



## PROGRAM PARTNERSHIP AGREEMENT

### SECTION 1. Purpose.

This Program Partnership Agreement (“Partnership Agreement”) is made by and between The END Fund, Inc., a Delaware nonprofit corporation that is described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the “Code”), and which is organized to combat the most prevalent Neglected Tropical Diseases (“NTDs”) (the “END Fund”), AND the Principal Implementing Organization (“Implementing Organization”) identified in Block 2 of the program details chart set forth below (the “Program Summary Chart”). The END Fund and the Implementing Organization shall each be referred to herein as a “Party” and shall collectively be referred to herein as the “Parties.”

### SECTION 2. Program Summary.

Pursuant to the terms and conditions set forth in this Partnership Agreement, the END Fund shall provide funding to the Implementing Organization and the Implementing Organization shall accept funding to implement a program of limited duration (the “Program”), which is described in Block 1 through Block 17 of the Program Summary Chart and in Section 3 of this Partnership Agreement.

<b>Program Summary Chart</b>		
1. Country: Angola		
2. Implementing Organization’s Name: The MENTOR Initiative		
2A. Implementing Organization’s Full Address: The Pinnacle, Central Court, Station Way, Crawley, West Sussex. RH10 1JH. UK		
3. 501(c)(3)/Registered Charity No.: 5126149		
4. Program Title: Integrated NTD Treatment Program with School Based WASH in Huambo, Zaire and Uige Provinces, Angola		
5. Program ID: 080194	5A. Modification Number:	
6. Starting Date: 1 April 2013	7. Ending Date: 31 March 2018	8. Expiration Date: 30 September 2018
9A. Condition Precedent Terminal Date: 31 October 2014	9B. Condition Precedent Terminal Date:	
10. Total Grant Funds: USD: \$7,285,315. Seven Million, Two Hundred and Eighty-Five Thousand, Three Hundred and Fifteen United States Dollars.		
11. Program Coverage: <input checked="" type="checkbox"/> Soil Transmitted Helminths (STH) <input checked="" type="checkbox"/> Schistosomiasis, <input checked="" type="checkbox"/> Lymphatic Filariasis <input type="checkbox"/> Onchocerciasis <input type="checkbox"/> Trachoma <input type="checkbox"/> Other: (specify)		
12. Information for the Implementing Organization’s Bank Account into which the Grant Funds will be disbursed:		
Owner of Bank Account:	The MENTOR Initiative	
Account Title:	The MENTOR Initiative	
Account Number:	619735597	
Bank Name:	HSBC Bank	

Bank Address in full:	415 Madison Avenue, New York, NY. 10017
Bank BIC/SWIFT Code:	MRMDUS33RTL
IBAN Code:	
Routing instructions for US Banks; Fedwire, etc when necessary:	
13. The fiscal year of the Implementing Organization (Angola) is from 1 April to 31 March.	
14. Name/Address for Notices to the Implementing Organization:  Alice Cowley, Program Manager Tel. +447971317444 E-mail: <a href="mailto:alice@mentor-initiative.net">alice@mentor-initiative.net</a> OR German Martinez Pacheco, Grants Manager Tel.+34608522699 E-mail: <a href="mailto:german@mentor-initiative.net">german@mentor-initiative.net</a>  The MENTOR Initiative The Pinnacle, Central Court, Station Way, Crawley, West Sussex. RH10 1JH UK	15. Name/Address for Notices to The END Fund:  Warren Lancaster, Senior Vice-President of Programs Tel + +31646907247 <a href="mailto:wlanchester@end.org">wlanchester@end.org</a>  The END Fund 41E. 11th Street, 11th Floor New York, NY 10003 USA
16. Implementing Organization's Authorized Representative:  Name: Richard Allan Title: Director	
17. The END Fund's Authorized Representative:  Name: Ellen Alger Title: CEO	

### **SECTION 3. Program Implementation Description.**

The Program is further described below ("Program Implementation Description") and is subject to the terms and conditions set forth in this Partnership Agreement and in the ANNEXES thereto ("ANNEXES"). The ANNEXES are incorporated herein by reference. In the event of any conflict between any provision in the Program Implementation Description and the Standard Terms and Conditions, which is attached hereto as ANNEX A to this Partnership Agreement, the provisions in the Program Implementation Description shall prevail.

#### **1. Program Overview.**

##### **(a) Background and Summary:**

MENTOR will target the northern provinces of Zaire and Uige and the Huambo province of Angola with school, community and health facility based programs for NTD control and prevention programs.

While reliable surveillance data and mapping of diseases in Angola is minimal, passive surveillance at health facility level does demonstrate that the northern, significantly poorer provinces carry a disproportionately high burden of NTDs. With this in mind, MENTOR aims to work with and support both the Ministry of Education (MoE) and the Ministry of Health (MoH) to roll out a NTD prevention and treatment campaign in schools and communities in three targeted provinces.

National scale mass drug administration campaigns to control NTDs are the main goal of the MoH NTD program. MENTOR proposes to support the MoH towards this national goal, commencing with an initial roll out of drugs targeting diseases that are known to be present and pervasive. Specifically, MENTOR will support MoH using existing MoH stocks and donations of Albendazole and Praziquantel to target specific NTDs, including schistosomiasis, lymphatic filariasis and those NTDs (helminthes) that are soil transmitted.

MENTOR will work with the MoH and MoE to target women of childbearing age, pre-school aged children, school aged children under 15 years of age as well as at-risk adults in rural and urban communities, in Huambo, Uige and Zaire with a mass drug administration (MDA) programme.

In addition, MENTOR will ensure health facilities throughout the provinces receive trainings on how to diagnose and treat the targeted neglected tropical diseases. A Water, Sanitation and Hygiene Education (WASHE) programme will also be implemented in schools, in order to contribute to the prevention of infection or re-infection with these diseases.

MENTOR will closely support the provincial MoH teams to ensure the efficient execution of the NTD program and effective programme monitoring. Additionally, MENTOR will facilitate sustainable capacity building of MoH partners in the three provinces, as they take on increasing responsibility for overall implementation of these NTD activities.

(b) Program Goal:

To assist the Ministry of Health in achieving a significant reduction in the burden of soil-transmitted helminthes, schistosomiasis and lymphatic filariasis infections in high burden areas of Northern and Central Angola.

2. Target Group/Beneficiaries. The boxes below contain a brief summary of the Program's beneficiaries and key essential targets.

Beneficiaries	Target
Number of School Aged Children treated for soil transmitted helminths and lymphatic filariasis:	At least 1,261,555 individuals.
Number of School Aged Children treated for schistosomiasis:	Number to be determined following the 2014 mapping exercise.
Number of pregnant and lactating women treated for Soil transmitted helminths and lymphatic filariasis:	At least 390,249 individuals.
Number of pregnant and lactating women treated for schistosomiasis:	Number to be determined following the 2014 mapping exercise.
Number of children age 1-5 years treated for soil transmitted helminths and lymphatic filariasis:	At least 624,399 individuals.
Number of children age 1-5 years treated for schistosomiasis:	Number to be determined following the 2014 mapping exercise.
Number of people 15 years old and above, not counting pregnant and lactating women treated for soil transmitted helminths and lymphatic filariasis and schistosomiasis:	Number to be determined following the 2014 mapping exercise.
Number of health workers trained in NTD case management	1,068 (2 from each health facility)
Number of health facilities that are supported with capacity building and supervision	534
Numbers to be trained:	100 Trainer of Trainers; 6,381 Teachers Annually; Number of Community Drug Distributors: (to be determined)
Number of schools supported with WASHED interventions and provided with hygiene packs:	2,127

3. Strategies. The following is a description of the strategies the Implementing Organization intends to implement to achieve the Program's goal(s):

- Reinforcement of the coordination of all MoH NTD interventions in the three provinces.
- Mass-Drug Administration in rural and urban communities, targeting all eligible persons as defined by WHO Guidelines
- Mass Drug Administration at schools, and opportunistically when other community based campaigns provide opportunity for adding in soil helminths treatment with albendazole
- Health facility support to reinforce capacity to diagnose, treat and accurately record all NTDs presenting at clinics
- Information, Education and Communication (IEC) in order to educate children and communities on the ways of identifying and preventing NTDs, and on the places where they can find treatment
- Water and Sanitation Education (WASHED) campaigns in schools, focusing on how to prevent infection and re-infection

4. Planned Activities. The boxes below contain a brief summary of the macro-level NTD components of the Program, as well as the proposed main cost centers associated with the Program.

Macro Level NTD Components	Activities
Capacity Building	<ul style="list-style-type: none"> <li>- Provide planning, coordination and implementation support to NTD program activities at the national and provincial levels</li> <li>- Provide technical and logistical support and capacity building to provincial and national NTD teams.</li> <li>- Support the NTD data collection logistically</li> <li>- Organise regular meetings to review available health data and accurately map NTD burden in Uige, Huambo and Zaire Provinces.</li> </ul>
Support to Health Facilities	<ul style="list-style-type: none"> <li>- Perform technical support supervisions and coaching on NTD case management &amp; reporting, and medicine stock and supply chain management.</li> <li>- Produce NTD technical guidelines and disseminate to health workers</li> <li>- Support the NTD drug supply system logistically</li> </ul>
Training and Workshops	<ul style="list-style-type: none"> <li>- Organise training of health workers on the prevention, management &amp; reporting of NTD cases in Huambo, Uige and Zaire provinces</li> <li>- Provide annual basic NTD training to provincial and municipal coordinators and education area coordinators</li> <li>- Provide annual basic NTD training to teachers and school directors of MDA supported schools</li> <li>- Provide annual basic NTD training to community drug distributors.</li> </ul>
Information, Communication, Edu.	<ul style="list-style-type: none"> <li>- Produce and disseminate IEC technical guidelines and education material in partnership with the national NTD program</li> <li>- Undertake hygiene information, education and communication interventions in schools targeting priority NTDs</li> <li>- Conduct joint IEC campaigns in conjunction with other community-based programs (Vaccination and others)</li> </ul>
Assessments and Surveys	<ul style="list-style-type: none"> <li>- Conduct a KAP survey on NTD transmission and WASH practices in schools</li> <li>- Assess the condition and current provision of WASH facilities in schools in the operational area</li> </ul>
Mapping	<ul style="list-style-type: none"> <li>- Implement two disease prevalence mapping surveys, to gather baseline epidemiological data on NTDs in order to target and inform disease control interventions</li> </ul>
Medicines (Mapping, MDA, etc.)	<ul style="list-style-type: none"> <li>- To organise specific meetings targeting NTD drug supply needs for both MDA at schools and case management stock and technical requirements at health facilities.</li> </ul>

Distributions (MDA)	<ul style="list-style-type: none"> <li>- Conduct annual joint MDA/IEC campaigns with Albendazole in schools in Huambo, Uige and Zaire provinces</li> <li>- Conduct annual joint MDA/IEC campaigns with Praziquantel in schools in Huambo, Uige and Zaire provinces</li> <li>- Conduct annual joint MDA/IEC campaigns with Albendazole &amp; Ivermectin OR DEC in communities in Huambo, Uige and Zaire provinces OR bi-annual MDA with Albendazole</li> </ul>
WASH	<ul style="list-style-type: none"> <li>- Distribute, replenish or replace hygiene 'kits' to all schools annually when IEC interventions are carried out</li> </ul>

5. Conditions Precedent to Disbursement. The Parties hereby agree to the following conditions precedent, if any, to the disbursement of the Grant Funds:

5.a) Conditions Precedent to the Fourth Disbursement (Terminal Date as stated in block 9A of Program Summary Chart).

The Fourth Disbursement of Grant funds by the END Fund to the Implementing Organization is subject to the satisfaction of each of the following conditions:

- 1) the delivery by the Implementing Organization to the END Fund an updated and revised Logical Performance Framework (ANNEX B) based on the results of the disease mapping analysis completed in the three provinces targeted by this program. All outstanding targets, (TBD) not set at grant signing in the framework will have been determined.
- 2) the written approval of the END FUND of the revised Program Assessment Framework (ANNEX B).
- 3) the updated human resource plan and organizational chart of Mentor Angola and the current program.

6. Special Terms and Conditions.

6.a) This Agreement fully replaces any other Agreement, Memorandum of Understanding or modification with the Implementing Organization for the program in Angola and therefore rendered all former Agreements null and void.

6.b) The Implementing Organization shall not disburse any Grant Funds to any Sub-Grantee unless and until the Implementing Organization delivers the following document to the END Fund, in form and substance satisfactory to the END Fund: Written confirmation that the Implementing Organization has signed an agreement(s) with such Sub-Grantee(s) that complies with Article 11 of the Standard Terms and Conditions which is attached hereto as ANNEX A to this Partnership Agreement.

6.c) The Implementing Organization shall deliver to the END Fund not later than 31 January each year the quarterly breakdown of the next annual objectives, outputs, indicators and targets to be reached for the subsequent period of 1<sup>st</sup> April to 31 March of the next financial year.

6.d) The Implementing Organization shall deliver to the END Fund not later than 31 January each year the quarterly breakdown of the next annual budget to be reached for the subsequent period of 1<sup>st</sup> April to 31 March of the next financial year.

6.e) The Implementing Organization shall not use Grant Funds for the purchase of NTD treatment drugs without the advance written approval of the END Fund.

7. Anticipated Disbursement Schedule. For the purposes of this Partnership Agreement, the anticipated disbursement schedule will be semi-annual, but dates for disbursement requests are stipulated in the Program Assessment Framework Form, which is attached hereto as ANNEX B to this Partnership Agreement.

8. Anticipated Budget. For the purposes of this Partnership Agreement, the anticipated budget is stipulated in the Summary Budget Form, which is attached hereto as ANNEX C to this Partnership Agreement.

9. Communications and Publications. As part of the partnership between the END Fund and Implementing Organization, both parties will profile the program in their relevant communications and publications, including but not limited to newsletters, handouts, presentations, annual reports, and web content. For the purposes of this agreement the Implementing Organization agrees to adhere to the official END Fund style guide and guidelines on branding, communications and publications attached hereto in ANNEX D.

10. Authority of Signatory. The Parties, acting through their Authorized Representatives identified in blocks 16 (“Implementing Organization’s Authorized Representative”) and 17 (the “END Fund’s Authorized Representative”) (collectively, the “Authorized Representatives”) of the Program Summary Chart, have the full power and authority to execute, deliver and perform this Partnership Agreement and except as otherwise set forth herein, such execution and performance does not require the consent or permission of any third party.

11. Successors and Assigns. This Partnership Agreement, and all rights and powers granted hereby, will be binding upon and inure to the benefit of the Parties hereto. This Partnership Agreement, and all rights and powers granted herein and all duties and obligations imposed hereby shall be transferred to the Parties’ respective successors but may not be assigned without the express written consent of the END Fund.

12. Entire Agreement. The Implementing Organization agrees that the provisions set forth in this Partnership Agreement and the ANNEXES make up the entire Partnership Agreement between the Implementing Organization and the END Fund with respect to the Program set forth herein unless expressly agreed to by the Parties. In the event of a conflict between this Partnership Agreement and other agreements this Partnership Agreement shall prevail.

IN WITNESS WHEREOF, the Parties hereto agree to be bound by and have executed this Partnership Agreement on the day and year written below.

Signed for the Implementing Organization by its Authorized Representative:	
Date: <b>18th March 2014</b>	Signature: 
Name: Richard Allan Title: Director	
Signed for the END Fund by its Authorized Representative:	
Date:	Signature: 
Ellen Agler CEO The END Fund	