



**USAID**  
FROM THE AMERICAN PEOPLE

**Federal Agency Name:** United States Agency for International Development (USAID), Bureau for Global Health (BGH), Office of Health, Infectious Disease and Nutrition (HIDN)

**Funding Opportunity Title:** Request for Application (RFA): Child Survival Health Grants Program Fiscal Year 2012 (CSHGP FY12)

**Announcement Type:** Initial

**Funding Opportunity Number:** RFA-OAA-12-000008

**Catalog of Federal Domestic Assistance (CFDA) No.:** 98.001

**RFA Dates:**

**Note: All specified times in this RFA are Washington, D.C. time.**

RFA Issuance Date: March 15, 2012  
RFA Questions Due: March 22, 2012, 5:00 PM  
Past Performance Short Forms Due: March 29, 2012, 5:00 PM  
RFA Closing Date: April 16, 2012, 5:00 PM  
RFA Closing Time: 5:00 PM

**Executive Summary**

**Introduction**

The United States Government, represented by the United States Agency for International Development (USAID) Bureau for Global Health (BGH), Office of Health, Infectious Disease and Nutrition (HIDN) is seeking applications from U.S. Private and Voluntary Organizations (PVOs) and U.S. and non-U.S. Non-Profit, Non-Governmental Organizations (NGOs) (restrictions apply, see below) who are engaged in international health and development to implement activities under the Child Survival and Health Grants Program (CSHGP) for Fiscal Year 2012.

The success of U.S. Government (USG) initiatives [e.g., Global Health Initiative (GHI) and Feed the Future (FtF)] prioritizes collaboration and effective partnerships with diverse local, national, and global stakeholders in order to implement the core principles guiding these initiatives and accelerate progress towards achieving their goals and targets through country-led and country-owned policies and strategies. U.S. Private Voluntary Organizations (PVO)/Non-Governmental Organizations (NGO) and their local partners, and local and national NGOs are well poised to contribute to the core principles of these initiatives<sup>1</sup> as well as key areas within USAID's reform

---

<sup>1</sup> The seven principles underlying the foundation of GHI are the following: Implement a woman- and girl-centered approach; Increase impact through strategic coordination and integration; Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement; Encourage country ownership and invest in

agenda<sup>2</sup>, including but not restricted to promotion of research and innovation, integration, sustainability and systems strengthening, a focus on women and girls, and new partnerships with civil society as a part of procurement reform.

Through the Child Survival and Health Grants Program (CSHGP), USAID's Bureau for Global Health (BGH) has developed effective partnerships with U.S. PVOs and leveraged their entrepreneurship and expertise for community health and development, particularly for designing, implementing, and evaluating innovative community oriented approaches through local/sub-national/national partnerships in order to effectively and sustainably improve the coverage of high impact MNCH interventions in vulnerable populations.

Specifically, the FY12 CSHGP Request For Applications (RFA) for the Scalable Solutions to Challenges: Advancing Learning and Evidence (SCALE) category seeks to build evidence about new and/or promising solutions through operations research (OR) focusing on globally and nationally relevant challenges for improving and scaling up the delivery and use of high impact maternal, newborn, and child health (MNCH) interventions in resource poor settings. It provides PVO/NGOs with an opportunity to develop and strengthen partnerships with research institutions and governments (national, local) to advance national learning through stakeholder engagement in the conduct of the OR. Recipients of CSHGP's SCALE awards will become key partners within a wider community of researchers and innovators supported by USAID and participate in events aimed at sharing and disseminating solutions and evidence to advance global and national learning. The New Partner category seeks new and diverse partnerships with new partners (U.S. PVOs and national NGOs) and provides opportunities to build technical and organizational capacity for MNCH programming, in collaboration with mentor organizations and local partners, and contributes to documenting promising models for local capacity and sustainability. *Please see Section IV: Application and Submission Information for additional information on both the SCALE and New Partner categories.*

### **General RFA Information**

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and/or submission of an application. Applicants who come under consideration for an award that have never received USAID funding will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls, and establish an indirect cost rate (if applicable). For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient;" and "Grant Officer" is synonymous with "Agreement Officer". The authority for this RFA is found in the Foreign Assistance Act of 1961, as amended.

---

country-led plans; Build sustainability through health systems strengthening; Improve metrics, monitoring and evaluation; and **Promote research and innovation**. A **public consultation document focusing on the GHI may be accessed at: <http://www.usaid.gov/ghi/>**

<sup>2</sup> Additional information focusing on the USAID Forward reform agenda can be found at: <http://forward.usaid.gov/about/overview>

USAID intends to award up to eight (8) Cooperative Agreements in total under this RFA totaling up to \$13,500,000. Cooperative Agreements issued under this RFA may have an implementation period (FY2012-FY2017) of up to five (5) years. Applicants may propose implementation periods of less than five (5) years (cost efficiencies and project effectiveness should be considered) but no more than five (5) years. Projects proposed with an implementation period of more than five (5) years will not be considered. Cooperative Agreements will be awarded in the following two (2) categories; however, the Government reserves the right to reject any or all applications received and may or may not award the specified number of Cooperative Agreements in any category.

## Categories

### 1. Scalable Solutions to Challenges: Advancing Learning and Evidence (SCALE)

**Category:** Up to six (6) awards in the SCALE category (each up to \$1,750,000 total, up to five years; total estimated cost of six awards: \$10,500,000). The guidance and evaluation criteria for this category have been revised from prior years with USAID/USG interest in advancing global and national knowledge for improving and scaling up implementation practices for relevant to national and global policies and strategies. This category continues to strengthen the role of international NGOs and their partnerships with research institutions (academia) and national and local government leadership to advance the science of implementation and scale up of nationally relevant solutions (new, promising). This overall category will be competed in three sub-categories:

- **Sub-category 1-A:** Maternal, Newborn, and Child Health Solutions: **Up to 3 awards**
- **Sub-category 1-B:** Social and Behavior Change (SBC) to increase Impact in PMI Priority Countries: Advancing PMI Program and Strategies (100% Malaria): **Up to 2 awards**
- **Sub-category 1-C:** Family Planning Integration (to maternal, newborn, and child health): **Up to 1 award**

**Eligible Applicants:** U.S. Private Voluntary Organizations (PVO). Please note, U.S. NGOs that are in the process of registering to become PVOs are eligible to apply. Registration must be complete by the time of award. Applicants in the SCALE category must have five (5) years of experience implementing health programs in a developing country. Previous health program experience in the target country; however, is not required. *Also see Section III. Eligibility Information for more information.*

**Application Limitations:** Eligible applicants may submit up to three (3) applications under the SCALE category, regardless of the sub-category (*also see Section II. Award Information “Application Limitations”*).

**Estimated Award Period of Performance:** Project implementation periods shall begin in FY2012 and shall end by FY2017.

**Cost Share Minimum Amount:** 25% of the total cooperative agreement amount shall be provided by the prime recipient.

- 2. New Partner Category: Up to 2 awards** in the New Partner category (up to \$1.5 million each, up to five years; total estimated cost of two awards: \$3,000,000). The guidance and evaluation criteria for this category have been revised from prior years to support USAID's procurement reform objectives for increasing direct partnerships with new partners (national, U.S.) and documenting promising practices and processes to advance local capacity building and sustainability.

**Eligible Applicants:** U.S. PVOs and NGOs (Non-Governmental Organizations) and local/national NGOs (*see Section III. Eligibility Information, "Restrictions" for more specific information*)

**Application Limitations:** Eligible applicants may submit up to one (1) application in the New Partner category (*also see Section II Award Information*).

**Estimated Award Period of Performance:** Project implementation periods shall begin in FY2012 and shall end by FY2017.

**Cost Share Minimum Amount:** 5% of the total cooperative agreement amount shall be provided by the prime recipient.

## **Application Specifications**

Please read the application specifications for the Technical Application, Cost Application, and Past Performance Short forms carefully as the due dates between these documents differ.

- 1. Technical Application:** All applicants shall submit a Technical Application by the closing date of this RFA. Technical Applications shall be no more than 10 pages (a one page Executive Summary and nine pages of technical approach) in length not to include Technical Application Attachments (not to exceed 12 pages). Any pages in a Technical Application that exceed the specified number of pages for the application or attachments will not be reviewed or considered during evaluations. CSHGP FY2012 Recipients will utilize their Strategic Workplan development phase to add detail to the project's technical approach. *See Section II. Award Information, "Substantial Involvement" for more information on the Strategic Workplan and Section IV. Application and Submission Information for more specific information.*

Applicants may only propose projects in country(s) listed in the FY 2012 RFA Eligible Country List under each category (please note this list has been modified from prior year's CSHGP RFA's to focus on USAID priority countries). Projects proposed in any country(s) not on the Eligible Country List within each specific category will not be considered. *See Section III: Eligibility Information for the full country listings.*

- 2. Cost Application:** A Cost Application is not requested or required by the closing date of this RFA. However, applicants shall submit a completed SF 424 form by the closing date of this RFA (see Annex H). Those Recipients who's Technical Application(s) are recommended for award will be requested to submit a Cost Application upon notification of a successful

application. Recipients are advised to be prepared to submit a Cost Application when requested by the Agency. *See Section IV. Application and Submission Information for more specific information.*

Applicants under consideration for award that have never received funding from USAID will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls, and establish an indirect cost rate (if applicable).

Additionally, pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allowable and allocable expenses, both direct and indirect, which are related to the Agreement program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for profit organizations), may be paid under the agreement.

Final award of any resultant grant(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

3. Past Performance Short Forms: Applicants shall provide past performance references on the Past Performance Short Forms provided in Annex E of this RFA. Applicants are required to email the Microsoft Word format version of this form which is available as an attachment to this RFA via <http://www.grants.gov/>. Past Performance Short forms are due by email to [CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov) BEFORE the closing date of this RFA. The Past Performance Short form due date is March 29, 2012 at 5:00 PM Washington, D.C. Time.

**Summary of Document Due Dates (also see Section IV. “How to Submit an Application”**

<b>Document</b>	<b>Due Date</b>
Technical Application	Closing date of the RFA
Cost Application	Upon notification of a successful application
SF 424 Form	Closing date of the RFA
Past Performance Short Forms (Three References)	March 29, 2012, 5:00 PM

## Points of Contact and Questions

The Agency points of contact for this RFA are as follows:

Primary Point of Contact:  
Hillary Marshall, M/OAA/GH  
Agreement Specialist  
[CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov)

Alternate Point of Contact:  
Shanon Sheffield, M/OAA/GH  
Agreement Officer  
[CSHGPFYFY12@usaid.gov](mailto:CSHGPFYFY12@usaid.gov)

Prospective Applicants who have questions concerning the contents of this RFA are advised to first consult the Frequently Asked Questions (FAQs) section of the RFA. See Annex I of the RFA for a listing of FAQs and corresponding answers.

If your question(s) is not answered via the FAQs section of this RFA, prospective applicants shall submit all questions in writing via email ONLY to [CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov) **no later than 5:00 PM on March 22, 2012** (also see RFA Dates on the cover sheet). Questions will not be answered prior to the closing date of questions. Phone calls regarding any questions concerning this RFA will not be accepted. Question answers will be communicated via an amendment to the RFA and will be posted on Grants.gov. Questions submitted after the specified closing date of the open question period will not be accepted or answered. *Also see Section VII. Agency Contacts.*

The preferred method of distribution of USAID assistance information is via the Internet. This RFA contains all necessary information, web links, and materials to submit a complete, full application. Any additional information regarding this RFA will be furnished through an amendment(s) and will be communicated through Grants.gov. This RFA and any future amendments can be downloaded from the World Wide Web Address at <http://www.grants.gov>. In order to apply to this RFA, an applicant organization must be registered on Grants.gov. Additionally, in order to submit an application, organizations must have a current registration in the Central Contractor Registry (CCR). If an organization is currently not registered in CCR, Applicants are advised to begin the registration process IMMEDIATELY upon the issuance of this RFA. For issues with registering contact the Agency POC at [CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov). For instructions on how to register to Grants.gov and/or register to the CCR, see Annex J of the RFA. *Also, see Section IV: Application and Submission Information for more specific information.*

## Key Updates for Previous CSHGP Applicants

- The FY2012 RFA continues to recognize the entrepreneurial role of U.S. PVOs/NGOs and their local partners in designing, testing, evaluating, and facilitating the scale up of new and/or promising solutions that improve maternal, newborn, and child health and survival, particularly at the primary health care and community levels in resource poor

settings. However, the **Innovation category** has been renamed the **SCALE** (Scalable Solutions to Challenges: Advancing Learning and Evidence) **category**, and the guidance and evaluation criteria have been revised to place a greater emphasis on the relevance of evidence building and learning for national and local stakeholders for new and/ or promising solutions to the most critical implementation challenges, and have the potential for scale-up. Three sub-categories of awards will be made through the SCALE category: (1-A) MNCH Solutions, (1-B) Social and Behavior Change (SBC) to increase Impact in PMI Priority Countries: Advancing PMI Program and Strategies, and (1-C) Family Planning Integration. *Please see Section I: Funding Opportunity Description and Section IV: Application and Submission Information.*

- The FY2012 RFA expands the eligibility of new partners in the New Partner Category to include national NGOs (in addition to U.S. PVOs/NGOs who meet the New Partner definition) in order to support USAID's procurement reform Objective 2. The guidance and evaluation criteria for the New Partner category has been revised and requires a mentoring organization (U.S. PVOs or others) and contributes to documenting promising practices in local capacity building and sustainability. *Please see Section I: Funding Opportunity Description.*
- The FY 2012 RFA Eligible Country List has been modified to focus on USAID priority countries. *Please see Section III: Eligibility Information.*
- Key personnel required in the FY2012 are a Headquarters Technical Backstop, Principal Investigator (SCALE category only), and a Final Evaluation Consultant. At the time of application, CVs are only requested for the Headquarters Technical Backstop and Principal Investigator (SCALE category only). *Please see Section III. Eligibility Information.*
- The FY2012 RFA guidance **significantly streamlines the application process and reduces the burden for applicants** through requesting shorter, 10 page applications. Applicants are required to submit 10 page applications, with minimal supporting information as technical application attachments, and a streamlined financial application. CSHGP FY2012 Awardees will utilize their Strategic Workplan development phase to add detail to the project's technical approach and budget in the USAID Agreement. *Please see Section IV: Application and Submission Information.*
- Applications for the FY2012 RFA will only be accepted through Grants.gov. It is recommended that interested applicants not already registered with Grants.gov begin the registration process as soon as possible. *Please see Section IV: Application and Submission Information and Annex J.*

Thank you for your interest in this USAID initiative. USAID looks forward to your organization's participation.

## Table of Contents

Table of Contents.....	1
ACRONYM LIST.....	3
SECTION I: Funding Opportunity Description.....	5
A. Introduction.....	5
B. Overview of the CSHGP.....	6
C. Technical Interventions.....	8
SECTION II: Award Information.....	13
A. Type of Award.....	13
B. Substantial Involvement.....	13
C. Total Estimated Funds Available.....	13
D. Anticipated Award Schedule.....	14
E. Authorized Geographic Code.....	15
SECTION III: Eligibility Information.....	16
A. Eligibility Requirements.....	16
B. Project Restrictions.....	25
SECTION IV: Application and Submission Information.....	26
A. Address to Request Application Package.....	26
B. Content and Form of Application Submission.....	26
C. Required Contents of an Application.....	26
D. Required Format of Application(s).....	27
E. Content of Application Documents Guidance.....	29
F. Submission Dates and Times.....	52
G. Funding Restrictions.....	55
H. Other Submission Requirements.....	55
SECTION V: Application Review Information.....	56
A. Evaluation Criteria.....	56
B. Technical Evaluation Criteria for SCALE category Applications.....	56
C. Technical Evaluation Criteria for New Partner Category Applications.....	59
D. Cost Effectiveness and Cost Realism.....	60
SECTION VI: Award Administration Information.....	61
A. Award Notices.....	61
B. Authority to Obligate the Government.....	61
C. Administrative and National Policy Requirements.....	61
1. Branding & Marking Requirements.....	61
2. Standard Provisions.....	71

3. Environmental Compliance Terms .....	72
4. Reporting.....	74
SECTION VII: Agency Contacts.....	75
SECTION VIII: Other Information .....	76
A. USAID Rights and Funding.....	76
B. Regulations and References.....	76
ANNEX A:    CONDITIONS OF REGISTRATION FOR U.S. ORGANIZATIONS.....	77
ANNEX B:    USAID MISSION CONTACT LIST AND ADDRESSES .....	79
ANNEX C:    FY12 CSHGP RFA APPLICATION SCREENING FORM FOR SCALE AND NEW PARTNER CATEGORIES .....	84
ANNEX D:    POPULATION AND SUB-POPULATION CALCULATION GUIDELINES.	85
ANNEX E:    PAST PERFORMANCE SHORT FORM (3 REFERENCES REQUIRED) .....	86
ANNEX F:    RESULTS FRAMEWORK.....	87
ANNEX G:    TECHNICAL PACKAGE AND LEVEL OF EFFORT (LOE) TABLE.....	88
ANNEX H:    FINANCIAL REPORTING FORMS AND INSTRUCTIONS.....	89
ANNEX I:    FREQUENTLY ASKED QUESTIONS (FAQs).....	90
ANNEX J:    INSTRUCTIONS ON HOW TO REGISTER ON GRANTS.GOV .....	93
ANNEX K:    CERTIFICATIONS, ASSURANCES AND OTHER STATEMENTS OF THE RECIPIENT .....	96
ANNEX L:    ENVIRONMENTAL SCREENING FORM .....	108
ANNEX M:    PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE) ... .....	112

## ACRONYM LIST

AIDS	Acquired	Immune Deficiency Syndrome
AOR	Agreement	Senior Officer's Representative
BCC	Behavior	Change Communication
BCG		Bacille Calmette-Guérin
BGH	Bureau	for Global Health
CBO	Community-based	Organization
CCM	Community	Case Management
CHW	Community	Health Worker
CSHGP		Child Survival and Health Grants Program
CV		Curriculum Vitae
DHS	Demographic and Health Survey	
DIP	Detailed	Implementation Plan
DPT	Diphtheria,	Pertussis, Tetanus
FtF	Feed	the Future
FAR	Federal	Acquisition Regulation
FBO	Faith-based	Organization
FY		Fiscal Year
GH		Global Health
GHI		Global Health Initiative
HIDN		Health, Infectious Diseases, and Nutrition
HIV		Human Immunodeficiency Virus
HMIS		Health Management Information Systems
IEC	Information, Education, and Communication	
IEE	Initial	Environmental Examination
IMCI	Integrated	Management of Childhood Illnesses
IPTp		Intermittent Preventive Treatment in pregnant women
IRS	Indoor	Residual Spraying
ITN	Insecticide	Treated Net
IYCF	Infant	and Young Child Feeding
KPC	Knowledge, Practices, and Coverage Survey	
LOE	Level	of Effort
LLIN	Long	Lasting Insecticide Treated Net
MAMAN	Maternal and Child Health	Summary Package for Mothers and Newborns
MCH	Maternal and Child Health	
MCHIP	Maternal and Child Health Integrated Program	
MCP	Malaria Communities Programs	
M&E	Monitoring and Evaluation	
MNCH	Maternal, Newborn, and Child Health	
MOH	Ministry of Health	
MOU	Memorandum of Understanding	
NGO	Non-Governmental Organization	
OAA	Office of Acquisition and Assistance	
OR	Operations Research	

ORS	Oral	Rehydration Salts
ORT	Oral	Rehydration Therapy
PEPFAR		U.S. President's Emergency Plan for AIDS Relief
PMI	Presiden	t's Malaria Initiative
PMTCT	Preventing	Mother-to-Child Transmission
PR		Program Results
PVO	Private	Voluntary Organization
RED	Reaching	Every District
RFA	Request	for Application
RHSPA	Rural	Health Assessment Provision Assessment
RRB	Ronald	Reagan Building
SBC	Social	and Behavior Change
SCALE		Scalable Solutions to Challenges: Advancing Learning and Evidence
TRM	Technical	Reference Materials
USAID		United States Agency for International Development
USG	United	States Government
WHO	World	Health Organization

## SECTION I: Funding Opportunity Description

### A. Introduction

Achieving high, equitable and sustained coverage of proven, high impact interventions is critical to reducing mortality and improving nutrition and other health outcomes among women of reproductive age, newborns and children under five years of age in low resource settings. The challenge rests in introducing, evaluating, and scaling up new and/or promising implementation solutions that address key gaps in national and global policies and programs to improve the delivery and use of these proven, high impact interventions in communities most in need. In order to accelerate progress towards achieving the Millennium Development Goals, it is important to identify, understand, and address gaps in coverage and quality of care along the continuum of care for maternal, newborn and child health, improve the delivery and use of essential interventions and packages to achieve sustainable impact at scale, and work to eliminate disparities in coverage.

The success of U.S. Government (USG) initiatives [e.g., Global Health Initiative (GHI) and Feed the Future (FtF)] prioritizes collaboration and effective partnerships with diverse local, national, and global stakeholders in order to implement the core principles guiding these initiatives and accelerate progress towards achieving their goals and targets through country-led and country-owned policies and strategies. U.S. Private Voluntary Organizations (PVO)/Non-Governmental Organizations (NGO) and their local partners, and local and national NGOs are well poised to contribute to the core principles of these initiatives<sup>3</sup> as well as key areas within USAID's reform agenda<sup>4</sup>, including but not restricted to promotion of research and innovation, integration, sustainability and systems strengthening, a focus on women and girls, and new partnerships with civil society as a part of procurement reform.

Through the Child Survival and Health Grants Program (CSHGP), USAID's Bureau for Global Health (BGH) has developed effective partnerships with U.S. PVOs and leveraged their entrepreneurship and expertise for community health and development, particularly for designing, implementing, and evaluating innovative community oriented approaches through local/sub-national/national partnerships in order to effectively and sustainably improve the coverage of high impact MNCH interventions in vulnerable populations. The CSHGP's strategic focus on operations research for new and/or promising implementation solutions and new partnerships has positioned U.S. PVOs and their partners to significantly advance the science of implementation and contribute to the global and national evidence base for advancing solutions that address critical bottlenecks in policies and strategies for community health. The GH

---

<sup>3</sup> The seven principles underlying the foundation of GHI are the following: Implement a woman- and girl-centered approach; Increase impact through strategic coordination and integration; Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement; Encourage country ownership and invest in country-led plans; Build sustainability through health systems strengthening; Improve metrics, monitoring and evaluation; and **Promote research and innovation**. A public consultation document focusing on the GHI may be accessed at: <http://www.usaid.gov/ghi/>

<sup>4</sup> Additional information focusing on the USAID Forward reform agenda can be found at: <http://forward.usaid.gov/about/overview>

Bureau's Office of Health, Infectious Diseases and Nutrition (GH/HIDN) supports USAID's role in USG strategic initiatives (e.g., GHI, FtF) and the Agency's reform agenda through the several strategies and mechanisms at the global and country levels, including the Child Survival and Health Grants Program. The CSHGP's FY2012 RFA continues to align the guidance for U.S. PVO designed implementation solutions, particularly at the primary health care and community levels, with the principles and priorities of USAID's broader strategic work. CSHGP's program model (CSHGP grantees, MCHIP PVO/NGO Support, CORE Group network) is well positioned to contribute to identification, testing, and dissemination of new and/or promising solutions to implementation challenges and research as well as to strengthening dialogue and effective exchange of technical resources, new and/or promising solutions, research methodologies, and use of evidence and lessons within a wider network of innovators supported by USAID.

The Fiscal Year (FY) 2012 Request for Applications (RFA) for the Child Survival and Health Grants Program (CSHGP) is seeking effective partnerships with U.S. PVO/NGO and non-U.S. NGOs to enable the identification, testing, and scale up of new and/or promising solutions that address the most critical bottlenecks faced by governments in order to improve the implementation of policies and strategies for integrated community health and strengthen the capacity of health systems and their local partners to respond to local needs.

Specifically, the FY12 CSHGP Request For Applications (RFA) for the Scalable Solutions to Challenges: Advancing Learning and Evidence (SCALE) category seeks new and/or promising solutions and operations research (OR) focusing on globally and nationally relevant challenges for improving and scaling up the delivery and use of high impact maternal, newborn, and child health (MNCH) interventions in resource poor settings. It provides PVO/NGOs with an opportunity to develop and strengthen partnerships with research institutions and governments (national, local) to advance national learning through stakeholder engagement in the conduct of the OR. Recipients of CSHGP's SCALE awards will become key partners within a wider community of researchers and innovators supported by USAID and participate in events aimed at sharing and disseminating solutions and evidence to advance global and national learning. The New Partner category seeks new and diverse partnerships with new partners (U.S. PVOs, international and national NGOs) and provides opportunities to build technical and organizational capacity for MNCH programming, in collaboration with mentoring organizations and local partners, and contributes to documenting promising models for local capacity and sustainability. Please see Section IV: Application and Submission Information for additional information on both the SCALE and New Partner categories.

## **B. Overview of the CSHGP**

Since 1985, USAID has supported community-oriented CSHGP projects implemented by U.S. PVOs/NGOs and their local partners. The purpose of this program is to contribute to sustained improvements in maternal and child survival and health outcomes, particularly in vulnerable populations, by supporting the innovative, integrated community oriented programming of PVOs/NGOs and their in-country partners.

The CSHGP is housed in the GH Bureau's Office of Health, Infectious Diseases and Nutrition (GH/HIDN). The CSHGP is an important Program in the GH Bureau and the Office of Health,

Infectious Diseases and Nutrition for leveraging the strengths of the PVO/NGO community to contribute to USAID's leadership in innovative, community-oriented work that is responsive to the needs of its major strategic initiatives. For more information about the CSHGP, refer to: [http://www.usaid.gov/our\\_work/global\\_health/home/Funding/cs\\_grants/cs\\_index.html](http://www.usaid.gov/our_work/global_health/home/Funding/cs_grants/cs_index.html)

Within the Foreign Assistance Framework, the CSHGP contributes to the Investing in People objective and its supporting elements, e.g. Maternal and Child Health (MCH), Nutrition, Malaria, Family Planning and Reproductive Health and their respective sub-elements.

## **CSHGP Program Model**

The Child Survival and Health Grants Program's unique program model combines (1) global implementation with (2) specialized PVO/NGO technical assistance and (3) collaboration for learning and action to advance the intellectual and technical leadership for integrated, community-oriented health globally and nationally, combining national action with global collaboration and learning through communities of practice.

**(1) PVO/NGO Cooperative Agreements:** Each year, new cooperative agreements are awarded to support community-oriented health projects in specific child survival and health technical areas. As of January 1, 2012, the CSHGP portfolio consists of 34 projects implemented by 17 U.S. PVOs/NGOs in 21 countries. Of the 30 integrated MNCH projects in the active portfolio, the primary focus of 23 projects (approximately 80%) is on operations research for new and/or promising solutions to critical challenges for improving and scaling up integrated MNCH service delivery and use, particularly at the community level, in low resource settings; and, seven (7) MNCH projects in the portfolio focus on new partners and previous categories of awards. Prevention and treatment of Tuberculosis is the central focus of four (4) projects in the CSHGP portfolio.

**(2) Specialized Technical Assistance from the Maternal and Child Health Integrated Program (MCHIP):** MCHIP is the GH Bureau's flagship project for MCH. It is a Leader with Associates Cooperative Agreement with a JHPIEGO-led consortium, which includes ICF International and JHUIIP. MCHIP is designed to support the introduction, scale-up, and further development of high impact MNCH interventions, including program approaches to effectively deliver these interventions to achieve measurable reductions in under-five and maternal mortality and morbidity in focal countries. Illustrative examples of MCHIP priority areas include: prevention or management of pre-eclampsia/eclampsia; skilled birth attendance; newborn infection prevention and management; handwashing for newborn health; postpartum hemorrhage prevention; home-based management of asphyxia; postnatal care/essential newborn care; specialized care for low birth weight infants; new vaccine introduction and routine immunization systems strengthening; community case management (pneumonia, malaria, diarrhea, and malnutrition); and expansion of the reaching every district (RED) approach. One of MCHIP's strategic objectives focuses on assisting PVOs/NGOs and their local partners supported by CSHGP and the President's Malaria Initiative (PMI) Malaria Communities Programs (MCP) to design, implement, monitor, and evaluate innovative, effective, and scalable community-oriented strategies. The MCHIP PVO/NGO Support Team provides technical assistance for refining CSHGP OR questions and designs to ensure alignment and contribution of CSHGP supported

research to USAID/USG priorities for program learning at the global and national levels. In addition, MCHIP supports technical assistance to Missions interested in strengthening their local NGO partners through direct consultation and through access to a wide range of program design, monitoring, and evaluation tools that are publicly accessible<sup>5</sup>. For more information, see the MCHIP website: <http://www.mchip.net/>.

**(3) The CORE Group:** CORE Group is a network of international health and development organizations that fosters collaborative action and learning to improve and expand community-focused public health practices. CORE Group is an independent organization that currently has over 55 NGO members with extensive experience implementing community-oriented health and development programs in 180 countries. CORE Group is home to the *Community Health Network*, which brings together CORE Group member organizations, associates, partners, scholars, advocates and donors to support the health of underserved mothers, children and communities around the world. This dynamic hub includes eight technical Working Groups, a Practitioner Academy for Community Health, and an ongoing series of technical exchanges and updates through in-person and Web-based events and virtual means of communication, coordination and collaboration. Organizations interested in participating in CORE Group activities and learning more about the child survival community should consider joining the network. For more information, see the CORE Group website: <http://www.coregroup.org/>.

CORE Group participates in MCHIP in order to contribute to USAID’s leadership role in innovative integrated community MNCH programming, and to maximize the inclusion of NGO contributions in scale-up of proven and integrated MNCH interventions at the country level. This partnership with MCHIP enables CORE Group to continue to facilitate inter-organizational “Communities of Practice” that contribute to MCHIP teams focused on product innovation and diffusion across an integrated continuum of mother-newborn-child care. CORE Group focuses on program learning, innovations through OR, improvement of quality tools and building capacity of NGOs to implement integrated community-oriented health programs. CORE Group works through its membership and diverse partners to support MCHIP to develop practical approaches and strategies for implementation of community-oriented health programs.

### **C. Technical Interventions**

Technical guidance and relevant tools for designing, implementing, and evaluating the CSHGP interventions can be found on <http://www.mchipngo.net> [e.g. Technical Reference Materials (TRMs), Minimum Package for Mothers and Newborns (MAMAN) framework, Rapid Health Service Provision Assessment (R-HSPA), and Knowledge, Practice, and Coverage (KPC) survey]. In addition, applicants may consult USAID’s strategic programming initiative for MCH<sup>6</sup>. Applicants should familiarize themselves with these materials, which provide guidance for developing strategic high impact intervention packages.

Applicants must select from the following list of high impact interventions (illustrative examples and selected guidance for activities are provided below). Selection of interventions should be

---

<sup>5</sup> A summary of these tools can be found at <http://www.mchipngo.net/lib/components/documents/PVOCenter/Tools-and-Resources-for-Local-Institutions.pdf>.

<sup>6</sup> [http://pdf.usaid.gov/pdf\\_docs/PDACL707.pdf](http://pdf.usaid.gov/pdf_docs/PDACL707.pdf)

guided by the disease burden and health system capacity. The Level of Effort (LOE) is a percentage assigned to each technical intervention area with a maximum total of 100 percent for the proposed technical package. The LOE should reflect the applicant's best estimate of the amount of time and resources that will be required for the proposed activities per intervention area over the life of the project. Please note that healthy timing and spacing of pregnancy activities may be incorporated into any intervention mix or platform (immunization, IMCI or other child health, or other areas), and is not only restricted to activities related to maternal and newborn care.

While technical interventions are listed and communicated separately, applicants are strongly encouraged to consider smart integration, where integration makes technical, financial, and cultural sense and contributes to improving service delivery and use. However, integration must be based on context specific circumstances and the understanding that integration coordination has a cost — it adds complexity and administrative burden that should be weighed against the urgency and focus of rapid, disease-specific results. Applicants may choose to phase in integration gradually over the life of the project, as relevant.

Please note that selection of technical interventions varies by SCALE sub-category and New Partner category. *Please see Section IV Content of Application Documents Guidance for further information.*

#### **High Impact MNCH Intervention Areas:**

- **Nutrition:** With an objective to improve nutritional status, particularly during pregnancy and the first two years of life, especially for the prevention of under nutrition, illustrative nutrition activities include the following: social and behavior change communication on maternal nutrition actions, improving dietary diversity, and exclusive breastfeeding and appropriate infant and young child feeding (IYCF) practices; increasing access to quality foods; targeting of micronutrient supplementation; preventing and addressing child anemia; improving delivery of preventive and curative nutrition services, such as community management of acute malnutrition through sustainable platforms; and integrating nutrition across health and agriculture with water, sanitation, and hygiene activities. In addition, efforts to improve the enabling environment for nutrition such as strengthening host country capacity by advancing comprehensive nutrition and food security policies and improving relevant data collection and information systems may be included.
- **Immunization:** Strengthening routine immunization systems (DPT, BCG, Measles); expanding coverage and assessment; improving surveillance methods; improving quality and safety of products; strengthening the cold chain; and supporting polio vaccination programs.
- **Control of Diarrheal Disease:** Improving family and community practices for diarrheal disease prevention, including hand washing with soap; safe transport, correct storage and handling of drinking water; promotion of point-of-use treatment of water; safe disposal of feces; hygiene promotion and improving water and sanitation technologies; strengthening

enabling environments to reduce the incidence of diarrheal disease; improving recognition and appropriate treatment of diarrheal disease at the facility and community level; breastfeeding for infants and young children; supporting the revision of policy guidelines to endorse the use of low osmolarity Oral Rehydration Salts (ORS) with zinc treatment to improve diarrhea case management for children; and expanding access to and use of low osmolarity ORS and zinc treatment; and reinvigorating Oral Rehydration Therapy (ORT) practices.

- **Pneumonia Case Management**: Ensuring adequate access to pneumonia case management, which includes high quality facility- and community-based treatment; promoting timely recognition of pneumonia by caretakers and prompt care seeking from appropriate health providers; supporting an integrated package to strengthen case management such as improving skills of health workers, improving health system support, and improving family practices and community services.
- **Prevention and Treatment of Malaria**: Promoting intermittent preventive treatment in pregnant women (IPTp)<sup>7</sup>; expanding ownership and use of long-lasting insecticide treated bednets (ITNs), including supporting country-led efforts to achieve and maintain universal coverage; improving malaria case management (diagnosis and treatment) at the facility and community levels, including training of health care workers to correctly use RDTs for diagnosis of malaria particularly in settings where microscopy is unavailable and in the correct use of ACTs; promoting care-taker recognition of fever in children under five and prompt care-seeking behavior; applications should not include activities related to indoor residual spraying (IRS).<sup>8</sup>
- **Maternal and Newborn Care**: Improving birth preparedness and complication-readiness planning; access to focused antenatal care (including education and counseling for healthy timing and spacing of pregnancy), nutrition, infection prevention, and provision of tetanus toxoid immunization and iron folate; promoting skilled attendants for birth and improving skills of providers; promotion of clean delivery and infection control; employing appropriate household- and community-based strategies where access to skilled care is difficult, including referral; promotion, prevention, and management of post-partum hemorrhage including active management of third stage of labor (for SBAs) for facility-based care and misoprostol for community-based care in those countries where it is supported by the MOH and registered for PPH prevention; prevention and management of pre-eclampsia/eclampsia; improving access to quality postnatal/postpartum care (including education and counseling for signs of complications, nutrition, activity and infection prevention, healthy timing and spacing of pregnancy,

---

<sup>7</sup> Promoting IPTp should be done in the context of ANC visits; *community delivery of IPTp with SP* should not be included.

<sup>8</sup> In PMI countries (Angola, Benin, Democratic Republic of Congo, Ethiopia-Oromiya Region, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, Tanzania, Uganda, Zambia, and Zimbabwe). CSHGP projects should be implemented in collaboration with PMI efforts and priorities in country, which are based on close planning with National Malaria Control Programs (NMCPs). See the PMI website at [www.pmi.gov](http://www.pmi.gov) for more information, including annual PMI country malaria operational plans for each PMI country. Technical resources on behavior change are available at [www.pmi.gov/technical/bcc/index.html](http://www.pmi.gov/technical/bcc/index.html)

In all countries, projects should be consistent with NMCP strategies and approaches. *Please note that malaria interventions are not restricted to PMI focus countries or regions.*

Lactational Amenorrhea counseling, and referral to family planning services); promoting essential newborn care practices for all newborns including thermal care, cord care, and immediate and exclusive breastfeeding; and sick newborn care including identification and treatment of neonatal infection and complications, resuscitation, and special care of preterm and low birth weight infants.

- **Family Planning:** The addition of family planning funding will support an expanded set of activities that includes as the provision of family planning services and commodities, training and supervising community workers and facility based health personnel to deliver FP services and commodities. As such, plans for FP service provision must be included as activities in the narrative. Applicants are encouraged to consult the following technical resources in the development of their FP component and approach to integration: Community-Based Family Planning (CBFP) Toolkit <http://www.k4health.org/toolkits/communitybasedfp>; Technical Reference Materials for Family Planning and Reproductive Health [http://www.mchipngo.net/controllers/link.cfc?method=tools\\_tech](http://www.mchipngo.net/controllers/link.cfc?method=tools_tech); Family Planning 101 and other FP courses on USAID e-learning modules <http://www.globalhealthlearning.org/programs.cfm>. *Please note that FP technical interventions described above may only be proposed in SCALE sub-category I-C (Family Planning Integration) or through the use of cost share funds.*
- **HIV/AIDS<sup>9,10</sup>** Strengthening or establishing timely linkages between MNCH services and HIV/AIDS related services for women and children, where these linkages will serve to strengthen: 1) both types of services based upon an evidence-based package of services<sup>11</sup>; 2) community-facility linkages such as routine child health services, including community-based services, to support improved detection, care, and treatment of HIV-positive infants and children including referral to Orphan and Vulnerable Child programs (particularly children under five); 3) a broad array of evidence-based interventions including those that may be considered beyond health per se such as the integration of safe water, hygiene, and sanitation into PMTCT services as well as into the care and support of HIV-positive mothers and HIV-exposed children; and 4) the follow-through of services along the MNCH continuum of care such as the link of MNCH services providing antenatal, delivery, and post-partum care with preventing mother-to-child transmission (PMTCT) services, to produce improvement in those maternity and newborn/child services as well as increased uptake of PMTCT and improved follow-up, care, and treatment of HIV-exposed infants and HIV-positive mothers. In addition, interventions should support country efforts to incorporate new WHO HIV guidelines for PMTCT, infant feeding, and ART<sup>12</sup> and these may include combination therapy, cotrimoxazole prophylaxis, and long-term follow-up. Since CSHGP funding is MCH element funding, rather than HIV specific, it is important that any proposed activities related to HIV detection, care, and treatment be designed in ways that also strengthen

---

<sup>9</sup> HIV/AIDS cannot be proposed above 30% level of effort

<sup>10</sup> To the extent possible, proposed projects should coordinate with PEPFAR efforts and priorities in relevant countries. *Please note that HIV/AIDS interventions and/or integration activities are not restricted to PEPFAR focus countries.* [www.pepfar.gov](http://www.pepfar.gov)

<sup>11</sup> MAMAN package [www.mchipngo.net](http://www.mchipngo.net); [http://www.who.int/making\\_pregnancy\\_safer/documents/fch\\_10\\_06/en/](http://www.who.int/making_pregnancy_safer/documents/fch_10_06/en/)

<sup>12</sup> WHO recommendations on integrated service packages <http://www.who.int/hiv/topics/mtct/en/index.html>

routine MNCH services for the broader population of women and children in the target population.

*NOTE: Environmental compliance terms and conditions apply to these activities. See Section III. Eligibility Information for more information.*

**End of Section I**

## SECTION II: Award Information

### A. Type of Award

The anticipated type of assistance instrument(s) to be awarded under this RFA is a cooperative agreement(s).

### B. Substantial Involvement

USAID's substantial involvement during the implementation of the program will be limited to approval of the elements listed below:

1. Strategic Workplan - Approval of the Strategic Workplan, including the OR protocol, submitted to USAID/GH/HIDN, and any subsequent revisions. Substantial changes resulting in any revisions to specific activities, locations, beneficiary population, international training costs, international travel, indirect cost elements, or the procurement plan may require a formal modification to the Agreement by the Agreement Officer. The approved Strategic Workplan will supplement the initial Program Description in the Agreement and form part of the official documentation.
2. Key Personnel - Approval of key personnel to include the following positions:
  - a. Headquarters Technical Backstop
  - b. Principal Investigator (**SCALE category only**)
  - c. Final Evaluation Consultant
3. Monitoring and Reporting - USAID involvement in monitoring progress toward the achievement of program objectives during the performance of the project, including written guidelines for the content of annual reports and final evaluations in accordance with 22 CFR 226.51.
4. Subawards - All subawards not included and approved in the original Cooperative Agreement require approval **as per 22 CFR 226.25(8)**. The AOR has the authority to approve subawards; however, not subcontracts.

### C. Total Estimated Funds Available

The total estimated funding available under this RFA is \$13,500,000. Pending the availability of funds, USAID expects to award up to eight (8) cooperative agreements in the following two categories with corresponding amounts:

1. **SCALE (Scalable Solutions to Challenges: Advancing Learning and Evidence)**  
**Category:** Up to six (6) awards in the SCALE category (each up to \$1,750,000 total, up to five years; total estimated cost of six awards: \$10,500,000). The focus of this category is on USAID/USG interest in advancing global and national knowledge for improving and scaling up implementation relevant to national and global policies and strategies. This category continues to strengthen the role of international NGOs and their

partnerships with research institutions (academia) and national and local government leadership to advance the science of implementation and scale up of nationally relevant solutions (new, promising). This overall category will be competed individually in three sub-categories:

- **Sub-category 1-A:** Maternal, Newborn, and Child Health Solutions (MNCH): **Up to 3 awards**
  - **Sub-category 1-B:** Social and Behavior Change (SBC) to increase Impact in PMI Priority Countries: Advancing PMI Program and Strategies (100% Malaria): **Up to 2 awards**
  - **Sub-category 1-C:** Family Planning Integration (to Maternal, newborn, and child health): **Up to 1 award**
2. **New Partner Category: Up to 2 awards** in the New Partner category (up to \$1.5 million each, up to five years; total estimated cost of two awards: \$3,000,000). The focus of this category is to support USAID's procurement reform objectives for increasing direct partnerships with new partners (national, U.S.) and documenting promising practices and processes to advance local capacity building and sustainability.

#### **Application Limitations:**

SCALE: Eligible applicants may submit up to three (3) applications under the SCALE category regardless of the sub-category. For multiple applications, any combination of submitted applications within each category is acceptable. Applications to each SCALE sub-category will be competed within each sub-category rather than across the three sub-categories. If an organization wishes to submit multiple applications to SCALE sub-categories, each application will be competed within its respective sub-category.

*See Section IV. Application and Submission Information for a detailed description of the sub-categories and application limitations, SCALE.*

New Partner: Eligible applicants may submit up to one (1) application in the New Partner category. Applications to the New Partner category will be competed separately from SCALE category applications.

*See Section IV. Application and Submission Information for a detailed description of this category and application limitations, New Partner.*

#### **D. Anticipated Award Schedule**

It is anticipated that awards will be made by September 2012. Applicants have the option to propose projects that have periods of performance of up to five (5) years from FY2012 to FY2017. Applicants may propose projects with implementations periods of less than five years but no more than five years. For projects proposed of less than five years, cost efficiencies and project effectiveness should be considered. Projects proposed with an implementation period of more than five (5) years, will not be accepted or considered for award. When estimating the start

date of a project implementation period, use a start date estimate at least six months from the closing date of this RFA.

**E. Authorized Geographic Code**

The authorized geographic code for the procurement of services and commodities for the CSHGP FY12 is 937.

**End of Section II**

## SECTION III: Eligibility Information

### A. Eligibility Requirements

To be eligible for a CSHGP FY12 Cooperative Agreement(s) under this RFA, principal applicants must meet the below applicable eligibility requirements. Applicants who do meet the below eligibility requirements as applicable (e.g. for each category) by the closing date of this RFA shall be deemed ineligible for consideration of award. Applicants are advised to read the eligibility criteria carefully as the eligibility requirements differ between the SCALE and New Partner categories. Eligibility requirements apply to both categories unless otherwise specified. Any proposed deviation to the eligibility requirements will not be accepted.

#### 1. Eligible Applicants

**Depending on the category (New Partner, SCALE), for which an applicant wishes to apply eligibility criteria differ around “Organizational Status and Experience”. Applicants are advised to read section a (1-4) carefully.**

- a) Organizational Status and Experience: Principal applicants must be a U.S. PVO (any category) or U.S. NGO (New Partner category only) or local/national NGO (New Partner category only). See below for additional information on organizational status.

##### 1. U.S. PVOs

A U.S. PVO is defined as a U.S. non-governmental organization that meets the first four Conditions of Registration as outlined in Part 203, Chapter II, Title 22 of the Code of Federal Regulations in USAID’s Automated Directives System. To be registered, a U.S. PVO also must meet the second four Conditions of Registration, which establish standards to be met on an annual basis (see Annex A for a list of these eight Conditions). **If an organization meets the criteria of a U.S. PVO, the organization must be registered or in the process of registration with USAID as a U.S. PVO at the time of application submission to be considered eligible** as a U.S. PVO under this RFA. U.S. NGOs in the process of registration as a U.S. PVO with USAID at the time of application submission are eligible to apply under this RFA.

To register with USAID as a U.S. PVO, please refer to USAID’s website at [www.usaid.gov](http://www.usaid.gov), USAID Keyword: PVO Registration, or <http://idea.usaid.gov/ls/pvo> for complete information and guidance.

##### 2. U.S. NGOs

Other U.S. non-profit NGOs that do not meet the definition of a U.S. PVO are eligible to apply for funding, but only under the New Partner category of this RFA.

### 3. Definition of New Partner for New Partner Category:

To be eligible as a New Partner, **both U.S. NGO/PVOs and local/national NGOs** must have been awarded no more than \$1.5 million in total, USAID direct assistance funding over the three fiscal years prior to the submission of an application.

Furthermore, for a non-U.S. local/national NGO to be eligible as a New Partner, it must:

- 1) Be a local non-governmental organization organized under the laws of the country or region of the proposed activity;
- 2) Have its principal place of business in the country or region of the proposed activity;
- 3) Be managed by a governing body, the majority of whom are citizens or lawful permanent residents of the country or region of the proposed activity;
- 4) Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country; and
- 5) Attach official documentation of their formal legal status as an NGO in the host country or in a country in the region. Local/national NGOs are not required to register with USAID. Local/national NGO applicants must be non-profit organizations.

## 2. Project Eligibility Requirements

- a) Documented Legal Presence: The prime applicant must have legal presence in the country where the CSHGP project is proposed. This should be documented by a signed agreement with the host government and included in the application. Letters of support from the MOH, or a legal document recognizing a local partner may not be submitted in lieu of the PVO/NGO agreement with the local government.
- b) Eligible Country List: The eligible country list is prepared in conjunction with Bureau of Global Health leadership and selected Missions in order to align the potential contributions of PVOs/NGOs supported through the CSHGP with USG/USAID strategic initiatives in focal countries and coordination at the global level to address country needs. It is in the best interest of applicants to liaise with USAID Missions, and other relevant national/sub-national stakeholders, to learn about USG/USAID support to national priorities, government led processes and ensure that proposals respond to expressed areas of need for strengthening national policies, systems, and programs and demonstrate the role and contribution of NGOs. Please note: if a cross country study is proposed (SCALE category only), applicants are also expected to liaise with both USAID Missions to ensure alignment with USG/USAID strategic initiatives. See Annex B for the current Mission contact list.

**SCALE Sub-category 1-A: MNCH Solutions Eligible Countries:**

<b>Africa</b>	<b>Asia and Middle East</b>	<b>Latin America and Caribbean</b>
Ethiopia Ghana Kenya Liberia Madagascar <sup>13</sup> Malawi Mali Mozambique Rwanda Senegal South Sudan Tanzania Uganda Zambia	Afghanistan Bangladesh Cambodia India Indonesia Nepal Pakistan Yemen	Guatemala Haiti

---

<sup>13</sup> *Until further notice, USAID and its partners (contractors and grantees) are restricted from working with the Government of Madagascar. Applicants are advised to consult with the Mission regarding any and all restrictions and their relevance to allowable programming*

**SCALE Sub-category 1-B: Social and Behavior (SBC) to Increase Impact in PMI Priority Countries: Advancing PMI Program and Strategies Eligible Countries:**

<b>Africa</b>
Angola
Benin
Ethiopia
Ghana
Guinea
Kenya
Liberia
Madagascar <sup>15</sup>
Malawi
Mali
Mozambique
Rwanda
Senegal
Tanzania
Uganda
Zambia

**SCALE Sub-category 1-C: Family Planning Integration Eligible Countries:**

<b>Africa</b>	<b>Asia and Middle East</b>	<b>Latin America and Caribbean</b>
Ethiopia Ghana Kenya Liberia Madagascar <sup>14</sup> Malawi Mali Mozambique Rwanda Senegal South Sudan Tanzania Uganda Zambia	Afghanistan Bangladesh India Nepal Pakistan Yemen	Haiti

---

<sup>14</sup> *Until further notice, USAID and its partners (contractors and grantees) are restricted from working with the Government of Madagascar. Applicants are advised to consult with the Mission regarding any and all restrictions and their relevance to allowable programming*

**New Partner Eligible Countries:**

<b>Africa</b>	<b>Asia and Middle East</b>	<b>Latin America and Caribbean</b>
Ethiopia Ghana Kenya Liberia Madagascar <sup>15</sup> Malawi Mali Mozambique Rwanda Senegal South Sudan Tanzania Uganda Zambia	Afghanistan Bangladesh Cambodia India Indonesia Nepal Pakistan Yemen	Guatemala Haiti

b) Application Submission Limitations:

New Partner and SCALE (all sub-categories) applications will be competed separately.

SCALE

Applicants to the SCALE category may submit up to three (3) applications total. An applicant may submit more than one (1) application in any of the SCALE sub-categories but cannot exceed the total allowable number of applications (3) to the SCALE category. Applications to each SCALE sub-category will be competed within each sub-category rather than across the three sub-categories.

New Partner

Applicants to the New Partner category may submit up to one (1) application total.

Additional Information

The maximum allowable number of applications that any one organization may submit to the SCALE category (any subcategory) is three (3). The maximum allowable number of applications that any one organization may submit to the New Partner category is one (1). Please note that eligibility criteria described in this section still apply. If the number of applications submitted exceeds the maximum allowable amount, extra applications will not be reviewed or considered for award. The Agency will use the Grants.gov time and date stamp to determine the order in which the applications were received. Based on the order, the Agency will disqualify any applications submitted beyond the maximum number allowable in each category.

---

<sup>15</sup> *Until further notice, USAID and its partners (contractors and grantees) are restricted from working with the Government of Madagascar. Applicants are advised to consult with the Mission regarding any and all restrictions and their relevance to allowable programming*

c) Level of Effort (LOE)<sup>16</sup> Restrictions: An HIV/AIDS intervention may be proposed **up to a 30% LOE** under the New Partner and SCALE funding categories (e.g. 40% LOE for HIV/AIDS would be deemed ineligible). For all intervention areas, including HIV/AIDS, the LOE proposed is an estimate determined by the applicant. The CSHGP expects that the value proposed reflects the applicant's best estimate of the amount of time and resources that will be required for the proposed activities per intervention area over the life of the project.

d) Page Limitations:

**Technical Applications shall contain a total of 10 pages (1 page executive summary + 9 pages). Technical Applications submitted with pages that exceed 10 pages will not be reviewed.** This page limit restriction for the body of the Technical Application does not include attachments, preliminary matter (title page, table of contents, acronym list), or the Application Screening Form. [Technical Attachments cannot exceed 12 pages in length.] Information required in the Technical Application per the RFA guidance cannot be included as an attachment and will NOT be reviewed unless it is specified that this information may be provided as an attachment. Please note that information requested to be provided in the Technical Attachments, as specified in the technical guidance for each category, will be reviewed as part of that section.

e) Local Partnerships:

The applicant must work in partnership and/or coordinate with a range of partners, such as local government, local community and faith-based organizations, networks of C/FBOs, local or regional academic or research institutions, private sector groups, or other local organizations at the regional, national and sub-national level, on the design and overall implementation of projects, including monitoring and evaluation and OR efforts. In addition to these partners, applicants should complement and support USAID Mission/USG priorities and strategies. See Annex B for the current Mission contact list. Applicants are encouraged to partner with and build the capacity of women's civil society organizations, as relevant. All applications must be prepared in collaboration with the project partners in the proposed site or country.

For the purposes of this RFA local organizations are those organizations that have been locally conceived, supported and staffed, whose inception was initiated by nationals from the country of application and whose headquarters originated and currently resides in the country of application. Partnerships with women-led organizations are encouraged. Regional organizations are those organizations that have been conceived, supported and staffed in the broader sub-region or region of the world.

f) Key Personnel: The following positions must be included as key personnel in the applications and require USAID approval upon award:

1. **Headquarters Technical Backstop**: Assign at least one public health professional at the applicant organization's U.S. headquarters with at least 20% LOE devoted toward CSHGP activities. This staff person must be employed by the principal applicant, and will have responsibility for

---

<sup>16</sup> Please see definition for LOE under Section I (C) Technical Interventions.

coordinating with the project team, principal investigator, the final evaluation consultant and any implementing partner(s). In addition, the Headquarters Technical Backstop will ensure quality in the deliverables as well as responsiveness to USAID guidelines (e.g. project workplans, the operations research protocol, budgets, annual reports and other project deliverables) submitted to USAID. The Headquarters Technical Backstop is the primary point of contact for all coordination with USAID/Washington regarding the progress of the project.

2. **Principal Investigator (SCALE category only)**: Assign to the project, one staff person dedicated to the Operations Research with substantial and appropriate experience in designing and implementing community level or relevant technical area research. This person may have other duties or roles with the proposed project and may be employed by the principal applicant, either as a staff person or a consultant, or by a partner, such as a research institution. As such, the proposed level of effort for this role should be stated and justified, according to staffing approach and responsibilities. The designated Principal Investigator (PI) assumes oversight for the quality of the research, analysis and writing of findings, whether based in the country or at a headquarters location.

### 3. Cost Share

Each organization must propose to contribute a percentage of the cost of the proposed project in non-U.S. Government resources, in cash or in-kind, in accordance with OMB circular A-110 and 22 CFR 226.23. **U.S. Government resources of any type or source do not count toward the applicant's cost share contribution for the CSHGP.** Applicants proposing above the percentage cost share will not be considered or evaluated differently or more favorably than those applicants proposing the minimum percentage (25% or 5%) cost share.

The following are the cost share requirements for each respective category:

#### SCALE

Applicants to the SCALE category shall contribute at least 25% of the cost of the proposed project in non-U.S. Government resources.

#### New Partner

Applicants to the New Partner category shall contribute at least 5% of the cost of the proposed project in non-U.S. Government resources.

### 4. Other Project Requirements

#### **Reporting Requirements**

The following are reporting requirements for all CSHGP grantees. All grantees must be able to comply with the requirements as set forth below:

- a. Strategic Workplan: To be submitted per CSHGP reporting guidelines within the first project year. Grantees must complete an in-depth assessment and analysis of the current health situation in the project site through qualitative and quantitative baseline surveys. Grantees must establish strong partnerships with local counterparts and jointly prepare the Strategic Workplan for submission to USAID for approval. SCALE grantees must prepare and submit operations research (OR) protocols. GH/HIDN staff and technical specialists will review the Strategic Workplan and provide the recipient with strengths and weaknesses. The Strategic Workplan will provide a plan for the program, including plans for baseline and final surveys and collection of required indicators, and the implementation of OR. GH/HIDN staff and technical specialists, through MCHIP, will provide technical assistance to the development and/or refinement of OR questions and OR designs in order to maximize learning opportunities.
- b. Annual Reports: Per CSHGP reporting guidelines, annual reports are to be submitted 90 calendar days after the award year which is in accordance with 22 CFR 226.51(b).
- c. Final Evaluation Report: Per CSHGP reporting guidelines, final evaluations are to be submitted 90 calendar days after the expiration or termination of the award which is in accordance with 22 CFR 226.51(b).
- d. Financial Reporting: in accordance with 22 CFR 226.52, the SF 425 and SF 272 will be required on a quarterly basis. (See Annex I for Financial Reporting Forms.)

## **Environmental Compliance Requirements**

1. The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ads/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The Recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA. *See Section VI. Award Administration Information for more information.*
2. In addition, the Recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.
3. No activity funded under this RFA will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau

Environmental Officer (BEO). (Hereinafter, such documents are described as “approved Regulation 216 environmental documentation”).

## **B. Project Restrictions**

All proposed activities must directly contribute to improved maternal and child survival and health outcomes. Applications for which the main purpose is: equipping hospitals, orphanages, or other residential facilities; curative care in hospitals; surgical procedures and prosthetics; construction; manufacturing of pharmaceuticals, or other health aids; evacuation of children to the U.S. for medical treatment; emergency relief activities; or adoptions are beyond the scope of the CSHGP.

**End Section III**

## **SECTION IV: Application and Submission Information**

### **A. Address to Request Application Package**

The preferred method of distribution of USAID assistance information is via the Internet. This RFA contains all necessary information, web links, and materials to submit a complete, full application. Any additional information regarding this RFA will be furnished through an amendment(s) and will be communicated through Grants.gov. This RFA and any future amendments can be downloaded from the World Wide Web Address at <http://www.grants.gov>. For instructions on how to register, see Annex J.

### **B. Content and Form of Application Submission**

The following are general instructions for what constitutes a complete, full application. The instructions include the required contents on an application(s), required format of an application(s), the contents of application(s) documents, and how applications shall be submitted. It is highly recommended that applicant's read the entire RFA before submitting an application. Respond to criteria as appropriate, including attachments where requested. Depending on the category for which the applicant is applying, requirements may vary. It is incumbent on the applicant to ensure that they respond specifically to criteria/questions relating to the relevant each category.

### **C. Required Contents of an Application**

A complete application shall consist of the following documents (*also see Section IV. "How to Submit an Application"*):

1. To be submitted by the closing date of this RFA:
  - a) Full Technical Application consisting of:
    - i. Technical Approach
    - ii. Technical Attachments
  - b) Completed SF 424 Form(s) Application Screening Form
2. Three (3) Past Performance Short Forms which provides three (3) relevant references in which USAID can contact. Please note, the due date to submit past performance forms is March 29, 2012 5:00 PM.
3. To be submitted upon notification of successful application:
  - a) Full Cost Application consisting of:
    - i. Budget Narrative in Word Format
    - ii. Detailed Budget in Excel Format
  - b) Certifications and Representations
  - c) Branding Strategy and Marking Plan
  - d) Environmental Screening Form

### Summary of Document Due Dates

Document	Due Date
Technical Application	Closing date of the RFA
SF 424 Form	Closing date of the RFA
Past Performance Short Forms (Three forms)	March 29, 2012, 5:00 PM
Cost Application	Upon notification of successful application
Certifications and Representations	Upon notification of successful application
Branding Strategy and Marking Plan	Upon notification of successful application
Environmental Screening Form	Upon notification of successful application

Further specification of the contents that are required in each of these documents is described in the section below entitled **Content of Application Documents Guidance**.

### D. Required Format of Application(s)

#### General

1. All information shall be presented in the English language.
2. The Application shall use the Letter Format 8 ½” x 11” (There are two exceptions to the aforementioned instruction: 1) budgets may be in a slightly smaller font (10 point) with smaller margins, and 2) tables may use smaller fonts and margins, however, must be easily readable).
3. 12-point font using fixed pitch spacing per inch
4. 1” margins on standard, letter-sized paper (8½” x 11”).

#### Title Page Format

*The title page of the application should include:*

1. The name and address of the PVO/NGO applicant
2. The RFA number
3. The category for the application submission
4. The country for which the project is proposed.

#### Application Screening Form Format

An **Application Screening Form** is provided in **Annex C** for completion and submission with the application. This form does not count toward Technical Application or Technical Attachment page limitations. Please include this form after the title page of the Application.

#### Technical Application Format

The following are formatting instructions for the Technical Application:

1. The Technical Application shall be formatted Microsoft Word 2010.
2. The Technical Application shall not contain any cost information.

3. **Number of Overall Pages:** All applicants shall submit a maximum 10 page Technical Application, INCLUDING a one-page Executive Summary and no more than nine additional pages which respond to the evaluation criteria for New Partner and SCALE categories. Technical applications with more than 10 pages will NOT be reviewed. This page number restriction does not include attachments, preliminary matter (title page, table of contents, acronym list) or the Application Screening form.
4. **Technical Attachments:** All Technical Attachments should be 12 pages or less (EXCLUDING Past Performance Short Forms). All Technical Attachments should be clearly marked, included at the end of the application, and listed in the table of contents. All attachments and/or supplementary documents must be in English. Technical Attachments must also be presented on standard, letter-sized paper (8½ x 11). Information required in the Technical Application per the RFA category guidelines cannot be included as attachments and will NOT be reviewed.

Technical Attachments (cannot exceed 12 pages EXCLUDING Past Performance Short forms) can consist of the following documents:

- Legal Authorization to Operate in Target Country
- Map of Program Area
- Letters of Support (e.g. MOH or other host country government, local/international NGOs, research institutions, private sector partners, mentoring organization).
- Management/Human Resource Tables
- Technical Package and LOE Table
- CVs of Key Personnel
- Past Performance Short Form References (3)

*See the Technical Application Guidance for each category for further details on format and content of attachments detailed above.*

### **Branding Strategy and Marking Plan Format**

A Branding Strategy and Marking plan template will be provided to apparent successful applicants at the time of notification of a successful application. See Section IV. Application and Submission Information for the content that shall be included in the Plan.

### **Environmental Screening Form Format**

Environmental screening information shall be provided on the form provided in Annex L of this RFA. For convenience, a Microsoft Word format version of this form is available as an attachment to this RFA via <http://www.grants.gov/>.

## **Certifications, Assurances, and Representations**

All apparently successful applicants must provide Certifications, Assurances, and Other Statements using the template provided in Annex K of this RFA. For convenience, a Microsoft Word format version of this form is available as an attachment to this RFA via <http://www.grants.gov/>.

## **Cost Application Format**

### **General**

The following are formatting instructions for the Cost Application:

1. There is no page limit for the cost application. However, Applicants are encouraged to be as concise as possible and still provide the necessary details.
2. The Application must be submitted using SF-424 and SF-424A. Please see Annex H: Financial Reporting Forms. *Please note: Successful applicants will complete a detailed budget upon notification of application status. Please see Section VI: Award Administration Information for more information.*
3. The Cost Application shall be completely separate from the Technical Application.
4. The Cost Application Detailed Budget shall be formatted in Microsoft Excel 2010. Budgets shall display all formulas (to illustrate method of calculation) with unlocked cells.
5. The Cost Application Budget Narrative shall be formatted in Microsoft Word 2010.

### **Budget Narrative and Detailed Budget Format**

The contents of the Budget Narrative and Detailed Budget documents shall mirror and reflect one another. The Budget Narrative shall have appropriate headings that match those of the Detailed Budget. For example, the Budget Narrative shall explain how salaries and wages were determined and give the appropriate rationale under the **Salaries and Wages** heading. And the Detailed Budget shall display the estimated costs for salaries and wages under the **Salaries and Wages** budget line item. The Budget Narrative shall explain in great detail how costs were derived and the methodologies used to derive and estimate costs. The Detailed Budget shall display the estimated costs proposed for each budget line item.

### **E. Content of Application Documents Guidance**

This section provides guidance on the contents of the required documents such as the Technical Application, Cost Application, and the Past Performance Short forms.

#### **Technical Application Content**

The following paragraphs (SCALE and New Partner) describe the category purpose, category scope, and gives Technical Application Guidance to be included in Technical Applications for both the SCALE and New Partner categories. Applicants are advised to read this section in its

entirety as the requirements across the SCALE sub-categories may slightly differ. Please note that the requirements for SCALE and New Partner differ.

**Scalable Solutions to Challenges: Advancing Learning and Evidence (SCALE) Category**  
(up to five years, up to \$1.75 million)

Within the SCALE Category, there are three sub-categories; each competed separately but with common evaluation criteria. These sub-categories differ according to the degree and type of integration of technical interventions and activities as well as focal areas for evidence building and include the following:

**Sub-category 1-A:** Maternal Newborn and Child Health (MNCH) Solutions

**Sub-category 1-B:** Social and Behavior Change (SBC) to increase Impact in PMI  
Priority Countries: Advancing PMI Program and Strategies (100% Malaria)

**Sub-category 1-C:** Family Planning Integration

**Category Purpose and Scope**

The SCALE category places the primary emphasis on designing and evaluating new and/or promising solutions to generate evidence, addressing key gaps for improving and scaling up the delivery and use of high impact MNCH interventions in diverse community and health systems contexts. This category leverages the global health and development entrepreneurship and expertise of U.S. PVOs/NGOs to develop solutions to address key knowledge gaps for effective implementation of policies and programs, particularly due to their proximity to (or partnerships with) communities and capacity to locate research within a realistic and health systems-based programmatic context. Through partnerships with national program managers, policy makers, and research institutions, PVOs/NGOs advance program learning that enables identification, adaptation, and wide-spread use of new and/or promising solutions at scale in the home, communities and facilities to increase impact.

Applicants to the CSHGP SCALE category may focus on generating new knowledge and evidence for solutions that are either new and/or promising solutions for which there are critical knowledge gaps associated with in-country stakeholder needs with a scale-up process or at scale implementation. Applicants must clearly describe how the proposed solution will overcome implementation challenges that the MOH and other key stakeholders have prioritized, and how the evidence will fill a gap in knowledge that is critical for MOH policy decisions about implementing and scaling up. Applicants are encouraged to propose generating new evidence about promising approaches for which there is an evidence gap for scaling up implementation and/or replication in context-specific geographic areas, which may involve the creation of new metrics and research approaches. The proposed solution(s), new and/or promising, for which there is lack of evidence should address a relevant public health challenge with clear potential for sustainability and scale up.

The CSHGP supports operations research, defined as “research producing practically-usable knowledge (e.g. evidence, findings, information) which can improve program implementation (e.g., effectiveness, efficiency, quality, access, scale-up, sustainability) regardless of the type of research (e.g., design, methodology, approach). The operations research usually incorporates

multiple methodologies, both qualitative and quantitative, and various data sources, such as Monitoring and Evaluation and Health Information Systems to evaluate the process, impact and outcomes. The SCALE category seeks to generate new evidence about solutions to implementation challenges and answer practical questions about what works, why, for whom, and in what context.<sup>17</sup> Operations research involves identifying and defining the problem (challenge); justifying the importance of the problem (challenge); selecting a solution to address the problem (challenge); testing the solution; disseminating research findings; and using research results to inform decision-making.<sup>18</sup> Learning about implementation through process evaluation is an important means of identifying the key components of interventions that do or do not function effectively in real-life settings. Process evaluation evidence is needed to inform decisions about how to replicate, scale up or refine programs and policies that lead to successful outcomes.<sup>19</sup> Solutions should reflect collaboration with national programs and be scalable, able to be absorbed by the host government system or inform partnerships with PVOs/NGOs or the private sector, and leverage existing community and other platforms. The CSHGP will not support research aimed at determining the efficacy of technical interventions.

The identified areas for evidence building through research should aim to improve health and nutrition community-oriented program performance and respond to critical information needs and priorities of key stakeholders. Applicants should propose challenges and areas for generating credible evidence with research questions that have relevance to strengthening existing systems, to meet information needs of local and national stakeholders and align with the USG/USAID strategic priorities (e.g. GHI, FtF, PMI) to support country-led strategies and plans. Research questions may focus on the feasibility, effectiveness, and scalability (e.g. cost-effectiveness, intensity of inputs, management burden, responsiveness to challenges and opportunities in national programs). However, the applicant must provide a strong rationale for proposing research questions based on their relevance to existing policies, programs and systems and the information needs of local and national stakeholders. **While the applicant is expected to conduct research around proposed areas of evidence building, research methodologies are not requested in this RFA.** Successful applicants to this RFA will work during the Strategic Workplan development period to develop and/or refine appropriate designs with MCHIP Technical Assistance, in coordination with the Bureau for Global Health and relevant Missions. Applicants are encouraged to consider research that can be completed well within the time frame of the proposed project (up to five (5) years) to enable fine tuning of solutions, dissemination and use of information for improving national health program implementation and policies as well as to contribute to global learning and cross-fertilization among a wider network of partners (e.g. researchers, implementers, innovators) supported by USAID.

The design of solutions and prioritization of research questions must respond to the needs of national and local stakeholders. The Bureau for Global Health welcomes solutions and research that advance learning to overcome challenges relevant to local priorities with clear

---

<sup>17</sup> Implementation Science for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Nancy Padian et al, *Journal of Acquired Immune Deficiency Syndrome*, Vol. 56, No. 3, March 1, 2011.

<sup>18</sup> Fisher, Andrew W. and Foreit, James R. 2002. "Designing HIV/AIDS Intervention Studies: An Operations Research Handbook." *Frontiers. Population Council*: Washington

<sup>19</sup> Allan Steckler, Laura Linnan (Eds.); *Process Evaluation for Public Health Interventions and Research*; Jossey-Bass; San Francisco, CA, 2002

potential for sustainability and scale up. The CHSGP supports research processes designed to optimize utilization of the findings for policy and scale up decisions (see Box 1 below).

**Box 1: Stakeholder Participation in the Operations Research (OR) Process**

Relevant local and national MOH policymakers should be partners from the start in prioritizing problems and identifying solutions to be tested. It is important to facilitate the participation of relevant stakeholders, who may range from the community to national level, throughout the research process, such as civil society groups, NGOs, affected communities, research institutes, other government sectors and technical assistance agencies. Researchers are responsible for translating the program problem into a researchable problem and for the quality of the research. Research should be carried out by a team of program implementers and researchers who work closely together during every stage of the research, from the identification of the problem to the dissemination and utilization of results. The role of the program implementers and policymakers who know the context, includes: 1) participating in defining the program problem and the type of evidence needed to make informed decisions about program implementation and policies, 2) developing a shared understanding of the purpose of the research and their role, 3) participating in interpreting the findings and utilizing the evidence in program and policy decision-making and 4) disseminating research findings locally and globally.

Adapted from: The Global Fund, U.S. Agency for International Development, WHO, Special Programme for Research and Training in Tropical Diseases, UN Joint Programme on HIV/AIDS, World Bank, Framework for operations and implementation research in health and research in health and disease control programs  
<http://apps.who.int/tdr/publications/training-guideline-publications/framework-operation-research/pdf/framework-operation-research.pdf> (August, 2008)

Applicants are encouraged to establish partnerships with research institutions, including local or regional research bodies, as appropriate, to ensure quality data collection and analysis, and to facilitate information dissemination and utilization.

The proposed project may encompass single or multiple districts, or across countries, based on project design considerations (e.g. developing and/or leveraging existing delivery platforms) and available resources.

The following sub-categories are the identified focus areas that will help achieve the overall strategic objectives of the SCALE category:

**Sub-category 1-A: Maternal, Newborn and Child Health (MNCH) Solutions**

**Description:** Women and families in resource-poor settings often face barriers to accessing services or adopting behaviors that can improve their own health and that of their newborn and children. In order to address these challenges, CHSGP partners work closely with local stakeholders to empower and engage women, their families, and their communities to improve their health through strategies that increase the quality of and access to maternal, newborn and child (MNCH) information and services. Essential to the success of these projects is the grantees' ability to create effective links between households and health facilities by making

information and services more accessible and culturally responsive to the community and empowering communities with problem-solving skills. CSHGP partners (past, current, future) are well positioned to respond to building the evidence base for smart integration of services and community-oriented approaches to advance demand, accountability, and equity. The following list is provided for illustrative purposes; however, applicants are not limited to these examples. Eligible LOEs are the following: Nutrition, Immunization, Control of Diarrheal Disease, Pneumonia Case Management, Prevention and Treatment of Malaria, Maternal and Newborn Care, HIV/AIDS. *Please see Section I (C) Technical Interventions for more information.*

### **Illustrative Examples of MNCH Evidence Gaps:**

- How to provide efficient and effective delivery of MNCH interventions through smart and strategic integration of services and health promotion/behavioral strategies, for example:
  - approaches to integration for the continuum of care during the 1000 days period from pregnancy through the child's first two years of life; integration of PMTCT to increase uptake of PMTCT and follow-up of mother baby pairs post-partum (including focus on infant and young child feeding);
  - achieving anemia reduction for women and children through coordinated community and facility approaches;
  - integrated community case management of childhood illness, including referral/treatment of malnutrition;
  - integrated behavioral approaches for household/family recognition of illness/malnutrition, appropriate self-care and care-seeking, etc.);
  - improving communication and collaboration linkages between facilities and communities, through for example use of mobile technologies to strengthen information systems, supportive systems for Community Health Workers and Volunteers;
  - assessing task shifting's impact on integrated preventive and curative services, such as IMCI, Nutrition Assessment, Counseling and Support (NACS), PMTCT and pediatric HIV care, especially at lower level health facilities and community and household levels;
  - strengthening routine child health services (including community-based services) capacity for detection, care, and treatment of HIV-positive infants and children including follow up at the community level (i.e. home visits);
  - strengthening referral and counter referral systems to link HIV activities (i.e. NACS, PMTCT, etc.) to community based services (i.e. food security and/or economic strengthening, education, etc.);
  - improving delivery of underused and emerging interventions at scale, such as chlorhexidine for umbilical care, neonatal resuscitation at the community level, facility obstetric and newborn care (EMONC/BMONC addressing for example sepsis, eclampsia, pre-eclampsia and prevention of PPH), community and facility approaches to delivering/promoting IFA, point of use water sanitation, hand washing, ORS/Zinc.
- How to improve the coverage of high impact MNCH interventions (underused, new) through strategic partnerships:

- across development sectors (e.g. agriculture, education, water and sanitation), for example, improving access to and consumption of quality and diverse foods through integrated agriculture and nutrition platforms, expanding evidence based approaches through non-traditional platforms, i.e. nutrition education through savings and loan groups, microenterprise and/or agriculture extension and/or education, or integrated with improved nutrition practices in HIV care and support programs;
  - with private providers or the private sector, traditional/informal health providers, microcredit for livelihood improvements or pooled insurance/emergency transport;
  - Linking with, leveraging, and expanding the reach of USAID’s existing global development alliances (GDAs) such as Laerdal Medical (Helping Babies Breathe)<sup>20</sup>, and Unilever<sup>21</sup> to improve hand washing with soap by birth attendants, new mothers, health providers, and caretakers to reduce newborn deaths due to infection.
- How to improve access to and uptake of high impact MNCH interventions through accountability and quality from a client and community perspective by addressing inequities in gender, resources, or other barriers to equitable access and use such as:
    - working with civil society, rights-based approaches;
    - leveraging or improving demand side financing mechanisms such as savings clubs, community health insurance, or targeting approaches, voucher schemes for food and nutrition related activities;
    - improving women and community-centered care in facilities and advancing respectful and culturally competent care for women and families. (Note: a landscape analysis focusing on disrespect and abuse of women in childbirth is available through [www.tractionproject.org](http://www.tractionproject.org)).

**Sub-category 1-B: Social and Behavior Change (SBC) to increase Impact in PMI Priority Countries: Advancing PMI Program and Strategies (100% Malaria)**

**Description:** PMI is leveraging research partnerships with PVOs/NGOs through the CSHGP to identify and scale up solutions to persistent challenges in malaria prevention and treatment programming. All application guidelines described for SCALE applicants also apply to this subcategory. However, the only eligible LOE for sub-category 1-B is Prevention and Treatment of Malaria and the illustrative examples of evidence gaps listed below are only relevant to this sub-category. U.S. PVOs/NGOs are well positioned to develop new and/or promising solutions and/or fill evidence gaps about promising solutions that would lead to improved effectiveness of malaria BCC activities; increased, correct, and consistent use of insecticide-treated mosquito nets; raising the coverage and reach of intermittent preventive treatment during pregnancy; and improving case management including community case management. Applicants applying for the SCALE sub-category 1-B (malaria) should clearly articulate the intended malaria outcome(s) in their applications. The following illustrative examples indicate priorities for evidence-building to strengthen national malaria programming and policies in PMI countries. Please refer to the Eligible Country List for eligible countries for sub-category 1-B (Section III, Eligibility Requirements).

<sup>20</sup> <http://www.laerdalglobalhealth.com/hbb.html>

<sup>21</sup> <http://www.unilever.com/sustainability/wellbeing/hygiene/handwashing/index.aspx>

## **Illustrative examples of Evidence Gaps:**

- How to work with local organizations to implement high quality and measurable malaria SBC activities; enhancing the role of community and local organizations and institutions and their capacity (including religious institutions) in malaria BCC, generating lessons that can be used across PMI countries?
- How to use new communication technologies to improve effectiveness of malaria SBC programs?
- How to develop and implement programs that support community-level net care and repair practices with complementary messaging and materials to extend the functional life of an ITN?
- What methodologies or practices are effective for developing solutions for continuous ITN distribution methods to maintain universal coverage of ITNs in the years following a universal coverage campaign?
- What methodologies or practices are effective for tracking ITN use within communities?
- What new approaches could address the problems of delayed antenatal care (ANC) visits and solutions on messaging around IPTp (focus: cost-effective, innovative, and high impact). This would include improving IPTp, DOTS administration at the community and facility level, provider practices and behaviors, supervision, supply chain management, linkages and integration with reproductive health?
- How to work with the private sector at the community level to improve access to ACT and RDTs and to promote effective case management of malaria by the private sector?
- How to employ mixed methods of preferred and emerging communication channels to address the problem of delayed treatment seeking for fever and innovations on messaging around ACT and RDTs (focusing on cost-effectiveness, high impact, best approaches and delivery of BCC messages)?

## **Sub-category 1-C: Family Planning Integration**

**Description:** Integrating the delivery of health interventions is thought to be cost-effective. Integrating health services at the point of contact ensures the delivery system is designed to meet the holistic needs of individuals when they go to a health facility or visit with a community health worker or outreach worker in their communities. The improved access to integrated services through the integration of these and other services may produce lasting progress for the entire community. Working at community and district levels can greatly contribute to developing and implementing strategies that promote the delivery and use of packages of high impact interventions for those who need them most. However, integration must be context specific and take into consideration the priority health needs of the beneficiaries. Integration of services has an associated cost and adds complexity and administrative burden that must be weighed.

Accordingly, this sub-category will integrate family planning (FP) into MNCH activities in areas where there is a clear gap in FP services and will conduct operations research to build evidence for the strategic, efficient integration of MNCH and FP in community programming. Efforts should be made to strategically integrate FP into activities that have the potential to strengthen the delivery and use of FP and MNCH services, and may include behavior change

communication and IEC; community mobilization, including working with religious and community leaders to be champions for FP and MNCH; training of community health workers and facility level health care workers; quality improvement approaches, and others. Applicants that utilize existing MNCH program activities as FP service delivery points and opportunities for FP messaging; demonstrate new and/or promising approaches around FP service delivery; focus activities on neglected populations; and/or address important gaps in coverage of FP services are particularly welcome. Applicants are expected to increase use of FP through increasing knowledge of and interest in FP; improving the quality of existing FP services; increasing access to FP services; and improving the social and policy environment for FP services and behaviors. Applicants must address access to FP services, but may include other result areas as appropriate and relevant to project area needs. Projects will be supported to integrate FP into a range of maternal, newborn, and child health (MNCH) areas and seek to increase use of FP services and to provide lessons learned and best practices on integration of FP into MNCH platforms, including community and primary health care levels. Projects may allocate a maximum 25% of their budget to FP activities using USAID funds, and may allocate additional amounts using cost share. Eligible LOEs are the following: Nutrition, Immunization, Control of Diarrheal Disease, Pneumonia Case Management, Prevention and Treatment of Malaria, Maternal and Newborn Care, Family Planning, HIV/AIDS. *Please see Section I (C) Technical Interventions for more information.*

### **Illustrative examples of Family Planning Integration Evidence Gaps:**

Integration activities should build new evidence for scalable FP integration with MNCH. The following are illustrative areas for evidence building. However, applicants are not limited to these examples:

- What are the best approaches to strengthen and/or establish appropriate and timely service provision of MNCH and FP?
- With what other health services can FP activities most effectively and efficiently be integrated?
- What approaches improve community and facility based services; and/or strengthen household-community-facility linkages for including FP along the MNCH continuum of care (e.g. antenatal, delivery, and post-partum care; child health and nutrition services; and/or HIV/AIDS services) to improve those services, maximize entry points with clients, and increase use of FP?
- What is the impact on the quality of services when FP services are included into another package of services? Does the addition of FP service provision affect the level of effort a CHW provides to other health services? What is the overall impact on CHW service provision when FP service delivery is added to their menu or services?

Applicants may not propose to use USAID resources to purchase FP commodities, but may include purchase of FP commodities in their cost share contribution. However, providing FP commodities by purchasing them with the applicant cost share is discouraged because it does not promote commodity sustainability in the project area. More importantly, applicants must provide evidence of the consistent availability of FP commodities through host country

government, other donor, other local or international NGO resources. Applicants are encouraged to work through the local USAID Mission to gain access to USAID purchased FP products.

**Budget Requests:** SCALE category applicants, may submit budget requests up to five (5) year projects for up to \$1.75 million total. Applicants should budget adequately to conduct quality operations research, stakeholder engagement, and publications as well as other dissemination formats.

**Who Should Apply:** U.S. PVOs who meet the eligibility, organizational, experience, and program requirements identified in Section III: Eligibility Information of this RFA. The SCALE category is a highly competitive funding category, requiring substantial leadership and experience in child survival and health interventions. Successful applicants demonstrate a strong ability to implement and replicate effective projects and set higher standards for both their organizations and the PVO/NGO community.

### **Technical Application Guidance for the SCALE Category**

Applicants must follow the format and guidance described below to prepare a SCALE category application (all sub-categories) in response to this RFA. Suggested content is provided as a guide and is only illustrative; applicants may distribute the pages and develop the content of the narrative as appropriate and relevant to their submission. Applicants should refer to the Technical Evaluation Criteria for SCALE category Applications, which provides the criteria whereupon the application(s) will be evaluated (*See Section V: Application Review Information*).

A Technical Application under the SCALE category shall include the following sections and address the identified bullets unless otherwise specified:

a) **Executive Summary**

This section should be a succinct one-page summary and must contain the following information as applicable and any additional information the Applicant believes necessary to best represent its proposed project. The summary paragraph may be used for public communication after the awards are made.

The summary should include:

- **Rationale:** What problem will the project address?
  - State the problem and challenge, who it affects (individuals/group), project location, context, and magnitude. What are the current efforts locally or nationally to address this problem, by whom, and what are the gaps in terms of existing options and strategies?
- **Approach:** What approach(es) does this project take to address the problem (technology, service delivery, and/or demand creation)?
  - What is the proposed solution(s) and justification for selection and testing of the solution(s) to improve and scale-up the delivery and use of high impact MNCH, Malaria (PMI) or FP (FP Integration) interventions? What are the prioritized OR question(s) focusing on the solution(s), relevance to the national policy and

program context, how does it address an important evidence gap, and demonstrate stakeholder buy-in?

- Key technical package, delivery strategies and nature of integration if applicable (both technical and within systems). NOTE: PMI category applicants are not required to specify the nature of integration but should do so if relevant to the strategy.
- Goal(s), Objective(s) and Impact: What are the main goals and objectives? What is the expected impact of the project and use of the evidence?

**As part of the above, also include the following information:**

- Estimated total population in the project location and number of children under five and women of reproductive age (see calculation guidelines in Annex D).
- Local partners involved in project implementation, including name and type of any sub-grantees and total level of USAID funding to be sub-granted.
- Level of USAID funding requested for the project and cost-share amount.
- Application category/subcategory.
- Proposed start/end dates.
- Main authors of the application and application contact at U.S. headquarters office.

**b) Project Context, Strategy and Results Framework**

This section of the application presents an overview of the context in which the proposed project community-oriented will operate. It should provide a clear and comprehensive picture of the health context in the selected project area to serve as the basis for the selection of technical interventions, strategies, and key project partners. In addition, this section provides a picture of the proposed project strategy and implementation plan. Please consult the Technical Interventions (Section I (C) Technical Interventions) and the Technical Reference Materials<sup>22</sup> for more guidance on implementing high impact interventions at the primary health care and community levels. Even though the solution will be described separately in the next section (Scalable Solutions to Challenges Approach) it should be integrated within the overall project design.

The Project Context, Strategy and Results Framework section shall provide the following:

- Provide a description of the current health status of the target population and factors that are particularly relevant to the project strategy including key causes of mortality and morbidity and socio-cultural, economic, gender, and behavioral factors that influence care-seeking and self-care practices, vulnerability and exposure to disease, and the access to, use, and quality of services. Please cite sources of data.
- For FP Integration applicants: Importantly, applicants should demonstrate a need and gap for FP services in the proposed project area. Present any FP indicators, such as Total Fertility Rate, Contraceptive prevalence rate (modern, traditional methods)

---

<sup>22</sup> [http://www.mchipngo.net/controllers/link.cfc?method=tools\\_tech](http://www.mchipngo.net/controllers/link.cfc?method=tools_tech)

among partnered/married women, unmet need for FP, others. Please cite sources of data.

- Briefly discuss any FP or fertility-related behaviors and trends in the project area. Please cite sources of data. Briefly describe the status of FP services (availability, quality, FP commodities) in the project area delivered by the MOH, private sector, NGOs, or others through facilities, outreach, and any community based services.
  - Briefly discuss the policy environment, such as national policies related to FP, any current efforts at the national or local level for operationalizing integration of FP with MNCH or other health areas, or other relevant information.
  - Describe relevant FP programming that the applicant organization and/or other groups (including USAID Mission) are implementing in the same geographic area, highlighting synergies and ensuring no duplication of effort. Indicate how the proposed project will engage and/or complement existing FP programming.
- Describe relevant programming that the applicant organization and/or other groups (including USG/USAID Mission) are implementing in the same geographic area, highlighting synergies and ensuring no duplication of effort. Indicate how the proposed project will engage and/or complement existing programs. All applicants to the sub-category 1-B (Malaria) must clearly describe how their proposed activities complement and do not duplicate malaria prevention and control activities already underway in the target geographic area. All applicants must clearly describe how they will collaborate with existing PMI-funded and other malaria control partners in the areas they propose to implement. (*Note: See PMI website at [www.pmi.gov](http://www.pmi.gov) for more information*). In all countries, projects should be consistent with NMCP strategies and approaches.
  - Provide a results framework of the goal, strategic objective(s), and expected results of the proposed project. Demonstrate how selected technical interventions and strategies support stated goal, strategic objectives, and results/outcomes. Applicants are encouraged to incorporate aspects of a logic model, which depict the context<sup>23</sup>. Please see Annex F for definitions of terms and resources for developing a results framework. Incorporate the solution described in the next section (Scalable Solutions to Challenges Approach) in the results framework.
  - Clearly describe the overall project strategy, including the technical intervention package and activities/strategies at multiple levels as relevant (e.g. individual/household, community, facility, policy, other) that the project will implement to achieve the expected results by the end of the project. Specify how the project strategy addresses the key contextual factors described above, and how it will contribute to effectiveness, impact and efficiency, and will build local capacity to implement the strategy. Please include a description of how gender will be addressed, in the strategy if identified as a key barrier in the contextual factors.

---

<sup>23</sup> Please see page 36 of the following link. See page 36 of Using Logic Models to Bring Together Planning, Evaluation, and Action <https://apps.publichealth.arizona.edu/CHWTToolkit/PDFs/Logicmod/executiv.pdf>

- Provide a table in an **attachment** that specifies the technical intervention package that will be implemented, which must include high impact MNCH interventions for sub-category 1-A (MNCH Solutions) and sub-category 1-C (FP Integration)<sup>24</sup>. Please see Annex G for the table format.
- Discuss the implementation status and role of any relevant national policies and strategies in place related to the proposed programming, including both technical interventions and cross-cutting or delivery strategies. Please highlight USG/USAID priorities for supporting government led processes, as relevant. Provide an explanation of, and justification for, any proposed approach that differs from the MOH policy in the proposed country.

c) **Scalable Solutions to Challenges Approach**

This section outlines the areas for new evidence-building through operations research (OR). Applicants should propose solution(s) that address critical barriers to implementing and to scaling-up the delivery and use of high impact interventions that prevent or treat major causes of maternal, neonatal and child mortality, prevent and/or treat Malaria, and expand access to FP. Even though the solution is highlighted separately, it should be integrated within the context of the overall project strategy described in the previous section (Project Context, Strategy, and Results Framework) and be included in the results framework.

The Scalable Solutions to Challenges section shall provide the following:

- Provide a compelling rationale for the identified problem and chosen solution(s) in the local/national program and policy context in a coherent manner addressing prioritization of the problem, demonstrating the advantage of the identified solution and identify evidence gaps that need to be addressed. The solution can be a new approach to be tested or a promising solution for which there is a demonstrated need for evidence for scale up or replication decisions. Describe the advantage of the proposed solution(s) and how it may be an improvement over existing alternatives, if any, in the proposed context. Improvements may include but are not restricted to considerations of cost, human resources, acceptability, etc. Applicants should describe how they will fill an evidence gap about improving implementation and scale up of new and/or promising approaches that improve coverage of high impact interventions.
- While the details of OR methodology is not requested at this time, applicants should demonstrate that the solution(s) is measureable (can be monitored and evaluated) and present key areas for evidence building that their OR approach could explore through clearly articulated research question(s). These potential research questions should aim to generate credible evidence to support decision making needs of national and/or subnational stakeholders. Applicants recommended for award will engage in a process with MCHIP to develop or fine tune simple OR designs, including those that can be implemented within the project time frame.

---

<sup>24</sup> Please see page 9-10 of the Report to Congress “Working Toward the Goal of Reducing Maternal and Child Mortality: USAID Programming and Response to FY08 Appropriations.” [http://pdf.usaid.gov/pdf\\_docs/PDACL707.pdf](http://pdf.usaid.gov/pdf_docs/PDACL707.pdf)

- Describe stakeholder interest and engagement in the research (buy-in), including identification of key stakeholders and describe how they will be involved in all steps of the OR process: diagnosing and prioritizing the most salient problem; identifying and testing the solution; and using and disseminating the OR results to inform introduction and expansion. Key stakeholders vary by country context, but may include: program managers; policy makers; MOH (national, district, local); technical advisory groups; researchers, donors (including USG/USAID missions), implementing agencies, and community members. It is in the best interest of applicants to liaise with USAID Missions, and other relevant national/sub-national stakeholders, to learn about USG/USAID support to national priorities, government led processes and ensure that proposals respond to expressed areas of need for strengthening national policies, systems, and programs and demonstrate the role and contribution of NGOs. Please note: if a cross country study is proposed (SCALE category only), applicants are also expected to liaise with all USAID Missions affected to ensure alignment with USG/USAID strategic initiatives.
- In an **attachment**, include any letters showing specific support for the proposed project from each of the cooperating governmental and/or other organizations with which the project will establish a formal relationship. Each letter must be dated within three months of the application submission. The letter must outline the specific role in the proposed project of each of the cooperating governmental and/or other organizations with which the project will establish a formal relationship. In addition, the letter from the MOH must demonstrate that the MOH is supportive of the proposed PVO/NGO approach, how the evidence could potentially contribute to MOH decisions about policies and programs, and how they would collaborate. Please include references to proposed activities, as relevant. No letter of support from the corresponding USAID Mission is required or requested.

**d) Organizational Capacity**

This section of the application provides information about the applicant. This section provides evidence that the applicant has the ability to carry out a successful project.

The Organizational Capacity section shall provide the following:

- Provide any relevant information around the organization's operations, current agreements, and working relationships with the host country government and other organizations within the country proposed in this application. Documentation of current legal authorization for the U.S. PVO or its international affiliate to operate in the host country must be provided in an attachment.
- Describe the capacity of the applicant to conduct OR. If applicable, identify a partner institution that will participate in the research design, data collection, data analysis, documentation, and dissemination of findings. Describe the qualifications of the partner institution demonstrating their ability to provide leadership and implementation of the research.

- In an **attachment**, provide a management/human resources table of the key project staff and partners who will contribute to achieving the results of the project. This may include, but is not limited to: PVO/NGO headquarters and field staff, local partner staff, MOH staff, community health workers, and private sector providers. For each type of worker provide: 1) the number of workers in that category; 2) organizational affiliation; 3) main responsibilities; 4) percent of effort devoted to project activities; and 5) entity responsible for remunerating the worker (e.g. PVO/NGO, MOH, community, volunteer); and 6) brief description of the role the individual will play within the project. For the HQ Technical Backstop and Principal Investigator, provide a CV as an **attachment**.

e) **Past Performance References**

- As an **attachment**, the applicant shall submit three (3) past performance references forms for any contracts, grants, and/or cooperative agreements which the applicant has implemented involving similar or related projects over the past three years before the application. Note the following: on the past performance form: Part I should be completed by the applicant; Part II should be completed by the reference. Please note that USAID reserves the right to obtain past performance information from other sources including those not named in this application. Applicants must provide past performance references on the Past Performance Short Forms provided in Annex E of this RFA. Applicants are required to email the Microsoft Word format version of this form which is available as an attachment to this RFA via <http://www.grants.gov/> Past Performance Short forms are due by email to [CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov) **BEFORE** the closing date of this RFA. The Past Performance Short form due date is March 29, 2012 at 5:00 PM Washington, D.C. Time.

*End of SCALE Category Technical Application Guidance*

## **New Partner Category** (Up to five years, up to \$1.5 million)

### **Category Purpose and Scope**

This category expands and strengthens USAID's partnerships with civil society in response to procurement reform<sup>25</sup> and advances effective and sustainable approaches and models for integrated maternal, newborn, and child health. New Partners (U.S. NGO/PVOs or local/national NGOs) have an opportunity to develop partnerships with mentoring organizations that contribute to strengthening their technical and organizational capacity as well the capacity building needs identified by local partners engaged in implementation, as relevant (e.g. MOH, private sector, civil society). New Partners and their local partners, guided by mentoring organizations, will contribute to identifying and documenting promising practices in local capacity building and sustainability that can be used by national and global stakeholders.

Applicants must propose mentoring partnerships that adequately address two expectations associated with mentorship: 1) strengthen technical and organizational capacity of new partners and their local partners, as necessary; and, 2) facilitate sustainability planning and measurement as a part of the proposed project, including an effective plan for documentation of promising processes, models and lessons. Mentoring organizations selected must effectively address key capacity building needs identified by New Partners and their local partners. However, applicants are strongly encouraged to consider U.S. PVOs/NGOs that have successfully completed one or more CSHGP projects and are able to provide mentoring in M&E, sustainability planning and measurement, social and behavior change, etc. New Partner applicants and mentoring organizations must also develop plans to disseminate findings with in-country and global stakeholders. For guidance on planning for and measuring sustainability, New Partner applicants are encouraged to review the "Taking the Long View" Sustainability Manual, which can be found on the following site: [http://www.mchipngo.net/controllers/link.cfc?method=tools\\_sustain](http://www.mchipngo.net/controllers/link.cfc?method=tools_sustain).

USAID also recognizes the role of New Partners in designing and implementing innovative solutions to real public health challenges, particularly at the primary health care and community levels. New partners can contribute to the CSHGP's MCH portfolio by introducing unique ways of doing business in health programming and/or experience in other implementation platforms/sectors (e.g. agriculture, food security, relief/humanitarian assistance, education, etc.). New Partners are expected to design and implement effective MNCH projects that are replicable, and that complement USAID Mission and national health programming. Applicants are expected to work in close coordination with the national/local MOH to support MOH priorities, MOH ownership; and "mainstreaming" of MOH supported interventions and delivery platforms. Applicants should review the list of technical interventions for the FY12 RFA and design projects that have a foundation in high impact MNCH interventions. As such, New Partner applicants are encouraged to integrate high impact MNCH interventions as relevant and feasible within existing programmatic platforms. Eligible LOEs are the following: Nutrition, Immunization, Control of Diarrheal Disease, Pneumonia Case Management, Prevention and Treatment of Malaria, Maternal and Newborn Care, HIV/AIDS. *Please see Section I (C) Technical Interventions for more information.*

---

<sup>25</sup> USAID Forward Implementation and Procurement Reform Objectives can be found at the following website: "http://forward.usaid.gov/node/317"

**Budget Requests:** New Partner category applicants may submit budget requests for up to five year projects for up to \$1.5 million total. Applicants should adequately budget for capacity building activities.

**Who Should Apply: (Prime applicants are New Partners)** U.S. PVOs/NGOs and non U.S. local/national NGOs who meet the eligibility, organizational, and program requirements identified in Section III: Eligibility Information of this RFA.

### **Technical Application Guidance for New Partner category**

Applicants must follow the format and guidance described below to prepare a New Partner category application in response to this RFA. Suggested content is provided as a guide and is only illustrative; applicants may distribute the pages and develop the content of the narrative as appropriate and relevant to their submission. Applicants should refer to the Technical Evaluation Criteria for New Partner category Applications, which provides the criteria whereupon the application will be evaluated (See Section V: Application Review Information).

A Technical Application under the New Partner category shall include the following sections and address the identified bullets unless otherwise specified:

a) **Executive Summary**

This section should be a succinct one-page summary and must contain the following information as applicable and any additional information the Applicant believes necessary to best represent its proposed project. The summary paragraph may be used for public communication after the awards are made.

The summary should include:

- Rationale: What problem will the project address?
  - State the problem and challenge, who it affects (individuals/group), project location, context, and magnitude. What are the current efforts locally or nationally to address this problem, by whom, and what are the gaps in terms of existing options and strategies?
  - Description of and the rationale for the proposed mentoring partnership, including plans for organizational/local capacity building needs and sustainability.
- Approach: What approach(es) does this project take to address the problem?
  - Key technical package, delivery strategies and nature of integration if applicable (both technical and within systems).
- Goal(s), Objective(s) and Impact: What are the main goals and objectives? What is the expected impact of the project if successful?

**As part of the above, please include the following information;**

- Estimated total population in the project location and number of children under five and women of reproductive age (see calculation guidelines in Annex D).

- Local partners involved in project implementation, including name and type of any sub-grantees and total level of USAID funding to be sub-granted.
- Level of USAID funding requested for the project and cost-share amount.
- Application category/subcategory.
- Proposed start/end dates.
- Main authors of the application and application contact at U.S. headquarters office.

**b) Organizational and Local Capacity Building Needs and Mentoring Partnership**

This section outlines the organizational and local capacity building needs of the applicant as well as the mentoring partnership component of the project. This section also describes plans for measuring and documenting the proposed partnership model designed to promote local capacity building and sustainability. Since the applicant is required to engage in local partnerships, this section must also describe the selected local partner(s) and their role(s) and responsibilities in the proposed project implementation.

The Organizational and Local Capacity Building Needs and Mentoring Partnership section shall provide the following:

- Identify specific technical and organizational capacity development needs of the New Partner organization, to be addressed through the proposed project. Describe each area of capacity building specifically (e.g. M&E, sustainability planning and measurement, financial or human resources management, etc.). Describe how these needs were determined as well as the feasibility of addressing these needs during the course of the project. Reference any institutional assessments the organization may have already conducted.
- Discuss the proposed project's approach to and use of the mentoring partnership.
  - Based on the needs identified above, describe the mentoring organization's characteristics and experience both to address capacity building needs. Describe the capacity of the mentoring organization to support sustainability planning and measurement.
  - Include a strong rationale for the role of the proposed mentoring partnership in addressing identified organizational and technical capacity needs and in sustainability planning and measurement.
  - Discuss the role of the New Partner and mentor in project activities as well as sustainability planning and measurement.
- Discuss the proposed project's approach to and use of local partnerships.
  - Discuss how the applicant will build and/or leverage the capacity of any local partner(s) to contribute to expected project results, as appropriate or relevant to the partner and proposed programming and partner(s).
  - Describe the role of local partners in project activities, and as relevant, the role of local partners in sustainability planning and measurement.
- Describe the approach to measuring and documenting the partnerships that promote local capacity and sustainability. New Partner applicants and mentoring

organizations must develop plans to disseminate findings with in-country and global stakeholders. For guidance on planning for and measuring sustainability, New Partner applicants are encouraged to review the “Taking the Long View” Sustainability Manual, which can be found on the following site:  
[http://www.mchipngo.net/controllers/link.cfc?method=tools\\_sustain](http://www.mchipngo.net/controllers/link.cfc?method=tools_sustain) .

- In an **attachment**, include any letters showing specific support for the proposed project from each of the cooperating governmental and/or other organizations with which the project will establish a formal relationship. Each letter must be dated within three months of the application submission. The letter must outline the specific role in the proposed project of each of the cooperating governmental and/or other organizations with which the project will establish a formal relationship. In addition, the letter from the MOH must demonstrate that the MOH is supportive of the proposed PVO/NGO approach. No letter of support from the corresponding USAID Mission is required or requested.

**c) Project Context, Strategy and Results Framework**

This section of the application presents an overview of the context in which the proposed community-oriented project will operate. It should provide a clear and comprehensive picture of the health context in the selected project area to serve as the basis for the selection of interventions, strategies, and key project partners. In addition, this section also provides a picture of the proposed project strategy and implementation plan. It should include details on the proposed technical interventions and corresponding activities, including local capacity building and sustainability. Please consult the Technical Interventions (Section I (C) Technical Interventions) and the Technical Reference Materials<sup>26</sup> for more guidance on implementing high impact interventions at the primary health care and community levels.

The Project Context, Strategy and Results Framework section shall provide the following:

- Provide a description of the current health status of the target population and factors that are particularly relevant to the project strategy including key causes of mortality and morbidity and socio-cultural, economic, gender, and behavioral factors that influence care-seeking and self-care practices, vulnerability and exposure to disease, and the access to, use, and quality of services. Please cite sources of data.
- Discuss the implementation status and role of relevant national policies and strategies related to the proposed programming, including both technical interventions and cross-cutting or delivery strategies. Provide an explanation of, and justification for, any proposed approach that differs from the MOH policy in the proposed country.
- Describe relevant programming that the applicant organization and/or other groups (including USG/USAID Mission) are implementing in the same geographic area,

---

<sup>26</sup> [http://www.mchipngo.net/controllers/link.cfc?method=tools\\_tech](http://www.mchipngo.net/controllers/link.cfc?method=tools_tech)

highlighting synergies and ensuring no duplication of effort. Indicate how the proposed project will engage and/or complement existing programs.

- Provide a results framework of the goal, strategic objective(s), and expected results of the proposed project. Demonstrate how selected high impact, technical interventions (e.g., skilled birth attendance, antenatal care, immunization, etc.<sup>27</sup>) and project strategies support stated goal, strategic objectives, and results/outcomes. Applicants are encouraged to incorporate aspects of a logic model, which depict the context<sup>28</sup>. Please see Annex F for definitions of terms and resources for developing a results framework.
- Clearly describe the overall project strategy, including the high impact, technical intervention package and cross-cutting approaches/activities at multiple levels as relevant (e.g. individual/household, community, facility, policy, other) that the project will implement to achieve the expected results by the end of the project. Discuss cross-cutting approaches and strategies only as relevant and appropriate to the proposed programming (e.g., behavior change communication, community mobilization, community-facility linkages, local capacity building and sustainability, policy, etc.).
- Provide a table in an **attachment** that specifies the technical intervention package that will be implemented, which must include high impact, technical interventions (see Section I (C) Technical Interventions). Please see Annex G for the table format.

**d) Organizational Capacity**

This section provides evidence that applicants have the ability to carry out successful projects. See the CSHGP Technical Reference Materials (TRMs)<sup>29</sup> for information and resources on organizational development and capacity building.

The Organizational Capacity section shall provide the following:

- Discuss the organization’s experience in designing, implementing, monitoring and evaluating community-level projects, specifically organizational successes in the proposed intervention areas and approaches.
  - Describe the New Partner applicant and as relevant, mission, annual budget, financial management system, major work, and main methods of operation.
  - Provide any relevant information around the organization’s operations, current agreements, and working relationships with the host country government and

---

<sup>27</sup> Please see page 9-10 of the Report to Congress “Working Toward the Goal of Reducing Maternal and Child Mortality: USAID Programming and Response to FY08 Appropriations.” [http://pdf.usaid.gov/pdf\\_docs/PDACL707.pdf](http://pdf.usaid.gov/pdf_docs/PDACL707.pdf)

<sup>28</sup> Please see page 36 of the following link instead of the results framework. See page 36 of Using Logic Models to Bring Together Planning, Evaluation, and Action

<https://apps.publichealth.arizona.edu/CHWToolkit/PDFs/Logicmod/executiv.pdf>

<sup>29</sup> CSHGP TRMs can be found at the following website:

[http://www.childsurvival.com/documents/trms/update\\_trms.cfm](http://www.childsurvival.com/documents/trms/update_trms.cfm)

other organizations within the country proposed in this application. Documentation of current legal authorization for the New Partner and mentoring partner to operate in the host country must be provided in an attachment. Note: May provide documentation of current legal authorization for an international affiliate of a U.S. based organization. Non-U.S. local/national NGOs must provide documentation of current legal authorization in the host country or in the region.

- As an **attachment**, provide a management/human resources table of the key project staff and partners who will contribute to achieving the results of the project. This may include, but is not limited to: PVO/NGO headquarters and field staff, local partner staff, MOH staff, community health workers, and private sector providers. For each type of worker provide: 1) the number of workers in that category; 2) organizational affiliation; 3) main responsibilities; 4) percent of effort devoted to project activities; and 5) entity responsible for remunerating the worker (e.g. PVO/NGO, MOH, community, volunteer); and 6) brief description of the role the individual will play within the project.

e) **Past Performance References (Attachments)**

- As an **attachment**, the applicant shall submit three (3) past performance references forms for any contracts, grants, and/or cooperative agreements which the applicant has implemented involving similar or related projects over the past three years before the application. Note the following: on the past performance form: Part I should be completed by the applicant; Part II should be completed by the reference. Please note that USAID reserves the right to obtain past performance information from other sources including those not named in this application. Applicants must provide past performance references on the Past Performance Short Forms provided in Annex E of this RFA. Applicants are required to email the Microsoft Word format version of this form which is available as an attachment to this RFA via <http://www.grants.gov/> Past Performance Short forms are due by email to [CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov) **BEFORE** the closing date of this RFA. The Past Performance Short form due date is March 29, 2012 at 5:00 PM Washington, D.C. Time.

*End of New Partner Category Technical Application Guidance*

## **Cost Application Content**

USAID will evaluate the Cost Application separately for cost effectiveness and realism. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, and still provide the necessary details. A Cost Application is not requested or required by the closing date of this RFA. However, applicants shall submit a completed SF 424 form by the closing date of this RFA (see Annex H). Those Recipients who's Technical Application(s) are tentatively selected for award will be requested to submit a Cost Application upon notification of a successful application. Recipients are advised to be prepared to submit a Cost Application when requested by the Agency.

## **Standard Form 424 & 424A**

All applicants shall submit a completed SF 424 and SF 424A form by the closing date of this RFA following the instructions in Annex H.

The Standard Form 424 is the standard form used by applicants as the required cover sheet for applications submitted for Federal assistance. Standard Form 424A is the form used by applicants for presenting overall budget information. **These forms (424 & 424A), along with detailed instructions for completing them, are included in ANNEX H of this RFA.** Please pay careful attention to the instructions. There are specific criteria that must be met for this program, some of which may have been amended since the previous RFA. Failure to accurately complete these forms could result in a non-funded application.

## **General Content**

### **Legal Relationships**

If the Applicant has established a consortium or another legal relationship among its partners, the Cost/Business application must include a copy of the document establishing the parameters of the legal relationship between the parties. The agreement should include a full discussion of the relationship between the Applicants including identification of the Applicant with which USAID will treat for purposes of Agreement administration, identity of the Applicant which will have accounting responsibility, how Agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

### **Pre-Award Surveys and New Recipients**

Applicants under consideration for an award that have never received funding from USAID will be subject to a pre-award survey to determine fiscal responsibility, ensure adequacy of financial controls, and establish an indirect cost rate.

Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual and procurement/management handbook relating to personnel and travel policies.

**Note:** If the AO deems necessary, any applicant may be subject to a pre-award survey whether considered a new recipient or an organization who has received USAID/Federal funds prior to the release of this RFA.

## **Budget Narrative and Detailed Budget Contents**

The contents of the Budget Narrative and Detailed Budget documents shall mirror and reflect one another. The Budget Narrative shall have appropriate headings that match those of the Detailed Budget. For example, the Budget Narrative shall explain how salaries and wages were determined and give the appropriate rationale under the **Salaries and Wages** heading. And the Detailed Budget shall display the estimated costs for salaries and wages under the **Salaries and Wages** budget line item. The Budget Narrative shall explain in great detail how costs were derived and the methodologies used to derive and estimate costs. The Detailed Budget shall display the estimated costs proposed for each budget line item.

### **Budget Narrative Contents**

To support proposed costs for your project, all applicants must provide a detailed Budget Narrative for all costs that explain how the costs were derived and the methodologies used. The Budget Narrative must provide:

1. The breakdown of all costs associated with the program.
2. The breakdown of all costs according to each partner organization involved in the program.
3. The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.
4. The breakdown of any financial and in-kind contributions of all organizations involved in implementing this program.
5. Potential contributions of non-USAID or private commercial donors to this program (cost share) in accordance with 22 CFR 226.23 and/or OMB Circular A-110.
6. Procurement plan for commodities, goods and services (if applicable).

### **Detailed Budget Contents**

The Detailed Budget should be broken out by the project's implementation period (e.g. If the project implementation period is for five years, the applicant would propose a Detailed Budget which explains the project costs for a total of five years).

Additionally, the Detailed Budget shall clearly state the Applicant's required cost share portion of the budget. Applicants to the SCALE category must contribute at least 25% of the cost of the proposed project in non-U.S. Government resources. Applicants to the New Partner category must contribute at least 5% of the cost of the proposed project in non-U.S. Government resources.

The Detailed Budget Excel Worksheet should contain the following budget categories at a minimum:

1. **Salary and Wages:** Direct salaries and wages should be proposed in accordance with the Applicant's personnel policies; USAID requires that salary daily rates are calculated 260 working days per year. The Budget Narrative should explain how daily rates are calculated.

2. **Fringe Benefits:** If the Applicant has a fringe benefit rate that has been approved by a U.S. Federal Agency, such rate should be used and evidence of its approval shall be provided. If a fringe benefit rate has not been so approved, the Application should propose a rate and explain how the rate was determined. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g. unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries.

3. **Travel and Transportation:** The budget should indicate the number of trips, domestic, regional, and international, and the estimated costs. Specify the origin and destination for proposed trips, duration of travel, and number of individuals traveling. Per Diem shall be based on the Applicant's normal travel policies.

4. **Equipment:** The budget should provide the estimated types of equipment to be used on this project. Be sure to include all costs associated with equipment such as safety gear (e.g. helmets), fuel, tax/tag, and insurance premiums as applicable under an appropriate budget category. The equipment model number, cost per unit and quantity shall be provided.

5. **Supplies:** The budget shall specify the supply items related to this activity (e.g. specimen collection, sample transport, administrative).

6. **Contractual:** The budget shall identify any goods and services being procured through a contract mechanism.

7. **Other Direct Costs:** The budget shall identify the following but is not limited to: communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the Applicant's fringe benefits). The narrative shall support and provide a breakdown for all other direct costs.

8. **Indirect Costs:** The Applicant shall support the proposed indirect cost rate with a letter from a cognizant U.S. Federal audit agency, a Negotiated Indirect Cost Agreement (NICRA), or with sufficient information for USAID to determine the reasonableness of the rates (For example, a breakdown of labor bases and overhead pools, the method of determining the rate, etc.).

### **Indirect Cost Ceilings**

Applicants shall propose a cost ceiling on the following:

1. Indirect Cost Rates
2. Final Reimbursement for Indirect Costs
3. Indirect Costs.

**Negotiated Indirect Cost Rates**

(a) Reimbursement for indirect costs shall be at the lower of the negotiated final or predetermined rates, or the following ceiling rates:

Description	Rate	Base	Type	Period
	%	1/	1/	1/
	%	2/	2/	2/

1/Base of Application:

Type of Rate:

Period:

Source:

2/Base of Application:

Type of Rate:

Period:

Source:

(b) The Government shall not be obligated to pay any additional amount should the final indirect cost rates exceed the negotiated ceiling rates. If the final indirect cost rates are less than the negotiated ceiling rates, the negotiated rates shall be reduced to conform to the lower rates.

(c) This advance understanding shall not change any monetary ceiling, obligation, or specific cost allowance or disallowance. Any changes in classifying or allocating indirect costs require the prior written approval of the Contracting Officer.

(d) The contractor will make no change in its established method of classifying or allocating indirect costs without the prior written approval of the Agreement Officer and OAA/CAS.

(e) This advance understanding shall not change any monetary ceiling, cost limitation, or obligation established in the contract.

(f) The distribution base for establishment of final overhead rates is \_\_\_\_\_. The distribution base for establishment of final G&A rates is \_\_\_\_\_.

**F. Submission Dates and Times**

**How to Submit an Application(s)**

The following are instructions for how Applications shall be submitted:

1. Applications shall be submitted electronically only on or before April 13, 2012 by 5:00 PM to Grants.gov. Hard copy applications whether hand delivered or by postal mail will

not be accepted. The Grants.gov system date and time stamp will be used to determine the applications timeliness. Applicants are advised to be cognizant of the time applications are submitted. Applications submitted after the closing date and time of the RFA will be considered untimely. Untimely applications will not be considered for award.

2. Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of applications.
3. To facilitate the competitive review of the applications, USAID will only consider applications conforming to the format prescribed in this RFA.

The following documents shall be submitted to be considered a complete, full application:

**Summary of Documents, Content, Format and Due Dates**

**Note: All times referenced in this RFA are Washington, D.C time.**

<b>What to Submit</b>	<b>Required Content</b>	<b>Required Format</b>	<b>When to Submit</b>
Questions pertaining to this RFA	n/a Also, consult FAQ in Annex I.	Email to <a href="mailto:CSHGPFY12@usaid.gov">CSHGPFY12@usaid.gov</a>	March 22, 2012, 5:00 PM
Application Screening Form	See Annex C	See Annex C	Closing date of the RFA
Technical Application	See Section IV and Technical Application Guidance for each category	10 Pages (1 Page Executive Summary + 9 pages of technical approach) See Section IV and Technical Application Guidance for each category	Closing date of the RFA
Title Page	See Section IV. D.	See Section IV. D.	Closing date of the RFA
Technical Attachments:	See Section IV and Technical Application Guidance for each category	12 pages or less. See Section IV and Technical Application Guidance for each category	Closing date of the RFA
Legal Authorization	See Section III	See Section IV and Technical Application Guidance for each category	Closing date of the RFA
Map of Program Area	See Section IV and Technical Application Guidance for each category	See Section IV and Technical Application Guidance for each category	Closing date of the RFA
Letters of Support	See Section IV and	See Section IV and	Closing date of the

	Technical Application Guidance for each category	Technical Application Guidance for each category	RFA
Management/Human Resource Tables	See Section IV and Technical Application Guidance for each category	See Section IV and Technical Application Guidance for each category	Closing date of the RFA
Technical Package and LOE Table	See Section IV and Technical Application Guidance for each category	See Section IV and Technical Application Guidance for each category. Use the format provided in Annex G	Closing date of the RFA
CV's of Key Personnel	See Section IV and Technical Application Guidance for each category	See Section IV and Technical Application Guidance for each category	Closing date of the RFA
SF 424 Forms	See Annex H	On the form provided in Annex H	Closing date of the RFA
Past Performance Short Forms	See Section IV and Technical Application Guidance for each category . See Annex E	MS Word, See Annex E,	March 29, 2012, 5:00 PM
Cost Application	See “Cost Application Content” in Section IV	MS Word, no page limit. See IV, “Cost Application Format”	Upon notification of successful application
Budget Narrative	See “Cost Application Content” in Section IV	MS Word, Section IV. “Cost Application Format”	Upon notification of successful application
Detailed Budget	See “Cost Application Content” in Section IV	MS Excel, MS Word, Section IV. “Cost Application Format”	Upon notification of successful application
Branding Strategy and Marking Plan	See Section VI	Template to be provided upon notification of successful application	Upon notification of successful application
Environmental Screening Form	See Annex L and use Annex M as a reference	On the form provided in Annex L	Upon notification of successful application
Certifications,	See Annex K	In the format provided in	Upon notification

Assurances, and Other Statements of the Recipient		Annex K	of successful application
---------------------------------------------------	--	---------	---------------------------

**G. Funding Restrictions**

1. Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. Further, the Government reserves the right to reject any or all applications received. In addition, final award of any resultant grant(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.
2. In the case of multi-sectoral programming, CSHGP funds may be used to support the health components of multi-sectoral activities, while only funds from sources other than the Global Health/Child Survival account may be used to support those activities that do not directly affect child survival and health outcomes.
3. Please review the USAID Eligibility Rules for Goods and Services in the Standard Provisions, for a list of goods and services restricted from purchase with USAID funding.
4. Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for profit organizations), may be paid under the agreement.

**H. Other Submission Requirements**

**Additional Submission Requirements**

Applicants will not receive a notification of receipt of an application.

**Certifications and Representations**

All apparently successful applicants must provide Certifications, Assurances, and Representations using the template provided in Annex K of this RFA. However, applicants are encouraged to use the Microsoft Word format version of this form which is available as an attachment to this RFA via <http://www.grants.gov/>

**End of Section IV**

## **SECTION V: Application Review Information**

### **A. Evaluation Criteria**

The Technical Applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below. If an application is recommended for award following the technical review, a Cost Application will be requested and cost negotiations will be conducted based on a detailed budget (to be requested upon notification of successful applicant status).

Applicants should note that the technical evaluation criteria serve to: (a) identify the significant issues which applicants should address in their applications; and (b) set the standard against which all applications will be evaluated. **To facilitate the review of applications, applicants should organize the narrative sections of their applications in the same order as the evaluation criteria.** Awards will be recommended based on the ranking of applications according to the technical evaluation criteria and the quality of the response to these criteria.

The following evaluation criteria will be used to evaluate all applicants. Note that the Technical Criterion for the SCALE and New Partner categories differ.

Criterion for the SCALE categories:

1. Project Context, Strategy and Results Framework (30 points)
2. Scalable Solutions to Challenges Approach (50 points)
3. Organizational Capacity (15 points)
4. Past Performance (5 points)

**Total Possible Points= 100**

Criterion for the New Partner categories:

1. Organizational and Local Capacity Building Needs and Mentoring Partnerships (45 points)
2. Project Context, Strategy and Results Framework (30 points)
3. Organizational Capacity (20 points)
4. Past Performance (5 points)

**Total Possible Points= 100**

Each criterion is explained in more detail below.

### **B. Technical Evaluation Criteria for SCALE category Applications**

All criterion are weighted equally within each of the four (4) sections (see the breakout of points below). These criteria apply to each of the sub-categories detailed in *Section IV: Application and Submission Information*. Please see *Section IV* for further guidance.

## **1. Project Context, Strategy and Results Framework (30 points total)**

- 1a.** Clear and concise situation analysis that presents a strong rationale for prioritization of the proposed community-oriented project strategy (technical interventions, delivery strategies, local partnerships) within the local/national health systems and national policy and strategy contexts, including responsiveness to national programming and policies and USG/USAID priorities and support of government led processes, as applicable in proposed context. Demonstrated understanding of the population, including gender issues, epidemiology, and health system.
- 1b.** Demonstration that proposed technical interventions and strategies effectively contribute to the proposed results framework and include considerations of local capacity building, sustainability, efficiency, and impact.

## **2. Scalable Solutions to Challenges Approach (50 points total)**

- 2a.** Compelling and focused rationale for the identified problem (challenge) and proposed solution including the following;
- prioritization of the problem and relevance to programs and/or policies in-country;
  - demonstrating clear advantage of the solution (s) and compared to other existing alternatives, if any; and
  - addressing an evidence gap about implementing and scaling up the proposed solution nationally and/or globally.
- 2b.** Demonstrated relevance of the proposed Operations Research approach, including the following;
- clear articulation of research question(s) for generating credible evidence for the solution(s) that supports decision making needs of national and subnational stakeholders for informed implementation and policy decisions, including scale up.
  - clear description of how evidence generated through research will be used at the local and national levels by key stakeholders (e.g. MOH, USAID Mission, etc.) to inform and strengthen host country programs and policies as well as at the global level by USAID and its partners.
  - demonstration of stakeholder engagement and/or strong interest in prioritization of proposed solution(s) in letters of support, description of how they would be involved in the OR and interest in using the evidence for policy and program decisions.

## **3. Organizational Capacity (15 points total)**

- 3a.** Organization has demonstrated adequate capacity to implement the proposed project and activities through discussion of past relevant programming experience.
- 3b.** Clear demonstration of a management plan that is feasible and appropriate to carry out the proposed activities. Clear demonstration that proposed HQ Technical backstop meets the criteria described in Section III.

**3c.** Clear demonstration of capacity by the applicant and/or designated partner(s) to design, conduct, and disseminate the operations research. Clear demonstration that proposed Principal Investigator meets the criteria described in Section III.

**4. Past Performance (5 points)**

**4a.** Information obtained demonstrates successful past performance implementing previous health projects based on references.

*End of Technical Evaluation Criterion for SCALE Category*

## **C. Technical Evaluation Criteria for New Partner Category Applications**

All criterion are weighted equally within each of the four (4) sections (see the breakout of points below). These criteria apply to each of the sub-categories detailed in *Section IV: Application and Submission Information*. Please see *Section IV* for further guidance.

### **1. Organizational and Local Capacity Building Needs and Mentoring Partnership (45 points total)**

- 1a.** Clear description of technical and capacity building needs of applicant and relevant local partners. Clear description of the mentoring organization's characteristics and experience to adequately address identified capacity building needs during the course of the project, as well as sustainability planning and measurement.
- 1b.** Compelling rationale for proposed partnerships (mentoring and/or local) for advancing capacity building and sustainable programming.
- 1c.** Clear description of plans for measuring and documenting partnership models that promote local capacity building and sustainability.

### **2. Project Context, Strategy, and Results Framework (30 points total)**

- 2a.** Clear and concise situation analysis that presents a strong rationale for prioritization of the proposed project strategy (technical interventions, delivery strategies, local partnerships) responsive to the local/national health systems and national policy and strategy contexts, including USG/USAID strategic priorities in-country.
- 2b.** Results framework is comprehensive and logical, with a goal, strategic objective(s), and expected results appropriate to the proposed project. Proposed technical interventions and strategies effectively contribute to the proposed results framework and include considerations of local capacity building, sustainability, efficiency, and impact.
- 2c.** Clear discussion of how the proposed local partnership(s) will contribute to the implementation of effective and sustainable MNCH programming. Support and/or engagement of local/national partners in project implementation is demonstrated in letters of support.

### **3. Organizational Capacity (20 points total)**

- 3a.** Clear description of organizational capacity to implement the proposed activities through discussion of past relevant programming experience.
- 3b.** Clear demonstration of a management plan that is feasible and appropriate to carry out the proposed activities. Clear demonstration that proposed HQ Technical backstop meets the criteria described in Section III.

#### **4. Past Performance (5 total possible points)**

- 4a.** Information obtained demonstrates successful past performance implementing previous health projects based on references.

*End of Technical Evaluation Criteria for New Partner*

#### **D. Cost Effectiveness and Cost Realism**

The Applicant's Cost Application will be evaluated but not scored, however, the results from its analyses have scoring implications. The overall proposed costs are expected to be allowable, allocable to the project, fair and reasonable, and cost effective. All Cost Applications are subject to a cost realism analysis. Information gathered from such considerations may clarify the evaluators' understanding of various application details and lend itself to an adjustment of scores. In the event Technical Applications are ranked/scored substantially the same, the applicant that represents the best value in terms of cost may be the determining factor for award.

**End of Section V**

## **SECTION VI: Award Administration Information**

### **A. Award Notices**

1. Applicants will be notified in writing via email of their application status (successful or unsuccessful) upon completion of the application review process.
2. Applicants notified of a successful application status will be requested to provide a Detailed Budget, Branding and Marking Plan, and Certifications, Assurances, and Other Statements of the Recipient. Notification of successful application status is *not* an authorization to begin performing proposed activities or performance in general.
3. Applicants notified of an unsuccessful application will not be considered further for an award under this RFA. Applicants with an unsuccessful application are advised that a debriefing may be requested within 10 working days after the applicant receives the notice. The unsuccessful applicant may send a written request for a debriefing to [CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov). Debriefings may be provided at the discretion of the AO and will be provided in writing electronically.

### **B. Authority to Obligate the Government**

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

### **C. Administrative and National Policy Requirements**

#### **1. Branding & Marking Requirements**

#### **BRANDING & MARKING STRATEGY - ASSISTANCE (December 2005)**

##### **(a) Definitions**

**Branding Strategy** means a strategy that is submitted at the specific request of a USAID Agreement Officer by an Apparently Successful Applicant after evaluation of an application for USAID funding, describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. It identifies all donors and explains how they will be acknowledged.

**Apparently Successful Applicant(s)** means the Applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer.

The Agreement Officer will request that the Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently, Successful Applicant status confers no right and constitutes no USAID commitment to an award. **USAID Identity (Identity)** means the official marking for the Agency, comprised of the USAID logo and new brand mark, which

clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and is provided without royalty, license, or other fee to recipients of USAID-funded grants or cooperative agreements or other assistance awards or sub-awards.

**(b) Submission**

The Apparently Successful Applicant, upon request of the Agreement Officer, will submit and negotiate a Branding Strategy. The Branding Strategy will be included in and made a part of the resulting grant or cooperative agreement. The Branding Strategy will be negotiated within the time that the Agreement Officer specifies. Failure to submit and negotiate a Branding Strategy will make the Applicant ineligible for award of a grant or cooperative agreement. The Apparently Successful Applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events and materials, and the like.

**(c) Submission Requirements**

At a minimum, the Apparently Successful Applicant's Branding Strategy will address the following:

**(1) Positioning**

*What is the intended name of this program, project, or activity?*

Guidelines: USAID prefers to have the USAID Identity included as part of the program or project name, such as a "title sponsor," if possible and appropriate. It is acceptable to "co-brand" the title with USAID's and the Apparently Successful Applicant's identities. For example: "The USAID and [Apparently Successful Applicant] Health Center."

If it would be inappropriate or is not possible to "brand" the project this way, such as when rehabilitating a structure that already exists or if there are multiple donors, please explain and indicate how you intend to showcase USAID's involvement in publicizing the program or project. *For example: School #123, rehabilitated by USAID and [Apparently Successful Applicant]/ [other donors].*

Note: the Agency prefers "made possible by (or with) the generous support of the American People" next to the USAID Identity in acknowledging our contribution, instead of the phrase "funded by." USAID prefers local language translations.

*Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo.*

Note: USAID prefers to fund projects that do NOT have a separate logo or identity that competes with the USAID Identity.

**(2) Program Communications and Publicity**

*Who are the primary and secondary audiences for this project or program?*

Guidelines: Please include direct beneficiaries and any special target segments or influencers. *For Example: Primary audience: schoolgirls age 8-12, Secondary audience: teachers and parents—specifically mothers.*

*What communications or program materials will be used to explain or market the program to beneficiaries?*

Guidelines: These include training materials, posters, pamphlets, Public Service Announcements, billboards, websites, and so forth.

*What is the main program message(s)?*

Guidelines: *For example: "Be tested for HIV-AIDS" or "Have your child inoculated."* Please indicate if you also plan to incorporate USAID's primary message – this aid is "from the American people" – into the narrative of program materials. This is optional; however, marking with the USAID Identity is required.

*Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?*

Guidelines: These may include media releases, press conferences, public events, and so forth. Note: incorporating the message, "USAID from the American People," and the USAID Identity is required.

*Please provide any additional ideas about how to increase awareness that the American people support this project or program.*

Guidelines: One of our goals is to ensure that both beneficiaries and host-country citizens know that the aid the Agency is providing is "from the American people." Please provide any initial ideas on how to further this goal.

### **(3) Acknowledgements**

*Will there be any direct involvement from a host-country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?*

Note: it is perfectly acceptable and often encouraged for USAID to "co-brand" programs with government ministries.

*Please indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.*

Guidelines: Please indicate if they are also a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

### **(d) Award Criteria**

The Agreement Officer will review the Branding Strategy for adequacy, ensuring that it contains the required information on naming and positioning the USAID-funded program, project, or activity, and promoting and communicating it to cooperating country beneficiaries and citizens. The Agreement Officer also will evaluate this information to ensure that it is consistent with the stated objectives of the award; with the Apparently Successful Applicant's project, activity, or program performance plan; and with the regulatory requirements set out in 22 CFR 226.91. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

## MARKING PLAN – ASSISTANCE (December 2005)

### (a) Definitions

**Marking Plan** means a plan that the Apparently Successful Applicant submits at the specific request of a USAID Agreement Officer after evaluation of an application for USAID funding, detailing the public communications, commodities, and program materials and other items that will visibly bear the USAID Identity. Recipients may request approval of Presumptive Exceptions to marking requirements in the Marking Plan.

**Apparently Successful Applicant(s)** means the Applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently, Successful Applicant status confers no right and constitutes no USAID commitment to an award, which the Agreement Officer must still obligate.

**USAID Identity (Identity)** means the official marking for the Agency, comprised of the USAID logo and new brand mark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and USAID provides it without royalty, license, or other fee to recipients of USAID funded grants, cooperative agreements, or other assistance awards or sub-awards.

**Presumptive Exception** exempts the Applicant from the general marking requirements for a *particular* USAID-funded public communication, commodity, program material or other deliverable, or a *category* of USAID-funded public communications, commodities, program materials or other deliverables that would otherwise be required to visibly bear the USAID Identity. The Presumptive Exceptions are:

Presumptive Exception (i). USAID marking requirements may not apply if they would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials, such as election monitoring or ballots, and voter information literature; political party support or public policy advocacy or reform; independent media, such as television and radio broadcasts, newspaper articles and editorials; and public service announcements or public opinion polls and surveys (22 C.F.R. 226.91(h)(1)).

Presumptive Exception (ii). USAID marking requirements may not apply if they would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent (22 C.F.R.226.91(h)(2)).

Presumptive Exception (iii). USAID marking requirements may not apply if they would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official (22 C.F.R. 226.91(h)(3)).

Presumptive Exception (iv). USAID marking requirements may not apply if they would impair the functionality of an item, such as sterilized equipment or spare parts (22 C.F.R. 226.91(h)(4)).

Presumptive Exception (v). USAID marking requirements may not apply if they would incur substantial costs or be impractical, such as items too small or otherwise unsuited for individual marking, such as food in bulk (22 C.F.R. 226.91(h)(5)).

Presumptive Exception (vi). USAID marking requirements may not apply if they would offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities (22 C.F.R. 226.91(h)(6)).

Presumptive Exception (vii). USAID marking requirements may not apply if they would conflict with international law (22 C.F.R. 226.91(h)(7)).

#### **(b) Submission**

The Apparently Successful Applicant, upon the request of the Agreement Officer, will submit and negotiate a Marking Plan that addresses the details of the public communications, commodities, program materials that will visibly bear the USAID Identity. The marking plan will be customized for the particular program, project, or activity under the resultant grant or cooperative agreement. The plan will be included in and made a part of the resulting grant or cooperative agreement. USAID and the Apparently Successful Applicant will negotiate the Marking Plan within the time specified by the Agreement Officer. Failure to submit and negotiate a Marking Plan will make the Applicant ineligible for award of a grant or cooperative agreement.

#### **(c) Submission Requirements**

The Marking Plan will include the following:

(1) A description of the public communications, commodities, and program materials that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity. These include:

- (i) program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature;
- (ii) technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID;
- (iii) events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities; and
- (iv) all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies and other materials funded by USAID, and their export packaging.

(2) A table specifying:

- (i) the program deliverables that the recipient will mark with the USAID Identity,
- (ii) the type of marking and what materials the Applicant will be used to mark the program deliverables with the USAID Identity, and

(iii) when in the performance period the Applicant will mark the program deliverables, and where the Applicant will place the marking.

(3) A table specifying:

- (i) what program deliverables will not be marked with the USAID Identity, and
- (ii) the rationale for not marking these program deliverables.

**(d) Presumptive Exceptions**

(1) The Apparently Successful Applicant may request a Presumptive Exception as part of the overall Marking Plan submission. To request a Presumptive Exception, the Apparently Successful Applicant must identify which Presumptive Exception applies, and state why, in light of the Apparently Successful Applicant's application and in the context of the program description or program statement in the USAID Request For Application or Annual Program Statement, marking requirements should not be required.

(2) Specific guidelines for addressing each Presumptive Exception are:

(i) For Presumptive Exception (i), identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why the program, project, activity, commodity, or communication is 'intrinsically neutral.' Identify, by category or deliverable item, examples of program materials funded under the award for which you are seeking an exception.

(ii) For Presumptive Exception (ii), state what data, studies, or other deliverables will be produced under the USAID funded award, and explain why the data, studies, or deliverables must be seen as credible.

(iii) For Presumptive Exception (iii), identify the item or media product produced under the USAID funded award, and explain why each item or product, or category of item and product, is better positioned as an item or product produced by the cooperating country government.

(iv) For Presumptive Exception (iv), identify the item or commodity to be marked, or categories of items or commodities, and explain how marking would impair the item's or commodity's functionality.

(v) For Presumptive Exception (v), explain why marking would not be cost beneficial or practical.

(vi) For Presumptive Exception (vi), identify the relevant cultural or social norm, and explain why marking would violate that norm or otherwise be inappropriate.

(vii) For Presumptive Exception (vii), identify the applicable international law violated by marking.

(3) The Agreement Officer will review the request for adequacy and reasonableness. In consultation with the Agreement Officer's Technical Representative and other agency personnel

as necessary, the Agreement Officer will approve or disapprove the requested Presumptive Exception. Approved exceptions will be made part of the approved Marking Plan, and will apply for the term of the award, unless provided otherwise.

**(e) Award Criteria**

The Agreement Officer will review the Marking Plan for adequacy and reasonableness, ensuring that it contains sufficient detail and information concerning public communications, commodities, and program materials that will visibly bear the USAID Identity. The Agreement Officer will evaluate the plan to ensure that it is consistent with the stated objectives of the award; with the Applicant's actual project, activity, or program performance plan; and with the regulatory requirements of 22 C.F.R.226.91. The Agreement Officer will approve or disapprove any requested Presumptive Exceptions (see paragraph (d)) on the basis of adequacy and reasonableness. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

**MARKING UNDER ASSISTANCE INSTRUMENTS (DEC 2005)**

**(a) Definitions**

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

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

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

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

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

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

**USAID Identity (Identity)** means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brand mark, with the tagline that clearly communicates that our assistance is “from the American people.” The USAID Identity is available on the USAID website at [www.usaid.gov/branding](http://www.usaid.gov/branding) and USAID provides it without royalty, license, or other fee to recipients of USAID-funded grants, or cooperative agreements, or other assistance awards

#### **(b) Marking of Program Deliverables**

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

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

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

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

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other

equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

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

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

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

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

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

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

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

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

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

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

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within 45 days after the effective date of this provision. The plan will include:

(i) a description of the program deliverables specified in paragraph (b) of this provision that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) the type of marking and what materials the Applicant uses to mark the program deliverables with the USAID Identity,

(iii) when in the performance period the Applicant will mark the program deliverables, and where the Applicant will place the marking,

(3) The recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

(i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;

(ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;

(iii) USAID marking requirements would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official;

(iv) USAID marking requirements would impair the functionality of an item;

(v) USAID marking requirements would incur substantial costs or be impractical;

(vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;

(vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements of this provision.

**(d) Waivers.**

(1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required

marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Agreement Officer's Technical Representative. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

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

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

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

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

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

## **2. Standard Provisions**

If awarded a cooperative agreement under this RFA, the Recipient shall adhere to and govern itself under the Mandatory Standard Provisions and the Required As Applicable Provisions for U.S. NGOs and Non-U.S. NGOs. Links to these Standard Provisions can be found in *Section VIII. Other Information "Regulations and References"*.

Additionally, if awarded a cooperative agreement under this RFA, the Recipient shall adhere to and govern itself under the Mandatory Standard Provisions and the Required As Applicable Provisions for U.S. NGOs and Non-U.S. NGOs as described in Subsection E below. In addition to the aforementioned Mandatory Standard Provisions, the following provision shall also apply and is therefore incorporated into all awards made under this RFA:

## **CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – SOLICITATION PROVISION (FEBRUARY 2012)**

(a) An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—

(1) Shall not be required, as a condition of receiving such assistance—

(i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or

(ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

(2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.

(b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled “Notices” as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.

(c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror’s proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

(End of Provision)

### **3. Environmental Compliance Terms**

#### **Environmental Compliance**

1. An Initial Environmental Examination (IEE) for Child Survival and Health Grants Program has been approved for Child Survival and Health Grants Program Activity Approval Document funding this RFA (see Annex M). The IEE covers activities expected to be implemented under cooperative agreements awarded under this RFA. USAID has determined that a **Negative Determination with conditions** applies to one or

more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this RFA.

4. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under cooperative agreements awarded under this RFA to determine if they are within the scope of the approved Regulation 216 environmental documentation.
5. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.
6. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the [*contractor/recipient*] shall:

Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

Integrate a completed EMMP or M&M Plan into the initial work plan.

5c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

(End of Provision)

Applicants shall submit an Environmental Screening Form (*see Annex L*) upon Agency notification of a successful Technical Application. Therefore, an Environmental Screening Form is not requested from all applicants by the closing date of this RFA.

#### 4. Reporting

1. **Reporting Requirements**: The following are reporting requirements for CSHGP grantees:
  - a. Strategic Workplan: to be submitted per CSHGP reporting guidelines within the first project year.
  - b. Annual Reports: to be submitted 90 calendar days after the award year which is in accordance with 22 CFR 226.51(b).
  - c. Final Evaluation Report: to be submitted 90 calendar days after the expiration or termination of the award which is in accordance with 22 CFR 226.51(b).
  - d. Financial Reporting: in accordance with 22 CFR 226.52, the SF 425 and SF 272 will be required on a quarterly basis. (See Annex H for Financial Reporting Forms.)

**End Section VI**

## **SECTION VII: Agency Contacts**

The Applicant may contact the following USAID personnel in writing via email regarding this RFA:

Primary Point of Contact:

Hillary Marshall

Office of Acquisition and Assistance

Agreement Specialist

[CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov)

Alternate Point of Contact:

Shanon Sheffield

Office of Acquisition and Assistance

Agreement Officer

[CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov)

**End of Section VII**

## **SECTION VIII: Other Information**

### **A. USAID Rights and Funding**

The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications meeting the applicable standards of this RFA, and (e) waive informalities and minor irregularities in the application(s) received.

### **B. Regulations and References**

Mandatory Standard Provisions for U.S., Nongovernmental Recipients

<http://www.usaid.gov/pubs/ads/300/303maa.pdf>

Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients:

<http://www.usaid.gov/policy/ads/300/303mab.pdf>

22 CFR 226

[http://www.access.gpo.gov/nara/cfr/waisidx\\_02/22cfr226\\_02.html](http://www.access.gpo.gov/nara/cfr/waisidx_02/22cfr226_02.html)

22 CFR 228 USAID Source, Origin, Nationality Regulations:

[http://www.access.gpo.gov/nara/cfr/waisidx\\_01/22cfr228\\_01.html](http://www.access.gpo.gov/nara/cfr/waisidx_01/22cfr228_01.html)

AAPD 02-10 Cost Sharing in Grants and Cooperative Agreements to NGOs:

[http://www.usaid.gov/business/business\\_opportunities/cib/pdf/aapd02\\_10.pdf](http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd02_10.pdf)

AAPD 12-04 Implementation of the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003, as amended- Conscience Clause Implementation, Medically Accurate Condom Information and Opposition to Prostitution and Sex Trafficking

[http://www.usaid.gov/business/business\\_opportunities/cib/pdf/aapd12\\_04.pdf](http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd12_04.pdf)

OMB Circular A-122

<http://www.whitehouse.gov/omb/circulars/a122/a122.html>

OMB Circular A-110

<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

SF-424 Downloads

[http://www.grants.gov/agencies/aapproved\\_standard\\_forms.jsp](http://www.grants.gov/agencies/aapproved_standard_forms.jsp)

Guidance on the Definition and Use of the Child Survival and Health Programs Fund and the Global HIV/AIDS Initiative Account:

<http://www.usaid.gov/policy/ads/200/200mab.pdf>

**End of Section VIII**

## **ANNEX A: CONDITIONS OF REGISTRATION FOR U.S. ORGANIZATIONS**

### **Conditions of Registration for U.S. Organizations**

There are eight Conditions of Registration for U.S. organizations. The first four Conditions relate to whether an organization meets the definition of a U.S. PVO as set forth in 22 CFR Part 203, while the last four Conditions establish standards by which the U.S. PVO is evaluated. An applicant must be registered with USAID as a U.S. PVO if USAID finds that the applicant has satisfied all of the following Conditions:

#### **Condition No. 1 (U.S. based).**

Is U.S. based in that it:

- (1) Is organized under the laws of the United States; and
- (2) Has its headquarters in the United States.

#### **Condition No. 2 (Private).**

Is a nongovernmental organization (NGO) and solicits and receives cash contributions from the U.S. general public

#### **Condition No. 3 (Voluntary).**

Is a charitable organization in that it:

- (1) Is nonprofit and exempt from Federal income taxes under Section 501(C)(3) of the Internal Revenue Code; and
- (2) Is not a university, college, accredited degree-granting institution of education, private foundation, hospital, organization established by a major political party in the United States, organization established, funded and audited by the U.S. Congress, organization engaged exclusively in research or scientific activities, church, synagogue, mosque or other similar entity organized primarily for religious purposes.

#### **Condition No. 4 (Overseas Program Activities).**

Conducts, or anticipates conducting, overseas program activities that are consistent with the general purposes of the Foreign Assistance Act and/or Public Law 480.

#### **Condition No. 5 (Board of Directors).**

Has a governing body:

- (1) That meets at least annually;
- (2) Whose members do not receive any form of income for serving on the board; and
- (3) Whose majority is not composed of the PVO's officers or staff members.

#### **Condition No. 6 (Financial Viability).**

That it:

- (1) Accounts for its funds in accordance with generally accepted accounting principles (GAAP);
- (2) Has a sound financial position;
- (3) Provides its financial statements to the public upon request; and
- (4) Has been incorporated for not less than 18 months.

**Condition No. 7 (Program Activities vs. Supporting Services).**

That it:

- (1) Expends and distributes its funds in accordance with the annual report of program activities;
- (2) Does not expend more than 40 percent of total expenses on supporting services.
- (3) In order to maintain its registration, conducts international program activities within the last three years. For example, if a U.S. PVO did not have any international activities for 2004, the current year, or 2003, but did have activities in 2002, then it would remain registered. However, if it did not have any international activities in 2005, USAID would remove it from the Registry in 2006 because for the previous three years (2003, 2004, 2005), it did not conduct any international activities.

**Condition No. 8 (General Eligibility).**

It is not:

- (1) Suspended or debarred by an agency of the U.S. Government;
- (2) Designated as a foreign terrorist organization by the Secretary of State, pursuant to Section 219 of the Immigration and Nationality Act, as amended; or
- (3) The subject of a decision by the Department of State to the effect that registration or a financial relationship between USAID and the organization is contrary to the national defense, national security, or foreign policy interests of the United States.

**Where to Register**

The Office of Private Voluntary Cooperation-American Schools and Hospitals Abroad (PVCASHA) in the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) registers U.S. PVOs and IPVOs. PVC-ASHA serves as the focal point for maintaining a productive partnership between USAID and the PVO community. Organizations interested in applying for registration are encouraged to visit our Web site at [www.usaid.gov](http://www.usaid.gov) Keyword: PVC-ASHA. Applications are submitted to the following address:

*Registrar*

*U.S. Agency for International Development*

*DCHA/PVC-ASHA/PPO, Room 7.06-091*

*1300 Pennsylvania Avenue, NW*

*Washington, DC 20523-7600*

**ANNEX B: USAID MISSION CONTACT LISTS AND ADDRESSES**

<u>Country</u>	<u>Contact Name</u>	<u>Contact Information</u>	<u>Mission Website</u>
<b><u>ASIA and MIDDLE EAST</u></b>			
Afghanistan	<p><b>Dr. Iqbal Roshani</b> Project Management Specialist</p> <p><b>Susan Brock</b> Health Advisor</p>	<p><a href="mailto:Iroshani@usaid.gov">Iroshani@usaid.gov</a> 202 216 6288 x. 4845</p> <p><a href="mailto:subrock@usaid.gov">subrock@usaid.gov</a> 202 216 6288 x. 4845</p>	<a href="http://afghanistan.usaid.gov/en/home">http://afghanistan.usaid.gov/en/home</a>
Bangladesh	<p><b>Dr. Sukumar Sarker</b> Project Management Specialist</p> <p><b>Shannon Young</b> Junior Health Officer</p>	<p><a href="mailto:ssarker@usaid.gov">ssarker@usaid.gov</a> 880-2-885-5500 x. 2313</p> <p><a href="mailto:shyoung@usaid.gov">shyoung@usaid.gov</a> 880-2-885-5500 x.2559</p>	<a href="http://www.usaid.gov/bd/">http://www.usaid.gov/bd/</a>
Cambodia	<p><b>Sopheanarith Sek</b> Development Asst. Specialist (Child Health and Nutrition)</p> <p><b>Robin Mardeusz</b> MCH/RH Team Leader</p>	<p><a href="mailto:SoSek@usaid.gov">SoSek@usaid.gov</a> 855-23-728303</p> <p><a href="mailto:rmardeusz@usaid.gov">rmardeusz@usaid.gov</a> 855-23-728000</p>	<a href="http://cambodia.usaid.gov/">http://cambodia.usaid.gov/</a>
India	<p><b>Manju Ranjan Seth</b> Program Management Associate</p>	<p><a href="mailto:mranjan@usaid.gov">mranjan@usaid.gov</a> 241-984-00 x. 8491</p>	<a href="http://www.usaid.gov/in/">http://www.usaid.gov/in/</a>

<u>Country</u>	<u>Contact Name</u>	<u>Contact Information</u>	<u>Mission Website</u>
Indonesia	<p><b>Masse Bateman</b> Senior Health Advisor</p> <p><b>Rachel Cintron</b> Health and Population Development Officer</p>	<p><a href="mailto:mbateman@usaid.gov">mbateman@usaid.gov</a> +62-21-343-59000 x9402</p> <p><a href="mailto:rcintron@usaid.gov">rcintron@usaid.gov</a> +62-21-343-59000 x9411</p>	<a href="http://indonesia.usaid.gov/en/home">http://indonesia.usaid.gov/en/home</a>
Nepal	<p><b>Naramaya Limbu</b> MNCH/FP/N Team Leader</p> <p><b>Deepak Paudel</b> MCH Program Specialist</p>	<p><a href="mailto:nlimbu@usaid.gov">nlimbu@usaid.gov</a> 977-1-4007200</p> <p><a href="mailto:dpaudel@usaid.gov">dpaudel@usaid.gov</a> 977-1-400-7200</p>	<a href="http://nepal.usaid.gov/">http://nepal.usaid.gov/</a>
Pakistan	<b>Kate Crawford</b> Health Officer	<a href="mailto:kacrawford@usaid.gov">kacrawford@usaid.gov</a> <a href="tel:+9251-208-2762">+9251-208-2762</a>	<a href="http://www.usaid.gov/pk/">http://www.usaid.gov/pk/</a>
Yemen	<b>Nawal Baabaad</b> Health Specialist	<a href="mailto:baabaadna@state.gov">baabaadna@state.gov</a> 260-211-254-303 x.132	<a href="http://www.usaid.gov/locations/middle_east/countries/yemen/">http://www.usaid.gov/locations/middle_east/countries/yemen/</a>
<b><u>AFRICA</u></b>			
Angola	<b>Gary Leinen</b> Health Officer	<a href="mailto:gleinen@usaid.gov">gleinen@usaid.gov</a> +244 222641120	<a href="http://www.usaid.gov/ao/">http://www.usaid.gov/ao/</a>
Benin	<b>Milton Amayun</b> Family Heath Team Leader	<a href="mailto:mamayun@usaid.gov">mamayun@usaid.gov</a> 229 21-30-05-00	<a href="http://www.usaid.gov/bj/">http://www.usaid.gov/bj/</a>
Ethiopia	<b>Meri Sinnitt</b> HAPN Office Chief	<a href="mailto:Msinnitt@usaid.gov">Msinnitt@usaid.gov</a> +251-11-1306775 x6775	<a href="http://www.usaid.gov/locations/sub-saharan_africa/countries/ethiopia/index.html">http://www.usaid.gov/locations/sub-saharan_africa/countries/ethiopia/index.html</a>

Ghana	<p><b>Salamatu Futa</b> MCH Specialist</p> <p><b>Susan Wright</b> Team Leader</p>	<p><a href="mailto:sfuta@usaid.gov">sfuta@usaid.gov</a>, 233-030-2-741-218</p> <p><a href="mailto:swright@usaid.gov">swright@usaid.gov</a>, 233-030-2-741-678</p>	<p><a href="http://www.usaid.gov/gh/welcome/">http://www.usaid.gov/gh/welcome/</a></p>
Kenya	<p><b>Dr. Sheila Macharia</b> Senior Health Manager</p>	<p><a href="mailto:smacharia@usaid.gov">smacharia@usaid.gov</a> 254-20-862-2234</p>	<p><a href="http://kenya.usaid.gov/">http://kenya.usaid.gov/</a></p>
Liberia	<p><b>Randolph Augustin</b> Health Team Leader</p> <p><b>Anna McCrerey</b> Health Officer</p> <p><b>Sophie Parwon</b> Health Management Specialist</p>	<p><a href="mailto:raugustin@usaid.gov">raugustin@usaid.gov</a></p> <p><a href="mailto:amccrerey@usaid.gov">amccrerey@usaid.gov</a>; <a href="mailto:amccrerey@gmail.com">amccrerey@gmail.com</a> 231-77054826</p> <p><a href="mailto:sparwon@usaid.gov">sparwon@usaid.gov</a> 231-77054826 x1800</p>	<p><a href="http://liberia.usaid.gov/">http://liberia.usaid.gov/</a></p>
Madagascar	<p><b>Jocelyne Andriamiadana</b> Reproductive Health Specialist</p> <p><b>Robert Kolesar</b> Senior Health Advisor</p>	<p><a href="mailto:jandriamiadana@usaid.gov">jandriamiadana@usaid.gov</a> +261-20-23-480-00</p> <p><a href="mailto:rkolesar@usaid.gov">rkolesar@usaid.gov</a> +261-20-23-480-00</p>	<p><a href="http://www.usaid.gov/mg/">http://www.usaid.gov/mg/</a></p>
Malawi	<p><b>Deliwe Malema</b> MNCH Specialist</p> <p><b>Pius Nakoma</b> Malaria Specialist</p>	<p><a href="mailto:dmalema@usaid.gov">dmalema@usaid.gov</a> +265-1-772455</p> <p><a href="mailto:pnakoma@usaid.gov">pnakoma@usaid.gov</a> +265-1-772455 Ext 5321</p>	<p><a href="http://www.usaid.gov/mw/">http://www.usaid.gov/mw/</a></p>

Mali	<b>Nancy Lowenthal</b> Health Team Leader	<a href="mailto:nlowenthal@usaid.gov">nlowenthal@usaid.gov</a> +223-2070-2729	<a href="http://www.usaid.gov/ml/">http://www.usaid.gov/ml/</a>
Mozambique	<b>Maria da Conceicao Rodriques</b> Clinical Outreach Specialist  <b>Alyssa Leggoe</b> Deputy Integrated Health Office Chief	<a href="mailto:mrodrigues@usaid.gov">mrodrigues@usaid.gov</a> 258-21-352053  <a href="mailto:aleggoe@usaid.gov">aleggoe@usaid.gov</a> 258-21-352185	<a href="http://www.usaid.gov/mz/">http://www.usaid.gov/mz/</a>
Rwanda	<b>M. Patrick Condo</b> Malaria Program Specialist	<a href="mailto:pcondo@usaid.gov">pcondo@usaid.gov</a> 250-59-606-800/596400	<a href="http://www.usaid.gov/rw/">http://www.usaid.gov/rw/</a>
Senegal	<b>Antoinette Sullivan</b> Health Officer	<a href="mailto:ansullivan@usaid.gov">ansullivan@usaid.gov</a> (+221) 33 869-6100 Ext. 3193	<a href="http://senegal.usaid.gov/">http://senegal.usaid.gov/</a>
South Sudan	<b>Heather Smith</b> Health Office Director	<a href="mailto:hsmith@usaid.gov">hsmith@usaid.gov</a> 202.216.6279 X266	<a href="http://www.usaid.gov/locations/sub-saharan_africa/countries/south_sudan/index.html">http://www.usaid.gov/locations/sub-saharan_africa/countries/south_sudan/index.html</a>
Tanzania	<b>Andre Rebold</b> Health and Population Office Deputy Team Leader	<a href="mailto:arebold@usaid.gov">arebold@usaid.gov</a> 255-22-266-8490 x. 8072	<a href="http://www.usaid.gov/locations/sub-saharan_africa/countries/tanzania/index.html">http://www.usaid.gov/locations/sub-saharan_africa/countries/tanzania/index.html</a>

Uganda	<p><b>Janex Kabarangira</b> Development Assistance Specialist</p> <p><b>Megan Rhodes</b> Team Leader</p> <p><b>Karen Klimowski</b> Regional Management Officer</p>	<p><a href="mailto:jkabarangira@usaid.gov">jkabarangira@usaid.gov</a> +256-041-430-6001</p> <p><a href="mailto:mrhodes@usaid.gov">mrhodes@usaid.gov</a> 256-772-221-665</p> <p><a href="mailto:kklimowski@usaid.gov">kklimowski@usaid.gov</a> 202-216-6234 x6560</p>	<p><a href="http://www.usaid.gov/locations/sub-saharan_africa/countries/uganda/index.html">http://www.usaid.gov/locations/sub-saharan_africa/countries/uganda/index.html</a></p>
Zambia	<p><b>Dr. William Kanweka</b> Senior Health Advisor</p> <p><b>Masuka Musumali</b> Family Planning, MNCH Advisor</p>	<p><a href="mailto:wkanweka@usaid.gov">wkanweka@usaid.gov</a> 260-211-254-303 x. 132</p> <p><a href="mailto:mmusumali@usaid.gov">mmusumali@usaid.gov</a> +260-20-3635056</p>	<p><a href="http://www.usaid.gov/zm/">http://www.usaid.gov/zm/</a></p>
<b><u>LATIN AMERICA and CARIBBEAN</u></b>			
Guatemala	<p><b>Judith Timyan</b> Health Development Officer</p>	<p><a href="mailto:jtimyan@usaid.gov">jtimyan@usaid.gov</a> +502-2422-4000</p>	<p><a href="http://www.usaid.gov/gt/index.htm">http://www.usaid.gov/gt/index.htm</a></p>
Haiti	<p><b>Katia Petion</b> Program Specialist</p>	<p><a href="mailto:kpetion@usaid.gov">kpetion@usaid.gov</a> 509-2229-8000</p>	<p><a href="http://haiti.usaid.gov/">http://haiti.usaid.gov/</a></p>

**ANNEX C: FY12 CSHGP RFA APPLICATION SCREENING FORM FOR SCALE AND NEW PARTNER CATEGORIES**

Name of Applicant Organization: \_\_\_\_\_ Country Applying For: \_\_\_\_\_  
 Duration of Program: \_\_\_ years Funding Category: \_\_\_ New Partner \_\_\_ SCALE (Circle sub-category 1-A (MNCH), sub-category 1-B (PMI/Malaria), sub-category 1-C (FP Integration))

Technical Interventions (must include %): (Total = 100%)

Nutrition	Immunization	Diarrhea	Pneumonia	Malaria	Maternal/ Newborn	Family Planning	HIV/AIDS	TOTAL
								100%

**Eligibility Criteria from RFA**

Indicate yes, no, or not applicable and cite the page number or location in application as appropriate for numbers 1-10..

1. \_\_\_\_\_ **Status 1: U.S. PVO registered, or in the process of registration, with USAID**  
 or  
 \_\_\_\_\_ **Status 2: U.S. non-profit NGO/non-U.S. non-profit NGO (New Partner applicants only)**
2. \_\_\_\_\_ **New Partner category Applicant Financial Restriction:** Applicant is within USG funding restriction of ≤ \$1.5 million in the last three (3) fiscal years.
3. \_\_\_\_\_ SCALE category Application Experience Requirement: Principal applicant demonstrates at least five (5) years of relevant **health development experience**
4. \_\_\_\_\_ **PVO/NGO proposes Cost Share at 25% (SCALE) or 5% (New Partner) of total cooperative agreement budget (\$ \_\_\_\_\_ )**
5. \_\_\_\_\_ Applicant has **Country Presence** (Attachments –include page numbers and signed document from host country government providing organization with legal status to operate in country)
6. \_\_\_\_\_ **Eligible Country** (Proposed program is in an eligible country, see RFA eligible country lists)
7. \_\_\_\_\_ If **HIV/AIDS** is proposed in New Partner or SCALE Categories, it is at a level of effort not higher than **30%**.
8. \_\_\_\_\_ **Technical** Application with executive summary is **10 pages** or less (excluding attachments, preliminary matter, and this screening form).
9. \_\_\_\_\_ Key Personnel is proposed. HQ Technical Backstop (SCALE and New Partner) Principal Investigator (SCALE Only).
10. \_\_\_\_\_ Three (3) completed past performance short forms provided.

<p><b>Point of Contact at Applicant Organization for Notification of Application Status:</b></p> <p>Name _____</p> <p><b>Address, Phone Number, Email for notifying Applicant of Application Status:</b></p> <p>_____</p> <p>_____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## ANNEX D: POPULATION AND SUB-POPULATION CALCULATION GUIDELINES

Population numbers help reviewers determine if proposals target a reasonable number of people in relation to the project area and proposed interventions. Population numbers are also used to calculate cost per beneficiary. CSHGP reports on the total number of beneficiaries reached by the program since its inception in 1985. Grantees need to know the number of beneficiaries in order to plan activities on a yearly basis and over the life of the project. This document contains recommended guidance to help applicants report beneficiary numbers in a standardized manner.

It is expected that CSHGP projects, either directly or indirectly, benefit all children less than 5 years and women of reproductive age (15-49) in the project area; therefore, for these grants the following definition of the beneficiary population is used:

Definition: A beneficiary is a child under the age of 5 or women of reproductive age (15-49) who lives in the project target area.

### Guidance:

- Applicants must provide information on beneficiary population based on the population in the target geographic area (or areas) *at the beginning of the project*.
- Applicants must state the source of population numbers for the project area, the date when this information was collected, and information as to whether or not these numbers were determined by official projections. For example, did they perform a census of the project area or did they use an official source? How is percent of total population for women of reproductive age and children under 5 determined? Below are links to sites for population figures:
  - CENSUS BUREAU SITE: <http://www.census.gov/ipc/www/idb/index.html>
  - UNICEF: <http://childinfo.org/>

### **Illustration of Beneficiary Calculation for Project X:**

Explanation of calculation: Numbers are calculated before the initiation of the project. The Project X team calculated the population breakdown based on official guidance from the regional health office, which stated that of the total population in the district where the population operates, 4% are infants 0-11 months, 4% are children 12-23 months, 20% are children 0-59 months, and 22% are women of reproductive age (15-49). They obtained the total population numbers from the National Census Bureau.

### **Beneficiary Population Numbers for Project X:**

<b>Beneficiary Population</b>	<b>Number</b>
Infants: 0-11 months	5,193
Children: 12-23 months	5,193
Children: 24-59 months	15,580
Children 0-59 months	25,966
Women 15-49 years	28,561
Total Population	129,830

**ANNEX E: PAST PERFORMANCE SHORT FORM (3 REFERENCES REQUIRED)**

Note: Part I is to be completed by the applicant. USAID will obtain the information to complete Part II.

<b>PERFORMANCE REPORT - SHORT FORM</b>	
<b>PART I: Award Information (to be completed by Applicant)</b>	
1.	Name and Address of Organization for which the work was performed:
2.	Award Number:
3.	Award Type:
4.	Award Value (TEC): (if subagreement, subagreement value)
5.	Contacts: (Name, Telephone Number and E-mail address)
6.	Period of Performance:
7.	Title/Brief Description of Product/Service Provided/ Results Achieved to Date:
8.	Problems: (if problems encountered on this award, explain corrective action taken)
<b>PART II: Performance Assessment (to be obtained by USAID—DO NOT COMPLETE)</b>	
1.	<i>Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness of the Prime in fixing problems. Comment:</i>
2.	<i>Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:</i>
3.	<i>Timeliness of performance, including adherence to contract schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:</i>
4.	<i>Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subcontractors and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:</i>
5.	<i>Effectiveness of key personnel including: effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problems with clients were identified. Comment:</i>

## ANNEX F: RESULTS FRAMEWORK

For more information on developing a results framework or for illustrative examples, please consult:

[http://www.mchipngo.net/lib/components/documents/usaidd/PDME\\_Participants\\_Guide.pdf](http://www.mchipngo.net/lib/components/documents/usaidd/PDME_Participants_Guide.pdf)

### Defining Terms

**Goals:** Big picture, long-term, ultimate ambitions to alter health status in a population. Goals are at the highest level and are typically not measured in the program context. For example, reducing morbidity and mortality in the general population are usually considered to be at the goal level. While the fulfillment of a goal may not be possible or verifiable within the life-span of the project, the achievement of the project's more specific objectives should contribute to the realization of the goal.

**Strategic Objective:** A statement of what the program plans to achieve during the life of the project. This achievement is the highest-level **result** that a program can materially affect with its efforts within the given restraints (such as time and funding). For example, “increased use of contraception,” or “reduced unmet need for family planning,” or “increased utilization of antenatal services.” Results are stated in terms of changes in condition of targeted beneficiaries or changes in conditions that affect them such as deliveries with a skilled attendant, or appropriate case management of common childhood illnesses.

**Intermediate Results (IR):** A discrete result or **outcome** necessary to achieve an objective or another intermediate result critical to achieving the objective. For example, “Increased access to contraceptive counseling and services,” “improved quality RH services,” and “increased motivation for use of family planning and selected reproductive health information and services” could be a set of intermediate results necessary for achieving the desired higher **result** or strategic objective of “adequate child spacing practiced.”

**Outcomes:** Outcomes are anything clearly intended to be achieved. For example, program outcomes may be, “improved service delivery by health providers,” or “community outreach services at levels beyond the household or beneficiary.” They are intermediate effects that often occur at several levels in a series of cause and effect relationships. Outcomes have an ultimate effect on the target population/clients (**results**). Outcomes are sometimes described as better knowledge or changed attitudes, leading to adoption of desirable behavior (results). Whether an objective is a **result** or **outcome** depends on where in the chain of results it is.

- **Results** describe the longer-term impact on the beneficiaries (or customers). Adoption of healthy behaviors and practices by caretakers are often the objective at the level of results.
- **Outcomes** describe more immediate effects on the beneficiaries (or customers). Outcomes may include increased knowledge or changed attitudes of the child’s caretaker or improved quality of care by a health service provider at the community or health facility level.

**ANNEX G: TECHNICAL PACKAGE AND LEVEL OF EFFORT (LOE) TABLE**

*Please note: entries in italics are illustrative.*

Level of Effort (LOE)	High Impact Technical Interventions <sup>30</sup>	Level of Delivery			Policy/Strategy	
		Facility (Referral)	Facility (1 <sup>st</sup> Level/Outreach)	Community	District	National
LOE 1 <i>(e.g. Maternal and Newborn Care – 50%)</i>	<i>Skilled care at birth</i>	X	X	X		
	<i>Essential Newborn Care</i>	X	X	X		
LOE 2 <i>(e.g. Nutrition – 25%)</i>	<i>Infant and young child feeding</i>		X	X	X	
LOE 3 <i>(e.g. Pneumonia Case Management – 25%)</i>	<i>Treatment of pneumonia</i>	X	X	X	X	X

<sup>30</sup> For listing of high impact technical interventions, please see page 9-10 of the Report to Congress “Working Toward the Goal of Reducing Maternal and Child Mortality: USAID Programming and Response to FY08 Appropriations.” [http://pdf.usaid.gov/pdf\\_docs/PDACL707.pdf](http://pdf.usaid.gov/pdf_docs/PDACL707.pdf)

## ANNEX H: FINANCIAL REPORTING FORMS AND INSTRUCTIONS

Applicants may obtain the SF 424 & SF 424A from the links below:

SF424- <http://www.epa.gov/ogd/AppKit/form/SF424.pdf>

SF 424A- <http://www.acf.hhs.gov/programs/ofs/grants/sf424a.pdf>

### Standard SF 424 & 424A Form Instructions

The Standard Form 424A, Section A, requests costs organized by headquarters and field, and by Federal and Non-Federal. This information should be the same as that presented in other sections. Federal refers to the funds requested from USAID and Non-Federal refers to funding from the applicant and other sources. The amounts for Federal and Non-Federal presented here should be the same as the Estimated Funding presented on Standard Form 424, 15.a and b, plus any entry for e. The total project amount on SF 424 should be the same amount presented in Section A and in Section B.

Headquarters costs are direct costs incurred by the U.S. PVO/NGO head office in the United States in support of the child survival and health projects overseas. This does not duplicate established indirect cost rates. USAID will support up to 15% of the direct costs of the USAID funds in the project budget at the PVO/NGO's U.S. headquarters for support to the field project, and for improving child survival and health technical and operational capabilities of the PVO/NGO(s). The headquarters budget should be directly related to the description of how the PVO/NGO builds and maintains technical and operational capacity. In addition to backstopping and site visits to the field project, types of activities that PVO/NGOs have included in the past are continuing education opportunities for staff, information exchange and technical networking among PVO/NGOs, reference materials, and observational visits to the other field projects of the same organization or others. All headquarters costs must be appropriately distributed in the correct amounts and contained within the correct categories of Standard Form 424A, Section B, as per the guidelines in Section D.

Field costs should include all funds designated for expenditure within the host-country for carrying out the planned project. All field costs must be appropriately distributed in the correct amounts and contained within the correct categories of Standard Form 424A, Section B, as per the guidelines in this RFA.

Standard Form 424A, Section B is divided into eleven "Object Class Categories." The Object Class Categories must be presented in two columns, "Federal," which are the costs being funded by the USAID portion of the over-all project budget, and "Non-Federal," which are the costs covered by the cost share portion of the entire project budget. The entire project budget must be appropriately distributed and contained within these categories and columns. The categories include Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, Other, Total Direct Charges, Indirect Charges, and Totals. The Construction category does not apply to this program. Project costs proposed for "training" and for "sub-grants" must be included in the "Other" Object Class Category. For further elaboration on each of the Object Class Categories, please refer to the instructions in Section D. Section D includes a sample Standard Form 424 and 424A.

## ANNEX I: FREQUENTLY ASKED QUESTIONS (FAQs)

### Frequently Asked Questions (FAQs)

Note: Questions are listed under the corresponding relevant section of the RFA.

#### *Award Information*

**Question: The RFA has identified Headquarters Technical Backstop, Principal Investigator and Final Evaluator as key personnel positions that are required of the project. Out of the mentioned positions, which if any, CVs and JDs need to be included in the submission?**

Answer: The Headquarters Technical Backstop, and for SCALE sub-category applications the Principal Investigator, must be included as key personnel in the application. CVs for these two (2) individuals should be included in the submission. Please see Section III, Eligibility Information and Section IV, Application and Submission Information for more information.

#### *Eligibility Information*

**Question: My non-profit organization is not a U.S. based organization. Can I apply to this opportunity?**

Answer: Yes. The CSHGP FY12 RFA is open to both U.S. and non-U.S. Non-Profit organizations. See the Section III, Eligibility Information for the complete set of criteria that a prospective NGO must meet in order to be eligible to apply for funding under this RFA.

**Question: My organization wants to submit more than one application. Can I do this?**

Answer: An organization may submit up to three applications in any of the three SCALE sub-categories (see Section III, Eligibility Information; and Section IV, Content of Application Documents Guidance). However, applicants to the New Partner category may submit up to one application to the New Partner category.

**Question: Can my organization apply more than once to a single category?**

Answer: Yes, however each application in a SCALE subcategory will be competed against other applications to that subcategory. If your organization submits more than one application to a single subcategory and are deemed eligible, your applications may be competed against each other for consideration of award.

**Question: I am considered a new partner to USAID. Do I have to provide cost share?**

**Answer:** Yes. The CSHGP FY12 RFA requires applicants who are applying to the New Partner category to provide a 5% cost share. Applicants who propose less than 5% cost share will be considered ineligible for award.

**Question:** **The project I want to propose for the SCALE subcategory 1-A takes place in Angola, which is listed as a USAID Eligible Country for funding under SCALE subcategory 1-B. Can I still apply and be considered for award?**

**Answer:** No. CSHGP is not considering applications that propose projects in countries not on the Eligible Country List for the respective subcategory.

**Question:** **Does my organization need to be already registered in the country in which I want to propose to compete for this grant?**

**Answer:** Prime applicants must demonstrate that they have begun the process of establishing legal presence in the proposed country by the time of application submission. However, before an agreement can be awarded, the applicant must have proof that this process has been finalized and they possess documented legal presence.

**Question:** **Do I have to submit both a Technical and Cost application by the RFA closing date of April 13, 2012?**

**Answer:** No. Only Technical Applications are being requested at this time. Should you be identified as a potential awardee based on your Technical Application, you will then be requested to submit a separate Cost Application.

### ***Application and Submission Information***

**Question:** **My organization plans to submit an application to conduct a project in Benin under the SCALE sub-category 1-B. Can we submit our application in French?**

**Answer:** No. All information in the technical proposal should be presented in the English language, and attachments and/or supplementary documents must be in English or accompanied by an English translation.

**Question:** **Can my organization submit an application under SCALE sub-category 1-A to propose a project across two countries - one from the USAID Eligible Country list for SCALE sub-category 1-A and one that is not on this list?**

Answer: No. While a project in the SCALE sub-categories may be conducted across both districts and countries, all project areas included as part of a multi-country project must be USAID Eligible Countries as listed under the relevant SCALE sub-category.

**Question: What is the difference between the FY11 CSHGP RFA Innovation category and this year's SCALE category?**

Answer: The Innovation Category from the FY11 RFA has been renamed the SCALE, or Scalable Solutions to Challenges: Advancing Learning and Evidence Category, which has been split up into three sub-categories: (1-A) MNCH Solutions, (1-B) Social and Behavior Change (SBC) to increase Impact in PMI Priority Countries: Advancing PMI Program and Strategies, and (1-C) Family Planning Integration. The FY2012 RFA continues to recognize the entrepreneurial role of U.S. PVOs/NGOs and their local partners in designing, testing, evaluating, and facilitating the scale up of new and/or promising solutions that improve maternal, newborn, and child health and survival, particularly at the primary health care and community levels in resource poor settings. The guidance and evaluation criteria have been revised to place a greater emphasis on the relevance of evidence building and learning for national and local stakeholders for new and/or promising solutions to the most critical implementation challenges, and have the potential for scale-up. Please see Section I: Funding Opportunity Description and Section IV: Application and Submission Information.

**Question: Can my organization submit an application under SCALE sub-category 1-C with 45% of the USAID-funded budget allocation for Family Planning activities?**

Answer: No. Projects may only allocate up to 25% of their USAID-funded budget to FP activities, and may allocate additional amounts using cost share.

## ANNEX J: INSTRUCTIONS ON HOW TO REGISTER ON GRANTS.GOV

Before submitting an application under this RFA, it is highly recommended that applicants read the entire Section IV, Application and Submission Information, as well as the **FAQs (see Annex I)** listed in this RFA. Reviewing these sections thoroughly will assist an applicant in submitting a complete, full application.

### Register Online at Grants.gov

#### New Applicants Applying to Grants.gov:

It is **strongly encouraged** that new organizations immediately begin the 5-step Grants.gov registration process (listed below), while simultaneously completing the Application Package. The registration process may take up to two weeks to complete. USAID understands that delays in the registration process may be beyond your control. If an organization has begun the registration process but experiences delays that make it difficult for to meet the application deadline, contact the RFA POC(s) who will work with you to find a solution. **If an organization is having difficulties, contact the POC(s) at [CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov) as soon as possible.**

[Register as an organization](#) on Grants.gov if you are not already registered. All organizations must register. See below for a brief overview of the registration steps. Grants.gov is also available to lead you through the process.

#### STEP 1: Obtain a Data Universal Number (DUNS)

A DUNS number is a unique identifier that verifies the existence of a business entity globally. DUNS numbers are assigned for each physical location of a business.

Before requesting a new DUNS Number, check to see if your organization has one. Ask your organization's chief financial officer, grant administrator, or authorizing official to provide your organization's DUNS Number or search online by using the [DUNS search](#).

***For U.S. and foreign organizations:*** If your organization does *not* have an existing DUNS number, you will need to request one. You can request a DUNS Number [here](#). See the [Organization Registration User's Guide](#) for a list of items you must have when requesting a DUNS Number:

***For foreign organizations:*** If you request a DUNS number for your organization, you are not required to have a federal Tax Identification Number (**TIN**), also known as an Employer Identification Number (**EIN**) or to register with the Central Contractor Registration (**CCR**). Simply leave the TIN/EIN information blank when registering.

#### STEP 2: Register Your Organization with the Central Contractor Registration (CCR)

You must also register with CCR. The CCR is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores and disseminates data about the federal government's trading partners in support of the contract award, grants and the electronic payment processes.

**This process alone can take three to five business days or up to two weeks. You cannot complete the application process without registering in CCR. Applications submitted without a valid or up to date CCR registration will be automatically rejected by the Grants.gov system. If an organization is having difficulties, contact the POC(s) at CSHGPFY12@usaid.gov as soon as possible.**

*For U.S. and foreign organizations:* Before completing the CCR, check to see if your organization is already registered. Ask your organization's chief financial officer, grant administrator, or authorizing official if your organization has registered with the CCR or search online by using the [online search](#).

a. *If your organization is already registered*, take note of who is listed as your EBusiness Point of Contact (**E-Biz POC**). It is the E-Biz POC who is responsible for authorizing members of your organization as Authorized Organization Representatives (**AORs**) to submit applications through Grants.gov.

b. *If your organization is not registered*, visit [CCR site](#) to register. This process can take three to five business days or up to two weeks. Foreign companies must first obtain a North Atlantic Treaty Organization (**NATO**) CAGE (**NCAGE**) code. U.S. applicants will not need a Cage Code. One will be assigned.

**NCAGE Code (Foreign Organizations only):** If your foreign organization is not already registered with CCR, you must first obtain a North Atlantic Treaty Organization (NATO) CAGE (NCAGE) code. Use the [NCAGE online form](#) to obtain an NCAGE. If your country is not listed in block 2 of the form, utilize the [non-NATO NCAGE tool](#).

### **STEP 3: Username and Password**

If your organization's E-Business Point of Contact (E-Biz POC) has assigned you AOR rights, you are authorized to submit grant applications on behalf of your organization. AORs must create a username and password to serve as their "electronic signature" when submitting an application on behalf of their organization. To register as an AOR and create a username and password, go to: <https://apply07.grants.gov/apply/OrcRegister>

### **STEP 4: AOR Authorization**

Your E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the "MPIN" password obtained in Step 2) and approve the AOR, thereby giving permission to submit applications. When an E-Biz POC approves an AOR, Grants.gov will send the AOR a confirmation email that includes the requesting AOR's name, e-mail address and phone number. In some cases the E-Biz POC can also be the AOR for an organization. If the E-Biz POC wishes to submit applications on behalf of their organization, he or she must also complete a separate AOR profile with username and password (Step 3 of the registration

process) using a different email than the one used for their E-Biz POC registration. E-Biz POC Login: <https://apply07.grants.gov/apply/login.faces?userType=ebiz&cleanSession=1>

### **STEP 5: Track AOR Status**

To verify that your organization's E-Biz POC has approved you as an AOR, please [track your status](#). You cannot apply for grants without E-Biz POC approval.

**For questions, please consult:**

- [Organization Registration User Guide](#) (for US Applicants)
- [Foreign Organization Registration Guide](#) (for non-US Applicants)
- Grants.gov Contact Center: 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov). Hours of Operation: 24 hours a day, 7 days a week.

**If you are concerned that you will not finish your CCR registration in time to meet the overall application deadline, contact the RFA POC(s) who will work with you to find a solution. If an organization is having difficulties, contact the POC(s) at [CSHGPFY12@usaid.gov](mailto:CSHGPFY12@usaid.gov) as soon as possible.**

## **ANNEX K: CERTIFICATIONS, ASSURANCES AND OTHER STATEMENTS OF THE RECIPIENT**

### **CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF THE RECIPIENT (JUNE 2011)**

NOTE: When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement."

There are five parts to this section to include the following:

Part I. Certifications and Assurances

Part II. Key Individual Certification Narcotics Offenses and Drug Trafficking

Part III. Participant Certification Narcotics Offenses and Drug Trafficking

Part IV. Survey on Ensuring Equal Employment Opportunity for Applicants

Part V. Other Statements of Recipients

Certifications, Assurances, and Other Statements of the Recipient are not to be submitted by the closing date of this RFA. However, apparently successful applicants will be requested to submit Certifications, Assurances, and Other Statements of the Recipient upon notification of successful application by the Agency. The applicant shall review, comply and fill out all five applicable parts of this section to be considered for award. Any parts or subsections that do not apply to the applicant shall be indicated with "n/a" and a brief explanation of why it does not apply.

#### **PART I - CERTIFICATIONS AND ASSURANCES**

##### **1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS**

*Note: This certification applies to Non-U.S. organizations if any part of the program will be undertaken in the United States.*

(a) The recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the Cooperative Agreement for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

## **2. CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Cooperative Agreement, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a

Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **3. PROHIBITION ON ASSISTANCE TO DRUG TRAFFICKERS FOR COVERED COUNTRIES AND INDIVIDUALS (ADS 206)**

USAID reserves the right to terminate this Agreement, to demand a refund or take other appropriate measures if the Grantee is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certifications are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

#### **4. CERTIFICATION REGARDING TERRORIST FINANCING IMPLEMENTING EXECUTIVE ORDER 13224**

1. The By signing and submitting this application, the prospective recipient provides the certification set out below:

Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website : <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Osama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.

c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification-

a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities,

weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.”

b. “Terrorist act” means-

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: <http://untreaty.un.org/English/Terrorism.asp>); or

(ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. “Entity” means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient’s obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

## **5. CERTIFICATION OF RECIPIENT**

By signing below the recipient provides certifications and assurances for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Prohibition on Assistance to Drug

Traffickers for Covered Countries and Individuals (ADS 206) and (4) the Certification Regarding Terrorist Financing Implementing Executive Order 13224 above.

RFA/APS No. \_\_\_\_\_

Application No. \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Recipient \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART II - KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING**

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

**PART III - PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING**

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

**PART IV - SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS**

*Applicability: All RFA’s must include the attached Survey on Ensuring Equal Opportunity for Applicants as an attachment to the RFA package. Applicants under unsolicited applications are also to be provided the survey. (While inclusion of the survey by Agreement Officers in RFA packages is required, the applicant’s completion of the survey is voluntary, and must not be a requirement of the RFA. The absence of a completed survey in an application may not be a basis upon which the application is determined incomplete or non-responsive. Applicants who volunteer to complete and submit the survey under a competitive or non-competitive action are instructed within the text of the survey to submit it as part of the application process.)*

This survey can be found at the following website:

<http://www.usaid.gov/forms/surveyeo.doc>

**PART V - OTHER STATEMENTS OF RECIPIENT**

**1. AUTHORIZED INDIVIDUALS**

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:

Name	Title	Telephone No.	Facsimile No.
<hr/>			
<hr/>			
<hr/>			

**2. TAXPAYER IDENTIFICATION NUMBER (TIN)**

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: \_\_\_\_\_

**3. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER**

(a) In the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

- (1) Recipient's name.
- (2) Recipient's address.
- (3) Recipient's telephone number.
- (4) Line of business.
- (5) Chief executive officer/key manager.
- (6) Date the organization was started.
- (7) Number of people employed by the recipient.
- (8) Company affiliation.

(c) Recipients located outside the United States may e-mail Dun and Bradstreet at [globalinfo@dbisma.com](mailto:globalinfo@dbisma.com) to obtain the location and phone number of the local Dun and Bradstreet Information Services office.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.

DUNS: \_\_\_\_\_

#### **4. LETTER OF CREDIT (LOC) NUMBER**

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: \_\_\_\_\_

#### **5. PROCUREMENT INFORMATION**

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a sub-grant or subagreement) to a sub-grantee or subrecipient in support of the sub-grantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:

\$ \_\_\_\_\_

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable

equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

TYPE/DESCRIPTION (Generic) \_\_\_\_\_  
 QUANTITY \_\_\_\_\_  
 ESTIMATED UNIT COST \_\_\_\_\_

(d) Source, Origin, and Componentry of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, and/or does not contain at least 50% componentry, which are not at least 50% U.S. source and origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin, to include the probable source and/or origin of the components if less than 50% U.S. components will be contained in the commodity. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, a commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items do not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods, which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION \_\_\_\_\_  
 QUANTITY \_\_\_\_\_  
 ESTIMATED GOODS \_\_\_\_\_  
 PROBABLE GOODS \_\_\_\_\_  
 PROBABLE (Generic) \_\_\_\_\_  
 UNIT COST \_\_\_\_\_  
 COMPONENTS \_\_\_\_\_  
 SOURCE \_\_\_\_\_  
 COMPONENTS \_\_\_\_\_  
 ORIGIN \_\_\_\_\_

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source and/or origin. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Rubber Compounding Chemicals and Plasticizers, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION \_\_\_\_\_  
 QUANTITY \_\_\_\_\_  
 ESTIMATED \_\_\_\_\_  
 PROBABLE \_\_\_\_\_  
 INTENDED USE (Generic) \_\_\_\_\_  
 UNIT COST \_\_\_\_\_  
 SOURCE \_\_\_\_\_  
 ORIGIN \_\_\_\_\_

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION \_\_\_\_\_  
 QUANTITY \_\_\_\_\_  
 ESTIMATED \_\_\_\_\_  
 PROBABLE SUPPLIER \_\_\_\_\_  
 NATIONALITY \_\_\_\_\_  
 RATIONALE (Generic) \_\_\_\_\_  
 UNIT COST (Non-US Only) \_\_\_\_\_  
 FOR NON-US \_\_\_\_\_

(g) Proposed Disposition. If the recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of \$5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the recipient may deduct from the federal share \$500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION (Generic) \_\_\_\_\_  
 QUANTITY \_\_\_\_\_  
 ESTIMATED UNIT COST \_\_\_\_\_  
 PROPOSED DISPOSITION \_\_\_\_\_

**6. PAST PERFORMANCE REFERENCES**

Please provide past performance information requested in the RFA.

## 7. TYPE OF ORGANIZATION

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as  a corporation incorporated under the laws of the State of,  an individual,  a partnership,  a nongovernmental nonprofit organization,  a state or local governmental organization,  a private college or university,  a public college or university,  an international organization, or  a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as  a corporation organized under the laws of \_\_\_\_\_ (country),  an individual,  a partnership,  a nongovernmental nonprofit organization,  a nongovernmental educational institution,  a governmental organization,  an international organization, or  a joint venture.

## 8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non-color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

**ANNEX L: ENVIRONMENTAL SCREENING FORM**

**CSHGP  
Environmental Screening Form**

Name of Implementing Organization: \_\_\_\_\_

Funding Period for this award: FY\_\_ - FY\_\_

Geographic location of CSHGP project (country/province/district): \_\_\_\_\_

Report prepared by: Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Indicate which activities your organization plans to implement under the CSHGP.**

<b>Table 1: Key Elements of Project/Activities Implemented with no direct impact on the environment</b>		Yes	No
Activities such as:			
1	<ul style="list-style-type: none"> <li>• Education, technical assistance, or training</li> <li>• Analysis, program evaluation, workshops, or meetings</li> <li>• Document and information transfers</li> <li>• Programs involving health care, nutrition, or family planning except where directly affecting the environment</li> <li>• Studies, projects, or programs intended to develop the capability of recipient countries and organizations to engage in development planning</li> </ul>		

<b>Table 2: Key Elements of Project/Activities Implemented with direct or indirect impacts on the environment</b>		Yes	No	% Total Budget
Activities such as:				
2	Procurement, Storage, Management, and Disposal of Public Health Commodities			
3	Training professional and paraprofessional health care workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste			
4	Small-Scale Water and Sanitation Activities			
5	Small-Scale Gardening or Farming Activities			
6	Small-Scale Rehabilitation of Health Facilities			

7	Other activities that include physical interventions that have direct or indirect impacts on the environment that are not covered by the above categories			
---	-----------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

**Provide a brief description of potential environmental threats of any key project activities in the “Yes” column in Table 2.**

Category of Activity	Potential environmental threats
2.) Procurement, Storage, Management, and Disposal of Public Health Commodities	
3.) Training professional and paraprofessional health care workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste	
4.) Small-Scale Water and Sanitation Activities	
5.) Small-Scale Gardening or Farming Activities	
6.) Small-Scale Rehabilitation of Health Facilities	

7.) Other activities that include physical interventions that have direct or indirect impacts on the environment that are not covered by the above categories	

**Form certification continues on next page.**

**Certification**

**I certify the completeness and the accuracy of the Environmental Screening Form described above. I agree to implement the mitigative measures put forth in the CSHGP Programmatic IEE for those activities noted in the Environmental Screening Form that have potential environmental threats. I agree to include a mitigation plan in the CSHGP Strategic Workplan for any activities with a potential environmental threat (Annex 1) and to submit annual reports on the status of mitigation measures (Annex 2).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Organization

---

**BELOW THIS LINE FOR USAID USE ONLY**

**USAID Central Bureau Clearance of Environmental Screening Form:**

Agreement Officer's Technical Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Bureau Environmental Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If clearance is denied, comments must be provided to applicant.

**ANNEX M: PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION  
(PIEE)**

The approved PIEE is included in the following pages 1-8.

# PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE) CHILD SURVIVAL AND HEALTH GRANTS PROGRAM (CSHGP)

## PROGRAM/ACTIVITY DATA

**Program/Project Title:** Child Survival and Health Grants Program Activity Approval Document (CSHGP ADD)  
**Program/Project Number:** AAD 936-4000  
**Country:** Global  
**Functional Objective:** Investing in People  
**Program Area:** Health  
**Program Elements:** Maternal and Child Health, Malaria, Tuberculosis, HIV/AIDS, Family Planning/Reproductive Health  
**Funding Period:** FY11-FY16  
**Life of Activity Funding:** \$100,000,000

**IEE Amendment:** Yes \_\_\_ No X

**IEE Prepared by:** Anna Hoffman, GH/PDMS and Cristina Velez, EGAT/NRM

**Current date:** October 7, 2010

## ENVIRONMENTAL ACTION RECOMMENDED (check all that apply):

Categorical Exclusion: \_\_\_\_\_ Negative Determination: \_\_\_\_\_  
Positive Determination: \_\_\_\_\_ Negative Determination w/ Conditions: X  
Deferral: \_\_\_\_\_

## SUMMARY OF FINDINGS

The CSHGP provides flexible, cost-effective and prompt assistance in a wide range of technical areas globally within the health sector while also building sustainable international, local and community capacity. This competitive grants program is open to U.S. private voluntary organizations (PVOs) registered with USAID and non-governmental organizations (NGOs) that engage in community-oriented health programming as part of their international development efforts. Activities in USAID's Child Survival and Health Grants Program (CSHGP) contribute to sustained improvements in child survival and health outcomes by supporting innovations of PVOs/NGOs and their in-country partners in reaching vulnerable populations in diverse community and health systems contexts.

The vast majority of CSHGP project activities consist of education, training, technical assistance, capacity building, communication, and information transfer that have no physical interventions and therefore, no direct adverse effects on the environment.<sup>1</sup> However, select CSHGP projects

---

<sup>1</sup> Projects with activities principally around equipping hospitals, curative care in hospitals, surgical procedures and prosthetics, construction, manufacturing of pharmaceuticals, or other health aids are beyond the scope of the CSHGP and not supported under this AAD.

conduct activities that involve procurement, storage, management and disposal of public health commodities; training in health care methods that generate hazardous medical waste; complementary small-scale water/sanitation activities (such as the digging of wells and latrines); complementary small-scale gardening/farming activities; and on rare occasions, small-scale rehabilitation of health facilities that could have an impact on the environment. Therefore, we recommend an environmental negative determination with conditions per 22 CFR 216.3(a)(2)(iii). Any project working outside of the scope of the CSHGP IEE would be required to conduct a supplemental IEE or Environmental Assessment.

Since CSHGP implementers are required to contribute 25% of the cost of the project in non-U.S. Government resources, in cash or in-kind, some activities articulated above that are not allowable with USAID CSHGP funds or involve commodities (i.e. agricultural commodities, pharmaceuticals) that require special waivers for purchasing with USAID CSHGP funds may be conducted with the implementer's cost share contribution and not with USAID CSHGP resources.

### **THRESHOLD ENVIRONMENTAL DETERMINATIONS**

The overall environmental determination for Child Survival and Health Grants Program (CSHGP) Activity Approval Document is a **Negative Determination, with conditions**.

A **Categorical Exclusion** is recommended for the activities listed below, because no environmental impacts are expected as a result of these activities, as presented in Table 1 of Section 3 of this document. These fall under the following citations from Title 22 of the Code of Federal Regulations, Regulation 216 (22 CFR 216), subparagraph 2(c)(2) as classes of activities that do not require an initial environmental examination:

- (i) Activities involving education, training, technical assistance or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
- (iii) Activities involving analyses, studies, academic or research workshops and meetings;
- (v) Activities involving document and information transfers;
- (viii) Programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
- (xiv) Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

Pursuant to 22 CFR 216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for any CSHGP activities that have potential for negative impact on the environment in the following categories, as presented in Table 2 in Section 3 of this document:

- 1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.

#### **Summary of Conditions:**

- Consignees for all pharmaceutical drugs procured under this funding will be advised to store the product according to the information provided on the

manufacturer's Materials Safety Data Sheet (MSDS). These are supplied by the manufacturer, and can also be found on the internet by using the active ingredient and MSDS as search terms. If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. If this is not possible, then follow the guidelines in the World Health Organization (WHO) document *Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies*, found at [www.who.int/water\\_sanitation\\_health/medicalwaste/unwantpharm.pdf](http://www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf). At the request of the Mission, subject to available funding, the implementing partner will make all reasonable attempts to facilitate the disposal of expired drugs under this activity to mitigate the impact of medical waste.

- 2) Training professional and paraprofessional health care workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., basic and emergency obstetric care techniques, administration of injectables, HIV or TB testing, malaria diagnosis, etc)

**Summary of Conditions:**

- If training activities involve techniques that would generate and require disposal of hazardous or highly hazardous waste, the Implementing Partners shall be required to include training in or ensure that training curriculum covers best management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps.
- As appropriate, the implementing partners will work with facility, local, regional and/or national officials, to implement and apply appropriate best management practices which incorporate appropriate health and safety measures and environmental safeguards, including proper disposal of medical waste in accordance with international norms as spelled out by the WHO in "WHO's Safe Management of Wastes from Healthcare Activities"  
[http://www.who.int/water\\_sanitation\\_health/medicalwaste/wastemanag/en/](http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/).

- 3) Small-Scale water and sanitation activities (such as covered wells and latrines)

**Summary of Conditions:**

- All water and sanitation activities should be conducted in a manner consistent with the good design and implementation practices described in Environmental Guidelines for Small Scale Activities in Africa, Chapter 16: Water Supply and Sanitation ([http://www.encapafrika.org/EGSSAA/Word\\_English/watsan.doc](http://www.encapafrika.org/EGSSAA/Word_English/watsan.doc)).
- Water quality assurance: The critical responsibility of the program in environmentally sound design and implementation of drinking water supply activities is the assurance of good drinking water quality. This applies water quality assurance during the time the program has direct control over the drinking water source, as well as setting in place capacities, to the extent possible, to assure good drinking water quality in the future once the water source is no longer under the program's control.

- Sanitation: While sanitation projects are intended to improve both environmental and community health, improper siting or lack of maintenance may cause adverse impacts that offset or eliminate the intended benefits. Thus, sanitation projects must ensure that they do not contaminate surface or groundwater or degrade the surrounding environment. Proper siting and maintenance are key components of an environmentally sound sanitation system.
- USAID requires assurance of water quality through testing, including a baseline and further testing at regular intervals. Such testing may also be required by local government laws or policies. Unless otherwise indicated, WHO water quality standards should be utilized. Among the water quality tests which USAID requires are tests for the presence of arsenic, nitrates, nitrites, and coliform bacteria. Implementing partners may consult with Bureau or Mission Environmental Officers for current guidance on water quality testing requirements and methodologies, and should assure that activities are also in compliance with local laws and policies.

#### 4) Small scale gardening/farming activities

##### **Summary of Conditions:**

Small scale gardening/farming activities should be conducted considering minimum impact to local habitat, avoiding introduction of non-native species and genetically modified organisms, and protecting human exposure to animal waste and viruses.

Some potential environmental impacts are possible with these interventions, and will depend on the local circumstances, including:

- Ecological and Human Health-Surface water nitrification/eutrophication due to excrement flowing into streams, ponds, and other water sources which can affect the health of aquatic species and drinking water quality.
- Ecological and Human Health-introduction of non-native species may cause unwanted competition, predation etc on native species. Non-native or non-regional species may compete with species that are naturalized (more likely to thrive) and critical to existing community food sources.
- Ecological-destruction of habitat critical to the survival of threatened and endangered species, or habitats that support those species survival.
- Human health exposure to parasites in animal excrement.
- Human health exposure to viruses such as H5N1 and others.

#### 5) Small-scale rehabilitation<sup>2</sup> of health facilities

##### **Summary of Conditions:**

Small-scale rehabilitation of health facilities should be conducted considering minimum impact to the physical and social environment surrounding the health facilities, use of appropriate and non-hazardous materials, and appropriate disposal of old or unused materials in the rehabilitation process.

---

<sup>2</sup> Note: CSHGP does not support construction activities. Minor rehabilitation activities may be implemented, likely through the provision of updated equipment or information systems, implementing small repairs, painting, and so on.

Some potential environmental impacts are possible with these interventions, and will depend on the local circumstances, including:

- Contamination of groundwater and surface water supplies through improper disposal of human and other biological wastes during the rehabilitation period
- Contamination of ground and surface water supplies through improper disposal or handling of toxic materials used in rehabilitation (e.g., solvents, paints, vehicle maintenance fluids (oil, coolant), and diesel fuel)
- Adverse social impacts due to displacement of local inhabitants, influx of outside workers, inequitable distribution of economic benefits of rehabilitation, etc.
- Damage to aesthetics of site/area
- Improper extraction of rehabilitation materials such as wood, stone, gravel, or clay that damages terrestrial ecosystems (e.g., wood may come from relatively intact or natural forests)
- Use of toxic materials during rehabilitation, such as lead paint.

Reference for this section is:

Small Scale Construction chapter of the USAID Environmental Guidelines for Small-Scale Activities in Africa, as the guidelines are appropriate for rehabilitation activities.

[http://www.encapafrika.org/EGSSAA/Word\\_English/construction.doc](http://www.encapafrika.org/EGSSAA/Word_English/construction.doc)

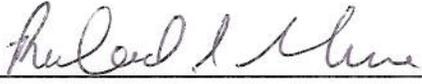
### **SUMMARY OF MONITORING AND REPORTING MEASURES**

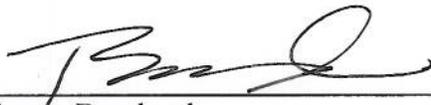
The AOTR of the CSHGP, in consultation with the Bureau Environmental Officers and any Mission Environmental Officer, as appropriate and implementing partners will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this IEE arise during implementation, and modify or end activities as appropriate. If additional activities are added that are not described in this document, an amended environmental examination must be prepared.

1. The implementing partners of CSHGP will complete an annual environmental mitigation and monitoring report of all activities, using the guidance and forms in section 5 of this document. This activity should be incorporated into pertinent Monitoring and Evaluation Plans, Detailed Implementation Plan (DIP), and annual work plans/reports. The environmental monitoring report should be completed by October of each year, so that the results can be included in the Operational Plan (OP) reporting process to Congress.
2. USAID procurement should include consideration of the offeror's ability to perform the mandatory environmental compliance requirements as envisioned under CSHGP. The Agreements Officer (AO) shall include required environmental compliance and reporting language into the annual Request for Applications, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.
3. Any sub-agreements or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:
  - a) the completion of an annual environmental monitoring report, and

- b) that activities to be undertaken will be within the scope of the environmental determinations and recommendations of this IEE. This includes assurance that any mitigating measures required for those activities be followed.
- 4. The AOTR and/or on-site manager of CSHGP will undertake field visits, as possible, and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions.
- 5. The implementing partners' Detailed Implementation Plan will identify those activities outlined in this IEE that have potential impacts to the environment and discuss plans for environmental management, mitigation approaches, and monitoring measures. Implementing partners will be required to include Environmental Compliance Monitoring in their project work plan and monitoring and evaluation plan.
- 6. Based on the process outlined in the Detailed Implementation Plan, the implementing partners' annual reports to USAID will include brief updates on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures.
- 7. Operating Units will ensure that implementing partners have sufficient capacity to complete the environmental screening process and to implement mitigation and monitoring measures.
- 8. Implementation will in all cases adhere to applicable host country environmental laws and policies.

**APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:**

**Recommended By:**  Oct 7, 2010  
Richard Greene  
Date  
Director, Office of Health, Infectious Diseases, and Nutrition

**Concurrence:**  10/12/2010  
Teresa Bernhard  
Date  
Global Health Bureau Environmental Officer

Approved:   
Disapproved: \_\_\_\_\_

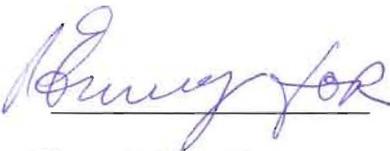
ENVIRONMENTAL DETERMINATION

Programmatic Initial Environmental Examination (PIEE) Child Survival and Health Grants  
Program (CSHGP)  
Amendment 1

Project Location: Worldwide  
Life of Project Funding: \$100,000,000  
Activity Approval Completion Date: FY17  
Prepared by: Nazo Kureshy, GH/HIDN/NUT  
Date Prepared: 2/3/2012

Activity Description:  
The scope of activities will remain consistent as documented in the CSHGP IEE of October 7, 2010. The life of project will extend to FY17.

Approval of Environmental Action Recommended: Negative determination w/ conditions

✓ Approved: 

Elizabeth Fox, Director  
GH/HIDN

Approved: 

Teresa Bernhard, Global Health  
Environmental Officer

Date: Feb 6, 2012

Date: 2/6/2012