

Build a maternal healthcare network to
reach Liberia's poorest

Background documents

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GLOBAL POVERTY ACTION FUND (GPAF) – IMPACT WINDOW PROPOSAL FORM

SECTION 1: INFORMATION ABOUT THE APPLICANT

1.1	Lead organisation name	BRAC Liberia
1.2	Main contact person	Name: Mohammed Abdus Salam Position: Country Representative Email: bracliberia@brac.net Tel: +231 886 589 539
1.3	2nd contact person	Name: Lamia Rashid Position: Programme Head, Strategy and Proposal Development Email: lamia.ra@brac.net Tel: +8801748196377
1.4	Please use this space to inform of any changes to the applicant organisation or consortium details provided in your Concept Note	N/A

SECTION 2: BASIC INFORMATION ABOUT THE PROJECT

2.1	Concept Note Reference No.	IMP-03-CN-1942
2.2	Project title	A community-based approach to improving reproductive, maternal, newborn, and child health for 106,000 women and adolescent girls and 53,000 under-fives in seven counties in Liberia
2.3	Country(ies) where project is to be implemented	Liberia
2.4	Locality(ies)/region(s) within country(ies)	7 Counties (Montserrado, Margibi, Bong, Nimba, Lofa, Grand Bassa and Grand Cape Mount)
2.5	Duration of grant request (<i>in months</i>)	36 months
2.6	Project start date (<i>month and year</i>)	July 2013
2.7	Total project budget? <i>In GBP sterling</i>	£ 2,019,288
2.8	Total funding requested from DFID <i>in GBP sterling and as a % of total project budget</i>	£ 1,513,362 75% of the total project budget
2.9	Year 1 funding requested from DFID	£ 485,026
2.10	Please specify the % of project funds to be spent in each project country	100% Liberia
2.11	Total match funding and status (sources of match funding, amounts, and secured or	

not secured) - Please enter match-funding details in the table below (add rows if necessary).

Source of funding	Year 1 (£)	Year 2 (£)	Year 3 (£)	Year 4 (£)	Total (£)	Secured? (Y/N)
Other donors	119,774	159,575	175,890	£50,687	505,927	N
Total (£)	119,774	159,575	175,890	£50,687	505,927	N

SECTION 3: FIT WITH GPAF IMPACT WINDOW

3.1	CORE SUBJECT AREA - Please identify between one and three core project focus areas (insert '1' for primary focus area; '2' for secondary focus area and; '3' for tertiary focus area)					
	Agriculture		Health (general)			2
	Appropriate Technology		HIV/AIDS / Malaria / TB			3
	Child Labour		Housing			
	Child Rights / Child Protection		Income Generation			
	Climate Change		Justice			
	Conflict / Peace building		Land			
	Core Labour Standards		Livestock			
	Disability		Media			
	Drugs		Mental Health			
	Education & Literacy		Microfinance			
	Enterprise development		Reproductive Health / FGM			1
	Environment		Rural Livelihoods			
	Fisheries / Forestry		Slavery / Trafficking			
	Food Security		Water & Sanitation			
	Gender		Violence against women / girls / children			
	Governance					
	Other: (please specify)					

3.2	Which of the following Millennium Development Goals (MDGs) is the project contributing to (if any)? - Please identify between one and three MDGs in order of priority (insert '1' for primary MDG focus area; '2' for secondary MDG focus area and; '3' for tertiary MDG focus area)					
	1. Eradicate extreme poverty and hunger					3
	2. Achieve universal primary education					
	3. Promote gender equality and empower women					
	4. Reduce child mortality					2
	5. Improve Maternal Health					1
	6. Combat HIV/AIDS, malaria and other diseases					

	7. Ensure environmental sustainability	
	8. Develop a global partnership for development	
	None of the above (please explain in section 3.3)	

3.3 Explain why you are focusing on these specific MDGs.
 Are the above MDGs “off track” in the implementing countries? If possible please identify MDG sub-targets within not just the national context but also related to the specific geographical location for the proposed project. Please state the source of the information you are using to determine whether or not they are “off track”. How will this project support the national government’s commitment to achieving identified MDGs? Your response should also inform section 4.4.

Post-civil war Liberia ranks as one of the world’s least developed countries (182/187 HDI - 2011), unlikely to reach its targets for MDG 1, 2, 5, 6 and 7 by 2015¹. 84% of the population live on less than USD1.25 per day.

- Maternal mortality, 770/100,000 live births, is among the worst in the world exacerbated by high fertility rates, 7.5 in rural areas².
- Only 32% of rural births are attended by skilled personnel³. Infant mortality is 74/1,000, and U5-mortality, 114/1,000.
- Malaria, measles, pneumonia and diarrhoeal diseases account for more than half of U5 deaths, 29% of which occur during the first month⁴.
- 177/1,000 births are amongst adolescent girls (Liberia has one of the highest rates of teenage pregnancy in the world), and 25% of school dropouts are due to early pregnancy⁵, due in part to at least one-third of the population not having their family planning needs met⁶.

With little significant progress in reducing maternal, infant and U5 mortality in recent years this project is desperately needed to save lives of mothers and children.

Because of the strong correlation between access to health services and economic development, this project will also contribute to poverty reduction. The Government of Liberia (GoL) has made slow progress in implementing its *Basic Package of Health Services* and the Ministry of Health and Social Welfare (MoHSW) recognises that ‘it will not have the ability to deliver services to the population for many years to come’.

This project will support GoL and County Health Teams by providing a reproductive, maternal, neonatal, and child health (RMNCH) community-based service delivered door-to-door by all-women health promoters. Feedback from a recent external evaluation⁷ of BRACL health programmes (including ANC pilot) demonstrated ‘a clear demand for BRAC health care programmes to continue while incorporating new and innovative services’.

3.4 Please list any of the DFID’s standard or suggested output and outcome indicators that this fund will contribute to. Please refer to the Standard Indicators document on the GPAF website. Note, if stated here these also need to be explicit in your logframe.

DFID Suggested Indicators: Proportion of births attended by skilled health personnel, Number and percentage of women using contraception (modern methods), disaggregated by age.

¹ Government of Liberia, Ministry of Planning and Economic Affairs, UNDP (2010), MDG Report

² Liberia Institute of Statistics & Geo-Information Services 2009

³ World Health Organization – Department of Making Pregnancy Safer (2007), Liberia - Country Profile

⁴ MoHSW, National Strategy for Child Survival in Liberia 2008 - 2011

⁵ World Bank 2011, Reproductive Health in at a Glance: Liberia; Children in Crisis (2010), Women’s Education and Vocational Training – Liberia

⁶ Countdown to 2015 (2012), Building a Future for Women and Children – Liberia

⁷ Bailor, S (2012), External Evaluation BRAC Sierra Leone and Liberia, Essential Healthcare Programme

Outcome indicators: Proportion of births attended by skilled health personnel; contraception prevalence rate. **Output indicators:** Women attended at least one and four times for antenatal care during pregnancy (% by income); Exclusive breastfeeding for under 6 months; Number of condoms distributed.

SECTION 4: PROJECT DETAILS

4.1 ACRONYMS

Please list all acronyms used in your application in alphabetical order and explain them in full.

AHC: Area Health Coordinator; ANC: Ante-natal care; ARI: Acute respiratory infection; BRACI: BRAC International; BRACL: BRAC Liberia; CHC: Community RMNCH Committee; CHF: Community Health Forum; CHP: Community Health Promoter; CHT: County Health Teams; EHP: Essential Healthcare Programme; F/T: Full time; GoL: Government of Liberia; H/H: Household; M&E: Monitoring and evaluation; MDG: Millennium Development Goal; MMR: Maternal mortality ratio; MNCH: Maternal, Newborn, and Child Health; MoHSW: Ministry of Health and Social Welfare; PNC: Post-natal care; PA: Programme Assistant; PMTCT: Prevention of Mother to Child Transmission of HIV; RHC: Regional Health Coordinator; RMNCH: Reproductive, maternal, newborn and child health; U5: Under-five; U5MR: Under-five mortality rate; UNHDI: United Nations Human Development Index; WHO: World Health Organisation.

4.2 PROJECT SUMMARY: maximum 5 lines - Please provide a brief project summary including the overall change(s) that the initiative is intending to achieve and who will benefit. Please be clear and concise and avoid the use of jargon (*This is for dissemination about the fund and should relate to the outcome statement in the logframe*).

This project will improve the reproductive, maternal, newborn and child health of 106,000 women, and adolescent girls, and 53,000 under-fives in 7 counties of Liberia. Through a community-based approach, adolescent girls and women (of reproductive age) will have better knowledge of RMNCH and increased access to, and use of, relevant services. Their families and communities will support this improved RMNCH practice.

4.3 PROJECT DESIGN PROCESS

Describe the process of preparing this project proposal. Who has been involved in the process and over what period of time? How have the intended beneficiaries and other stakeholders been involved in the design? If a consultant or anyone from outside the lead organisation and partners assisted in the preparation of this proposal please describe the type of assistance provided.

BRAC has been working in Liberia since 2008, delivering integrated development programmes to poor and marginalised women and men. BRAC identified early on a need for projects that improve the reproductive, maternal, neonatal and child health situation in Liberia, and over the last four years has been developing/adapting a community-based approach, drawing on BRAC's global expertise. BRACL has had broad input from poor women and their families (including men) through health forums and household visits, community leaders, district/local medical officers and programme staff/volunteers.

A recent external evaluation has influenced design, with semi-structured group and individual interviews being held with women/household members, including pregnant women, community leaders, government health workers and NGOs, CHPs, AHCs, PAs, and BRAC managers. Subsequent discussions with BRAC global directors, MoHSW ministers and officials, County Health Teams, local health facilities, and other development partners through Government/NGO coordination committees, also helped define components that support GoL's health policies (e.g 100% facility-based deliveries; restrictions on over the counter drugs selling).

BRACL works closely with MoHSW who value BRAC's extensive female volunteer outreach capacity as a complement to that of their own government health volunteers (mostly male). The project also builds on data from branch area surveys and consultations with paramount chiefs, community leaders and local elders that help select participating households. BRAC staff in Liberia have worked together on the design, drawing on and adapting BRAC International's extensive experience of project design and referring to successful initiatives for MNCH programme in Bangladesh. The design has also been informed by antenatal care services by BRAC in three counties in Liberia. BRAC will implement the project in close collaboration with County Health Teams and will seek on-going consultation and refinement of the project.

4.4 PROJECT RATIONALE (PROBLEM STATEMENT)

Describe the context for the proposed project? What specific aspects of poverty is the project aiming to address? What are the causal factors leading to poverty and/or disadvantage? What gaps in service delivery have been identified? How has your proposal considered existing services or initiatives? Why has the particular project location(s) been selected and at this particular time? Please also refer to your response to section 3.3 (fit with MDGs) when answering this section.

Years of civil war eroded the social and economic fabric of Liberia, making it one of the least developed countries in the world (ranking 182/187 on the 2011 HDI). The transportation and health care delivery infrastructure was destroyed, resulting in considerable supply-side barriers for health care provision: there is a desperate lack of facilities, especially in rural, less accessible districts, and existing facilities are hard to reach.

There are severe shortages of trained health personnel (including midwives and nurses) and a lack of medical equipment and supplies. An overwhelming majority of Liberia's population live in poverty, limiting ability to pay for costly travel to clinics and treatment (over half of women 15-49 reported lack of money for treatment and having to take transport to distant health facility as a barrier in accessing health care⁸).

- Over 40% of children are not immunised against vaccine-preventable diseases, and 40% of U5s are stunted, indicating malnutrition⁹.
- Only one-third of women exclusively breastfeed their babies¹⁰.
- More than one in every ten children dies before their fifth birthday (over 15% of children die before their first birthday)¹¹.
- Teenage pregnancy (one-third of girls give birth before age 20), carrying greater risks for both mother and baby (babies born to girls <18 have a 60% increased risk of death) is significantly higher in rural areas¹². 70% of all births occur in rural areas; where 67.8% of births take place without skilled birth assistants, putting women at significantly more at risk of maternal mortality/morbidity, which is among the highest in the world.

Every day four women in Liberia die from (mostly avoidable/treatable) complications related to childbirth/pregnancy¹³. This is due to many women in remote villages being too far away from/having no access to adequate RMNCH care services, or they have to rely on inadequately trained health workers, who are often unable to perform essential procedures and lack appropriate facilities and equipment/drugs; there is also a lack of alignment between traditional practices and standard of care¹⁴.

⁸ World Bank 2011, Reproductive Health in at a Glance: Liberia

⁹ GoL, Ministry of Planning and Economic Affairs, UNDP (2010), MDG Report; State of the World's Children 2010

¹⁰ UNICEF 2010, At a glance: Liberia

¹¹ The State of the World's Children 2010

¹² Save the Children 2012; WHO Department of Making Pregnancy Safer – Liberia Country Profile

¹³ WHO Department of Making Pregnancy Safer – Liberia Country Profile; Every Mother Counts, 2012

¹⁴ Government of Liberia, Ministry of Planning and Economic Affairs, UNDP (2010), MDG Report

This compounded situation urgently calls for measures to address the gap in provision of quality, life-saving health care for pregnant women, mothers and their babies and young children at the community level.

The targeted 20 districts in seven counties are those where RMNCH services are particularly affected by poor access to health facilities (St. Paul River, Montserrado County has 1 health facility for 10,000 people), distance (66% live more than an hour's walk away from their nearest health facility¹⁵; the average distance for all targeted districts to nearest clinic range from 5.5-8.5 km, indicating that a great majority of people live over an hour's walk away¹⁶), and poor water and sanitation (Grandbassa has 1,689 households per water point¹⁷), having the greatest disease burden.

Girls and women in poor rural households (68% of the population in the targeted areas live in absolute poverty¹⁸) are the most affected by great urban/rural disparities: they have the lowest (7.1%) use of contraception (and just 3.6% among poorest quintile¹⁹), highest levels of early child bearing (one-third before age 20) and the highest fertility rate (8 among the poorest quintile)²⁰. Surveys suggest a high unmet need for both spacing and limiting births²¹.

Districts targeted are also those where BRACL is well-established in delivering its integrated holistic approach to poverty reduction, with good working relations with the government (welcoming initiatives to help lower the high maternal mortality) and NGOs. BRAC Liberia will leverage and expand its Essential Healthcare Programme (EHP) covering a population of over 550,000 to create a sustainable community-owned maternal and child health delivery model, making use of existing staff and volunteer capacity, infrastructure, the strong existing community outreach, and good relations with local government officials/leaders, maximising impact. The project will not overlap with any areas targeted by other organisations, such as Plan Liberia (providing training and kits for improved birth delivery for TBAs) or USAID/Africare (offering 'maternity waiting homes' before delivery).

Why at this particular time? BRAC has been working in Liberia since 2008 and consequently has a strengthened understanding of the country context to enable a deepening of its interventions. BRAC's existing health programme and its recent external evaluation have highlighted the urgent need for specific interventions to address RMNCH in these target districts.

4.5	TARGET GROUP (DIRECT AND INDIRECT BENEFICIARIES)	
	Who will be the direct beneficiaries of your project and how many will be expected to benefit directly from the project intervention? Please describe the direct beneficiary group(s) – differentiate sub-groups where possible - and then provide a total number.	
	DIRECT:	a) Description
		b) Number
		Poor adolescent girls and women of reproductive age and their children
		106,000 women and adolescents 53,000 under five children
	Who will be the indirect (wider) beneficiaries of your project intervention and how many will benefit? Please describe the type(s) of indirect beneficiaries and then provide a total number.	
	INDIRECT:	a) Description
		Household members of the direct

¹⁵ Center for Strategic & International Studies (2012), Road to Recovery - Rebuilding Liberia's Health System

¹⁶ The situation of children and women in Liberia, From Conflict to Peace, UNICEF 2012 and MoHSW

¹⁷ GoL, Bong/Grand Bassa/Grand Cape Mount/Lofa/Margibi/Nimba County Development Agenda (2008-2012)

¹⁸ The situation of children and women in Liberia, From Conflict to Peace, UNICEF 2012 and MoHSW

¹⁹ World Bank 2011, Reproductive Health in at a Glance: Liberia

²⁰ WHO Department of Making Pregnancy Safer, Liberia Country Profile; World Bank 2011, Reproductive Health at a Glance: Liberia

²¹ Liberia Demographic and Health Survey 2007 (latest available survey)

			beneficiaries, wider community members including adolescent boys/men, teachers, religious leaders and local elites)
		b) Number	270,000 households members
4.6	POTENTIAL PROJECT IMPACT Please describe the anticipated real and practical impact of the project in terms of poverty reduction. How does the proposal demonstrate a clear line of sight to poverty reduction? What changes are anticipated for the main target groups identified in 4.5 within the lifetime of the project?		
	<ul style="list-style-type: none"> • 106,000 poor women and adolescent girls will have improved reproductive and maternal health care, reducing risks of morbidity/mortality, contributing to achievement of MDG5. Their children will have improved health, contributing to achievement of MDG4. The changes are far-reaching, increasing life chances for women, particularly adolescents, enabling them to pursue livelihood activities that contribute to social and economic improvement, thus poverty reduction and improved nutrition for them and their families, contributing to the achievement of MDG1. • This project will impact on girls and women at different stages: they will be empowered to delay/control pregnancy, reducing risks and providing more life options; pregnant women and mothers will be better able to take care of themselves and their unborn/newborn children, with access to door-step information and services from trusted local women throughout their pregnancy, and delivery in safe health facilities; • 53,000 children under-five will be at reduced risk of morbidity/mortality, cared for by healthy mothers who regularly receive support and advice from Community Health Promoters (CHPs). With increased knowledge and understanding of RMNCH through monthly health forums and other awareness raising events, the wider communities, including men, will support more healthy behaviours including the use of RMNCH services. • 850 local women, CHPs and TBAs, will receive on-going skills development, and incentives for referrals/promotion of breastfeeding providing them with increased financial security, increased status and influence in their communities. Through them, women will have access to affordable basic health products and a more efficient referral system to government services. • The health committees, with better knowledge of their community health priorities, will influence changes in reproductive, maternal & child health practices throughout their communities (270,000 people) and advocate for better local government services. 		
4.7	PROJECT APPROACH / METHODOLOGY Please provide details on the project approach or methodology proposed to address the problem(s) you have defined in section 4.4. You should justify why you consider this approach to be the most effective way in which to achieve the project purpose. Please justify the timeframe and scope of your project and ensure that the narrative relates to the logframe and budget. Be realistic and not over ambitious.		
	The following project approaches are proposed: Developing the capacity of the CHPs and TBAs, empowering communities for informed demand for RMNCH services; strengthening systems for timely referral to quality RMNCH services; and building partnerships to promote all aspects of RMNCH issues with Government, private providers, local authorities, community leaders, other NGOs and Civil society.		
			7

Approach: We will expand our existing health programme and up-skilling our cadre of 550 community health staff and volunteers to provide door-step RMNCH information, services and referrals. 6 Area Health Co-ordinators (AHCs - qualified State Enrolled Community Health Nurses), supervising 40 Programme Assistants (PAs) who each in turn supervise 20 CHPs and 10 TBAs, trusted local women from the communities. BRACL will build on its existing relationship with local County Health Teams, NGOs and community leaders, to ensure full local engagement with the project. Target adolescent girls and women will be identified through baseline surveys, BRAC's existing household health records and national data.

Scope: BRAC has been successfully delivering community health services for over 30 years in Bangladesh and more recently in Afghanistan, Pakistan, Uganda, South Sudan, Liberia and Sierra Leone. BRAC's MNCH Manoshi programme in Bangladesh has achieved considerable success, in only 3 years – 2008 to 2011 - reducing the number of home deliveries from 86% to 16%, the maternal mortality ratio from 294 (per 100,000 live births) to 135 and the neonatal mortality rate from 16 (per 1,000 live births) to 13 in its target communities²². This project will provide RMNCH services in remote, rural communities across 7 counties in Liberia. A recent external evaluation of BRAC's existing community health services identified a clear need for new/innovative services to address RMNCH.²³

Timeframe: The three year timeframe is based on BRAC's track record of achieving wide-scale progress within short periods of time (since the inception of its essential healthcare programme in Liberia in 2008, more than 550 CHPs have been trained up and are bringing basic health services to the doorsteps of more than 780,000 Liberians).

Key components:

- Training provision: 12 initial days of RMNCH training for AHCs/PAs/CHPs on: identifying pregnant women, family planning, HIV/AIDS, immunisation, nutrition, safe water, sanitation and hygiene, pneumonia, malaria and TB control, also regular refresher training and capacity development for all staff/CHPs (monthly one-day for CHPs and PAs, 6 days per annum for TBAs and 1 day per annum for AHCs). Also 12 days training for local traditional birth attendants (10 per branch) to promote referral system and identifying high risk pregnancies.
- Operating the service: Each CHP will: provide doorstep services to 100 local households, visiting each H/H at least once a month, identifying/referring pregnant women, encouraging use of health facilities, especially for delivery, providing maternal and child health information, including preparedness for pregnancy, labour and parenting, PMTCT of HIV, essential newborn care, neonatal and child health problems, promotion of breastfeeding/complementary feeding, hygiene, water and sanitation, contraception and its correct use. She will check the health and immunisation records of mothers, newborns and U5s; support treatment of basic illnesses (e.g. diarrhoea, ringworm), referring those with more complicated conditions to health facilities. CHPs, with PAs, will also provide talks to couples within the households to support the engagement of husbands in RMNCH, including family planning and right of girls/women to control their fertility. CHPs and TBAs will be paid incentives for identifying pregnancies/making referrals for ANC, delivery, PNC, suspected TB, children with ARIs, diarrhoea/encouraging breastfeeding/contraceptive uptake (on average approx. £10 per month with receipt of referral slip) and earn income selling basic health products from her home (below market price, with stocks maintained by BRACL).
- Establishing Community Health Forums (CHFs) and Community RMNCH Committees (CHCs): PAs, supported by AHCs/CHPs, establish forums meeting monthly, providing

²² BRAC Annual Reports 2012, 2011

²³ Bailor, S (2012), External Evaluation BRAC Sierra Leone and Liberia, Essential Healthcare Programme

opportunity for discussion/dissemination of RMNCH information (sexual and reproductive health, teenage pregnancy, 10 basic RMNCH components). Also CHCs involving community and religious leaders, teachers and local/district health officers promote wider community understanding of, and attitudinal change around, RMNCH. CHCs will conduct social mobilisation campaigns with drama/dance/songs, rallies, RMNCH talks, billboard posters, local media (radio discussions, newspaper messaging), supporting National Immunisation, Malaria, TB, HIV/AIDS Days, Maternal and Child Health Week.

- Coordination and review meetings: BRACL meets regularly with MoHSW and CHTs, enabling local coordination, improved referrals, and greater use of government health/NGO facilities. Annual workshops in each district with BRAC staff/volunteers, primary health care clinic staff, and Government Health Volunteers. Local clinic staff also invited to attend/help facilitate CHP monthly refresher training to further strengthen working together. This integrated approach of local doorstep services, promotion of/referral to government/other health facilities, and increased community awareness that mobilises wide support will together bring about the intended changes; improved RMNCH and increased support from across the community that empowers women socially and economically, contributing to achievement of MDG1, as well as 4 &5.

4.8 SUSTAINABILITY AND SCALING-UP

How will you ensure that the benefits of the project are sustained? Please provide details of any ways in which you see this initiative leading to other funding or being scaled up through work done by others in the future. Describe how and when this may occur and the factors that would make this more or less likely.

Long-term sustainability of benefits is assured by:

- i) Doorstep services, CHFs, CHCs and social mobilisation will build and entrench knowledge of, and demand for, RMNCH services at household and community levels. This attitudinal change will extend beyond the project lifecycle.
- ii) As adolescent girls/women increase their health status, delay/control pregnancy, and pursue livelihood activities, households will be able to begin building assets and better protect themselves against future shocks and vulnerabilities.
- iii) CHPs and TBAs who provide the door-step services and support the CHFs are local women, known and trusted in the communities in which they work, increasing their access and authority, thus the knowledge retention and attitudinal change of community members. iv) Providing RMNCH skills, access to low cost, affordable health products, and monthly training to the CHPs will ensure these women are equipped to continue providing services beyond the project lifecycle. CHPs can maintain their health product income through access to a revolving loan from BRAC's microfinance programme.
- iv) This project represents investment in BRAC's holistic approach to sustainable poverty reduction, with community access to other BRAC programmes, notably agriculture and microfinance, building on/sustaining the impact of this project.
- v) Maintenance of close working relationships with local government health officials and community leaders, including through the CHCs and County and District Health Teams, to harness support for the project's objectives. Potential for additional funding and scale-up by: BRAC's strong collaboration with the MoHSW and County Health Teams ensures maximum opportunities for resource allocation for future expansion. On-going participation at county, district and national meetings for international/ national NGOs will also help identify/ build support for potential partnerships and new funding. M&E activities including mid-term and end term external evaluations and learning will be widely disseminated to influence government and donors to invest further to improve access to RMNCH services.

4.9	<p>CAPACITY BUILDING, EMPOWERMENT & ADVOCACY</p> <p>If your proposal includes capacity building, empowerment and/or advocacy elements, please explain how they these elements contribute to the achievement of the project's outcome and outputs? Please explain clearly why your project includes these elements, and what specific targets you have identified. Please also refer to the Additional guidance for GPAF Initiatives focused on Empowerment & Accountability - available on the GPAF web page.</p>
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Capacity building and empowerment of communities is at the heart of all BRAC programmes.

850 local women (550 CHPs and 300 TBAs) will be trained to provide a comprehensive range of RMNCH information, services and referral to poor, rural adolescent girls/women, contributing to improved RMNCH. Their training will include identification of pregnant women, promotion of family planning, HIV/AIDS prevention, immunisation, nutrition, safe water, sanitation and hygiene, also pneumonia, malaria and TB control.

The doorstep services, CHF and CHC campaigns will provide adolescent girls/women with better knowledge of RMNCH empowering them to make decisions about their own lives and that of their families, including pregnancy/family planning. Empowerment of women in RMNCH will lead to empowerment of women in the other aspects of their lives, increased status and gender equity. Through the CHF and CHCs, wider community members – including men - and leaders are empowered to participate in RMNCH promotion. With increased understanding of the importance of RMNCH for all household members, they will have greater capacity and motivation to advocate for the rights of girls/women and greater access to quality RMNCH services.

All contributing to the achievement of the project outcome of 106,000 women/adolescent girls having better knowledge of, and access to, RMNCH services supported by their families and communities. Through on-going training and capacity building, women in the project (CHPs, PAs, AHCs) will be empowered to seek promotion within BRACL, or elsewhere, and will be viewed by themselves and others as more financially secure and influential in their communities.

4.10	<p>GENDER AND SOCIAL INCLUSION</p> <p>How was the specific target group selected and how are you defining social differentiation and addressing any barriers to inclusion which exist in the location(s) where you are working? Please be specific in relation to gender, age, disability, HIV/AIDs and other relevant categories depending on the context (e.g. caste, ethnicity etc.). How does the project take these factors into account?</p>
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The project targets poor rural adolescent girls/women, their newborns and children who currently lack adequate knowledge of, and access to, RMNCH services. This includes female headed households, those caring for orphans, and women with HIV/AIDS, TB or disabilities. Identification of priority households will be based on new household/baseline survey (latter conducted by external evaluator), BRAC's extensive household health records from its existing programmes (dating back 4 years) and national data.

Women in Liberia generally bear the responsibility for their own healthcare and that of their families. Women's and their children's health and access to health care are affected not only by poverty, but also by gender inequality. This model prioritises RMNCH, and tackles gender, health care and poverty in a holistic way. Distance to health centres, costs of medicines, travel and time lost in productive labour are key barriers to women and their children in accessing services.

Through door-step services, the project is accessible to women with newborns/children and other commitments, and to adolescent girls out-of-school. The project will also provide a transport subsidy for ultra-poor pregnant women, enabling them to access health facilities for ANC, delivery and PNC. The project addresses barriers to RMNCH services and increases participation through maximum

use of local women staff and volunteers (including TBAs) from different ethnic groups. The frontline workers conducting these doorstep services, CHPs, are women known and trusted in the communities (and ethno-linguistically representative of their communities).

Careful targeting of marginalised communities, also staff and volunteer inclusion training, ensures that the poorest women/newborns/children, those with HIV/AIDS, disabilities, from minority ethnic groups, are fully involved in the project and their particular needs are met. BRAC addresses stigma and discrimination, notably around HIV/AIDS, and women's rights, through community health forums and community health committees (RMNCH). Impact for adolescent girls/women/newborns/children is sustained by working with whole communities, including men and leaders, through CHFs, CHCs and campaigns, increasing awareness and changing attitudes and practices in RMNCH, also promoting use of government facilities, increasing local demand for quality RMNCH services from government.

4.11 VALUE FOR MONEY (VFM)

Please demonstrate how you have determined that the proposed project would offer optimum value for money and that the proposed approach is the most cost efficient way of addressing the identified problem(s). Please ensure that your completed proposal and logframe demonstrate the link between activities, outputs and outcome, and that the budget notes provide clear justifications for the inputs and budget estimates.

This project cost offers real value for money for RMNCH community services at £12 per household per year. Costs are minimised by: using local resources e.g. recruiting/training local staff/volunteers increasing impact and sustainability; minimising management/administration costs e.g. with pro bono services and robust procurement, financial management and monitoring; paying local salaries to Bangladeshi staff supporting programme development; keeping vehicle use minimal and using bicycles or mopeds for longer journeys.

BRAC's comprehensive approach links targeted households to other BRAC initiatives such as microfinance, livelihood development, and human rights and legal services, and will further increase sustainability/impact of this project. BRAC draws in-kind contributions from across BRAC globally, its broad knowledge base, research and learning. BRAC's systems ensure transparency in reporting and accountability to all stakeholders.

Providing basic treatments to address RMNCH are cost-effective. For some countries, USD vested in family planning saves USD4 in subsequent complicated/unplanned pregnancy treatment. Improving RMNCH can have wider positive impacts on economic growth, between '30% and 50% of Asia's economic growth between 1965 and 1990 has been attributed to reduced infant and child mortality, reduced fertility, and improved reproductive health'. Current rates of maternal and newborn mortality are estimated to cost USD15 billion in lost productivity globally each year.²⁴

4.12 COUNTRY STRATEGY(IES) AND POLICIES

How does this project support the achievement of DFID's country or regional strategy objectives and specific DFID sector priorities? How would this project support specific national government policies and plans related to poverty reduction?

The outcome of the recent British Aid Review demonstrates DFID's on-going commitment to supporting Liberia in striving to achieve MDGs. The expected failure to fully achieve most of its MDG targets demonstrates the need for that support. Health is a key priority in DFID's new operational plans for Liberia.²⁵ DFID's top priorities for Liberia are reducing infant and maternal mortality, in a nation which needs to reduce its maternal mortality rate to 290/100,000 by 2015 (DFID 2013 target is

²⁴ WHO (2010), Investing in Our Common Future: Joint Action Plan for Women and Children's Health, Partnership for Maternal, Newborn and Child Health

²⁵ DFID Liberia Operational Plan 2011-2015

760/100,000); and its infant mortality rate to 39/1,000 live births by 2015.

The project fully supports Liberia's own policies, as previously reflected in their PRSP 2008-2011²⁶, prioritising the overall goal of expanding access to basic health care of acceptable quality and establish the building blocks of an equitable, efficient, responsive and sustainable health care delivery system. Building on the achievements of this PRSP, GoL is preparing a new development strategy (2012-2017), which will be linked to a national vision 'Liberia Rising 2030'²⁷.

Each county also follows its own devolved County Development Agenda (2008-2012). Moreover, the project supports GoL in implementing its new National Health and Social Welfare Policy and Plan (NHSWP) 2011–2021, which endeavours to extend quality essential health care through the Essential Package of Health Services (EPHS) to all citizens.

The EPHS includes a strong focus on pregnant women/mothers and children (especially the provision of emergency obstetric care and making skilled birth attendants available). It envisions health care service delivery at the primary, secondary and tertiary level; where primary care is to be provided by the 'community health system' (household health promoters, trained traditional midwives, health volunteers and primary care clinics), which will provide referrals to secondary level facilities (health centres, district hospitals)²⁸. However, this relies on a three-tiered system of service delivery which places the community health system (health volunteers and basic health care clinics) as the 'first stop' requirement for basic treatment and referrals to secondary care, often inaccessible for a substantial number of the Liberian population in rural areas.

This project aims to fill this crucial gap and support GoL in the transition to make essential health care available to all, by specifically focusing on reducing maternal and child mortality rates through quality RMNCH care. In this, it will support the government's decision in providing health care without user fees, making it free for mothers and U5s.

4.13 LESSONS LEARNED

What lessons have you drawn on (from your own and others' past experience) in designing this project? If this project is based on similar project experience, please describe the outcomes achieved and the specific lessons learned that have informed this proposal.

This project draws on decades of experience of BRAC in health programming in Bangladesh and evidence from BRAC Africa Research and Evaluation Units that evaluate the impact of the BRAC's wider health programmes in Sierra Leone, Liberia, Tanzania, Uganda and South Sudan.

Since 1972, BRAC has successfully developed a **holistic approach to poverty alleviation** and empowerment of poor people. In Bangladesh its low cost, community-based health services reach over 100 million, made possible by the work of 91,000 community health volunteers, 8,000 community health staff, 16,000 trained birth attendants, and 1,000 nutrition workers. BRAC has evidence from its MNCH programme in Bangladesh (slums and rural areas, since 2005) that MMR and U5MR can be reduced to MDG targets, along with neonatal deaths, through active engagement of women health volunteers and trained birth attendants, introduction of referral system for emergency cases, emphasis on exclusive breastfeeding up to six months, and nutrition programmes for under-twos, and collaboration with Government on full immunisation coverage²⁹. BRAC has also drawn on BRAC's extensive experience and learning delivering health education and empowerment innovations for adolescent girls.

In April 2012, an external evaluation of BRAC's health programme found overall objectives were

²⁶ Liberia Poverty Reduction Strategy (2008-2011)

²⁷ African Economic Outlook 2012, Liberia

²⁸ GoL, Ministry of Health and Social Welfare, Essential Package of Health Services, Primary Care: The Community Health System, June 2011

²⁹ BRAC (2012), Annual Report 2011

being met, including collaboration with the government to further facilitate and strengthen the implementation of national TB, malaria and immunisation programmes. Key programme targets such as identification/referral of malaria patients and immunisation were also being met. The evaluation identified a clear need for new/innovative services to address the urgent concerns raised by the adolescent girls/women consulted including lack of access to contraception, better links to government services and high levels of child diarrhoea and malaria.³⁰ Recommendations included in this proposal are: increasing incentives for CHPs through a paid referral system for institutional deliveries, ANC, PNC, and malaria; including more specialised components targeting maternal, newborn, and child health issues that maximises programme staff nursing expertise (AHCs); and continuing to support County Health Teams in community mobilisation through unique human resource of all women CHPs.

4.14 ENVIRONMENT

Please specify what overall impact (positive, neutral or negative) the project is likely to have on the environment. What steps have you taken to assess any potential environmental impact? Please note the severity of the impacts and how the project will mitigate any potentially negative effects.

There is limited scope for the generation of environmentally hazardous by-products in the project.

Positive: Environmental awareness issues (e.g. waste disposal and sanitation) will constitute part of the CHP outreach, the CHFs and CHCs, teaching all community members to respect their environment and enjoy and take pride in their local ecosystems.

Neutral: As programme uses existing buildings, there are no environmental impacts in terms of construction.

Negative: The environmental impacts of this programme are minimal. BRACL only uses cars or motorcycles for long distance or where absolutely necessary; BRAC staff travel locally with bicycles to mitigate environmental impacts and minimise costs. Whilst air travel is necessary e.g. external evaluations, conferences, BRACL combines trips where possible to minimise flights and keep its carbon impact to lowest possible levels. Programmes' environmental impacts are assessed regularly by BRACL.

SECTION 5: PROJECT MANAGEMENT AND IMPLEMENTATION

5.1 PROJECT MANAGEMENT

Please outline the project implementation and management arrangements for this fund. This should include:

- A clear description of the roles and responsibilities of each of the partners. This should refer to the separate project organogram, which is required as part of your proposal documentation.
- A clear description of the added value of the each organisation within the project.
- An explanation of the human resources required (number of full-time equivalents, type, skills, background, and gender).

Implementation: BRAC Liberia, in collaboration with the local communities will implement this project, carrying out all the project activities. BRACL will provide leadership and direction and will collaborate with stakeholders locally and nationally (including MoHSW, County and District Health Teams, multilaterals, NGOs). BRACL will be responsible for operational and financial management including project design, recruitment and training of staff/volunteers, procurement and expenditure, budget management, audit, risk management as well as monitoring and evaluation, identifying and

³⁰ Bailor, S (2012), External Evaluation BRAC Sierra Leone and Liberia, Essential Healthcare Programme

disseminating learning locally and nationally. BRACL will be accountable to its local stakeholders, including the GoL, communities and DFID regional office in Sierra Leone. BRACL's Country Representative reports directly to BRACL's board and also BRAC's Senior Director and Finance Director.

Appropriateness: BRACL is a pioneer in tackling the many dimensions of poverty, learning, adapting and scaling up for lasting impact. Since 2008, it has grown to become one of the largest NGOs in Liberia, employing currently 376 Liberians (76% women) are employed by BRAC (September 2012) providing microfinance, healthcare, agriculture and livestock, and human rights and legal empowerment programmes reaching more than 650,000 poor people (mostly women). Since October 2008, BRACL has been implementing an essential health care programme that reaches more than 540,000 poor Liberians through 552 community health promoters (all female) managed through 30 local branches in 7 counties and 47 programme staff. BRACL will draw on this local knowledge and experience. Its current senior managers are also able to draw on/adapt their previous years of experience with BRAC Bangladesh, leveraging 40 years of BRAC programme learning, including post-conflict experience, and call on international expertise and assistance across BRAC globally. BRAC ensures that the links across its network are maintained, learning is widely disseminated, and a range of technical expertise is easily available to BRACL.

HR: Senior staff at country and regional levels will be Bangladeshi expatriates with specific health expertise to provide support currently not available in-country. BRACL continually builds the capacities of its workforce and national staff may be promoted to these positions in line with BRAC's long-term vision of a locally-run organisation. 1 F/T experienced Health Programme Manager and 1 F/T Medical Officer (both Medical doctor and expatriate Bangladeshi staff), 3 F/T experienced Regional Health Coordinators (Masters degree holder, expatriate Bangladeshi staff). 1 Health Trainer/Material Developer (Masters level qualification), 6 F/T Area Health Coordinators (qualified State Enrolled Community Health Nurses/graduate level, all women).

AHCs are based at field level supervising/supporting the activities of the 40 F/T Programme Assistants (Minimum 'O' level and 100% women) and the 550 Community Health Promoters and 300 Traditional Birth Attendants (100% local women). Each PA is responsible for supervising 14 CHPs, 8 TBAs and organising CHFs, CHCs and social mobilisation campaigns. Each CHP will visit at least 100 households every month within her area. One F/T experienced Monitoring Officer reporting directly to the Country Representative, F/T experienced Area Accountants, 30 F/T Branch Accountants support programme management. For all recruitment, women candidates will have priority when equally qualified.

5.2	NEW SYSTEMS, STRUCTURES AND/OR STAFFING Please outline any new systems, structures and/or staffing that would be required to implement this project. Note that these need to be considered when discussing sustainability and project timeframes.
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Systems and infrastructure for the proposed project are mostly in place through the existing country, regional, area and branch offices established in 2008 when BRACL's microfinance activities started and built upon by BRACL's current health and agriculture programmes. This project builds on the local capacity established for the initial health programme with the majority of human resources (both programme and technical/support) receiving additional training to deliver this new project including 550 CHPs, 300 TBAs, 40 PAs, 7 AHCs, 4 RHCs, Medical Officer and Health Programme Manager. New staff will be employed on contract basis and released once the project is completed, or remain with BRACL if further funding/ other opportunities are available.

Programme staff/volunteers, notably the CHPs, PAs, TBAs, and AHCs, will receive RMNCH training and up-skilling. PAs will establish and organise the community committees (MNCH), mothers forums' and community health forums and be trained on how manage and build their capacities. A system to

manage the BRACL and DFID relationship will be developed after grant approval, before the start of project implementation.

5.3 IMPLEMENTING PARTNERS

Include a list of all organisations to be involved in project implementation including offices of the applicant and any partners starting with the main partner organisation(s). Implementation partners are defined as those that manage project funds and play a prominent role in project management and delivery.

BRAC Liberia

5.4 OTHER ACTORS / COLLABORATIVE PARTNERS

Include all other key stakeholders who will have a role in the project. Consider issues of integration with other programmes – especially those of the relevant government agencies – and how activities will be coordinated with others. How will you ensure that there will be no duplication of effort? Collaborative partners are defined as those that play a key role in supporting the delivery of the project and in coordination, but do not directly manage project funds.

BRAC Liberia will continue to collaborate closely at the central, County and local level with relevant government ministries and supporting multilaterals (WHO, UNICEF, UNFPA). BRACL attends monthly health coordination and reproductive health meetings at the MoHSW. BRACL also regularly participates in the INGO health coordination meetings. BRAC is an active member of public private mix forum for TB and malaria consortium. Monthly meetings take place with County Health Teams and BRAC representatives actively participates in the meeting where all stakeholders participate. BRAC also maintains close collaboration with the community leaders which will strengthen further through the project’s Community RMNCH Committees.

SECTION 6: MONITORING, EVALUATION, LESSON LEARNING

This section should clearly relate to the project logframe and the relevant sections of the budget.

6.1 How will the performance of the project be monitored? Who will be involved? What tools and approaches are you intending to use? How will your logframe be used in M&E? What training is required for M&E?

The key performance indicators, targets and milestones are contained within the **logframe** which will be a key tool for monitoring and evaluating this project. A household survey, for the baseline survey, conducted by **trained surveyors**, contributes to a wider community process of identifying target adolescent girls/women and their newborns/children. The baseline data will inform any necessary revisions to the log frame at this initial stage.

The F/T **Monitoring Officer**, reporting to the Senior Monitoring Manager and supported by BRACL’s in-house monitoring unit and the project managers, will co-ordinate monitoring processes. S/he will establish processes for regular collection and collation of all the data described at the logframe’s impact, outcome and output levels, and other **quantitative** data e.g. attendance at refresher trainings and uptake of inputs disaggregated by gender.

Additional **qualitative** indicators will also be developed and data collected/collated, e.g. commitment and engagement of communities and their leaders, changes in attitude towards RMNCH, and support and engagement of local, county and national government. AHCs are based at field level, each supervising/supporting the activities of approx. 6 PAs.

PAs will each monitor 14 CHPs, visiting each CHP/community at least fortnightly, using observation, discussions with adolescent girls/ women/male family members and review of written health records

for each household which records evidence of referrals, method of contraception, and vaccination status. Data submitted to the Monitoring Officer is entered on the Management Information System and used to track progress throughout the project cycle, analysed by **RHCs and the Programme Manager** and summarised in quarterly reports for the Country Representative.

BRACL has established robust financial management systems and will undertake rigorous financial analysis of the project, 7 F/T **Area Accountants** will provide detailed financial monitoring/reports. All analysed technical/financial data will be discussed at country-level reviews with BRACI's health team, learning identified and appropriate changes made. In addition to this regular review of outcomes/budget, BRACL will submit annual reports to DFID along with its annual external audit of the country programme. A mid-term review and end of project evaluation will be commissioned – in consultation with DFID - to an external, independent consultant with a background in RMNCH in West Africa. Internal monitoring information will support this external evaluation, impact assessment and learning. A range of methods will be used as appropriate, including observation, evaluation questionnaires for training and workshops, focus group discussions and semi-structured interviews.

All stakeholders, including adolescent girls/women, CHPs, TBAs, male family members, community and religious leaders, health officials at local, district and national levels and NGOs, will input into the **internal reviews, annual reports, and the external mid-term review and end of project evaluation**. This project will benefit from BRAC's continuous efforts to improve its M&E systems. BRACL will draw on experience of monitoring its essential healthcare programme, and as part of the larger BRAC family, draw on and contribute to M&E expertise in its other programming countries in Africa and Asia. This includes extensive knowledge of monitoring BRAC's MNCH programme in Bangladesh and the expertise in the BRAC's West Africa Research and Evaluation Unit. Annual international meetings will provide opportunities for BRAC's country managers, international directors and consultants from related institutions to facilitate regional and global learning. Studies are periodically undertaken by BRAC's in-house but independent regional Research Unit in Kampala.

6.2	Please use this section explain the budget allocated to M&E. Please ensure there is provision for baseline and on-going data collection and a final independent evaluation.
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BRAC International will facilitate and coordinate with DFID on the independent evaluations. Total budget for M&E&L is £173,462 (8.67% of overall budget) includes 80 workshops with wider stakeholders to disseminate learning. An external independent evaluator will be commissioned at baseline/mid-term/and end of project. BRAC International will also undertake at least one internal monitoring visit each year– in addition to provision of technical assistance through specialist consultants and senior health specialist (4 trips in total). For impact evaluation and monitoring purposes a sample based baseline survey (£36,000) will be carried out to gauge the progress of the programme and to revise the log-frame baseline information if necessary. In-country monitoring costs include monitoring officer assigned to the programme and MIS officer (0.25 FTE), monitoring officer (1 FTE) and auditors/accountant (0.25 FTE) in total £14,670.

6.3	Please explain how the learning from this fund will be incorporated into your organisation and disseminated, and to whom this information will be targeted (e.g. project stakeholders and others outside of the project). If you have specific ideas for key learning questions to be answered through the implementation of this project, please state them here.
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BRACL is a learning organisation and continuously seeks to identify and share learning across its programmes. Using BRAC International's global research departments and knowledge institutions e.g. BRAC Development Institute, and James P Grant School of Public Health (BRAC University), learning will be shared across health programmes in Asia and Africa. BRACL will also disseminate project evaluations/results with DFID, match funders, and wider international donor community. Learning will be shared with DFID regionally; whose priority is reducing maternal and childhood mortality. BRAC Liberia will continue to engage with their Governments at all levels, and other key stakeholders e.g. NGOs, WHO, UNICEF, USAID, UNFPA, seeking to influence government policy,

based on the evidence of the learning it shares, and secure further funding for similar initiatives. At a local level, learning between staff, community volunteers, both BRAC and other NGOs, will be promoted through training and national workshops leading to improvements in project delivery.

SECTION 7: PROJECT RISKS AND MITIGATION

7.1 Please outline the main risks to the success of the project indicating if the potential impact and probability of the risks are high, medium or low. How will these risks be monitored and mitigated? If the risks are outside your direct control, is there anything you can do to manage their effects? If relevant, this may include an assessment of the risk of engagement to local partners; or risks related to natural or man-made shocks (e.g. drought, conflict) and longer term stresses (e.g. land degradation). The risk assessment for your programme needs to clearly differentiate the **internal** risks and those that are part of the **external** environment and over which you may have less (or little) control. You may add more rows to the table as required.

Explanation of Risk	Potential impact High/Medium/Low	Probability High/Medium/Low	Mitigation measures
Internal risks			
Training not fully understood or implemented by CHPs	High	Low	CHPs receive monthly refresher training, on-going support from PAs/AHCs. Quality of training, outputs closely monitored.
Drop out of key staff	Medium	Low	Providing capacity building, creating a motivated working environment minimises dropout
Unreliable availability of health commodities (shortages/raised prices /remoteness/poor roads, esp. in rainy season)	Medium	Medium	BRACL will maintain a close relationship with current suppliers, identify new suppliers, advance procurement and use storage at BRAC warehouses.
People do not use the RMNCH services they are referred to because of distance, poverty	High	Medium	BRACL's integrated programmes offer ways of moving out of poverty. The referral system ensures follow-up checks at household level and assistance with transport.
Lack of support from, and limited change in attitudes/practices of, community/religious leaders, teachers, wider male population	High	Medium	BRACL has strong existing relationships. Quality facilitation, particularly during setup, will maximize support. Close supervision and community-wide approach.
External risks			
Low quality health facilities (and poor infrastructure) reduces the effectiveness of referrals	High	Medium	BRACL will develop referral systems with high quality health facilities, will continue to work with all stakeholders to strengthen supply/demand sides of the health system.
Policy change by MHSW or policy variation between decentralised	Medium	Medium	BRACL has strong relationship with the MoHSW, County Health Teams and will maintain regular

County Health Teams			communication with all, reducing the possibility of such changes.
Displacement or migration from civil unrest, natural disaster or increased food insecurity	Medium	Medium	BRAC has a disaster preparedness plan and systems in place to mitigate impact and minimise disruption.

SECTION 8: CAPACITY OF APPLICANT ORGANISATION AND ALL IMPLEMENTING PARTNER ORGANISATIONS (Max 3 pages each)

Please copy and fill in this section for yourselves and each implementation partner

8.1	Name of Organisation	BRAC Liberia	
8.2	Address	Allison Street, Congo Town, P.O.Box 1940, Monrovia, Liberia	
8.3	Web Site	www.brac.net	
8.4	Registration or charity number (if applicable)	INGO/0015 (Ministry of Planning and Economic Affairs)	
8.5	Annual Income	Income (original currency): USD 1,086,046 Income (£ equivalent): 682,797 Exchange rate: 1.59058 Start/end date of accounts (dd/mm/yyyy) From: 01/01/2011 To: 31/12/2011	
8.6	Number of existing staff	414 288 Female, 126 Male	
8.7	Proposed project staffing staff to be employed under this project (specify the total full-time equivalents - FTE)	Existing staff	
		New staff	42 FTE
8.8	Organisation category (Select a maximum of two categories)		
	Non-Government Org. (NGO)	X	Local Government
	Trade Union		National Government
	Faith-based Organisation (FBO)		Ethnic Minority Group or Organisation
	Disabled Peoples' Organisation (DPO)		Diaspora Group or Organisation
	Orgs. Working with Disabled People		Academic Institution
	Other... (please specify)		
8.9	A) Summary of expected roles and responsibilities, AND B) Amount (and percentage) of project budget allocated to this partner		

A): BRAC Liberia will carry out the project activities and be responsible for all managerial tasks including project design, development of strategies, recruitment and training of staff/community promoters, TBAs, budget management, procurement, and expenditure as well as monitoring and evaluation. Field staff, community promoters, TBAs will undertake implementation locally under direct supervision from Area Health Coordinators who have nursing degree.

B): £ 1,999,676

8.10 EXPERIENCE: Please outline this organisation's experience in relation to its roles and responsibilities on this project (including technical issues and relevant geographical coverage)

BRAC Liberia has grown rapidly since it was launched in 2008 and completed four full years of operations by the end of October 2012. BRAC Liberia benefits from BRAC International's now substantial track record in Africa - where the BRAC approach has been proven to go to scale within seven years - as well as BRAC in Bangladesh's four decades of experience in post-war and post-disaster development.

BRAC Liberia is operating successful services in microfinance, health, agriculture, and poultry/livestock, and by September 2012 had reached a population of almost 540,000 people through 30 branches in 7 counties. BRAC Liberia has demonstrated its capacity to extend essential health care services to thousands of poor rural women and men – 552 health promoters are creating health awareness at door steps and refer cases to the nearest health facilities. These promoters also participate in the national health events with MoHSW in their communities.

As of September 2012, a total of 52,659 patients were referred to the nearest hospitals or clinics and 136,248 patients were treated for minor ailments by CHPs. To create health and nutrition awareness, Community Health Promoters and Programme Assistants are conducting health meetings and individuals contacts in the communities. To date 38,219 health meetings were conducted with 361,478 participants.

BRAC works closely with the County Health Teams. In Bong and Lofa counties, BRAC implements Directly Observed Treatment Short course (DOTS) through CHPs and currently 117 TB patients are under DOTS. BRAC also supports one TB Microscopic Centre at Gardnersville Government Clinic and provides free TB diagnosis and referral service at Gardnersville BRAC health & diagnostic centre. BRAC Liberia also provides Antenatal Care (ANC) services through 3 branches in 3 counties – Montserrado, Lofa, and Bong. As of September 2012, 3,763 pregnant women in 47 communities have been provided ANC services. To reduce the high maternal mortality, group meetings with pregnant women were conducted in the community. Through these meetings, suspected high risk mothers were referred to the nearest health facilities. As of September 2012, 120 of these kinds of meetings were conducted with 1,108 pregnant women.

To date, BRAC in Liberia has disbursed almost USD 11.6 million through 1,626 women's groups (31,727 members) for its microfinance programme. BRAC Liberia has delivered extensive local recruitment and training programmes – currently 376 Liberians (76% women) are employed by BRAC. Additionally, the senior management (Bangladesh expatriates) of BRAC Liberia all have extensive operational experience of implementing BRAC health programmes in Bangladesh and other BRAC countries such as Afghanistan and Uganda.



In Liberia, BRAC implements its programmes through its Country Office in Monrovia, Area Offices (Paynesville, St. Paul, Gbarnga, Ganta, Voinjama and Buchanan) and Branches (Paynesville North, Paynesville South, Barnersville, Gardnersville, Sinkor, Kakata, Congo Town, Jacob Town, New Kru, Caldwell, St. Paul, Logan Town, Sinje, West Point, Gbarnga, Suakoko, Totota, Weala, Ganta, Saclepea, Tapita, Sanniquellie, Voinjama, Kolahun, Foya, Zorzor, Salayea, Buchanan, Compound #3, Airport). All branches are managed by Liberian women.

8.11 FUND MANAGEMENT: Please provide a brief summary of this organisation's recent fund management history. Please include source of funds, purpose, amount and time period covered.

Activities	Period (From-To)	Project Cost (US\$)	Funding Sources
Health	2008-2012	1,460,284	FOSI, Omidyar Network, Humanity United UNFPA, BRAC USA
Agriculture	2008-2015	2,154,886	FOSI, Omidyar Network, Humanity United BRAC USA, AGRA, Plan Liberia
Livestock	2008-2015	1,958,077	FOSI, Omidyar Network, Humanity United BRAC USA, Chevron, DAI
Microfinance	2009-2012	5,216,161	SEDF, Omidyar Network, UNCDF, Kiva
Training Center	2008-2012	1,000,000	FOSI, Omidyar Network, Humanity United
Research, Evaluation and Monitoring	2008-2015	219,980	FOSI, Omidyar Network, Humanity United
Long Proposal Development	2008-2011	173,000	FOSI, Omidyar Network, Humanity United BRAC USA

HO Management	2008-2015	356,236	FOSI, Omidyar Network, Humanity United BRAC USA
Total Amount (US\$)		12,538,624	
Total Amount (£)		7,885,927	

8.12 CHILD PROTECTION (for projects working with children and youth (0-18 years) only)
How does this organisation ensure that children and young people are kept safe? Please describe any plans to improve the organisation's child protection policies and procedures for the implementation of this project.

BRAC has developed a Code of Conduct for all BRAC staff on child protection which is being adapted for all BRAC operating countries. BRACL has established a Child Protection Team (four members) which oversees and monitors CPP policy and practice.

8.13 FRAUD: Has there been any incidence of any fraudulent activity in this organisation within the last 5 years? How will you minimise the risk of fraudulent activity occurring?

BRAC's structured supervision and strong monitoring and audit minimises the risk of incidence of fraudulent activity. If any irregularity is detected, immediate action will be taken as per BRAC's policy on Fraud and Bribery.

SECTION 9: CHECKLIST OF PROPOSAL DOCUMENTATION

9.1	Please check boxes for each of the documents you are submitting with this form. All documents must be submitted by e-mail to: gpaimpact@tripleline.com	
	Mandatory Items	Check Y/N
	Proposal form (sections 1-7)	Y
	Proposal form (section 8 - for applicant organisation and each partner or consortium member)	Y
	Project Logframe	Y
	Project Budget (with detailed budget notes)	Y
	Most recent set of organisational annual accounts	Y
	Project organisational chart / organogram	Y
	Project bar or Gantt chart to show scheduling of activities	Y
9.2	Please provide comments on the documentation provided (if relevant)	

GLOBAL POVERTY ACTION FUND IMPACT GRANT

Grant Arrangement between the Department for International Development and BRAC Liberia

Project Title: A community-based approach to improving reproductive, maternal, newborn and child health for women, adolescent girls and under-fives in seven counties in Liberia

Country: Liberia

GPAF Ref: GPAF-IMP-098 (this **MUST** be quoted in **ALL** correspondence)

1. The Department for International Development (DFID) is prepared to make a grant not exceeding **£1,326,788** (one million, three hundred and twenty six thousand, seven hundred and eighty eight pounds sterling) to **BRAC Liberia** in connection with the project identified above.
2. The grant will start on 1 November 2013 and end on 31 October 2016.

FUNDING UNDER THE ARRANGEMENT

3. The maximum funding set for each year of this project is:

Year 1	1 November 2013 – 31 March 2014	£299,076
Year 2	01 April 2014 – 31 March 2015	£411,235
Year 3	01 April 2015 – 31 March 2016	£401,800
Year 4	01 April 2016 – 31 October 2016	£214,677

PROVISIONS

4. The provision of the grant is subject to the following:
 - a. Your organisation is registered as a not for profit organisation and has the capacity to comply with the requirements set out in this Grant Arrangement. If not previously provided, the organisation must provide evidence of their status;

- b. Your organisation allows access by DFID or its representatives to project sites and to relevant records for the purposes of monitoring, evaluation and audit;
- c. Your organisation will ensure that those benefiting from the project are not harmed in any way through contact with the project. The organisation will take all reasonable steps within their power to ensure that this does not happen. The organisation will familiarise itself with the relevant laws and comply with them where required and adopt best practice where this is available from an authoritative source.
- d. Your organisation complies with the following specific terms and conditions:
 - i. The Grantee should show how it will enhance its procurement expertise through training and/or recruitment and agree the course of action with a clear timetable with DFID within three months of commencement of the grant. The new or newly trained specialist would be responsible for ensuring full compliance to the procurement guidelines and relevant regulations such as procurement regulations of BRAC International, donors and the government of Liberia, as well as minimise any potential fraud and errors associated with procurement processes.
 - ii. Within six months of commencement of the grant, the Grantee should put in place a procurement strategy and a comprehensive plan that would guide the activities of the procurement unit in every fiscal year. This would ensure full compliance with acceptable procurement procedures and promote periodic reviews for corrective actions to be undertaken by management where appropriate.
 - iii. The Grantee should maintain an up-to-date fixed assets register. The fixed asset register should contain all fixed assets owned by the organisation (buildings, motor vehicles, computers & equipment, fixtures & fittings, etc.). The details of these assets should be accurately recorded and include: description of assets; serial numbers; other identification numbers, list price; location of assets; date of purchase and the useful economic life of the asset. To help safeguard the assets, periodic physical assets verification should also be performed. The first verification should be carried out within six months of commencement of the grant, and verifications performed at least at six-monthly intervals thereafter.
 - iv. The Grantee should establish a comprehensive and clearly defined expenditure authorisation limits requirement (as part of the accounting procedures manual), within three months of commencement of the grant, which would guide management in the authorisation and approval of expenditure at the head office in Monrovia and the various branches in the various counties in which it operates. This will help ensure that expenditure is approved by the

appropriate authorities at all levels and at all times in a timely manner.

- v. The finance department of BRAC Liberia should, as part of its roles and responsibilities, review the effective monitoring of the inflationary risks exposed to BRAC Liberia. This should be accurately assessed and the related impact on the operations of the organisation identified and mitigated to avert any potential adverse effect on the organisation. This should be actioned within six months of commencement of the grant.
 - vi. The Grantee should ensure that an M&E strategy is put in place together with an agreed frequency of reporting for Key Performance Indications (KPIs), within six months of commencement of the grant. This would help to promote effective monitoring, evaluation and reporting on the achievements of KPIs, targets, performance and overall objectives of the organisation.
 - vii. Within six months of commencement of the grant, an effective cost-benefit analysis should be conducted by the M&E Unit to guide management in decision making.
 - viii. Any other specific conditions arising from a previous due diligence check and which form part of a previous CSCF or GPAF grant arrangement are also applicable to this grant.
- e. Funds provided by DFID will not be used to meet the cost of import or customs duties or any similar fees imposed by the Government of Liberia on goods and services provided, except where specifically agreed with and allowed for by DFID.
 - f. If at any stage your organisation should become aware of, or suspect, any misappropriation or diversion of funds or possible fraud or corruption relating to the project/ programme activities funded by the DFID grant, you must report the matter immediately to the Fund Manager acting on behalf of DFID
 - g. Your organisation will have, and in the case of a partner your organisation will ensure that the partner will have and will keep in place adequate procedures for dealing with any conflicts of interest arising in the provision of goods and services (such as when providing grants, microloans or livestock to beneficiaries) required to deliver the project.
 - h. Your organisation will provide progress reports to the Fund Manager acting on behalf of DFID as detailed in paragraphs 34 to 44 below;
 - i. Continuation of the project in subsequent financial years will be dependent upon satisfactory progress being achieved each year. The issue of what is satisfactory progress will be a matter for DFID's sole discretion;

- j. Your organisation will tell DFID of any offer of funding for the project from anyone else which duplicates the DFID grant, or any part of it.
- k. Your organisation will provide an independent evaluation and a project completion report to the Fund Manager acting on behalf of DFID three months after the end of the funding period. The Fund Manager will provide details of the required reporting formats.
- l. Your organisation will not in any circumstances claim against DFID or hold DFID out as being responsible for the acts or omissions of any person (individual person or otherwise) engaged by your organisation or its partners pursuant to this grant arrangement and shall in no circumstances claim against DFID or otherwise hold DFID out as liable for any claims, costs or losses incurred by your organisation or its partners in terminating the engagement of any such persons. Your organisation indemnifies DFID for any costs incurred by DFID as a result of any such claim whether made by your organisation any of your partners or any persons engaged pursuant to this grant arrangement.
- m. DFID funding is not used for any awareness raising activities in the UK.
- n. If any changes occur which, in DFID's opinion, impair significantly the developmental value of the project, the Fund Manager acting on behalf of DFID may at DFID's request consult with your organisation at the earliest opportunity to establish if any measures can be adopted to resolve the position to DFID's satisfaction. In the event that they cannot then the provisions of paragraph 62 shall at DFID's discretion apply.
- o. Your organisation commits to taking appropriate steps to ensure that funds provided by the United Kingdom Government are not used to provide assistance to, or otherwise support, terrorists or terrorist organisations. No such funds, other financial assets and economic resources will be made available, directly or indirectly, to, or for the benefit of, a natural or legal person, group or entity associated with terrorism consistent with relevant United Nations resolutions, European Union measures and other international standards, such as those of the Financial Action Task Force, relating to counter terrorism in particular the financing of terrorism.
- p. Your organisation works towards applying transparency standards in line with the UKaid Transparency Guarantee to the funds received from DFID. Within three months of the commencement of the grant, your organisation must publish information about DFID funded projects in line with relevant categories of the International Aid Transparency Initiative (IATI) standards.
- q. With each quarterly payment claim you will provide a statement of compliance with the terms and conditions of this Grant Arrangement by completing and signing the form provided for this purpose.

PAYMENT OF FUNDS

5. We will make funds available at quarterly intervals in arrears.
6. If you wish to claim funds in advance you must provide written justification for your request when returning the signed copy of this arrangement. If your request is approved, all payments must be transferred to the project immediately and not held in any interest bearing account.
7. The DFID grant is to be used in respect of the project detailed in the project proposal submitted on 5 December 2012, the grant set-up form, logframe and final budget, plus any subsequent amendments which have been approved by the Fund Manager acting on behalf of DFID in writing.
8. When submitting a request for funds, you must use the GPAF Impact claim form. The Finance Officer or a responsible officer in your organisation is required to certify the request for funds and any accompanying detailed statements of expenditure and/or projected expenditure statement.
9. Statements so certified will be accepted as a proper discharge for the funds provided from the DFID grant. Further documentary evidence of the various payments made by your organisation will not normally be required for the processing of claims. However, DFID and the Fund Manager acting on behalf of DFID reserve the right to call for and examine such evidence prior to making any payments under the DFID grant.
10. Your organisation is required to keep, for seven years after the end of the project, documentary evidence (such as receipts, invoices) of all the expenses that form part of any claim form that it puts to DFID and such documentary evidence should be available to the Fund Manager upon request.
11. The UK's National Audit Office may carry out examinations into the economy, efficiency and effectiveness with which your organisation has used its resources in discharging its functions under the grant.
12. It is a condition of the DFID grant that additional funds for projects in excess of the DFID grant are in place prior to the commencement of each funding year. Any difficulties which arise in securing additional funding must be reported to the Fund Manager acting on behalf of DFID immediately. In signing this arrangement you are declaring that these additional funds are:
 - a. in place: which will mean that the additional funds are held in an account in your name or are committed to you irrevocably and unconditionally (or subject to conditions acceptable to DFID) for this project and are expected to be forthcoming for the subsequent years of the project;

- b. free funds unencumbered by any obligation to any third party to repay;
 - c. not derived from funds paid by DFID to another organisation;
13. Any difficulties that may materialise with additional funding must be reported immediately to the Fund Manager acting on behalf of DFID.
 14. You are required to draw up and agree project-specific MoUs with all project partners who are administering project funding. The MoUs must be approved by the Fund Manager prior to signature. The MoUs must be agreed and signed by all parties prior to any transfer of funds to the partners. The MoU should include reference to the terms and conditions included in this Grant Arrangement between DFID and yourselves, and clarify that those relating to DFID access to staff and records apply equally to the partner. It should clarify roles and responsibilities in terms of project management, financial and narrative reporting and record keeping; include provisions for conflict resolution and if necessary, dissolution of the partnership (and return of assets and unspent funds). There must be clear arrangements for financial accountability controls (including reference to anti-bribery, corruption and fraud policies); payment processes and conditions; recognition of DFID funding; developmental outcomes; and value for money.
 15. Even though your organisation may delegate aspects of the project to partner organisations, or to other third party representatives acting on your or your partners' behalf, it is understood that your organisation remains solely accountable for delivering the project and for compliance with these terms and conditions.
 16. Your organisation will ensure that partner organisations also comply with these terms and conditions and all relevant laws and regulations in the country where they operate.
 17. Your organisation will ensure that partner organisations are aware of and follow the DFID branding and publicity guidelines, wherever appropriate.

EMPLOYMENT OF PROJECT STAFF

18. Your organisation will ensure that it, and its partners, have appropriate employment policies and procedures in place relevant to the country of operation and ensure appropriate consideration of equal opportunities in the recruitment and selection of project staff. The issue of what is appropriate will be a matter for DFID's sole discretion.
19. If the grant is (in whole or in part) to enable your organisation or a partner of your organisation to fund a new post, your organisation will ensure the vacancy, and in the event of a partner your organisation will ensure the partner ensures that the vacancy is advertised externally, using appropriate media (including media that could attract disadvantaged groups). Your organisation, and in the case of a partner your organisation will ensure the partner, will make sure every advertisement is in accordance with current best

practice and will acknowledge that DFID has provided funds to your organisation in support of the objectives to be achieved by your organisations intention to employ the person for the post advertised. This applies to any re-advertisement. Records of the job descriptions, lists of the publications where the advertisements were placed and copies of the letters of appointment must be maintained and your organisation is responsible for ensuring that such information is obtained from any of your partners concerned. The issue of what is current best practice will be a matter for DFID's sole discretion'

20. Your organisation will maintain records of staff your organisation and/or its partners' recruits pursuant to this grant arrangement including their names, their salaries and their start, and, if appropriate, end dates and give the Fund Manager this information, if requested.
21. Your organisation will maintain all financial records including personnel and payroll records for the staff for seven years after this grant arrangement has ended. Your organisation will ensure its partner organisations employing staff referred to in paragraph 20 above also meet this requirement.

PROJECT BUDGET MANAGEMENT REQUIREMENTS

22. You are responsible for ensuring that your project expenditure is in line with the project budget in place at the time of this arrangement.
23. All Government Departments are required to forecast their cash requirements to HM Treasury on a monthly basis. To ensure DFID can meet its targets and avoid charges applied by Treasury for poor forecasting, your organisation must provide budget/payment forecasts to the Fund Manager on a quarterly basis, as part of the quarterly grant claim process.
24. Up to 10% can be transferred between budget lines within each budget sub-heading (i.e. capital, activities, staffing, administration and monitoring and evaluation) during the course of any financial year. However any virement over 10% within a budget sub-heading, or between budget sub-headings, must be approved in advance by the Fund Manager acting on behalf of DFID.
25. You must inform the Fund Manager acting on behalf of DFID as soon as possible (or on request) if it appears likely that there will be an under spend in the agreed annual allocation for the project. We cannot guarantee that funds will be available to accommodate any carry forwards into the subsequent financial years. Any requests to carry forward funds into subsequent financial years will only be processed as part of a year-end procedure. The Fund Manager will advise on deadline dates for submission. Late notification of under spends may result in funds being lost.
26. You are responsible for submitting a revised budget (in the same format as your original agreed budget) to the Fund Manager acting on behalf of DFID for approval. You should also provide an explanation of the changes you have made to the budget, why these changes are necessary and what impact

these will have on the project. When the requested budget changes have impact on project outputs and activities, you must also submit a revised logframe.

27. Should your revised budget be acceptable you will be issued with a revised Grant Arrangement setting out the new annual allocations for the project. This must be signed and returned to the Fund Manager acting on behalf of DFID within 30 days of receipt. Please note you cannot begin to report against your new budget until the Fund Manager acting on behalf of DFID is in receipt of your signed revised Grant Arrangement.

Unspent funds

28. A statement of all DFID funds received and expenditure incurred must be received by DFID within one month of the end of the funding period. Where any DFID-supplied funds remain unspent, and/or where interest has accrued as a result of unspent funds, these must be returned to DFID.
29. Your organisation is required to advise the Fund Manager acting on behalf of DFID in advance, and return the unspent funds and/or accrued interest to DFID.

ANNUAL AUDITED ACCOUNTS

30. Your organisation is required to submit Annual Audited Accounts for each of the financial years covered by any part of the DFID grant. Annual Audited Accounts must be signed by the Finance Officer on behalf of your organisation and be certified by your organisation's auditors as being a true reflection of your organisation's finances for the appropriate period.
31. The Annual Audited Accounts for your organisation must show the DFID grant as a separate item of income and the associated expenditure. Where you hold more than one DFID grant you must show each one separately.
32. On the basis that the Annual Audited Accounts for your organisation cannot show the DFID grant as a separate item of income, your organisation must supply a separate auditors' certificate confirming the total income and expenditure in respect of the DFID grant, together with the Annual Audited Accounts, prepared as set out above.
33. One copy of the Annual Audited Accounts, bearing original signatures, together with any necessary certificates, must be submitted to the Fund Manager acting on behalf of DFID by 30 April each year.

NARRATIVE REPORTING REQUIREMENTS

34. Within three months of the start date of the project as detailed in paragraph 2 of this Grant Arrangement, you must complete the baseline survey and use

the baseline data to prepare an up to date version of your project logframe. The Fund Manager will provide feedback and support to refine the logframe. This process will lead to an agreed version of the logical framework which will become the key reference document for project monitoring and evaluation and will be reviewed on an annual basis.

35. You are responsible for ensuring that progress reports on this project are provided every 12 months along with material for case studies (from year 2 onwards). At the end of the project, an independent evaluation report and a project completion report must be provided.
36. The annual progress report must cover reporting periods corresponding to the grant funding year (or part-year) ending 31st March, and all must be submitted by the deadline of 30th April each year.
37. The first annual report must include a separate management response addressing all of the recommendations contained within the due diligence report (section 4: findings and recommendations) related to this grant, including those not specifically mentioned as conditions of this grant in paragraph 4d.
38. An independent evaluation and a project completion report must be submitted to the Fund Manager acting on behalf of DFID three months after the end of the funding period. The Fund Manager will provide details of the required reporting formats.
39. Your expenditure for each year must be reported against the most recent detailed budget agreed by DFID or the Fund Manager acting on behalf of DFID and not the summary budget used for expenditure claims. The Fund Manager will provide details of the required financial reporting formats.
40. If narrative progress or financial reports are not received within the set deadlines, a detailed explanation will be required. Where valid justification is not received, suspension of funding may result, and future DFID funding to your organisation may be jeopardised.
41. Where a report is considered to be inadequate, resubmission may be required.
42. DFID will withhold £10,000 (ten thousand pounds sterling) from the final year of your grant until a satisfactory project completion report has been received and all project closure administration is completed.
43. It is essential that you keep the Fund Manager acting on behalf of DFID informed of any changes to the project, including changes to partner organisations or key staff positions. Any significant changes should be reported as soon as possible and not be left until the end of the project.

44. It is essential that you keep the Fund Manager acting on behalf of DFID informed of any significant changes to your organisation. Your organisation must inform the Fund Manager acting on behalf of DFID before:
- a. Changing your governing document, particularly concerning your organisation's aims, payments to members and members of the governing body, the sharing out of the organisation's assets;
 - b. Transferring of your organisation's assets to, or merging or amalgamating with, any other body, including a company set up by your organisation;
 - c. Changing your organisation's governance composition or structure;
 - d. If any legal claims are made or threatened against your organisation or its partner organisation/s which could adversely affect the delivery of the project during the period of the grant (including any claims made against members of our governing body or staff);
 - e. If your organisation or its partners are the subject of an investigation concerning your organisation, (or partner organisations), trustees, directors, employees or volunteers, carried out by the Police, Charity Commission, the Office of the Scottish Charity Regulator, HM Revenue and Customs or any other regulatory body operating in the country where the project is being delivered;
 - f. If your organisation's governing body falls below three members.

PROCUREMENT

45. Your organisation must ensure that any procurement using grant funds meets international good practice, demonstrates optimum value for money, is untied and free of narrow national self-interest, using transparent processes, transparently fair and open competition, and good contract management, including prevention of malpractice.
46. Your organisation should source goods and services from suppliers that clearly offer value for money, and whose work place practices meet corporate social responsibility standards. If your organisation is unable to source goods that in total cost above £100,000, DFID has three accredited procurement agents, who should normally be used to source goods. Please contact the Fund Manager acting on behalf of DFID who will advise on the process to follow.
47. Your organisation will establish and maintain an inventory of all items of equipment purchased (above £500) under the grant, using the form supplied at Annex 1. An up to date version of the inventory must be supplied to the

Fund Manager acting on behalf of DFID not less than annually for review, and accompany submission of the annual progress reports.

48. Assets (as defined in paragraph 47) purchased with DFID grant funds remain as the property of DFID. Any disposal of items shown on the inventory will be subject to agreement by the Fund Manager acting on behalf of DFID.

SECURITY

49. BRAC Liberia will be responsible for all security arrangements and Her Majesty's Government accepts no responsibility for the health, safety and security of individuals or property whilst travelling in connection with the Project.
50. BRAC Liberia will be responsible for taking out insurance in respect of death or personal injury, damage to or loss of property, and will indemnify and keep indemnified DFID in respect of:
 - a. Any loss, damage or claim, howsoever arising out of, or relating to negligence by BRAC Liberia, or by any person employed or otherwise engaged by BRAC Liberia, in connection with the performance of the project;
 - b. Any claim, howsoever arising, by any person employed or otherwise engaged by BRAC Liberia.
51. BRAC Liberia will ensure that such insurance arrangements as are made in respect of any person employed or otherwise engaged by BRAC Liberia are reasonable and prudent in all circumstances, including in respect of death, injury or disablement, and emergency medical expenses.
52. The costs of any insurance specifically taken out by BRAC Liberia to support the performance of this project may be included as part of the management costs of the project, and must be separately identified in all financial reporting relating to the project.
53. DFID and the Fund Manager acting on behalf of DFID may require your organisation to provide written evidence of its insurance details (including policies and relevant renewal receipts).

INTELLECTUAL PROPERTY RIGHTS

54. All intellectual property rights in all material (including, but not limited to, reports, data and designs, whether or not electronically stored) produced by your organisation or its personnel, members or representatives in the course of undertaking this project ("the Material") will be the property of your organisation.

55. In signing this Grant Arrangement, your organisation hereby grants to DFID a worldwide, non-exclusive irrevocable and royalty-free licence to use all the Material, where the term “use” shall mean, without limitation, the reproduction, publication and sub-licence of all the Material and the intellectual property rights therein, including the reproduction and sale of the Material and products incorporating the same for use by any person or for sale or other dealing anywhere in the world.

COMMUNICATIONS

56. Your organisation will give appropriate recognition to the provision of the grant by DFID in any press release or other contact with the media. The nature of such recognition will be decided in advance with the Fund Manager acting on behalf of DFID.
57. Your organisation will provide representatives of DFID’s Press Office with any necessary assistance required to formulate its own approach to the media in relation to the project.
58. Your organisation commits to collaborate with DFID to explicitly acknowledge DFID’s support through use of DFID’s UKaid logo in all communications with the public or third parties about this project, unless otherwise agreed [in advance]. Your organisation also commits to collaborate with DFID on other awareness raising activities where feasible and appropriate, in the UK and overseas, to profile the partnership and the results it is delivering. In line with DFID’s Transparency arrangements, BRAC Liberia gives consent for this Arrangement (and any subsequent amendments) to be published on DFID’s website.

COMPLIANCE AND TERMINATION

59. Failure to comply with any of the terms and conditions set out in this grant arrangement may result in DFID taking action which may include but is not limited to withholding payment of grant funds.
60. DFID or your organisation may terminate this grant arrangement at any time by giving 3 months’ notice in writing. In such an event your organisation may claim all costs properly and necessarily incurred directly pursuant to the grant arrangement in connection with the project prior to the date of the notice of termination.
61. Your organisation must use best endeavours to minimise the costs referred to in paragraph 60.
62. DFID may terminate this grant arrangement immediately and will be under no obligation to pay any funds pursuant to this grant arrangement (or otherwise) and may, at its discretion, be entitled to the refund by your organisation of all or any part of the funds paid under this grant arrangement if:

- a. your organisation directly or through your partners either repeatedly fails to comply with any of the terms of this grant arrangement or is in material breach of the terms and conditions of this grant arrangement or of the terms and conditions of any other DFID grant arrangement (whether currently or previously in place);
- b. DFID believes that fraud or serious mismanagement has occurred;
- c. your organisation at any time during the performance of the project goes into liquidation administration or other similar process, is dissolved or enters into any arrangements with its creditors;
- d. your organisation or any partner concerned, without the prior consent in writing of DFID assigns or transfers, or purports to assign or transfer, or causes to be assigned or transferred, any interest in this grant arrangement or any part, share or interest therein;
- e. there is a change in identity or character of your organisation (such assessment to be made at DFID's sole discretion) or that of any partner concerned including, but not limited to, through the take-over, merger, change of ownership or control;
- f. in the event the project ceases to be pursued for any reason other than by way of successful completion;
- g. your organisation uses the funds provided under this or any DFID grant arrangement for any purpose other than the purpose provided for; or
- h. funding required in excess of the funds under this grant arrangement are not available.

SIGNATURE

- 63. If the arrangements set out above and in the attached guidance are acceptable to BRAC Liberia, this letter will place on record the understanding of our two organisations and will come into operation on the date of signature.
- 64. If the event of any material changes to the content of this Arrangement or revisions to the project, an Amendment Letter will be issued for signature.
- 65. Please sign two copies of the original, one copy is for your retention with the second to be returned to the Fund Manager acting on behalf of DFID, along with your payment request / request for funds.

Signed on behalf of DFID:

Name: Margaret Sinclair
Title: GPAF Programme Officer
Department: Civil Society Department, DFID
Date:

Signed on Behalf of BRAC Liberia:

Name:
Title:
Date:

Please complete the following details:

Bank Accounts

Payments will be made into BRAC Liberia’s bank account as follows:

Bank Name:	
Bank Postal Address:	
Name of Account:	
Bank Account Number:	
Sort Code:	
Currency of Bank Account:	
IBAN number: <small>[required for bank accounts within Europe]</small>	
SWIFT number:	
ABA or BIC Number: <small>[BIC required for bank accounts within Europe]</small>	

In the event of any changes to the details shown in the paragraph above, DFID must be notified immediately on BRAC Liberia’s official letter heading, signed by the Financial Officer. The notification must be in the form of an original document; faxed, copied or scanned documents will not be accepted.

Annex 1: Inventory

A community-based approach to improving reproductive, maternal, newborn and child health for women, adolescent girls and under-fives in seven counties in Liberia Inventory
GPAF Reference Number: GPAF-IMP-098

Item No.	Serial No.	Date of Purchase (dd/mm/yy)	Descriptions (make and Model as appropriate)	Purchase Value (£ or \$, not both)	Location / User	Responsible person	Anticipated years of life	Disposal Date (dd/mm/yy)	Reason for disposal

Signature if authorised certified officer: _____

Print name and title: _____

Date: _____

GLOBAL POVERTY ACTION FUND IMPACT GRANT

Grant Arrangement between the Department for International Development and BRAC Liberia

Project Title: A community-based approach to improving reproductive, maternal, newborn and child health for women, adolescent girls and under-fives in seven counties in Liberia

Country: Liberia

GPAF Ref: GPAF-IMP-098 (this **MUST** be quoted in **ALL** correspondence)

1. The Department for International Development (DFID) is prepared to make a grant not exceeding **£1,326,788** (one million, three hundred and twenty six thousand, seven hundred and eighty eight pounds sterling) to **BRAC Liberia** in connection with the project identified above.
2. The grant will start on 1 November 2013 and end on 31 October 2016.

FUNDING UNDER THE ARRANGEMENT

3. The maximum funding set for each year of this project is:

Year 1	1 November 2013 – 31 March 2014	£299,076
Year 2	01 April 2014 – 31 March 2015	£411,235
Year 3	01 April 2015 – 31 March 2016	£401,800
Year 4	01 April 2016 – 31 October 2016	£214,677

PROVISIONS

4. The provision of the grant is subject to the following:
 - a. Your organisation is registered as a not for profit organisation and has the capacity to comply with the requirements set out in this Grant Arrangement. If not previously provided, the organisation must provide evidence of their status;

- b. Your organisation allows access by DFID or its representatives to project sites and to relevant records for the purposes of monitoring, evaluation and audit;
- c. Your organisation will ensure that those benefiting from the project are not harmed in any way through contact with the project. The organisation will take all reasonable steps within their power to ensure that this does not happen. The organisation will familiarise itself with the relevant laws and comply with them where required and adopt best practice where this is available from an authoritative source.
- d. Your organisation complies with the following specific terms and conditions:
 - i. The Grantee should show how it will enhance its procurement expertise through training and/or recruitment and agree the course of action with a clear timetable with DFID within three months of commencement of the grant. The new or newly trained specialist would be responsible for ensuring full compliance to the procurement guidelines and relevant regulations such as procurement regulations of BRAC International, donors and the government of Liberia, as well as minimise any potential fraud and errors associated with procurement processes.
 - ii. Within six months of commencement of the grant, the Grantee should put in place a procurement strategy and a comprehensive plan that would guide the activities of the procurement unit in every fiscal year. This would ensure full compliance with acceptable procurement procedures and promote periodic reviews for corrective actions to be undertaken by management where appropriate.
 - iii. The Grantee should maintain an up-to-date fixed assets register. The fixed asset register should contain all fixed assets owned by the organisation (buildings, motor vehicles, computers & equipment, fixtures & fittings, etc.). The details of these assets should be accurately recorded and include: description of assets; serial numbers; other identification numbers, list price; location of assets; date of purchase and the useful economic life of the asset. To help safeguard the assets, periodic physical assets verification should also be performed. The first verification should be carried out within six months of commencement of the grant, and verifications performed at least at six-monthly intervals thereafter.
 - iv. The Grantee should establish a comprehensive and clearly defined expenditure authorisation limits requirement (as part of the accounting procedures manual), within three months of commencement of the grant, which would guide management in the authorisation and approval of expenditure at the head office in Monrovia and the various branches in the various counties in which it operates. This will help ensure that expenditure is approved by the

appropriate authorities at all levels and at all times in a timely manner.

- v. The finance department of BRAC Liberia should, as part of its roles and responsibilities, review the effective monitoring of the inflationary risks exposed to BRAC Liberia. This should be accurately assessed and the related impact on the operations of the organisation identified and mitigated to avert any potential adverse effect on the organisation. This should be actioned within six months of commencement of the grant.
 - vi. The Grantee should ensure that an M&E strategy is put in place together with an agreed frequency of reporting for Key Performance Indications (KPIs), within six months of commencement of the grant. This would help to promote effective monitoring, evaluation and reporting on the achievements of KPIs, targets, performance and overall objectives of the organisation.
 - vii. Within six months of commencement of the grant, an effective cost-benefit analysis should be conducted by the M&E Unit to guide management in decision making.
 - viii. Any other specific conditions arising from a previous due diligence check and which form part of a previous CSCF or GPAF grant arrangement are also applicable to this grant.
- e. Funds provided by DFID will not be used to meet the cost of import or customs duties or any similar fees imposed by the Government of Liberia on goods and services provided, except where specifically agreed with and allowed for by DFID.
 - f. If at any stage your organisation should become aware of, or suspect, any misappropriation or diversion of funds or possible fraud or corruption relating to the project/ programme activities funded by the DFID grant, you must report the matter immediately to the Fund Manager acting on behalf of DFID
 - g. Your organisation will have, and in the case of a partner your organisation will ensure that the partner will have and will keep in place adequate procedures for dealing with any conflicts of interest arising in the provision of goods and services (such as when providing grants, microloans or livestock to beneficiaries) required to deliver the project.
 - h. Your organisation will provide progress reports to the Fund Manager acting on behalf of DFID as detailed in paragraphs 34 to 44 below;
 - i. Continuation of the project in subsequent financial years will be dependent upon satisfactory progress being achieved each year. The issue of what is satisfactory progress will be a matter for DFID's sole discretion;

- j. Your organisation will tell DFID of any offer of funding for the project from anyone else which duplicates the DFID grant, or any part of it.
- k. Your organisation will provide an independent evaluation and a project completion report to the Fund Manager acting on behalf of DFID three months after the end of the funding period. The Fund Manager will provide details of the required reporting formats.
- l. Your organisation will not in any circumstances claim against DFID or hold DFID out as being responsible for the acts or omissions of any person (individual person or otherwise) engaged by your organisation or its partners pursuant to this grant arrangement and shall in no circumstances claim against DFID or otherwise hold DFID out as liable for any claims, costs or losses incurred by your organisation or its partners in terminating the engagement of any such persons. Your organisation indemnifies DFID for any costs incurred by DFID as a result of any such claim whether made by your organisation any of your partners or any persons engaged pursuant to this grant arrangement.
- m. DFID funding is not used for any awareness raising activities in the UK.
- n. If any changes occur which, in DFID's opinion, impair significantly the developmental value of the project, the Fund Manager acting on behalf of DFID may at DFID's request consult with your organisation at the earliest opportunity to establish if any measures can be adopted to resolve the position to DFID's satisfaction. In the event that they cannot then the provisions of paragraph 62 shall at DFID's discretion apply.
- o. Your organisation commits to taking appropriate steps to ensure that funds provided by the United Kingdom Government are not used to provide assistance to, or otherwise support, terrorists or terrorist organisations. No such funds, other financial assets and economic resources will be made available, directly or indirectly, to, or for the benefit of, a natural or legal person, group or entity associated with terrorism consistent with relevant United Nations resolutions, European Union measures and other international standards, such as those of the Financial Action Task Force, relating to counter terrorism in particular the financing of terrorism.
- p. Your organisation works towards applying transparency standards in line with the UKaid Transparency Guarantee to the funds received from DFID. Within three months of the commencement of the grant, your organisation must publish information about DFID funded projects in line with relevant categories of the International Aid Transparency Initiative (IATI) standards.
- q. With each quarterly payment claim you will provide a statement of compliance with the terms and conditions of this Grant Arrangement by completing and signing the form provided for this purpose.

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5. We will make funds available at quarterly intervals in arrears.
6. If you wish to claim funds in advance you must provide written justification for your request when returning the signed copy of this arrangement. If your request is approved, all payments must be transferred to the project immediately and not held in any interest bearing account.
7. The DFID grant is to be used in respect of the project detailed in the project proposal submitted on 5 December 2012, the grant set-up form, logframe and final budget, plus any subsequent amendments which have been approved by the Fund Manager acting on behalf of DFID in writing.
8. When submitting a request for funds, you must use the GPAF Impact claim form. The Finance Officer or a responsible officer in your organisation is required to certify the request for funds and any accompanying detailed statements of expenditure and/or projected expenditure statement.
9. Statements so certified will be accepted as a proper discharge for the funds provided from the DFID grant. Further documentary evidence of the various payments made by your organisation will not normally be required for the processing of claims. However, DFID and the Fund Manager acting on behalf of DFID reserve the right to call for and examine such evidence prior to making any payments under the DFID grant.
10. Your organisation is required to keep, for seven years after the end of the project, documentary evidence (such as receipts, invoices) of all the expenses that form part of any claim form that it puts to DFID and such documentary evidence should be available to the Fund Manager upon request.
11. The UK's National Audit Office may carry out examinations into the economy, efficiency and effectiveness with which your organisation has used its resources in discharging its functions under the grant.
12. It is a condition of the DFID grant that additional funds for projects in excess of the DFID grant are in place prior to the commencement of each funding year. Any difficulties which arise in securing additional funding must be reported to the Fund Manager acting on behalf of DFID immediately. In signing this arrangement you are declaring that these additional funds are:
 - a. in place: which will mean that the additional funds are held in an account in your name or are committed to you irrevocably and unconditionally (or subject to conditions acceptable to DFID) for this project and are expected to be forthcoming for the subsequent years of the project;

- b. free funds unencumbered by any obligation to any third party to repay;
 - c. not derived from funds paid by DFID to another organisation;
13. Any difficulties that may materialise with additional funding must be reported immediately to the Fund Manager acting on behalf of DFID.
 14. You are required to draw up and agree project-specific MoUs with all project partners who are administering project funding. The MoUs must be approved by the Fund Manager prior to signature. The MoUs must be agreed and signed by all parties prior to any transfer of funds to the partners. The MoU should include reference to the terms and conditions included in this Grant Arrangement between DFID and yourselves, and clarify that those relating to DFID access to staff and records apply equally to the partner. It should clarify roles and responsibilities in terms of project management, financial and narrative reporting and record keeping; include provisions for conflict resolution and if necessary, dissolution of the partnership (and return of assets and unspent funds). There must be clear arrangements for financial accountability controls (including reference to anti-bribery, corruption and fraud policies); payment processes and conditions; recognition of DFID funding; developmental outcomes; and value for money.
 15. Even though your organisation may delegate aspects of the project to partner organisations, or to other third party representatives acting on your or your partners' behalf, it is understood that your organisation remains solely accountable for delivering the project and for compliance with these terms and conditions.
 16. Your organisation will ensure that partner organisations also comply with these terms and conditions and all relevant laws and regulations in the country where they operate.
 17. Your organisation will ensure that partner organisations are aware of and follow the DFID branding and publicity guidelines, wherever appropriate.

EMPLOYMENT OF PROJECT STAFF

18. Your organisation will ensure that it, and its partners, have appropriate employment policies and procedures in place relevant to the country of operation and ensure appropriate consideration of equal opportunities in the recruitment and selection of project staff. The issue of what is appropriate will be a matter for DFID's sole discretion.
19. If the grant is (in whole or in part) to enable your organisation or a partner of your organisation to fund a new post, your organisation will ensure the vacancy, and in the event of a partner your organisation will ensure the partner ensures that the vacancy is advertised externally, using appropriate media (including media that could attract disadvantaged groups). Your organisation, and in the case of a partner your organisation will ensure the partner, will make sure every advertisement is in accordance with current best

practice and will acknowledge that DFID has provided funds to your organisation in support of the objectives to be achieved by your organisations intention to employ the person for the post advertised. This applies to any re-advertisement. Records of the job descriptions, lists of the publications where the advertisements were placed and copies of the letters of appointment must be maintained and your organisation is responsible for ensuring that such information is obtained from any of your partners concerned. The issue of what is current best practice will be a matter for DFID's sole discretion'

20. Your organisation will maintain records of staff your organisation and/or its partners' recruits pursuant to this grant arrangement including their names, their salaries and their start, and, if appropriate, end dates and give the Fund Manager this information, if requested.
21. Your organisation will maintain all financial records including personnel and payroll records for the staff for seven years after this grant arrangement has ended. Your organisation will ensure its partner organisations employing staff referred to in paragraph 20 above also meet this requirement.

PROJECT BUDGET MANAGEMENT REQUIREMENTS

22. You are responsible for ensuring that your project expenditure is in line with the project budget in place at the time of this arrangement.
23. All Government Departments are required to forecast their cash requirements to HM Treasury on a monthly basis. To ensure DFID can meet its targets and avoid charges applied by Treasury for poor forecasting, your organisation must provide budget/payment forecasts to the Fund Manager on a quarterly basis, as part of the quarterly grant claim process.
24. Up to 10% can be transferred between budget lines within each budget sub-heading (i.e. capital, activities, staffing, administration and monitoring and evaluation) during the course of any financial year. However any virement over 10% within a budget sub-heading, or between budget sub-headings, must be approved in advance by the Fund Manager acting on behalf of DFID.
25. You must inform the Fund Manager acting on behalf of DFID as soon as possible (or on request) if it appears likely that there will be an under spend in the agreed annual allocation for the project. We cannot guarantee that funds will be available to accommodate any carry forwards into the subsequent financial years. Any requests to carry forward funds into subsequent financial years will only be processed as part of a year-end procedure. The Fund Manager will advise on deadline dates for submission. Late notification of under spends may result in funds being lost.
26. You are responsible for submitting a revised budget (in the same format as your original agreed budget) to the Fund Manager acting on behalf of DFID for approval. You should also provide an explanation of the changes you have made to the budget, why these changes are necessary and what impact

these will have on the project. When the requested budget changes have impact on project outputs and activities, you must also submit a revised logframe.

27. Should your revised budget be acceptable you will be issued with a revised Grant Arrangement setting out the new annual allocations for the project. This must be signed and returned to the Fund Manager acting on behalf of DFID within 30 days of receipt. Please note you cannot begin to report against your new budget until the Fund Manager acting on behalf of DFID is in receipt of your signed revised Grant Arrangement.

Unspent funds

28. A statement of all DFID funds received and expenditure incurred must be received by DFID within one month of the end of the funding period. Where any DFID-supplied funds remain unspent, and/or where interest has accrued as a result of unspent funds, these must be returned to DFID.
29. Your organisation is required to advise the Fund Manager acting on behalf of DFID in advance, and return the unspent funds and/or accrued interest to DFID.

ANNUAL AUDITED ACCOUNTS

30. Your organisation is required to submit Annual Audited Accounts for each of the financial years covered by any part of the DFID grant. Annual Audited Accounts must be signed by the Finance Officer on behalf of your organisation and be certified by your organisation's auditors as being a true reflection of your organisation's finances for the appropriate period.
31. The Annual Audited Accounts for your organisation must show the DFID grant as a separate item of income and the associated expenditure. Where you hold more than one DFID grant you must show each one separately.
32. On the basis that the Annual Audited Accounts for your organisation cannot show the DFID grant as a separate item of income, your organisation must supply a separate auditors' certificate confirming the total income and expenditure in respect of the DFID grant, together with the Annual Audited Accounts, prepared as set out above.
33. One copy of the Annual Audited Accounts, bearing original signatures, together with any necessary certificates, must be submitted to the Fund Manager acting on behalf of DFID by 30 April each year.

NARRATIVE REPORTING REQUIREMENTS

34. Within three months of the start date of the project as detailed in paragraph 2 of this Grant Arrangement, you must complete the baseline survey and use

the baseline data to prepare an up to date version of your project logframe. The Fund Manager will provide feedback and support to refine the logframe. This process will lead to an agreed version of the logical framework which will become the key reference document for project monitoring and evaluation and will be reviewed on an annual basis.

35. You are responsible for ensuring that progress reports on this project are provided every 12 months along with material for case studies (from year 2 onwards). At the end of the project, an independent evaluation report and a project completion report must be provided.
36. The annual progress report must cover reporting periods corresponding to the grant funding year (or part-year) ending 31st March, and all must be submitted by the deadline of 30th April each year.
37. The first annual report must include a separate management response addressing all of the recommendations contained within the due diligence report (section 4: findings and recommendations) related to this grant, including those not specifically mentioned as conditions of this grant in paragraph 4d.
38. An independent evaluation and a project completion report must be submitted to the Fund Manager acting on behalf of DFID three months after the end of the funding period. The Fund Manager will provide details of the required reporting formats.
39. Your expenditure for each year must be reported against the most recent detailed budget agreed by DFID or the Fund Manager acting on behalf of DFID and not the summary budget used for expenditure claims. The Fund Manager will provide details of the required financial reporting formats.
40. If narrative progress or financial reports are not received within the set deadlines, a detailed explanation will be required. Where valid justification is not received, suspension of funding may result, and future DFID funding to your organisation may be jeopardised.
41. Where a report is considered to be inadequate, resubmission may be required.
42. DFID will withhold £10,000 (ten thousand pounds sterling) from the final year of your grant until a satisfactory project completion report has been received and all project closure administration is completed.
43. It is essential that you keep the Fund Manager acting on behalf of DFID informed of any changes to the project, including changes to partner organisations or key staff positions. Any significant changes should be reported as soon as possible and not be left until the end of the project.

44. It is essential that you keep the Fund Manager acting on behalf of DFID informed of any significant changes to your organisation. Your organisation must inform the Fund Manager acting on behalf of DFID before:
- a. Changing your governing document, particularly concerning your organisation's aims, payments to members and members of the governing body, the sharing out of the organisation's assets;
 - b. Transferring of your organisation's assets to, or merging or amalgamating with, any other body, including a company set up by your organisation;
 - c. Changing your organisation's governance composition or structure;
 - d. If any legal claims are made or threatened against your organisation or its partner organisation/s which could adversely affect the delivery of the project during the period of the grant (including any claims made against members of our governing body or staff);
 - e. If your organisation or its partners are the subject of an investigation concerning your organisation, (or partner organisations), trustees, directors, employees or volunteers, carried out by the Police, Charity Commission, the Office of the Scottish Charity Regulator, HM Revenue and Customs or any other regulatory body operating in the country where the project is being delivered;
 - f. If your organisation's governing body falls below three members.

PROCUREMENT

45. Your organisation must ensure that any procurement using grant funds meets international good practice, demonstrates optimum value for money, is untied and free of narrow national self-interest, using transparent processes, transparently fair and open competition, and good contract management, including prevention of malpractice.
46. Your organisation should source goods and services from suppliers that clearly offer value for money, and whose work place practices meet corporate social responsibility standards. If your organisation is unable to source goods that in total cost above £100,000, DFID has three accredited procurement agents, who should normally be used to source goods. Please contact the Fund Manager acting on behalf of DFID who will advise on the process to follow.
47. Your organisation will establish and maintain an inventory of all items of equipment purchased (above £500) under the grant, using the form supplied at Annex 1. An up to date version of the inventory must be supplied to the

Fund Manager acting on behalf of DFID not less than annually for review, and accompany submission of the annual progress reports.

48. Assets (as defined in paragraph 47) purchased with DFID grant funds remain as the property of DFID. Any disposal of items shown on the inventory will be subject to agreement by the Fund Manager acting on behalf of DFID.

SECURITY

49. BRAC Liberia will be responsible for all security arrangements and Her Majesty's Government accepts no responsibility for the health, safety and security of individuals or property whilst travelling in connection with the Project.
50. BRAC Liberia will be responsible for taking out insurance in respect of death or personal injury, damage to or loss of property, and will indemnify and keep indemnified DFID in respect of:
 - a. Any loss, damage or claim, howsoever arising out of, or relating to negligence by BRAC Liberia, or by any person employed or otherwise engaged by BRAC Liberia, in connection with the performance of the project;
 - b. Any claim, howsoever arising, by any person employed or otherwise engaged by BRAC Liberia.
51. BRAC Liberia will ensure that such insurance arrangements as are made in respect of any person employed or otherwise engaged by BRAC Liberia are reasonable and prudent in all circumstances, including in respect of death, injury or disablement, and emergency medical expenses.
52. The costs of any insurance specifically taken out by BRAC Liberia to support the performance of this project may be included as part of the management costs of the project, and must be separately identified in all financial reporting relating to the project.
53. DFID and the Fund Manager acting on behalf of DFID may require your organisation to provide written evidence of its insurance details (including policies and relevant renewal receipts).

INTELLECTUAL PROPERTY RIGHTS

54. All intellectual property rights in all material (including, but not limited to, reports, data and designs, whether or not electronically stored) produced by your organisation or its personnel, members or representatives in the course of undertaking this project ("the Material") will be the property of your organisation.

55. In signing this Grant Arrangement, your organisation hereby grants to DFID a worldwide, non-exclusive irrevocable and royalty-free licence to use all the Material, where the term “use” shall mean, without limitation, the reproduction, publication and sub-licence of all the Material and the intellectual property rights therein, including the reproduction and sale of the Material and products incorporating the same for use by any person or for sale or other dealing anywhere in the world.

COMMUNICATIONS

56. Your organisation will give appropriate recognition to the provision of the grant by DFID in any press release or other contact with the media. The nature of such recognition will be decided in advance with the Fund Manager acting on behalf of DFID.
57. Your organisation will provide representatives of DFID’s Press Office with any necessary assistance required to formulate its own approach to the media in relation to the project.
58. Your organisation commits to collaborate with DFID to explicitly acknowledge DFID’s support through use of DFID’s UKaid logo in all communications with the public or third parties about this project, unless otherwise agreed [in advance]. Your organisation also commits to collaborate with DFID on other awareness raising activities where feasible and appropriate, in the UK and overseas, to profile the partnership and the results it is delivering. In line with DFID’s Transparency arrangements, BRAC Liberia gives consent for this Arrangement (and any subsequent amendments) to be published on DFID’s website.

COMPLIANCE AND TERMINATION

59. Failure to comply with any of the terms and conditions set out in this grant arrangement may result in DFID taking action which may include but is not limited to withholding payment of grant funds.
60. DFID or your organisation may terminate this grant arrangement at any time by giving 3 months’ notice in writing. In such an event your organisation may claim all costs properly and necessarily incurred directly pursuant to the grant arrangement in connection with the project prior to the date of the notice of termination.
61. Your organisation must use best endeavours to minimise the costs referred to in paragraph 60.
62. DFID may terminate this grant arrangement immediately and will be under no obligation to pay any funds pursuant to this grant arrangement (or otherwise) and may, at its discretion, be entitled to the refund by your organisation of all or any part of the funds paid under this grant arrangement if:

- a. your organisation directly or through your partners either repeatedly fails to comply with any of the terms of this grant arrangement or is in material breach of the terms and conditions of this grant arrangement or of the terms and conditions of any other DFID grant arrangement (whether currently or previously in place);
- b. DFID believes that fraud or serious mismanagement has occurred;
- c. your organisation at any time during the performance of the project goes into liquidation administration or other similar process, is dissolved or enters into any arrangements with its creditors;
- d. your organisation or any partner concerned, without the prior consent in writing of DFID assigns or transfers, or purports to assign or transfer, or causes to be assigned or transferred, any interest in this grant arrangement or any part, share or interest therein;
- e. there is a change in identity or character of your organisation (such assessment to be made at DFID's sole discretion) or that of any partner concerned including, but not limited to, through the take-over, merger, change of ownership or control;
- f. in the event the project ceases to be pursued for any reason other than by way of successful completion;
- g. your organisation uses the funds provided under this or any DFID grant arrangement for any purpose other than the purpose provided for; or
- h. funding required in excess of the funds under this grant arrangement are not available.

SIGNATURE

- 63. If the arrangements set out above and in the attached guidance are acceptable to BRAC Liberia, this letter will place on record the understanding of our two organisations and will come into operation on the date of signature.
- 64. If the event of any material changes to the content of this Arrangement or revisions to the project, an Amendment Letter will be issued for signature.
- 65. Please sign two copies of the original, one copy is for your retention with the second to be returned to the Fund Manager acting on behalf of DFID, along with your payment request / request for funds.

Signed on behalf of DFID:

Name: Margaret Sinclair
Title: GPAF Programme Officer
Department: Civil Society Department, DFID
Date:

Signed on Behalf of BRAC Liberia:

Name:
Title:
Date:

Please complete the following details:

Bank Accounts

Payments will be made into BRAC Liberia’s bank account as follows:

Bank Name:	
Bank Postal Address:	
Name of Account:	
Bank Account Number:	
Sort Code:	
Currency of Bank Account:	
IBAN number: <small>[required for bank accounts within Europe]</small>	
SWIFT number:	
ABA or BIC Number: <small>[BIC required for bank accounts within Europe]</small>	

In the event of any changes to the details shown in the paragraph above, DFID must be notified immediately on BRAC Liberia’s official letter heading, signed by the Financial Officer. The notification must be in the form of an original document; faxed, copied or scanned documents will not be accepted.

Annex 1: Inventory

A community-based approach to improving reproductive, maternal, newborn and child health for women, adolescent girls and under-fives in seven counties in Liberia Inventory
GPAF Reference Number: GPAF-IMP-098

Item No.	Serial No.	Date of Purchase (dd/mm/yy)	Descriptions (make and Model as appropriate)	Purchase Value (£ or \$, not both)	Location / User	Responsible person	Anticipated years of life	Disposal Date (dd/mm/yy)	Reason for disposal

Signature if authorised certified officer: _____

Print name and title: _____

Date: _____