Photo: PATH

December 6, 2018

Submitted by
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PAMO

Program for the Advancement of Malaria Outcomes (PAMO)

Civil Society & Community Engagement Plan

January 1, 2016 – December 31, 2018

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Acronyms

ACT	Artemisinin-based combination therapy
CBO	Community-based organizations
CHW	Community Health Worker
CSO	Civil society organization
DHO	District Health Office
GUC	Grants Under Contract manual
HCAC	Health center advisory committee
HMIS	Health Management Information System
iCCM	Integrated community case management
IPTp	Intermittent preventive treatment in pregnancy
IRS	Indoor residual spraying
ITN	Insecticide-treated net
LLIN	Long lasting insecticide-treated net
MIP	Malaria in pregnancy
MIS	Malaria Indicator Survey
MOH	Ministry of Health
NHC	Neighborhood Health Committee
PAMO	Program for the Advancement of Malaria Outcomes
PHO	Provincial Health Office
PMI	President's Malaria Initiative
RDT	Rapid diagnostic test
RFA	Request for application
SBC	Social and behavior change
SMAG	Safe Motherhood Action Groups
USAID	United States Agency for International Development
ZDHS	Zambia Demographic Health Survey

Introduction

This document constitutes the Civil Society and Community Engagement Plan for the Program for the Advancement of Malaria Outcomes (PAMO). PAMO is a flagship malaria activity program for the United States President's Malaria Initiative (PMI) in Zambia. PAMO operates in four out of ten provinces of Zambia. This document is one of six key deliverables outlined in the PAMO contract with the United States Agency for International Development (USAID). The Civil Society and Community Engagement Plan describes the support that PAMO will provide to the Zambian Ministry of Health (MOH) to implement social and behavior change (SBC) interventions through sub-granted civil society organizations (CSOs) and community-based organizations (CBOs) with a focus on the following:

1. SBC interventions directed at strengthening community health seeking behaviors and improving uptake and use of malaria interventions including long lasting insecticide-treated nets (LLINs), intermittent preventive treatment during pregnancy (IPTp), and indoor residual spraying (IRS).
2. Interventions to empower communities to take ownership of the malaria problem by engaging local community leaders such as traditional leaders and working with community groups including women's groups.
3. Interventions to improve linkages between the formal health services and the community through strengthening community level health structures including health center advisory committees (HCACs) and neighborhood health committees (NHCs).

PAMO will provide support to four provincial health offices (PHO), 40 district health offices (DHO), 832 health facilities and their respective community level structures[1]. This document outlines key SBC activities that will be implemented in support of malaria control and elimination by PHOs, DHOs, health facilities, and community level structures. This plan is aligned to PAMO objectives, tasks, and activities. At the end of each implementation year, lessons learnt from implementation of the plan will be used to revise and update the document.

Background

Zambia has made impressive gains in controlling malaria in the last decade due to robust malaria control policies, committed governmental leadership, strong international partnerships, technical expertise, and financing. However, despite considerable progress in scaling up interventions, the PAMO target provinces—Eastern, Luapula, Muchinga, and Northern—still have high malaria disease burden and require focused interventions to achieve the country's goal of being free of malaria by 2021. The rural nature of the PAMO supported provinces, with an estimated combined population of five million, makes this effort particularly challenging.

PAMO has three objectives which are aligned with the MOH's priorities:

- **Objective 1:** Support proven malaria interventions in alignment with the National Malaria Strategic Plan 2011–2016, and the follow on plan of the MOH.

- **Objective 2:** Strengthen management capacity of provincial and district MOH personnel to provide supervision and mentoring for improved delivery of proven malaria interventions.

- **Objective 3**: Strengthen provincial and district health management information systems (HMIS) to improve data reporting, analysis, and use for decision-making.

To achieve these objectives, PATH has assembled a consortium of expert organizations which include Jhpiego, the Broad Reach Institute for Training & Education, the Johns Hopkins University Center for Communication Programs, and the Zambia Center for Applied Health Research and Development. The consortium leverages the strengths and capacity of each organization through a highly integrated team with staff embedded in each province in order to support

[1] This was the number of districts and health facilities at the time that this document was written, these numbers may change as the government creates more districts and constructs more health facilities.

quality improvements in the management and delivery of key malaria interventions. This partnership brings expertise and experience in the core areas that PAMO intends to address: insecticide-treated net (ITN) coverage and use, SBC communication for malaria control, prevention of malaria in pregnancy (MIP), improved malaria case management at health facility and community level, improved health information to drive decision-making, and overall planning and management of malaria control and elimination efforts. The consortium ensures that stakeholders at provincial, district, facility, and community levels have the tools and capacity to implement and assume ownership for nationally adopted policies, practices, and guidelines.

The consortium will utilize the community partnership approach to support and strengthen the link between health facilities and the communities they serve in the four target provinces. Strengthening facility-based service delivery and working with existing structures to foster community ownership of malaria control and elimination is at the heart of the PAMO strategy. The proposed approach seeks to improve the quality of malaria prevention and control activities in health facilities and communities, thereby strengthening capacity to sustain reductions in malaria incidence in all the districts of the four targeted provinces. In addition, PAMO will focus on assessment of management, training, and leadership gaps in the provinces (refer to PAMO *Management Capacity Building Plan*). Lastly, PAMO will work with MOH to implement malaria prevention and control interventions as well as strengthen information systems at the provincial, district, health facility, and community levels to inform planning and decision-making.

CSO engagement approach

The engagement of CSOs is guided by the provisions of the PAMO Grants Under Contract (GUC) manual, which serves as a guide for implementing malaria district-specific and community-driven malaria interventions and activities; this work is done while working with and through CSOs to aid PAMO-supported districts to develop and implement their own specific community engagement plans. While PAMO funds will be channeled through sub-contracted CSOs, CBOs such as NHCs, Safe Motherhood Action Groups (SMAGs) and others will be used as local platforms on which specific community-level activities will be carried out.

Through collaboration of the CSOs with their respective DHOs, it is anticipated that implementation of SBC activities will be strengthened. The engagement effort will also contribute to reduction in malaria mortality, malaria morbidity and malaria parasitemia. This will be realized through enhanced DHO capacity to supervise and coordinate community efforts on increasing access to and uptake of malaria services. Specifically, effective CSO collaboration with DHOs will result in enhanced DHO supervision and coordination of community-based malaria interventions.

By working with malaria oriented CBOs and community leadership, the CSOs will support the implementation of SBC interventions directed at strengthening community health-seeking behavior and improving uptake and use of malaria interventions. As already mentioned, CSOs will support the implementation of community-based interventions aimed at empowering communities to take ownership of the malaria problem by engaging local community leaders and community groups.

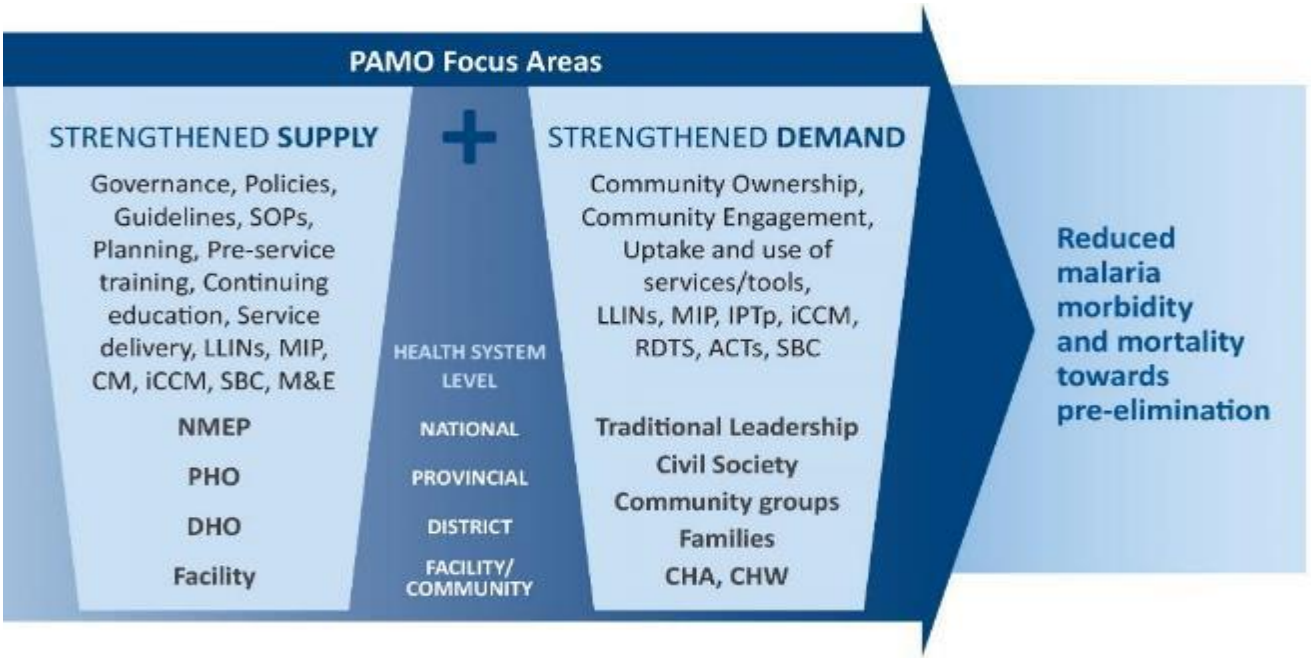
With guidance from respective DHOs and operating within district community engagement plans, CSOs will support implementation of activities aimed at improving linkages between the formal health services and the community through strengthening community-level health structures including HCACs and NHCs.

Guiding principle

Community participation is a major principle of people-centered health systems, with considerable research highlighting its intrinsic value and strategic importance. It has been recognized as an important element of public health since the Alma Ata declaration of 1978. As Zambia moves toward malaria elimination, malaria programs will need to reimagine the disease in specific ways, such as re-conceptualizing and better strategizing community engagement. Obviously, this will become increasingly important for impactful results as the country nears elimination.

At the facility and community level, PAMO will utilize the *Community Partnership Approach* (Figure 1). This integrated approach to facility capacity strengthening aims to *provide* high-quality care[2] while supporting communities to more effectively *demand* (seeking, access, and use) the services and care that they need[3]. Strengthening the relationship between the two levels leads to better collaboration, coordination, and synergy, improved health systems, and, ultimately, reduced vulnerability to malaria.

Figure 1: The Community Partnership Approach.



Theory of Change

The Theory of Change assumes that reduced malaria mortality, malaria morbidity, and malaria parasitemia will result from:

1. Strengthened malaria policies and guidelines
2. Improved health information to drive decision-making and overall planning.
3. Increased ITN coverage and use.
4. Strengthened IRS in target provinces.
5. Strengthened capacities by districts and health facilities to implement prevention of MIP
6. Improved malaria case management at the facility and community levels.
7. Enhanced SBC interventions for malaria elimination.

At community level, the assumption is that community engagement sessions through SBC (use of mass media, inter-personal communication, and community mobilization) will result in enhanced community capacity to more effectively demand (seek, access, and use) the desired malaria services and care.

According to PAMO, community participation plays a critical role in successful disease control and elimination. Examples can be drawn from malaria elimination in Taiwan in the 1960s; the elimination of schistosomiasis in Guangxi Province, China; malaria in Aneityum, Vanuatu, in the 1990s; and elimination of onchocerciasis in 2002 in 11 West African countries.

[2] PAMO has a number of approaches aimed at improving quality of care in health facilities. They are outlined in greater detail in the Technical and Material Assistance Plan
[3] PAMO SBC work is designed to promote the acceptability and use of malaria interventions

Conceptual framework

The conceptual framework anchoring the PAMO *Civil Society and Community Engagement Plan* is described here. To ensure systematic implementation of engagement with CSO and communities, PAMO will be guided by the provisions of the GUC manual. The activity content will be augmented by the annual PAMO work plan. Task 1.4 will outline the kind of SBC and specific community-level activities expected of the project and Task 1.6 will outline CSO engagement.

The project's performance tracking framework is based on the "Results Chain" approach, which shows the results the project expects to achieve after implementing specific actions with and through subcontracted CSOs. The Results Chain approach for PAMO focuses on the project's inputs, processes (or activities), outputs (short-term results), outcomes (intermediate results), and impact (long-term results), each are described below.

- Inputs are the resources (such as financial, human, material, and time resources) required to undertake activities and project interventions.
- Processes describe the use of resources or inputs to perform activities or interventions and produce specific project outputs (i.e., the various activities that are conducted to achieve the objectives of the project, such as community mobilization sessions, stakeholder meetings, trainings, drama performances, etc.).
- Outputs are the products, which result from an intervention process or project activities. Outputs are typically immediate results of a process or project activity (e.g., pregnant women reached with MIP messages, traditional leaders trained, etc.).
- Outcomes are the intermediate effects of project outputs, typically in the medium term timeframe. They can also be characterized as the changes desired as a result of the processes/activities of a project (e.g., increased uptake of malaria interventions, such as ITN, IRS, and early care-seeking behavior).
- Impact measures the longer-term results of a project, and typically includes the effect on the health of the target population (e.g., reduced malaria mortality, morbidity, and parasitemia)

Schedule of activities for CSO and community engagement

The schedule of activities for CSO and community engagement started with the development of the GUC by PAMO. This was followed by a targeted solicitation of CSOs which were identified through a scoping exercise conducted in close collaboration between Provincial MOH staff and PAMO staff. This was followed by the release of a request for application (RFA) sent with application materials and an invitation to provincial meetings for applicants. For selected CSOs, contracts were awarded and orientations conducted on how to manage the United States Government grants and contracts. The contracts with the CSOs are planned to run for one year before subsequent RFAs are released for the following year. Similar steps will be taken each year. .

Facility- and community- level activities of focus

- With guidance from DHOs and working through CSOs, utilizing the *Community Partnership Approach* to build capacity, achieve coverage, create demand, and achieve sustainability.
- Strengthening facility-based service delivery and working with existing structures to foster community ownership of malaria activities.
- Supporting the creation of demand for malaria services.

Performance framework

The table below is an overview of the performance framework for this Civil Society and Community Engagement Plan.

Narrative summaries	Objectively verifiable indicators	Means of verification			Critical assumptions
		Data source	Frequency	Responsibility	
Goal: To contribute to reduction in malaria mortality, malaria incidence, and malaria parasitemia through enhanced DHO capacity to supervise and coordinate community efforts on increasing access to and uptake of malaria services.	✓ Proportion of deaths attributed to malaria among children under five	Zambia Demographic and Health Survey (ZDHS)	Every 5 years	District Health Information Officer (DHIO), Malaria Focal Point	Malaria elimination strategies favor effective and sustained community participation efforts
	✓ Malaria parasite prevalence (by age)	Malaria Indicator Survey (MIS)	Every 3 years	DHIO, Malaria Focal Point	
	✓ Severe anemia prevalence (by age)	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Household ownership of at least one ITN	MIS	Every 3 years	DHIO, Malaria Focal Point	Sustained supply of ITNs
	✓ Percentage malaria parasite prevalence among children under five	MIS	Every 3 years	DHIO, Malaria Focal Point	Malaria prevention interventions accepted at community and household levels
	✓ Percentage of reported malaria cases confirmed with a rapid diagnostic test (RDT) or microscopy	MIS, HMIS	Every 3 years and every quarter	DHIO, Malaria Focal Point	Sustained supply of RDT, microscopy services, and personnel levels
	✓ Percentage of suspected malaria cases tested	MIS, HMIS	Every 3 years and every quarter	DHIO, Malaria Focal Point	
	✓ Malaria positivity rate	MIS, HMIS	Every 3 years and every quarter	DHIO, Malaria Focal Point	

	✓ Percentage of malaria-positive cases treated with ACT	MIS, HMIS	Every 3 years and every quarter	DHIO, Malaria Focal Point	Sustained supply of artemisinin-based combination therapy (ACT)
	✓ Annual malaria incidence	MIS, HMIS	Every 2–3 years, Quarterly	DHIO, Malaria Focal Point	Malaria elimination strategies favor effective and sustained community participation efforts
Objective: Support DHOs to supervise and coordinate community-based malaria interventions	✓ DHOs have malaria community engagement plans	DHO records	Quarterly	DHIO, Malaria Focal Point	
Output 1: CBOs to support implementation of malaria interventions at health facility and community levels identified	✓ Number of CBOs identified	DHO records	Annually	CSO staff, DHIO, Malaria Focal Point	
Activity 1: Hold meetings to identify and review lists of CBOs	✓ Number of meetings held	CSO, DHO records, meeting minutes	As needed	CSO staff, DHIO, Malaria Focal Point	
Output 2: Stakeholder collaboration with CSOs supporting implementation of malaria interventions	✓ Proportion of District Malaria Task Forces (D-MATFs) attended by CSOs supporting implementation of malaria interventions	CSO, DHO records, meeting minutes	Quarterly	CSO staff, DHIO, Malaria Focal Point	
Activity 1: Hold regular meetings with CSOs/CBOs supporting implementation of malaria interventions to support them and track their work	✓ Number of meetings with CSOs/CBOs supporting implementation of malaria interventions	CSO, DHO records, meeting minutes	Quarterly	CSO staff, DHIO, Malaria Focal Point	
Activity 2: Submission of regular reports to DHOs by CSOs supporting implementation of malaria interventions	✓ Number of reports shared with DHOs by CSOs/CBOs supporting implementation of malaria interventions	CSO, DHO records, meeting minutes	Quarterly	CSO staff	
Output 3: Quality assurance to CSOs/CBOs supporting implementation of malaria interventions	✓ Number of CSOs/CBOs supporting implementation of malaria interventions given focused support by DHOs	DHO records, Meeting minutes	As needed	DHIO, Malaria Focal Point	

Activity 1: Conduct DHO regular visits to check on implementation of activities by CSOs/CBOs supporting implementation of malaria interventions	✓ Number of DHO visits to check on implementation of activities by CSOs/CBOs supporting implementation of malaria interventions	DHO records, visit reports	Whenever conducted	DHIO, Malaria Focal Point	
Objective: Work with malaria-oriented CBOs and community leadership to support the implementation of SBC interventions directed at strengthening community health seeking behaviors and improving uptake and use of malaria interventions.	✓ Proportion of people who practice the recommended behavior	ZDHS MIS	Every 5 years Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of population that slept under an ITN the previous night	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of households sprayed with IRS within the last 12 months	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of women who received 3 or more doses of IPTp2 during antenatal care visits during their last ✓ pregnancy	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of children under 5 years old with fever in the last 2 weeks for whom advice or treatment was sought	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who recall hearing or seeing any malaria message within the last 6 months	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who recall hearing or seeing specific malaria messages (reported by each specific message)	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who recall hearing or seeing a message through communication channel 'X' (reported by each specific communication channel)	MIS	Every 3 years	DHIO, Malaria Focal Point	

	✓ Proportion of people who name mosquitoes as the cause of malaria	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who know the main symptom of malaria	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who know the treatment for malaria	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who know preventive measures for malaria	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who perceive they are at risk of malaria	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who feel that consequences of malaria are serious	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who believe that the recommended practice or product will ✓ reduce their risk	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who are confident in their ability to perform a specific ✓ malaria-related behavior	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people with a favorable attitude toward the product, practice, or ✓ service	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people that believe the majority of their friends and community members currently practice the behavior	MIS	Every 3 years	DHIO, Malaria Focal Point	
	✓ Proportion of people who have encouraged friends or relatives to adopt the specific practice	MIS	Every 3 years	DHIO, Malaria Focal Point	

Output 1: Support use of health facilities to promote the uptake of specific malaria services through health education	✓ Number of health facilities providing health education to promote the uptake of specific malaria services	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 1: Conducting group health talks to pregnant women on dangers associated with malaria in pregnancy	✓ Number of group health talks conducted	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
	✓ Number of pregnant women reached with group health talks	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 2: Conducting individual counseling of pregnant women on the dangers associated with malaria in pregnancy	✓ Number of pregnant women reached	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 3: Conducting group health talks at under-five clinics on the dangers associated with malaria in children under five years of age	✓ Number of group health talks conducted	CSO/CBO reports, Health facility records	Quarterly	DHIO, Malaria Focal Point	
	✓ Number of women with under-five children reached with group health talks		Quarterly	DHIO, Malaria Focal Point	
Activity 4: Conduct individual counseling at under-five clinics on the dangers associated with malaria in children under five years of age	✓ Number of women with under-five children reached with individual counseling **on the dangers associated with malaria in children under five years of age**	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Output 2: Community mobilization events on malaria	✓ Estimated number of people reached though community meetings on malaria	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activities 2.1: Conducting community mobilization through public meetings and use of popular theater in health facility zones	✓ Number of community meetings on malaria held	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Output 3: Mass media messages on malaria implemented through CSOs/CBOs	✓ Types and number of mass media messages disseminated	District records, CSO/CBO reports	Quarterly	DHIO, Malaria Focal Point	

Activity 3.1: Presentation of radio programs on community radio stations	✓ Number of malaria programs presented on community radio stations	District records, CSO/CBO reports	Quarterly	DHIO, Malaria Focal Point	
Activity 3.2: Distribution of print material in communities on malaria	✓ Number of print materials distributed in communities	District records, CSO/CBO reports	Quarterly	DHIO, Malaria Focal Point	
Objective: Support the implementation of community-based interventions aimed at empowering communities to take ownership of the malaria problem by engaging local community leaders and community groups.	✓ Number of health facilities with community leaders involved in malaria activities	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
	✓ Number of health facilities with community groups involved in malaria activities	CSO/CBO reports, health facility records	Quarterly		
Output 1: Traditional leaders involved in malaria activities at district, facility, and community levels	✓ Number of traditional leaders involved in malaria activities	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 1: Conduct meetings with traditional leaders at which malaria issues are discussed	✓ Number of meetings with traditional leaders	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Output 2: Religious leaders involved in malaria activities at district, facility, and community levels	✓ Number of religious leaders involved in malaria activities	CSO/CBO reports, DHO records, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 1: Conduct meetings with religious leaders at which malaria issues are discussed	✓ Number of meetings with religious leaders	CSO/CBO reports, DHO records, health facility records	Quarterly	DHIO, Malaria Focal Point	
Output 3: Civic leaders involved in malaria activities at district, facility, and community levels	✓ Number of civic leaders involved in malaria activities	CSO/CBO reports, DHO records, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 1: Conduct meetings with civic leaders at which malaria issues are discussed	✓ Number of meetings with civic leaders	CSO/CBO reports, DHO records, health facility records	Quarterly	DHIO, Malaria Focal Point	

Objective: Support CSOs/CBOs to implement activities aimed at improving linkages between the formal health services and the community through strengthening community level health structures including HCAC and NHCs.	✓ Number of HCACs involved in malaria activities	CSO/CBO reports, DHO records, health facility records	Quarterly	DHIO, Malaria Focal Point	
	✓ Number of NHCs involved in malaria activities	CSO/CBO reports, DHO records, health facility records	Quarterly		
Output 1: Health facilities with active health center committee supporting malaria activities	✓ Number of health facilities with active health center committees	CSO/CBO reports, DHO records, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 1: Health center committee hold regular meetings on health facility malaria services	✓ Number of health facilities with HCC meetings held regularly to talk about malaria services	CSO/CBO reports, DHO records, health facility records	Quarterly	DHIO, Malaria Focal Point	
Output 2: Health facilities with active NHCs involved in malaria activities	✓ Number of health facilities with active NHCs involved in malaria activities	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 1: NHCs hold regular meetings on health facility malaria services	✓ Number of health facilities with NHCs meeting regularly to talk about malaria services	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
Activity 2: integrated community case management (iCCM) community health workers (CHWs) hold regular meetings on community malaria activities	✓ Number of health facilities with iCCM CHW holding regular meetings	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	
	✓ Number of active iCCM CHWs attending regular meetings	CSO/CBO reports, health facility records	Quarterly	DHIO, Malaria Focal Point	

Annexes

1.1 Annex 1: CSO reporting form for PAMO GUC

CSO REPORTING FORM FOR PAMO GRANTS UNDER CONTRACT
Name of organization: _____ Province: _____ Month being reported on: _____ Submitted by: _____ Date Submitted: _____
1.0 ACTIVITY PLANNING, IMPLEMENTATION AND TRACKING
1.1 Activities Implemented this month:
1.1.1:
1.1.2:
1.1.3:
1.1.4:
1.1.5:
1.1.6:
1.1.7:
1.1.8:
1.2 Achievements /Successes scored this month:
1.2.1:
1.2.2:
1.2.3:
1.2.4:
1.2.5:
1.2.6:
1.2.7:
1.2.8:
1.3 Challenges/Problems faced *(if any)* in implementation of planned activities for this month:
1.3.1:
1.3.2:

1.3.3:
1.3.4:
1.3.5:
1.3.6:
1.3.7:
1.3:8
1.4 Suggestions to deal with challenges:
1.4.1:
1.4.2:
1.4.3:
1.4.4:
1.4.5:
1.4.6:
1.4.7:
1.4.8:
1.5.0 Activities planned for next month:
1.5.1:
1.5.2:
1.5.3:
1.5.4:
1.5.5:
1.5.6:
1.5.7:
1.5.8:
2.0 ANY STATISTICAL DATA FOR THE MONTH

Indicators	**Results**	**Targets**	**Comments**
2.1:			
2.2:			
2.3:			
2.4:			
2.5:			
2.6:			
2.7:			

2.8:			

3.0 FINANCE (BUDGET, EXPENSE TO DATE, AMOUNT REMAINING, BURN RATE)

Details	Amount	Comments
3.1 Amount budgeted for this month		
3.2 Actual amount received this month		
3.3 Amount spent this month		
3.4 Amount spent to-date		
3.5 Balance left this month		

4.0 KEY SPECIFIC AREAS FOR ASSISTANCE NEEDED - FROM WHO AND WHEN? (If you have more things, please write at the back of this page)

4.1:
4.2:
4.3:
4.4:
4.5:
4.6:
4.7:
4.8:

5.0 REPORTING RESPONSIBILITY AND ACCOUNTABILITY

5.1 Prepared by: _____ **5.1.1 Signature:** _____ **5.1.2 Date Prepared:** _____

5.2 Checked by: _____ **5.2.1 Signature:** _____ **5.2.2 Date Checked:** _____

5.3 Received by: _____ **5.3.1 Signature:** _____ **5.3.2 Date Received:**_____

COMMENT (S):

1.2 Annex 2: Grant application form

Summary Information

Please provide _ the following information:
Date of application**:** *(DD/MM/YYYY)*

Title of applicant organization:

Title of project/activity proposed for funding:

Amount requested: (ZMW)

Proposed Project Manager: (title)

Contact information: (Physical address, email and phone number)

Project background: (up to 100 words)

Objectives: (150 words or less):

Justification for grant: (not more than 300 words)

Reference to the PMI/PAMO grant objective(s):

Proposed effective date *(DD/MM/YYYY)*

Proposed end date *(DD/MM/YYYY)*

Project implementation site(s)
(Include District(s) and targeted communities)

1.3 Annex 3: CSO organizational information

Organizational Information

Official title:
Physical address:
Current address:
Date when (check) founded · or obtained legal registration · (*DD/MM/YYYY)*
Type of legal entity/Ownership status:
Main function, line of business, mission statement:

Number of employees:
2013 _____ 2014_____ 2015 _____

Annual operating and project budget: (ZMW)
2014 _____ 2015_____ 2016 _____

Principal Officer:

_____
(Name, contact info, year when hired to this position)

Name and title of person filling in form:

_____
(Name, contact info, year when hired to this position)

Chief financial officer (accountant; bookkeeper):

_____
(Name, contact info, year when hired to this position)

Experience in grant management (100 words or less):

1.4 Annex 4: Grant rationale and implementation method

(Maximum 8 pages)

Project Rationale
Problem statement; health issue to be addressed by grant:

Expected results/benefits from grant funded activities:

Who and how many would benefit?

Proposed Project Approach
Broad grant program goals:

Linkage to PAMO grant objective/s:

Specific and measurable grant objectives:

Objectively verifiable performance indicators:

Implementation strategy:

Major activities and timeline (should be supported by a table listing the major activities that will be undertaken to accomplish each objective and the timeframe for each activity):

Staffing requirements
Proposed project manager:
_____
(Name, position, contact information) Project team members:

Total number _____ Applicant organization staff _____ Volunteers_____

Key names, positions and summary experience:

Describe how results of grant funded activities will be sustained after the grant period of performance:

1.5 Annex 5: Budget instructions and template

Applicants should ensure that they include adequate provisions for the cost of all proposed activities and personnel. If necessary, include additional elements of cost which are not included in the budget shell in order to arrive at an accurate and complete budget.
Please break out costs by line item specifying clearly for each item of cost:
a.) the unit cost (for example the price of one day of labor for one staff member)
b.) the quantity of items or the number of days required for staff members and consultants
c.) the total cost for each item (price of one unit multiplied by quantity of units required)
A sample budget template is included on the next page. Please leave out all items which do not apply to your costs. The budget should show the detail for the costs for labor, consultants, travel and transportation, and all operational and activity costs. The budget must show:

- a description of each element of cost
- the number of units of labor, supplies, or other direct costs
- the unit cost of each item
- and the total cost for each item (number of units proposed multiplied by unit cost)
- the sub-total for each category of costs (labor, consultants, travel and transport, and other direct costs). Labor and Consultants: The budget must specify each category of labor or consultant (e.g. cost of one day of a technical personnel, administrative assistant, etc.) the level of effort for each, the daily rate paid to each individual, and the total cost. The budget notes should be clear and specific (e.g. 5 technical staff members x 35 days =175 days LOE)
- Travel and Transportation: Travel and per diem (if needed) costs budgeted should correspond to the planned activities and be clearly specified in the detailed budget, identifying the group of staff or consultants traveling, the number and length of trips, the number of per diem days.
- Other Direct Costs: Each item of other direct costs proposed must be clearly specified and must include costs directly related to performance of the activities described in the grant application. Such costs must be reasonable, allocable and allowable and may include costs such as communications, postage/shipping, expendable supplies and materials, translation, reproduction, etc.

Contingency: Do not include contingency costs. Please estimate unit costs which are adequate to allow for contingencies.
Fringe Benefits: If not included in direct salary or indirect costs, fringe benefits shall be shown as a separate line in the detailed budget. Please explain in the budget narrative:

- What the fringe benefits include (For example: health or life insurance, etc.);
- Basis for calculation; and
- How each element of fringe benefits is calculated and whether it is the applicant's standard policy or in accordance with local law and practice. Supporting documentation, such as audited financial statements, must be provided.
- Submit Audited Financial Statements for the last two complete (2) fiscal years (or a lesser period of time if the applicant is a newly-formed organization).

All amounts must be quoted in local currency. The budget must be accompanied by narrative notes.

1.6 Annex 6: Budget template

Description	Unit Cost	Quantity	Total Cost
1. SALARIES **A. Professional** Position No. 1 {position} Position No. 2 {position} **B. Non-Professional** Position No. 1 { position} Position No. 2 { position} **SUBTOTAL**	*Kwacha per day for each*	*# of hours for each*	*Unit Cost x Quantity*
2. FRINGE BENEFITS (If applicable)	*xx% of hourly wage**	*Same as quantity of labor above*	*Unit Cost x Quantity*
3. TRAVEL & TRANSPORTATION(If applicable) A. Ground Travel B. Per Diem & other Stipends **SUBTOTAL**	*Kwacha for ground transport* *Kwacha for per diem*	*# of ground trips* *# days of per diem*	*Unit Cost x Quantity*
4. OTHER DIRECT COSTS - Rent, Office Supplies and Utilities - Training, meetings, behavior change communication activities & production of materials, etc. **5. OVERHEADS** (If applicable) (List Other items as applicable) **SUBTOTAL**	*Kwacha per phone call* *Kwacha per copy* *(List other items)* *xx% of hourly wage**	*# of calls* *# of copies* *(List other items)* *Same as quantity of labor above*	*Unit Cost x Quantity* *Unit Cost x Quantity*
6. TOTAL COSTS			

1.7 Annex 7: Sub-recipient risk assessment

Applicant Financial Questionnaire

About this assessment

PATH policy requires that PATH use this assessment to determine the level of risk associated with every existing or potential sub recipient ("Applicant") before issuing a sub award.

To complete this assessment, the Applicant must first complete the Financial Questionnaire, provided below, and return it to PATH electronically. PATH project administrators will then score the questionnaire and determine the Applicant's risk level.

This process helps PATH understand the level of risk involved in granting a sub award to a particular organization. An organization classified as High Risk can still be granted a sub award, but PATH must be aware of the level of risk involved. A High-Risk organization will require higher levels of monitoring and capacity-building.

Instructions to Applicant

- Every Applicant that applies for funding from PATH must complete and submit this questionnaire and required attachments before submitting a proposal or receiving funding.
- The questionnaire must be completed by the financial manager of the applicant organization.
- To complete the questionnaire, first read each statement/requirement in the boxes below. Then, decide whether it applies to your organization. If it applies, click to select the "YES" box. If it does not apply, select "NO."
- If you select "NO," please explain how your organization can address the statement/requirement in another way. Type your answer in the "Additional information" box.
- You must submit the questionnaire electronically.
- Other requested documents may be submitted electronically or as paper photocopies, scans, or printouts.
- Do not type anything in the grey "Assessment" column.

Name of organization: _____

Name of financial manager completing questionnaire: _____

Title: _____

Assessment Statement/requirement (mark "YES" or "NO") YES NO (For PATH use Only)	

- Your organization has received at least one grant or award from an organization that is not based in your country. This answer may include grants or awards from PATH.

Additional information: _____

- Do you agree with the following statement: Our organization has never been denied funding, formally sanctioned, or listed as "high risk" for financial reasons by a donor?

Additional information: _____

3. Your organization has the capacity to submit detailed financial reports in English.

Additional information: _____

4. Your organization has a written cash management policy or procedures that govern how cash is handled in your office.

Additional information: _____

5. Your organization has a dedicated accountant or finance manager responsible for monitoring organizational funds.

Additional information: _____

- Your organization has a formalized process to account for funds provided through a grant without mixing the funds with money from other sources.

Additional information: _____

7. Your organization has finance policies in writing.

Additional information: _____

8. Your organization has the capacity to retain, in a searchable format, financial reports for three years after the close of a grant.

Additional information: _____

9. Your organization has its financial statements reviewed by an independent public audit firm. *If "YES," please provide a copy of your most recent audited financial report with this questionnaire.*

Additional information: _____

11. Your organization has the capacity to pay all applicable taxes under relevant national laws.

12. (Optional) Please include any information in this space (not provided already) that you feel would help PATH better understand your financial procedures and capacity. You may

consider providing the following documents as attachments: Tax certificate or equivalent document, most recent annual balance sheet or audit report, organizational finance manual.

I certify the above information is true of my organization to the best of my knowledge.

Signature (Add an electronic signature file or type your name):_____

Date completed: _____

Please return the completed form and attachments to PATH personnel electronically.