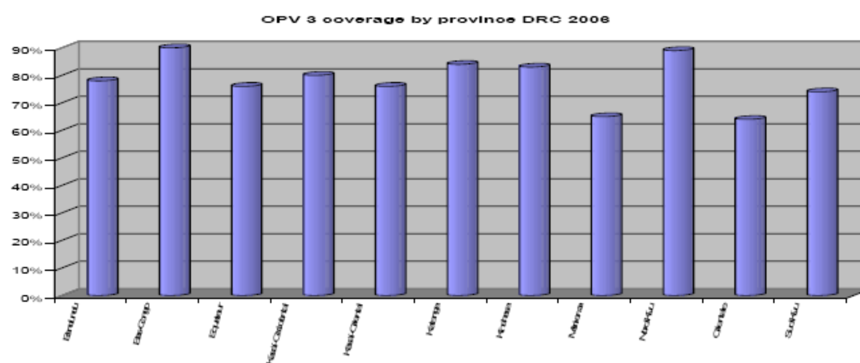
3.1 Routine Immunization

Results obtained

Table A: Children vaccinated and coverage rates DRC, January to December 2006

	ANTIGENS					
	BCG	DPT3	OPV3	Measles	Yellow fever	TT2+
Target Pop. (at birth)	2,744,364					2,744,364
Target pop. (Survivals)		2,349,458	2,349,458	2,349,458	2,349,458	
Vaccinated	2,385,199 (86.9%)	1,848,392 (77.2%)	1,865,796 (77.9%)	1,748,003 (73%)	1,765,740 (73.7%)	2,011,465 (73.3%)

Graph 1: Proportion of children receiving 3 doses of Oral Polio vaccine by province, DRC 2006



With the exception of the Bas Congo, Katanga, Kinshasa and North Kivu provinces, routine coverage rates for OPV3 remain below 80%.

Major Results obtained

Table B: Sub national Immunization days in 2006

SIA (All NIDs, SNIDs, Mop-ups rounds)	Dates of Rounds	Target Population	National reported coverage (%)	% of districts with reported coverage <90%	Vitamin A Supplement (Yes/No)	Target Population for Vitamin A	% Coverage for Vitamin A
Mop up R1	09/06/06 11/06/06	1,639,053	97	17	NO		
Mop up R2	14/07/06 16/07/06	5,755,686	99	6	NO		
Mop up R3	18/08/06 20/08/06	5,755,686	101	5	NO		
Mop up R4	22/09/06 24/09/06	4,116,633	101	7	NO		
Mop up R5	08/11/06 12/11/06	1,860,202	95	27	YES	1,948,928	96
Mop up R6	12/12/06 16/12/06	1,698,721	103	5	YES	472,829	102

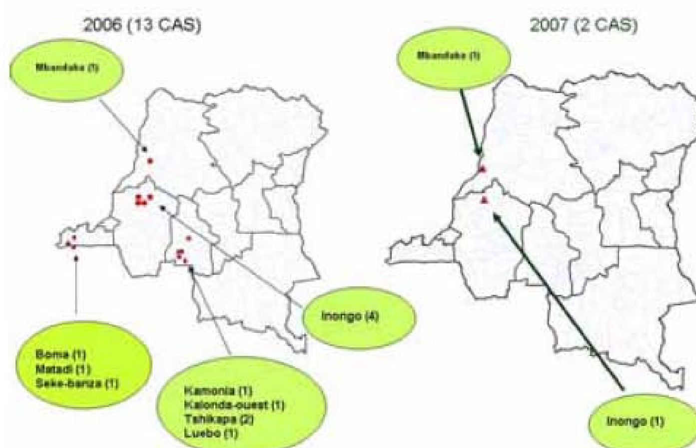
3.2 Large scale distribution of ITNs, the experience of the Bas Congo province

Measles		VAS		DW		OPV		ITN	
Target	Coverage	Target	Coverage	Target	Coverage	Target	Coverage	Target	Coverage
1,286,990	96.84%	472,829	101.56%	419,671	97.76%	528,785	101.73%	307,758	97.58%

III. PROJECT PLAN 2007

Justification:

- ✓ Wild Polio Virus re introduced in 04 of the 11 provinces with local transmission since 2006
- ✓ 13 cases isolated in 2006, 7 in 2007 bringing to 20 the total number of polio cases in the last 1 year (the map below only gives 15 cases. The 5 other cases are all from the South Equateur and Inongo areas)



Map Nº 1: Health Zones with WPV in 2006 and 2007

With the notification in December 2006 of new cases in the Bandundu province (until now not affected), 3 rounds of campaigns have been scheduled from February through April. Funding carried forward on the USAID FY 2006 grant will be used to cover for part operational costs especially communication activities, supply distribution and transport and to reinforce monitoring and evaluation activities. As the polio outbreak spreads through the country, the best way to check extension would be to organize nation wide polio campaigns in at least 2 rounds targeting some 13 million children.

In a context like that of the DRC, where mortality rates remain high, and where common preventable childhood diseases continue to be the major causes of mortality, there is absolute need to implement packages of high impact interventions at scale to have quick impact. With malaria still amongst the major causes of childhood mortality in the DRC in general and the South Kivu province in particular, and considering the proven benefits of large scale distribution and use of insecticide-treated bed nets on infant mortality reduction, ITNs will be distributed to at least 60% of children under-five to protect them from malaria in the South Kivu province. The South Kivu province has been retained for this large scale free distribution for the following reasons:

The province is retained for follow up measles campaigns in 2007; this will facilitate the piggy backing that would reduce distribution and operational costs

There is the possibility of complementing with other partners to ensure highest coverage and hence highest provincial impact on morbidity and mortality.

High incidence of malaria compared to other retained (for measles vaccination) provinces

The presence of a UNICEF office in the province that would facilitate monitoring, evaluation and documentation UNICEF intends to continue the documentation in detail of this wide scale distribution of ITNs coupled with measles campaigns, deworming and vitamin A supplementation to be able to use the experience in other provinces and hence really open the way to accelerating the reduction of childhood mortality rate in the DRC. Important elements would include the logistic constraints, social mobilization and community participation.

Project objectives

Contribute to the interruption of wild polio virus transmission through the organization mass polio campaigns nationwide

Contribute to the reduction of infant mortality rates through the distribution of long lasting insecticide treated bednets in selected health zones

Specific Objectives

Administer monovalent OPV to 13 million children aged 0 to 59 months in 2 rounds of NID

Distribute 500,000 ITNs to children in the South Kivu province to ensure more than 60% coverage of households with ITNs

Strategies

Door to door vaccination

ITNs will be distributed using fixed sites and combined with the mass measles vaccination campaign scheduled for the whole province

Activities

Micro Planning

All health zones concerned will perform a detailed micro planning exercise involving local leaders, partners and political and administrative authorities. Data collection tool will be produced and distributed to ensure proper collection of data as well as supervision.

Training

One day training sessions will be organized for all personnel involved (health workers, volunteers and social mobilizers). The sessions will review vaccination techniques and strategies especially on how to reach the hard-to reach areas and specific groups and the mapping of vaccination sites.

Community workers will be trained on sensitization techniques and use of ITNs by families

Distribution strategies

The door to door strategy will be used and each team selected from the community will be composed of two persons and estimated to vaccinate 100 children per day in rural areas and 200 per day in urban areas.

ITNs will be distributed in combination with the measles campaign and the fixed strategy will be used. Every child aged less than 5 years vaccinated will receive an ITN.

Supply distribution

Based on the detailed distribution plan that will be elaborated during the micro planning workshops, supplies will be distributed using the most appropriate means depending on the area. With poor road infrastructure in the DRC, air transport is usually privileged. The recruitment of logistic officers is foreseen to assist in supply distribution and handling.

Reinforcing the Cold chain

Cold chain capacity remains extremely weak in the DRC and the effective implementation of polio campaigns requires strengthening or maintenance of the existing cold chain. New equipment will be procured and maintenance and effective functioning ensure for some of the existing equipment.

Supervision, Monitoring and evaluation

An essential element to ensure high coverage rates, supervision will be reinforced at all levels. Emphasis will be laid on the mapping of the immunization areas, the compliance with the cold chain directives and the completion of tally sheets and immunization records. Communication activities will also be closely monitored to evaluate impact and to take corrective measures in case of refusals or resistance. A supervisor will monitor on average 10 teams in urban areas and 5 in rural areas.

As suggested by the polio TAG, independent monitors will be deplored to all health zones involved. A one day training session will be held for all independent monitors selected preferable amongst members of Rotary. They will perform rapid evaluations to ensure that corrective measures are taken between rounds but also validate administrative results.

Pre and post campaign surveys will be conducted to measure the level of availability and use of bed nets.

Communication

All three communication strategies will be used as detailed in the communication plan. Emphasis will be laid on getting local leaders to adhere to the campaigns, through the use of advocacy, the use of local radio stations and community relays to provide timely and adequate information to the families on the strategy used and on the immunization sites. Identification jackets will be produced on a large scale for staff involved. During each campaign an official launch will be organized to be presided over by the Minister of Health and attended by members of the ICC and other major donors present in the DRC. This usually provides a major source of mobilization of the local communities. Each province, health district or health zone organizes a launching presided over by the local administrative authority.

Specific communication strategies will be developed prior to and after distribution to ensure proper use of bet nets

Partnership and Coordination:

Success of campaigns in the DRC has been based on the strong inter agency coordination presided over by the Minister of Health and attended by major partners such as UNICEF, WHO,

USAID and ROTARY. These efforts will be maintained at all levels through the revitalization of these committees at all levels and ensure that regular meetings are held.

Partnerships will be developed and strengthened with international and local NGOs to ensure appropriate implementation.

The national malaria programme will be involved from the planning stages.

Other partners will be mobilized for ITNs, in particular the USAID financed project AXxes, Pooled Fund and CERF funded bed nets.

IV. FUNDING REQUESTED

UNICEF DRC is requesting a total of 3.5 million USD to support polio eradication activities in the DRC (1.5 million) large scale distribution of ITNs (2 million for the procurement of 300,000 ITNs).

Item	Amount
Human Resources	$300,000.00
Cold chain	$80,000.00
Micro planning	$125,000.00
Training	$75,000.00
Supervision, Monitoring & evaluations	$90,000.00
Transport and Logistics	$300,000.00
Communication and Social Mobilization	$150,000.00
ITNs	$2,000,000.00
Sub total	$3,120,000.00
UNICEF CO support costs	$151,028.00
Total costs	$3,271,028.00
UNICEF HQ Recovery costs (7%)	$228,972.00
Total budget requested	$3,500,000.00