Issuance Date: May 22, 2014
Questions Due Date/Time: June 5, 2014; 16:00 (Liberian Time)
Closing Date/Time: June 27, 2014; 16:00 (Liberian Time)

Subject: **USAID/Liberia's Request for Application (RFA) No. SOL-669-13-000056, Advancing Community-Based Services for Health Activity**

Dear Prospective Applicants:

The United States Agency for International Development (USAID) Mission Liberia is seeking applications from organizations interested in implementing the activity entitled "Advancing Community-Based Services for Health (ACBSH)". The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended.

This activity will be implemented over the course of the next five (5) years. USAID intends to award one (1) Cooperative Agreement Award providing approximately $24.8 million in total USAID funding, subject to the availability of funds.

The Recipient will be responsible for ensuring achievement of the program objectives. Please refer to the Funding Opportunity Description (RFA Section I) for a complete statement of goals and expected outcomes.

While for-profit firms may participate, pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments such as cooperative agreements. 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), may be paid under the agreement.

This RFA is being issued in accordance with the established format outlined in ADS 303.3.5.2 and the Office of Federal Financial Management Policy Directive on Financial Assistance Program Announcements.

The preferred method of distribution of USAID RFA information is via the Internet. This RFA and any future amendments can be downloaded from http://www.grants.gov . Organizations

that are unable to retrieve the RFA from the Internet can request electronic copy (as attachment via e-mail) by contacting USAID at oaaliberia@usaid.gov . **Applications must be received by the closing date and time indicated at the top of this cover letter at the place designated below for receipt of applications.**

Applications must be submitted electronically by email to rcaesar-hne@usaid.gov and oaaliberia@usaid.gov . Instructions for submitting applications can be found under Section IV – "Application and Submission Instructions."

QUESTIONS: Prospective applicants who have questions concerning the contents of this RFA should submit them in writing to USAID at rcaesar-hne@usaid.gov and oaaliberia@usaid.gov by **June 5, 2014 at 16:00** Liberian Time.

DUE DATE: Applications must be received by closing date and time identified in the solicitation and as amended. No late applications will be accepted. Amendments or changes may be found at http://www.grants.gov. Applicants may sign up for update notifications. To ensure that you get the notifications, subscribe to the grants.gov mailing list as follows:

- On the right side of grants.gov web page, under 'Quick Links', **Click on " Grant Email Alerts";**
- Under 'Subscriptions', **click "Notices Based on Funding Opportunity Number"**
- Complete the "Grants Notification Services Subscription Form". Ensure that you type in a correct e-mail address and funding opportunity number (RFA-620-13-000004); and **click "Subscribe to mailing list."**

Issuance of this RFA does not constitute an award commitment on the part of the United States Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of applications. Further, the Government reserves the right to reject any or all applications received.

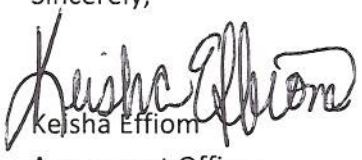
In addition, award of the agreement contemplated by this RFA cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. Applications are submitted at the risk of the applicant.

The Agreement Officer is the only individual who may legally commit the U.S. 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.

Thank you for your interest in this USAID funding opportunity and its programs in Liberia. We look forward to your organization's participation.

Sincerely,



Keisha Effiom
Agreement Officer

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Section I Funding Opportunity Description

I.1. Abbreviations and Acronyms

ACBSH	Advancing Community-Based Services for Health
ACT	Artemisinin-Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
AOR	Agreement Officer's Representative
ARI	Acute Respiratory Infection
BPHS	Basic Package of Health Services
BCC	Behavior Change Communication
CA	Cooperative Agreement
CBOs	Community Based Organizations
CCM	Community Case Management
CDCS	Country Development Cooperation Strategy
CHC	Community Health Committee
CHDC	Community Health & Development Committee
CHSD	Community Health Services Division
CHSWT	County Health and Social Welfare Teams
CHVs	Community Health Volunteers
CLTS	Community Led Total Sanitation
CM	Community Mobilization
CSO	Civil Society Organization
DHS	Demographic Health Survey
DHSWT	District Health and Social Welfare Team
DO3	Development Objective 3
DOTS	Directly Observed Treatment Short-Course
ENA	Essential Nutrition Actions
EPHS	Essential Package of Health Services
EPI	Expanded Program on Immunization
EPSS	Essential Package of Social Services
EU	European Union
FBOs	Faith Based Organizations
FARA	Fixed Amount Reimbursable Agreement
FTF	Feed the Future
G2G	Government to Government
gCHV	General Community Health Volunteer
GDP	Gross Domestic Product
GEMS	Government and Economic Management Support Project
GHI	Global Health Initiative
GOL	Government of Liberia
HHP	Household Health Promoter
HICD	Human and Institutional Capacity Development

HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HR	Human Resources
HRIS	Human Resource Information System
iCCM	integrated Community Case Management
IEC/BCC	Information, Education and Communication/Behavior Change Communication
INGO	International Non-governmental Organization
IR	Intermediate Result
IWASH	Improved Water, Sanitation and Hygiene Project
LDHS	Liberia Demographic and Health Survey
LGSM	Liberia Grants Solicitation Management
LME	Ministry of Land, Mines and Energy
LMIS	Logistics Management Information System
LMWP	Liberia Municipal Water Project
LWSC	Liberian Water and Sewer Corporation
M&E	Monitoring & Evaluation
MIS	Malaria Indicator Survey
MNCH	Maternal, Newborn and Child Health
MOHSW	Ministry of Health and Social Welfare
MPW	Ministry of Public Works
NGOs	Non-Governmental Organizations
NHP	National Health Policy
NHSWPP	National Health and Social Welfare Policy & Plan
ODF	Open Defecation Free
OVC	Orphans and Vulnerable Children
PBC	Performance Based Contract
PBF	Performance Based Financing
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PMI	President’s Malaria Initiative
PMTCT	Prevention of Mother to Child Transmission
POU	Point-Of-Use
PPH	Postpartum Hemorrhage
QA	Quality Assurance
RBHS	Rebuilding Basic Health Services
RFA	Request for Applications
SBCC	Social Behavioral Change Communication
SO	Strategic Objective
SOP	Standard Operating Procedures
TA	Technical Assistance
TTM	Traditionally Trained Midwife

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNJMP	United Nations Joint Monitoring Program
USAID	U.S. Agency for International Development
USG	United States Government
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

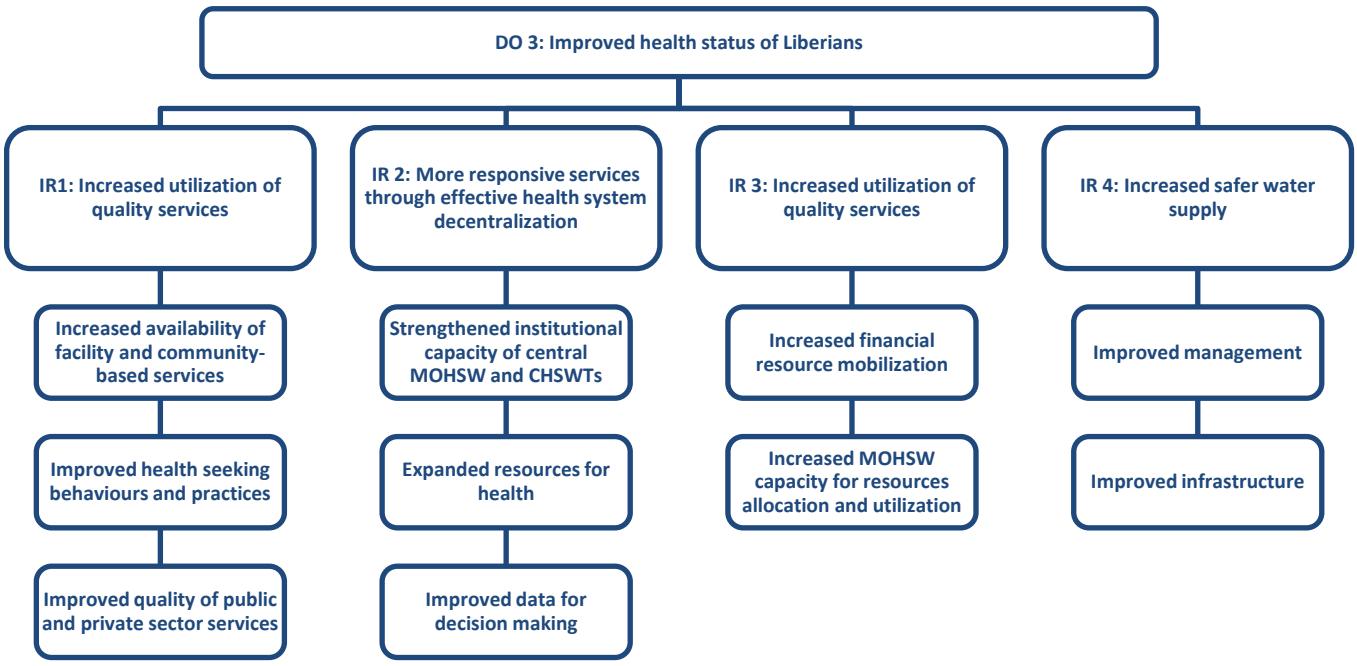
I.2. Introduction

The U.S. Agency for International Development (USAID)/Liberia is issuing this Request for Applications (RFA) for a 5-year Cooperative Agreement. This new activity will build upon and expand USAID/Liberia's efforts to support community-based delivery of health and social welfare services and increase utilization through health communications and support of community institutions. This activity will complement top-down support to the Ministry of Health and Social Welfare (MOHSW) and facility-based service delivery with community-level support that increases access to and utilization of services, promotes demand for health services and appropriate health related behavior change, supports decentralization and financial sustainability of community based services, builds local capacity to implement and manage programs, and improves safe water supply and sanitation. In addition, the activity will build on previous experiences and current success in delivering and promoting health and social welfare services at the community level, while incorporating new sustainable approaches that promote optimal community participation and ownership of health. The name of the new activity is *Advancing Community-Based Services for Health (ACBSH)*.

I.3. Program Goal, Scope, and Guiding Principles

I.3.1 Program Goal

The proposed Cooperative Agreement (CA) will support and implement community-focused strategies that contribute to the achievement of USAID/Liberia's overall program goal as stated in the Country Development Cooperation Strategy (CDCS) Development Objective 3 (DO3), "Improved health status of Liberians".



This activity will contribute to all four Intermediate Results (IRs), with a major contribution to the achievement of IRs 3.1 (Increased utilization of quality services) and 3.4 (Increased safe water supply), and a more limited contribution to IR 3.2 (more responsive services through effective health system decentralization) and 3.3 (increased financial sustainability of services).

I.3.2 Purpose and Activity Areas

The primary purpose of the *Advancing Community-Based Services for Health* (ACBSH) activity is to contribute to Development Objective 3 (DO3) and corresponding IRs through specific support for community-based health and social welfare services, health communications, and capacity building. The activity will complement other USAID investments in health, focused on technical support to the MOHSW and service delivery in targeted geographic areas. See I.3.3 Duration and Geographic Scope. There are four primary activity areas that will be undertaken by the Recipient:

First, the Recipient will build and strengthen the institutional capacity of the County Health and Social Welfare Teams (CHSWTs), local civil-society organizations {non-governmental organizations (NGOs) faith-based organizations (FBOs) and Community-based Organizations (CBOs)}, to implement and manage community-based health, water, sanitation, and hygiene (WASH) and social welfare programs.

Second, to improve access to services in each of three target counties (Bong, Nimba, and Lofa counties), the Recipient will support the scale-up and delivery of key high-impact community-based health, social welfare and WASH interventions. This will be accomplished by providing technical assistance to the MOHSW to ensure quality assurance (QA), strengthening health systems building blocks relevant to effective community-based services and assisting USAID to

design and manage several sub-award mechanisms to local Community Service Organizations (CSO) for service delivery. It is intended that these sub-awards will be graduated to direct USAID management during years three, four or five of the *ACBSH* award.

Third, the Recipient will provide support to advance the development and delivery of health promotion and health behavior change communications (BCC). The activity will support the development and dissemination of key health promotion messages as well as operationalization of the national strategy for health promotion and BCC for critical health and social welfare programs at central and county levels.

Finally, the Recipient will support the MOHSW and Ministry of Public Works (MPW) in their mandates to comprehensively improve access to and proper utilization of quality and sustainable WASH services at the community level. The activity will support coordination and management capacity of relevant WASH-stakeholders at county level including MOHSW, MPW, Ministry of Internal Affairs (County Superintendent's Office) and civil society especially sub-grantees; strengthen community structures for improved management and maintenance of water infrastructure, as well as county-level support for scale up of sustainable sanitation approaches including Community-led Total Sanitation (CLTS); and engagement of the private sector for sustainable demand-driven WASH inputs.

In undertaking these activities, the Recipient will seek to address crosscutting issues of importance to the Mission and USAID office providing the funds thereby improving the overall health and wellbeing of the communities they serve. Of particular importance for community-based programs are the issues of youth, gender, and use of evidence-based high-impact practices.

The Recipient is expected to build on and collaborate with other community health focused activities currently being implemented in Liberia, and work with various Ministries and partners to develop new strategies for improving health outcomes. The Recipient should also foster partnerships with existing networks and associations including national professional associations, as well as faith based organizations.

I.3.3 Duration and Geographic Scope

The proposed activity will cover a five-year period, commencing on the effective date of the Award, subject to availability of funds.

To maximize opportunities for mutual reinforcement across the Mission's portfolio and ensure that USAID's collective efforts are sufficient to achieve desired results, USAID assistance in Liberia is geographically focused in six highly-populated counties that surround the country's key development corridors. These counties are: Bong, Grand Bassa, Lofa, Margibi, Montserrado, and Nimba.

Since 2008, USAID has made consistent, intensive investments in three of these counties; Bong, Nimba and Lofa, and this will continue with the *ACBSH* activity. The selection of Bong, Lofa, and Nimba counties for intensive health investments was based on careful review and consultation

with MOHSW on health statuses, availability of resources, and other donor plans. Together these counties represent one-third of Liberia's population and thus offer the greatest potential for influencing national statistics. Additionally, these are counties with potential for strong CHSWT leadership, and are home to existing and planned training institutions. Finally, these three counties were identified as those that hold the greatest promise to becoming model counties of prevention and health care practices, laying the groundwork for replication in other counties.

While activities under *ACBSH* will primarily focus on investments in three of the six USAID priority counties, they are expected to have national and sub-national impact through technical assistance (TA) and support for systems strengthening at the central level, as well as the service delivery sub-awards that will be implemented in the USAID priority counties.

I.3.4 Guiding Principles

USAID/Liberia's activities adhere to the guiding principles encapsulated in the USAID Policy Framework 2011-2015, USAID Forward, the Global Health Initiative (GHI), and GOL National Health and Social Welfare Policy and Plan 2011-2021. Applicants will be expected to demonstrate the following guiding principles in their proposals, and describe how their approaches will contribute to each principle. USAID/Liberia will use these principles to evaluate annual work plans and to assess the Recipient's performance during program implementation. These guiding principles include:

USG/GHI Strategy for Liberia	**GOL National Health And Social Welfare Policy 2011-21**
• Encourage country ownership and invest in country-led plans • Strengthen and leverage key partnerships and private sector engagement • Increase impact through strategic coordination and integration • Build sustainability through health systems strengthening • Promote learning and accountability through monitoring and evaluations • Accelerate results through research and innovations • Focus on women, girls, and gender equality	• Health and welfare as a human right • Equity with a gender and poverty focus • Quality of care • Efficiency • Sustainability • Accountability and Transparency • Primary health care and social welfare services • Decentralization • Partnership

In addition, gender equality and female empowerment are essential for achieving GOL and USAID's development goals. The new USAID Gender Policy and GOL Gender Policy both advance equality between females and males, and empower women and girls to participate

fully in and benefit from the integration of gender throughout the entire program cycle. This program will make meaningful contributions in support of the USAID and GOL Gender Policy's key overarching outcomes:

- Promoting gender equitable, socio-economic development; enhancing women and girls' empowerment for sustainable and equitable development; enhancing gender mainstreaming in the national development processes; and creating and strengthening gender responsive structures, processes and mechanisms for development in which both women and men participate equally, have access to, control, and benefit from the country's resources equally.
- Reducing gender disparities in access to, control over, and benefit from resources, wealth, opportunities, and services – economic, social, political, and cultural.
- Reducing gender-based violence and mitigating its harmful effects on individuals and communities, so that all people can live healthy and productive lives.
- Increasing the capability of women and girls to realize their rights, determine their life outcomes, and influence decision-making in households, communities, and societies.

I.4. Background

I.4.1 Background and Context – Health in Liberia

Context

Liberia's history has been marked by poor leadership, economic mismanagement and corruption that created exclusionary social, cultural, political and economic systems, and eventually led to a catastrophic 14 year civil war. In less than 20 years, the GDP dropped a staggering 90 percent, the average Liberian income fell to one sixth of what it had been in 1979, and the nation was more than four billion dollars in debt. Destruction of infrastructure, health care facilities, and water and sanitation systems, loss of human resources, and collapse of supply chains left the health system, which was insufficient and biased even prior to the war, in a state of complete disrepair.

Ten years after the end of the fighting, progress, while present, has been slow. In 2011, the United Nations Development Program ranked Liberia 182nd out of 187 countries on the Human Development Index. Poverty remains widespread with 84 percent of the population living on less than $1.25 day, literacy rates hover at 59 percent, and life expectancy is only 56 years. The health system, in particular, has a long way to go with key indicators such as infant, child, and maternal mortality still falling short of national, regional and international targets.

Liberia took the first steps towards addressing this problem with the development of the 2007-2011 National Health Policy (NHP), a five-year transitional plan designed to address the most immediate needs of the population. The cornerstone of this plan was the Basic Package of Health Services (BPHS), a package of high impact interventions that the Government of Liberia (GOL) committed to providing to the entire population. Overall, implementation of the 2007-11 NHP is considered to have been a success, and Liberia is seeing progress in some areas.

Malaria prevalence in children under five has fallen from 66 percent in 2005 to 28 percent in 2011, and under-five mortality has shown an estimated annual reduction of 5.4 percent as reported in the recent A Promise Renewed report (2012) indicating in 2011 a 68 percent drop from the 1990 levels, giving Liberia the highest rate of reduction in Africa. Furthermore, data from the MOHSW indicates that the maternal mortality ratio has decreased from 994 per 100,000 in the 2007 DHS to 770 in 2012. In 2011, MOHSW reported that 84.3 percent of functioning government facilities had been accredited for providing the BPHS, an improvement from only 36 percent in 2008.

Health Status

While there have been many improvements in the health sector since the end of the war, Liberia continues to face significant challenges. In the most recent DHS in 2007, the maternal mortality rate stood at 994 deaths per 100,000 live births, among the highest in the world. While concerted efforts have been made to lower maternal mortality, as of 2012 only 44 percent of deliveries took place in a health facility with a skilled birth attendant. Contributing factors for high rates of maternal mortality include the high fertility rate of 5.2 (6.2 in rural areas), a low modern contraceptive prevalence rate of just 11.7 percent (7.1 percent in rural areas), and a high adolescent pregnancy rate of 32 percent (DHS 2007).

Child and infant mortality rates are also unacceptably high. Under-five and infant mortality rates were 110 and 71 per 1,000 live births respectively, placing Liberia well above global averages and national targets (DHS 2007). While malaria is the leading cause of child morbidity, deaths due to neonatal causes account for 29 percent of all under-5 mortalities (DHS 2007). Malaria prevalence in children under-5 is estimated at 28 percent (MIS 2011), and is the leading cause of morbidity, followed by diarrhea, and acute respiratory infections. Stunting prevalence is 36 percent (Food Consumption and Nutrition Survey, 2012), which both contributes to and is exacerbated by high rates of diarrheal disease, anemia and child mortality. Additionally, the percent of fully vaccinated children aged 12-23 months has remained stagnant at 39 percent since 2000, leaving large numbers of children susceptible to preventable illnesses.

Over 80 percent of diarrheal disease can typically be associated with open defecation, generally poor hygiene and sanitation practices, and contaminated drinking water. The 2007 Liberia DHS reports that 20 percent of children under-five years were reported to have diarrhea in the past two weeks, and this is reflected in the high rates of stunting, a sign of chronic malnutrition that is associated with diarrhea. The DHS found that counties with low access to improved water and sanitation services reported high child morbidity in the two weeks prior to the survey, as well as high levels of malnutrition. These results emphasize the need for improved water and sanitation services as a major component in addressing childhood illnesses, malnutrition and mortality.

According to the UN Joint Monitoring Program (JMP) estimates for in 2010, 73 percent of Liberian's use an "improved source" of drinking water (60 percent in rural areas). However, numerous observers have pointed out that the majority of these "improved sources" are in fact not bacteriologically safe. Given that well over 90 percent of the population accesses water

outside their homes and carry it home, almost all drinking water in Liberia risks further contamination during transport and storage. In addition to these water quality concerns, a major concern with existing water points is the sustainability of the access they provide. The 2011 Liberia Waterpoint Atlas found that over 20 percent of wells constructed in the last year were already non-functional or had problems. This percentage increased steadily with water point age, with almost 50 percent of installed water points four years or older reporting problems.

Access to improved sanitation is considerably lower for water: an estimated 29 percent of urban populations have access to improved sanitation, while the coverage in rural areas is estimated at only 7 percent (JMP 2012). These access figures do not consider toilets shared by households as improved. Such shared latrines are increasingly common in Liberia (increasing from being the sanitation option from 12 percent to 25 percent of the total population between 1995 and 2010 (JMP 2012). Shared facilities are considered "unimproved" by the UN because it is difficult to ensure that they are maintained hygienically. However, even more worrying is that about 45 percent of all Liberians have no facility at all (64 percent in rural areas) and defecate in the open. This practice puts themselves and their neighbors at considerable risk and is agreed by sector experts as the most important sanitation behavior to end.

Infectious diseases also threaten the nation's development. The 2007 DHS found the HIV prevalence rate to be 1.5 percent among men and women ages 15-49, and in 2010 the World Health Organization estimated the incidence rate for all forms of tuberculosis to be 293 per 100,000 population. Epidemiological mapping shows that a wide spread of neglected tropical diseases, such onchocerciasis, lymphatic filariasis, shistosomiasis and soil-transmitted helminthes are endemic in the Liberia.

Lastly, social welfare in Liberia presents an area where needs remain unmet. The civil conflict left thousands of people vulnerable and traumatized with livelihoods interrupted, families separated, children orphaned, and elderly and disabled people left without support. The disruption of the traditional cultural and societal systems that would respond to individual, family and community social welfare needs complicates the situation, and formalized care does not exist on the scale required to address these problems. Of particular concern to ACBSH are the needs of Orphans and Vulnerable Children (OVC).

According to the 2007 Liberia Demographic Health Survey (LDHS), 47 percent of the population of Liberia is below the age of 15. There are 9,640 households headed by children and two out of every ten children are victims of physical abuse. Of the 4,300 children currently in institutional care, 88 percent are institutionalized despite having one or both parents alive and a 2008 government assessment found that of 114 orphanages sampled, only 28 met minimum standards of care [1]. Findings from a 2008 Key Factors of Child Vulnerability conducted by the Displaced Children and Orphans Fund of USAID documents widespread violations of children's rights in orphanages[2]. Child labor, trafficking, abuse, and harmful traditional practices are only a

[1] Keeping Children Out of Harmful Institutions, Why we should be investing in family-based care, Save the Children, 2009
[2] http://cpwg.net/wp-content/uploads/2011/09/Impact-Evaluation-of-the-UNICEF-Reintegration-Programme-for-CAFFin-Liberia-2007.pdf

few of the factors that put children at risk, and the situation is exacerbated by limited educational opportunities, a weak judicial system, and a lack of social services.

Table 1. Selected Health Indicators

Under-5 Mortality (DHS 2007)	110/1,000 live births
Infant Mortality (DHS 2007)	71/1,000 live births
Maternal Mortality (DHS 2007)	994/100,000 live births
Total Fertility Rate (DHS 2007)	5.2
Women using a Modern Method of Contraception (DHS 2007)	11.7%
Incidence of Tuberculosis (WHO 2010)	293/100,000 population
HIV Prevalence (DHS 2007)	1.5%
Malaria Prevalence in Children Under-5 (MIS 2011)	27.8%
Fever Prevalence in Children Under-5 (MIS 2011)	49.2%
Diarrhea Prevalence in Children Under-5 (DHS 2007)	19.8%
Acute Respiratory Infection (ARI) Prevalence in Children Under-5 (DHS 2007)	8.6%
Stunted Prevalence (CFSNS 2010)	41.8%
% of children fully immunized (DHS 2007)	39%
% of rural households with access to an improved source of drinking water (DHS 2007)	56%
% of Liberian households that have access to an improved, unshared toilet facility (DHS 2007)	10%

I.4.2 Activity relationship to GOL Policy Frameworks, Initiatives, and Institutions

Liberia's 2011-21 National Health and Social Welfare Policy & Plan (NHSWPP), developed by the MOHSW, identifies the overall goal of 'Improved health and social welfare status of the population', through: 1) increasing access to and utilization of high quality services; 2) making services more responsive to the population, with attention to equity; and, 3) providing services that are affordable to the country. USAID/Liberia designed its health sector development objective and its first three IRs to directly align with these MOHSW priorities. Due to Liberia's exceptionally high rate of chronic malnutrition (stunting) and its association with diarrheal disease, and because 80 percent of diarrheal disease is associated with contaminated drinking water and poor sanitation and hygiene practices, USAID/Liberia created a fourth IR centered on water supply. Through this agreement, USAID will support various elements of the MOHSW NHSWPP and other GOL policy frameworks, initiatives and institutions, including:

1. **Support to the National Health and Social Welfare Policy & Plan (2011-21).** A foundational principle of the NHSWPP is to improve service delivery through Primary Health Care (PHC) complemented by social welfare services. The 2011-21 NWSWPP

states that community health services (CHS) are and will remain an important part of the health system. They complement the network of health facilities by ensuring that most catchment populations have at least a minimum level of access to health care. CHS are outlined in the Essential Package of Health Services (EPHS), and consist of a standard set of outreach, health promotion and referral activities in communities more than one hour walk (5km and above) from the nearest health facility, provided by community health volunteers (CHVs).

In addition, to increase utilization, the NHSWPP specifically identifies health and social welfare promotion as a key policy orientation for creating an enabling environment and empowering the beneficiaries to be involved in their health care. Through this agreement, USAID will support the MOHSW to strengthen delivery of community based services, expand access and coverage, and improve health seeking behaviors through improved health communications and health promotion.

2. **Support to the Essential Package of Health Services (EPHS) and Essential Package of Social Services (EPSS).** The EPHS and EPSS are the two cornerstones of the national strategy to improve the health and social welfare status of all people in Liberia. The EPHS prioritizes services that reflect the prevailing disease burden and health conditions affecting the population, while the EPSS prioritizes those services that are necessary for social well-being, especially those considered most vulnerable. Both components include tiered service delivery and activities at the community level, and emphasize the importance of health and social welfare promotion to build awareness and increase utilization. Through this agreement, USAID will assist the MOHSW to expand coverage of the EPHS and EPSS at the community level and strengthen institutional support at national and county levels. Specific services may include but are not limited to community-based maternal, newborn and child health (MNCH) services, family planning and reproductive health, improved environmental health (e.g. WASH), and control of infectious diseases through enhanced health communications and Social BCC programs, which support and promote healthy behaviors. Social welfare services will focus on OVC and may include but are not limited to establishing county/district/community level child placement committees; supporting the development and implementation of guidelines for formal care provided by foster parents; institutionalizing and strengthening systems for children without appropriate care; revising accreditation guidelines and ensuring that orphanages and other forms of institutional care are meeting relevant standards; conducting training for community outreach workers and volunteers; increasing awareness of social welfare issues; and working with district social workers to provide social support and in-kind assistance to vulnerable populations.

3. **Support to the National Community Health Services Policy.** The Community Health Services Division (CHSD) of the MOHSW coordinates and collaborates with CHSWTs as well as other programs, partners and communities to scale up community health activities in the counties. In 2011 the CHSD revised the National Policy on Community

Health Services and outlined an evidence-based, standardized approach to CHS, utilizing CHVs and Community Health Support Groups to work closely with the formal sector on health promotion, early recognition, management or referral of common conditions and provision of support to health services at the health facility or by outreach teams. CHS, as outlined in the EPHS and National Policy on Community Health Services, consist of a standard set of outreach, health promotion and referral activities in communities more than one hour walk (5km and above) from the nearest health facility, provided by CHVs.

4. **Support to the National Health Promotion Policy.** The MOHSW has prioritized a robust health and social welfare promotion framework to involve individuals, households, and communities in the promotion of healthy lifestyles and an enabling environment for health. The MOHSW's National Health and Social Welfare Promotion Division (NHSWPD) is responsible for building capacity for health promotion at county and district levels. Through this agreement USAID will provide support for the National Health Promotion Policy and TA to the NHSWPD to design and implement effective health communications and health promotion activities.

5. **Support for Decentralization,** The MOHSW is committed to progressively decentralizing numerous responsibilities, firstly, to CHSWTs and District Health and Social Welfare Teams (DHSWTs), and ultimately to the County Departments for Health and their Directors as part of an established wider County Administration. The National Health and Social Welfare Decentralization Policy and Strategy provides the framework and guidance for future decisions on roles, responsibilities and expectations at each level of the health system in order to facilitate the decentralization of significant resources, responsibilities, decision-making and managerial authority to Counties, Districts and other local community administrative structures. Through this agreement USAID will support the MOHSW's decentralization policy and process through capacity building and institutional supports at both central and county levels.

6. **Support for WASH:** The recently developed Liberian WASH Sector Strategic Plan 2012-2017 outlines an approach to operationalize both the Integrated Water Resources Management and the Water Supply and Sanitation Policies. This plan seeks to end the fragmentation of the sector, and pave the way for development of a sector-wide approach to implementation, monitoring, evaluation and resource allocation in a single manner under Government leadership. The Strategic Plan is based on four objectives: 1) Establish and strengthen institutional capacity to manage, expand and sustain Liberia's WASH services; 2) Increase equitable access to environmentally friendly and sustainable water and sanitation services and promote hygiene behavior change at scale: 3) Establish information management systems and strengthen monitoring, data collection, communication and sector engagement; and 4) Improve sector financing and financing mechanisms.

   The *ACBSH* activity will align with this strategy, shifting emphasis along with the rest of the sector away from a short-term, simple focus on constructing water and sanitation

infrastructure towards building access to quality and sustainable WASH services through sub-grants to indigenous CSOs and TA to MOHSW and MPW in their mandates to comprehensively improve access to and proper utilization of quality and sustainable WASH services at the community level. The Recipient will work to support the MOHSW, MPW and as applicable the Ministry of Internal Affairs in coordinating WASH program planning and implementation at county level, building capacity of the community structures to manage and maintain water and sanitation infrastructure, and by engaging the private sector for sustainable access to improved infrastructure. Since WASH is an issue that cuts across several ministries, in addition to the MOHSW, the Recipient will align its work with the programs of the Liberian Water and Sewer Corporation (LWSC), Ministry of Land, Mines and Energy (LME), the MPW and the planned new WASH sector structures agreed to in the 2011 Liberia WASH Compact.

This activity will also align with other national and sector-specific policies and strategies, including the National Human Resources Policy and Plan for Health and Social Welfare, the National Health and Social Welfare Financing Policy and Plan, the National Health and Social Welfare Decentralization Policy and Strategy, the National Family Planning Strategy, the National Sexual and Reproductive Health Policy, and the National Food Security and Nutrition Strategy, among others.

I.4.3 Activity relationship to other USG Policy Frameworks and Initiatives

The *ACBSH* activity will contribute directly to the goals, objectives, and results outlined in several USG policy frameworks and initiatives that are currently implemented in Liberia. These include:

USAID Forward: The *USAID Policy Framework 2011-2015* lays out the agenda for institutional reform known as USAID Forward[3], which is preparing the Agency to respond to the development challenges of the coming decades. Areas of focus include capacity building of local partners and systems, developing new partnerships, an emphasis on innovation, and a renewed focus on results. USAID/Liberia is already leading the way in all these fronts.

The intended result is to enable the GOL, including MOHSW and CHSWTs, as well as local organizations including NGOs and FBOs, to be effective leaders, managers and service providers. The USG believes that this approach will enhance the dynamic collaboration among the USG, GOL, and other health sector stakeholders to build a more sustainable approach to decentralized care and support in Liberia.

Global Health Initiative (GHI): The Global Health Initiative[4] is an approach to instituting integrated, coordinated and results-driven global health investments. The GHI strategically combines the skills of USG agencies under seven guiding principles to help partner countries improve health outcomes, with a particular focus on improving the health of women, newborns and children. Through GHI, the U.S. is maximizing investments to protect the American people,

[3] http://forward.usaid.gov/
[4] http://www.ghi.gov/

advancing America's core values, and saving lives. Success will be measured on progress in three key areas; 1) Investing in Women, Saving Mothers 2) Creating and AIDS-Free Generation and 3) Protecting Communities from Infectious Diseases.

USAID/Liberia Health Strategy: USAID/Liberia's Health Strategy is designed to achieve USAID/Liberia's Country Development Cooperation Strategy (CDCS) Development Objective 3 (DO3), "*Improved health status of Liberians"*. To achieve this objective, USAID/Liberia will implement the GHI Liberia Country Strategy 2009-2014, through investments in two focus areas: 1) Health Service Delivery and 2) Health Systems Strengthening. Under GHI focus area 1, USAID will fund direct interventions to scale up high impact interventions and best practices, particularly in the areas of MNCH; malaria; nutrition; WASH; and family planning. Under GHI focus area 2, USAID will support capacity building, system strengthening and institutional development activities by working through the MOHSW to improve the national health system, including support for decentralization of service delivery.

The USAID/Liberia Health Strategy is also closely aligned with elements of the USAID/Liberia's Feed the Future (FTF) Multi-Year Nutrition Strategy. With mutual goals relating to Essential Nutrition Actions (ENA), management of newborn and childhood illness, and WASH activities, the USAID/Liberia health team will work closely with the FTF program to identify opportunities to combine, consolidate and focus resources for a comprehensive approach to reducing poverty and improving nutrition status especially focusing on the first 1,000 days of life to address the high level of chronic malnutrition in Liberia. Additionally, activities will have a geographic focus in three core FTF counties (Bong, Nimba and Lofa) offering important synergies with supply chain and nutrition activities.

USAID Water and Development Strategy 2013-2017: The Water and Development Strategy 2013-2017 is USAID's first global water strategy and is intended to provide stakeholders with a clear understanding of USAID's approach to water programming. This strategy emphasizes USAID's belief that ensuring an adequate quantity of acceptable quality water to sustain natural systems and human life is integral to the success of USG foreign policy as well as achieving overall development and humanitarian goals.

With a focus on approaches that address the root causes of problems, in ways that build sustainability and resilience, the overall goal of the strategy is to *Save and improve lives and advance development through improvements in Water supply, sanitation and hygiene programs, and through sound management and use of water for food security*. WASH activities in the ACBSH activity will contribute to the achievement of the strategy's overall goal primarily by addressing Strategic Objective One (SO1) and its corresponding IRs.

SO1: Improve health outcomes through the provision of sustainable, safe water, sanitation and hygiene.

- IR1: Increase first time access to and improve the quality of sustainable water supply services
- IR2: Increase first time sustainable access to or improve sanitation
- IR3: Increase adoption of key hygiene behaviors

Building on the success of past WASH interventions, the ACBSH activity will engage multiple stakeholders to address WASH at all levels, continuing the Mission's post-2008, post-humanitarian shift away from simple provision of infrastructure to also encourage sustainability by building capacity of national, regional and community level entities to take ownership of and manage infrastructure improvements and to foster the lasting behavior change necessary to maximize health outcomes from WASH investments. In doing so, the WASH elements of the ACBSH activity will be well aligned with the principles and objectives of the USAID Water and Development Strategy 2013-2017.

I.4.4 Recent USAID activities in health and health-related areas

Rebuilding Basic Health Services (RBHS) Activity: Since 2008, the RBHS activity has been the cornerstone of the Health portfolio. RBHS is USAID/Liberia's flagship bilateral activity in support of the MOHSW, and has been key to rebuilding the nation's health system by focusing support on three critical areas: 1) strengthening and extending service delivery through performance-based contracts to NGO partners; 2) strengthening Liberia's health system in the areas of human resource management, infrastructure, policy development, and monitoring and evaluation; and 3) preventing disease and promoting more healthful behaviors through BCC and community mobilization. Over the course of the activity, RBHS evolved to better match GOL and USAID strategies and address changing priorities in the Liberian health system, namely by handing over management of the performance-based contracts to the MOHSW and refocusing activities on strengthening human and institutional capacity of the MOHSW, at both the central and county levels, to ensure successful implementation of MOHSW service delivery. This will continue to be the focus until RBHS comes to an end in 2014.

Fixed Amount Reimbursement Agreement (FARA): In 2011 the Mission signed a four-year, $42 million FARA with the MOHSW to assist the MOHSW in the successful implementation of the NHSWPP, mainly to manage the performance based contracts (PBCs) for Bong, Nimba and Lofa counties and oversee delivery of the EPHS. This groundbreaking, Government to Government (G2G) agreement came following assessments that concluded that the MOHSW systems were adequate to support such an agreement. The FARA will remain at the center of the service delivery activities, and the primary vehicle for implementing the EPHS. Following the end of the current agreement in 2015, the FARA will be revised to allow for a gradual phasing out of certain activities as GOL assumes more responsibility for recurrent costs associated with delivery of the EPHS. Based on consultations with the MOHSW, this will likely begin with the addition of health care workers to the government payroll. Throughout this process, the FARA will continue to build MOHSW capacity to manage the systems required to successfully deliver the EPHS.

Liberia Grants Solicitation Management (LGSM): With the primary goal of increasing access to quality basic health care and social welfare services in Liberia, the LGSM activity is issuing grants to fill gaps that currently exist in Liberia's health system by bolstering programs such as OVC protection, care and support; reproductive health awareness for youth; and increased quality in maternal and child health care. The LGSM activity supports the service delivery grants by

building capacity of the Social Welfare, Training, and Human Resources (HR) departments of the MOHSW and building the capacity of local CSOs including NGOs and FBOs to manage direct funding from the GOL and international donors. Additionally, LGSM is implementing in-country scholarships for Masters of Nursing Education, and to train qualified practitioners as laboratory technicians and certified midwives, and will facilitate international scholarship participant training through academic exchange and professional training programs for MOHSW staff and Liberian health care professionals.

Liberia Municipal Water Project (LMWP): LMWP is supporting the design, tendering, execution and operation of water supply infrastructure improvements in three secondary cities, Robertsport, Sanniquellie, and Voinjama by assisting local and national authorities in developing plans for urban water supply and sanitation improvements, implementing short and medium-term water supply infrastructure improvements, and re-establishing local capability to sustainably operate and maintain the water supply improvements. At the conclusion of the four-year activity in 2015, the goal of the LMWP is to have helped establish improved water supply access in each city, with infrastructure managed by locally-based entities capable of financially and technically sustaining the service.

Improved Water, Sanitation and Hygiene (IWASH) Activity: The IWASH activity currently complements LMWP, focusing primarily on small-scale water supply, sanitation and hygiene improvements in rural communities, schools and health facilities, promoting hygiene behavior change and point-of-use drinking water treatment, increasing community knowledge and use of potable water supply and storage technologies, and promoting improved sanitation through CLTS. Additionally, through its planned close-out in 2015, the activity aims to improve enabling environments for WASH at national, county, district, and community levels.

I.4.5 Other Donor Support for Health

While USAID is the largest donor in Liberia, with few others contributing comparable levels of technical and financial support, there are key partnerships that must be maintained to ensure wider coverage, closure of gaps, and reduced overlaps in health programming. The USAID/Liberia health strategy will focus on activities and geographic areas that are not duplicative of other donors or agencies, most notably those of the EU, Pool Fund, WHO, UNFPA, UNICEF, and Global Fund. The Recipient will be expected to coordinate activities and technical support to leverage and complement other donors while fully supporting the USG priorities outlined in the detailed program description.

I.5. Detailed Program Description

The *Advancing Community-Based Services for Health* activity will make significant contributions to the overall Development Objective, “Improved Health Status of Liberians” through targeted investment in community health and social welfare, health promotion and community mobilization, institutional capacity building, and improved access to safe and inclusive WASH services. It is expected that the activity will primarily focus on county-level improvements in the three USAID focus counties, but will also have national and sub-national level impact through

TA and complementary system strengthening, and strategic investments, including the service delivery sub-awards in additional counties to leverage other donors.

I.5.1 Broadened capacity of the central MOHSW, CHSWTs, local non-Government Organizations (NGOs) and Civil Society Organizations (CSOs) to implement and manage community services

While much progress has been made to outline and establish community based services, the MOHSW continues to face a lack of institutional capacity to fully implement and decentralize management of service delivery; a prerequisite for sustainable programs. In order to build sustainable, country-owned ability to deliver quality, community-based health, social welfare, and WASH services, the *ACBSH* activity will broaden capacity of the CHSWTs as well as local CSOs (NGOs and FBOs) through activities that focus on leadership, coordination, and health support systems, and complement technical capacity building. The recipient must identify and strengthen the necessary systems and management capacities through a variety of strategies, incorporating TA, counterpart approaches, mentorship, training, and performance management.

1) Management and Technical capacity of MOHSW and CHSWT strengthened

A focus for the *ACBSH* activity, and key policy orientation of the MOHSW, is building the capacity of the CHSWTs to manage a decentralized health system. Strong national and county-level leadership and coordination of community health initiatives are essential for effectiveness and to avoid over-burdening community structures and volunteers. In addition, improved coordination and collaboration between community activities at the county level can help to harmonize approaches with national strategies, facilitate the scale up of evidence-based approaches, reduce duplication between partners, and build local capacity.

Of particular importance for this activity will be close coordination between ACBSH and other USAID activities that implement capacity building initiatives, including both the ongoing MOHSW FARA and other forthcoming activities. To ensure coordination with partners and collaboration with other activities, the activity should support the central MOHSW and CHSWTs to share progress reports, technical updates, research results and best practices from implementation. Through embedded TA at the county level, the activity should establish and/or strengthen sustainable mechanisms for coordination that improve the effectiveness of strategies to increase access and utilization of services at the community level.

Within the CHSWTs, management of community health and social welfare activities and health promotion are functions for designated focal persons. In line with the MOHSW decentralization policy, the activity will support the re-organization of functions and staff positions at the county level to support effective implementation and management of community services, as well as health promotion and communication. The activity will support the CHSWTs to operationalize revised and updated county-level responsibilities, management structures, and staff positions to better manage and supervise partners, community structures, and related programs.

At the same time, certain support systems are essential for effective service delivery, such as supply chain management of commodities and supplies for community-based services, data collection and reporting from gCHVs, joint supportive supervision of community activities with CHSWTs and DHSWTs, and institutional approaches to manage and incentivize performance of community health workers and community engagement. The Recipient must contribute to the strengthening of complementary health systems for community-based services and health promotion at all levels of the health system. Capacity-building efforts should emphasize impact-oriented strategies, such as on-the-job mentoring, and collaborative county-level planning and budgeting, while ensuring transparency, increasing individual and systemic accountability and encouraging innovation to improve efficiency and efficacy.

2) Local CSOs (NGOs, FBOs and CBOs) capacities to implement, manage and oversee community services strengthened

A key approach of USAID Forward is the capacity building, and use of local CSOs for service delivery and to conduct community-level mobilization and health communication activities. This approach strengthens local technical capacity, while fostering oversight of the MOHSW and accountability to clients. Currently, the limited institutional capacity of local CSOs is widely recognized as a constraint on increasing access to a broad range of quality services, and local organizations are highly reliant on administrative and technical assistance from International NGO partners. Since 2009, USAID has worked with local organizations to strengthen organizational and technical capacity within the health sector, and develop channels for oversight of MOHSW and linkages between communities and government.

The Recipient will build on previous initiatives to provide technical and organizational capacity building to selected CSOs, and ensure coordination between partners and GOL, while promoting high quality services and accountability to beneficiaries. Building on previous experience, this activity will utilize targeted technical and managerial support to local CSOs (NGOs/FBOs) with the goal of building a cadre of local organizations with the institutional capacity to receive direct funding from USAID, the MOHSW, and other donors and effectively manage community health, social welfare and WASH programs from technical, administrative, and financial perspectives.

The Recipient must design, coordinate and manage sub-awards to local CSOs (NGOs, FBOs and CBOs) to implement community-based health, social welfare and WASH services. In addition to monitoring the performance of these awards the Recipient must provide the sub-awardees with TA for grant deliverables, such as report writing, data compilation and analysis, and work planning. In addition, the activity should utilize the results of assessments of local CSOs capacity to guide support and TA through a participatory process. CSO capacity building plans may incorporate in-country short-term trainings, capacity building practicums, one-on-one TA, and mentoring.

As described below in section I.5.2, it is expected that the Recipient will work in the first three years to directly manage these sub-awards and, as capacity is built within these local CSOs, the administration of qualifying sub-awardees will be transitioned to direct management by USAID.

The Recipient will develop benchmarks in close collaboration with USAID/Liberia's Health Team that qualify the intended sub-awardees for graduation to direct management by USAID which will be included in the design of the sub-awards.

Expected Outcomes:

- Evidence-based capacity building approaches and strategies implemented and evaluated
- Local grants managed and monitored successfully, with funding and expense status, progress, and results easily and reliably made available upon request
- Local organizations submitting complete reports on time to MOHSW and the Recipient
- Improved coordination of county-level partners and activities for community-based health and social welfare initiatives
- County level work plans and reports for community health activities created and shared
- Improved reporting of community-based activities and service delivery data submitted to central MOHSW and shared with partners

Illustrative Activities:

- Establish county-level forums to engage and coordinate with partners on community level activities and initiatives
- Support DHSWTs and CHSWTs to integrate CHS reports and feedback into reports at central, county, and district levels
- Support the re-organization of CHSWTs and institutionalize county-level management of community-based services and health promotion activities
- Provide TA to CHSWTs for health and social welfare systems strengthening, including logistics management information systems (LMIS) and human resources information systems (HRIS), including registries of gCHVs and relevant community-level trainings
- Conduct county-level mapping of local CSOs (NGOs, FBOs and CBOs) engaged in health and social welfare activities
- Provide TA to program managers for activity deliverables
- Support local organization capacity building for administration, financial management, and human resources

I.5.2. Increased availability of community-based health and social welfare services

A primary focus of ACBSH is to complement service delivery at the facility level with targeted and strategic supports that extend coverage and scale-up evidence-based community health services. The Recipient must support the MOHSW to operationalize the National Policy on CHS and strengthen community-based services prioritizing Bong, Lofa and Nimba counties.

1) **Sub-awards to Local CSOs (NGO, FBOs and CBOs) designed, including milestones for graduation and managed.**

While the MOHSW has taken the important step of establishing a national policy for community-based services, the introduction and scale up of community-based services has been fragmented across counties and among partners. Whereas, USAID anticipates providing awards to local CSOs to implement a standard set of community health and social welfare and WASH services in Bong, Lofa, and Nimba counties, the capacity of existing local CSOs to directly implement a USAID award is currently limited. Under the *ACBSH* activity, the Recipient will design and outline parameters and targets to administer sub-awards as well as establish monitoring and evaluation and incentive strategies that ensure the activities meet targets and deliver high quality services. In close collaboration with the USAID/Liberia Health Team, the Recipient is responsible for the development of all technical program documents, selection criteria, and a performance management framework, as well as administers the sub-awards with these local organizations during the first three years of the *ACBSH* activity life. As the Recipient works to build capacity within these local CSOs it is expected that at graduation, as measured by a certain set of agreed upon indicators, qualifying CSOs will be transitioned to direct management by USAID.

Awards to local organizations will broadly focus on service delivery and health promotion, with an emphasis on key high impact interventions for MNCH, nutrition, family planning, and OVC. Community-based interventions may include, but are not limited to:

- Scale-up of integrated Community Case Management (iCCM) for treatment of diarrhea, malaria, and pneumonia in children under five
- Community-based distribution of family planning, including injectable contraceptives
- Programs for the prevention of maternal and neonatal mortality, such as newborn home-visits, cord care, prevention of post-partum hemorrhage, distribution of Long Lasting Insecticide Treated Nets, and CCM of neonatal sepsis
- Community-based promotion of appropriate infant and young child feeding practices and other essential nutrition actions
- Community-based monitoring and assistance to OVC
- Delivery of key health communications to households and targeted populations
- Scale-up of CLTS triggering

Building on the success of the RBHS activity and the MOHSW's adoption of performance-based financing (PBF), the activity should incorporate PBF approaches to promote quality community-based service delivery. In general, these activities should complement and not duplicate the MOHSW's performance based contracts with organizations that support facility-based services (i.e. the FARA).

The Recipient must ensure that the overall program design includes strategies that measure the effectiveness of the grants to meet program goals (i.e. improve access and utilization to health services, scale up community-based services, and improve quality of services). The Recipient must ensure sufficient baseline data is collected to determine if expected results are achieved.

Finally, the Recipient must in close collaboration with USAID/Liberia's Health Team develop benchmarks that qualify the intended sub-awardees for transition to direct management by USAID and these will be included in the design of the sub-awards.

2) **Comprehensive TA for Community Health and Social Welfare Services provided to MOHSW and CHSWTs.**

The Recipient will provide technical TA that focuses on operationalizing the National Community Health Services Policy and Roadmap for Community Health Services in each of the targeted counties. Technical Assistance should be delivered at both the centrally-based Community Health Services and Social Welfare Divisions, as well as regionalized to each of the three counties' CHSWTs and their respective community health focal points. Given the MOHSW decentralization policy, it is important that the Recipient customizes the approach to TA and scale up of services that addresses the particular needs and context of each county and CHSWT. This strategy should make TA easier to coordinate, more effective, and closer to the CHSWTs receiving support.

Such TA should be results-oriented; contribute broadly to improving knowledge and practice at national, county, and lower levels and incorporate international best practices for selecting and training community health volunteers. Focus areas for TA could include policy development, participatory learning approaches for community engagement, work-planning, monitoring and evaluation, and technical training. Complementary strategies to be incorporated, include routine supportive supervision, developing job-aids and tools, collecting and compiling service data, quantification of commodities & supply chain management for community services and evaluating health impacts. Proposed TA should specifically address known challenges for operationalizing national plans, such as rationalizing the geographic regions for each service, recruitment and retention of volunteers, monitoring the quality of care given by community health workers, creating an enabling environment through community ownership and partner engagement, and ensuring complementary health systems exist to implement and sustain the program (LMIS, Community HMIS, financial management, HR management, supervision).

The Recipient will provide TA that will target needs and engage relevant staff on day-to-day program management, as well as provide short-term TA from additional sources as needed. Finally, the Recipient must document and disseminate successful approaches, promote and assist in the scale-up of evidence-based practices, and identify knowledge gaps and data needs for expanding and strengthening community-based services to other counties.

3) **Quality Assurance (QA) strategies for community-based services designed and implemented.**

The Recipient will support community-based service delivery that is closely linked to strategies for improving the quality of the services being delivered. As described, the Recipient will design and manage local partners to implement community services over the first three years of the activity life. With transitioning of some of these local CSOs to USAID direct administration, the Recipient will continue to ensure quality service delivery by local organizations through third party monitoring and evaluation, linked to performance bonuses for organizations that meet or

exceed performance targets. In addition, based on the results of data verification and other monitoring and evaluation (M&E) approaches, the Recipient will provide feedback and TA to central MOHSW, CHSWTs, and local CSOs to identify gaps and ensure that the appropriate training modules, supportive supervision approaches, or complementary support systems are strengthened or restructured to enable community volunteers to deliver services more effectively. It is expected that the activity will incorporate principles of USAID's Human and Institutional Capacity Development (HICD) initiative to link training and capacity building with performance and outcomes. Through HICD and other results-oriented initiatives, the Recipient must link capacity-building initiatives with impacts at the community level.

Finally, to promote community involvement, the activity must complement traditional M&E with "partnership-defined quality" approaches, through the engagement of civil society and community structures in defining expectations, client rights, and linking oversight and accountability of community health workers to local levels. Strengthening and incorporating the expectations and goals of local community-based networks contributes to social cohesion that extends to all aspects of health and social welfare through support to vulnerable community members, and increased access and referrals to service for new clients.

Expected Outcomes:

- Evidence-based CHS, health promotion, and OVC services are scaled up through grants to local organizations to train and supervise CHVs
- Improved management and technical capacity of the CHSWTs and MOHSW
- County-specific and results-oriented capacity building plans developed and implemented
- Strategies for QA established at the community level and integrated with facility-based health services QA.

Illustrative Activities:

- Develop program descriptions for an integrated package of community based services, including: iCCM of malaria, ARI and diarrhea; community-based access to family planning; use of misoprostol for prevention of PPH; ENA; home visits for newborns; and CCM of neonatal sepsis
- Ensure alignment and utilization of HMIS and LMIS tools and systems for proper reporting of community services, quantification of supplies and drugs for CCM and performance management of community health workers
- Incentivize volunteerism and performance through development and support of a 'career ladder' for CHVs (use as peer supervisors, link to nurse aid positions, vaccinators, scholarships, etc.)
- Support the CHSD of the MOHSW to effectively manage community-based services
- Develop and implement strategies for routine data verification of community based service delivery and data collection tools/forms, that promotes timeliness and accuracy, informs performance-based management/incentives, and institutionalizes a data-driven culture
- Promote high quality services through performance incentives to local organizations

- Develop and institutionalize feedback and reporting systems for community members to report client satisfaction
- Institutionalize and strengthen systems for children without appropriate care through the development of foster parents guidelines; revision of orphanage accreditation guidelines and ensuring that other forms of institutional care are meeting relevant standards
- Support development of QA tools based on community services protocols and clinical standards
- Integrate QA of community health activities into the overall annual accreditation and facility-based QA surveys

I.5.3 Improved health-seeking behavior and practices

1) National Health Communication Strategy operationalized

The Recipient will support the MOHSW to strengthen and institutionalize approaches for health communication and health and social welfare promotion, while building technical capacity to design, manage, and evaluate the effectiveness of health promotion activities. The activity will provide TA at the central level, specifically to the National Health and Social Welfare Promotion Division, as well as regionalized TA to each CHSWT for health communication and promotion activities. The Recipient must support the Division to operationalize the National Health Communication Strategy, institutionalize and strengthen approaches to health promotion and health communications that support the EPHS and EPSS across all components. This should be done while effectively delivering key health promotion messages and materials at the county, district, and household levels.

2) High quality health communications designed and implemented at national and county levels

The Recipient will design and implement state-of-the-art, evidence-driven health communication initiatives that increase comprehensive knowledge and deepen understanding of priority health issues, promote positive health behaviors, and strengthen demand for key health services. These efforts must include plans to monitor and evaluate results that are observable and/or verifiable through qualitative and quantitative data collection. Soon after the award, the Recipient must work closely with the MOHSW, USAID and other stakeholders to develop an overall plan that identifies priority topics for health communication initiatives and their optimal timing and sequencing. Health communications should support national strategies such as the MOHSW's Roadmap for the Reduction of Maternal and Newborn Morbidity and Mortality, Roadmap for Community Health Services, National Malaria Control, the National Strategy for Child Survival, and other health priorities such as Nutrition, Human Immune-deficiency Virus (HIV), and Family Planning. Additional priorities may be identified during the life of the activity.

Communication efforts implemented by the Recipient must reflect evidence-based best practice. They will: use a combination of approaches; be solidly grounded in behavioral theory and formative research; and incorporate clear behavioral objectives and outcomes. The

Recipient will respond in a comprehensive yet tailored manner to the complex drivers of specific health concerns. Message content will address the multiple determinants and levels of human behavior, including individual knowledge, attitudes and motivations, social norms, interpersonal relationships, and structural factors that encourage or hinder healthy behaviors. Interventions will incorporate cross-cutting themes such as gender and pay particular attention to promoting links to health service utilization, across different health areas. Interventions will utilize interactive methodologies, be delivered with sufficient intensity and duration, and address the needs of specific target populations.

In line with the NHSWPP and National Health Promotion Policy, the Recipient must operationalize an approach to health and social welfare promotion that:

- Empowers and promotes active involvement and participation of individuals, groups, and communities in health promotion interventions at all levels
- Promotes the use of evidence-based research as a prerequisite for the development of health promotion interventions
- Promotes multi-sectoral and multi-disciplinary approaches to health promotion development and implementation
- Develops harmonized and concerted strategic health communication interventions

The Recipient must also consider developing tailored strategies and tools for reaching specific audiences with effective interventions, including standardized communication "toolkits" to help harmonize messages across diverse implementing partners. The media can be mixed but messaging should be in line with MOHSW Health Promotion Technical Working Group recommendations. Production of materials and job aids for health providers, for example, check lists to more fully integrate ENA with curative child health services is expected.

In addition to health communications oriented towards strengthening demand for key services, the Recipient will have a dedicated focus on behavior change strategies for ENA and hygiene promotion utilizing GOL approved guidelines with the primary objective of reducing childhood diarrhea prevalence and associated child stunting. With full community participation, and building on the achievements of previous USAID-supported interventions, the communications packages will target improvements in nutrition actions that improve maternal, newborn and childhood nutrition.

3) Local NGO/CSOs mobilized to engage communities and create an enabling environment for healthy behaviors

Community mobilization (CM) is a capacity building process through which communities, groups or organizations plan, implement and evaluate activities on a participatory and sustained basis. Effective CM strategies will complement health communications and community-based services through a participatory approach involving individuals, households, and communities. In line with the MOHSW Community Health Policy, community mobilization activities will be conducted at County, District, and community levels, incorporating Community Health Committees (CHCs), Community Health development Committees (CHDCs), trade or

specialty groups such as teachers, women, youth, and others to promote health communications and messaging.

The Recipient will support local organizations implementing community-based services to conduct community mobilization activities that identify barriers to utilization and implement community-based strategies that encourage healthy behaviors. The Recipient will train and assist local organizations to align CM activities with priority service delivery strategies, such as the MOHSW's Roadmaps for the Reduction of Maternal and Newborn Morbidity and Mortality and for Community Health. In this context, the Recipient will support local organizations to develop community-based strategies that encourage pregnant women and communities to use service delivery points (such as incentives for TTM or gCHV referrals), promote birth preparedness (e.g. community supported maternity waiting homes), and develop community-driven strategies that address barriers to utilization of health services, such as health provider behavior, distance, and transport. Other priority MOHSW services include increased FP coverage reducing the very high rates of teenage pregnancy, reducing loss to follow-up for PMTCT, access to improved malaria case management, and use of insecticide-treated nets for malaria, and improved sanitation practices. The Recipient's approaches must build technical capacity, establish and measure NGO/CSOs' performance, and progress towards uptake of healthy behaviors in target communities and increased utilization of health and social welfare services.

To ensure community ownership and engagement, the activity should also incorporate feedback of service delivery data and routine reports of community-based service delivery and utilization. By sharing and discussing HMIS and other relevant indicator data, the activity will promote and cultivate local decision making and transparency, and guide strategies for addressing barriers to utilization, prevention and high quality services. The Recipient will support the institutionalization of routine data sharing and other approaches to promote accountability and quality of community-based health interventions.

Expected Outcomes:

- National Health Communication Strategy and tools disseminated and operationalized at the central and county levels
- High quality health communication interventions designed and implemented, targeting priority high-impact interventions
- Improved community participation, health seeking behaviors and utilization of community and facility-based services
- Increased percent of households in target areas practicing correct use of recommended household water treatment technologies
- Increased number of communities in target areas certified as open defection free

Illustrative activities:

- Providing TA to the MOHSW's Health Promotion Unit and CHSWT focal persons for health communication and community mobilization activities

- Supporting the development and dissemination of key health promotion related policies, guidelines and plans (including messages and materials) and operational guidelines for county, district, and local health communication focal points
- Integrating the use of technology to increase access to health information (e.g., social media) and solicit feedback/participation from target audiences
- Providing TA to organizations conducting community-level health promotion through complementary BCC for key health messages such as timely care-seeking and effective home-based treatment, follow-up of HIV-positive clients, encouraging pregnant women and communities to use service delivery points; and malaria prevention and treatment messages
- Supporting hygiene promotion (particularly hand washing at critical times) and other positive WASH-related behaviors through TA to local organizations and CHSWTs for CLTS, appropriate household water treatment, and safe sanitation at schools and health facilities
- Expand and advance CLTS triggering practice appropriate to the Liberian context by building capacity of CHSWTs and local organizations
- Continuing to promote and train CHVs in use of the Community Health Education Skills (CHEST) toolkit for effective health communication at the community level
- Conduct data feedback meetings at the community level to celebrate successes, and as a means to create ownership and maintain community interest
- Supporting the development and institutionalization of a patient bill of rights, through participatory process with community health structures and civil society
- Piloting innovative financing systems for incentivizing gCHV or TTM networks, water points maintenance or providing emergency transportation to health facilities
- Conducting costing study, including willingness to pay for community level health services, the services desired, and preferences for public/private providers

I.5.4 Improved access to safe WASH services

The Recipient will expand access to safe and inclusive WASH services in each of the three target counties and improve the sustainability of these access improvements over previous efforts. Proposed approaches to reach this objective must improve central, county and district government WASH implementation capacity, ensure sustained community engagement, complement the activity's hygiene promotion and behavior changes efforts, and increase private sector engagement. Based on its implementation experience, ACBSH will also aim to contribute toward improving national-level Liberia WASH sector best practice.

1) WASH Infrastructure management improved

To expand and sustain access to water, *ACBSH* will build capacity of central, county and district level officials to engage communities and operationalize the National WASH Sector Strategic Plan, however, given the key role of county-level government in the Strategic Plan, targeted capacity building should primarily focus at that level. The Recipient's TA is expected to develop the structures, processes, procedures, and staff motivation necessary for the government to effectively implement its current policies and possibly suggest improvements to existing policies. The MOHSW typically leads WASH sector efforts at the county-level through their

CHSWT structure, and the MPW has been slower to decentralize and systematically contribute to sector implementation. The Recipient's strategy should ensure that staff from relevant line ministries at the county and district levels are more effectively working to expand and especially sustain access to water and sanitation infrastructure to those in need, and move further away from a donor/NGO-dependence for system maintenance. Strategies could include technical and managerial assistance, logistical support, and development of knowledge management systems.

As part of county-level sector governance support, the Recipient must identify ways to improve MOHSW's ability at county and district levels to monitor the safety of water sources, and to use the results to advocate for and support priority actions by the MPW and LWSC to establish and maintain water sources. This component could also include central and county level support for knowledge management, data collection, and reporting. Support provided to MPW should align with and reinforce efforts through the MPW FARA.

Community-led management and maintenance of water infrastructure continues to be a challenge, with many communities unable or unwilling to fund the repair of community infrastructure and/or having difficulty accessing replacement parts. Building on proposed community engagement in behavior change and CLTS, the Recipient will work at the community and household levels to develop and/or strengthen effective community operation and maintenance of water and possibly shared sanitation infrastructure.

Proposed TA activities should strengthen linkages between county and district government and community institutions.

2) **Access to WASH infrastructure and products expanded**

USAID hopes to conclude an agreement with the GOL to fund, directly through MPW, investments in the expansion of sustainable rural water supply infrastructure during the period of ACBSH implementation. Whether or not the provision of infrastructure happens through an agreement with the MPW, the Recipient is expected to build capacity of MPW counterparts at county level in the planning (including community engagement), design, citing and continued oversight in such a way that they are critically involved in accomplishing this result and sustaining rural water infrastructure.

The Recipient should also propose strategies to stimulate private sector contributions to market-based provision of WASH infrastructure and products, including point of use water treatment products. The private sector can be an integral part of sustainable WASH service delivery. Small entrepreneur providers can enter at any point along the value chain of WASH service provision – for example in the water supply realm well drillers, pump manufacturers and vendors, spare parts suppliers, storage tank manufacturers, maintenance mechanics, water kiosk vendors, etc. In the sanitation area, providers might include latrine slab masons, superstructure constructors, pit excavators, latrine emptiers/sludge disposers, septic tank managers, public toilet operators, and fertilizer processors/vendors. In addition, private sector opportunities may offer an incentive for community members currently tasked with voluntary pump repair and maintenance of community hand pumps.

USAID is particularly interested in *ACBSH* supporting private sector, supply side improvements for sanitation infrastructure or products that complement the promotional impact of the CLTS approach. Through such support (sometimes referred to as "Sanitation Marketing"), the activity is expected to facilitate the identification of affordable and desirable sanitation options within a community and support the stimulation of private sector provision of those options.

I-WASH has developed relationships with a number of private for profit and non-profit sector actors such as the Natural Leaders Network, the WASH entrepreneurs related to both safe drinking water supply and sanitation. The Recipient must deepen existing private sector linkages and deepen new ones with particular promise for improving the expansion or sustainability of water and sanitation infrastructure.

Expected Outcomes:

- Improved coordination and management of WASH activities at the county level
- Increased access to safe drinking water through improved maintenance of existing facilities
- Increase in percent of the households using an improved drinking water source
- Decrease in the number of days that established water points are non-functional in a year
- Increase in the number of communities becoming and remaining ODF
- Increased number of people with first time and improved access to sustainable sanitation
- Increase in percent of households using an improved sanitation facility
- Increase in number of private sector providers evaluated by MPW for inclusion in database of qualified water and sanitation service providers

Illustrative Activities:

- Facilitate community level linkages between health and WASH community structures (CHCs and CHDCs)
- Provide technical and administrative training of water and sanitation personnel, primarily in local (county or district) government
- Identify ways to improve the MOHSW's ability at county and district level to test drinking water sources at critical times and implement/enforce corrective action
- Support knowledge management, data collection, and reporting from community to county to central levels
- Provide capacity building/training for communities to facilitate the development of oversight mechanisms and accountability
- Strengthen and supervise community level pump caretakers; develop strategies to promote livelihood of caretakers and sustainable community investment in pump maintenance
- Support private business outlets for hand pump spare parts with possible linkages to other USAID livelihood projects, such as USAID Building Markets project

- Facilitate the identification of affordable, inclusive and desirable sanitation options within a community
- Utilize market-based approaches in promoting hygiene behaviors and products
- Provide opportunities and support for business development for new/existing small and medium businesses in the WASH sector
- Support workforce development for sanitation, such as latrine construction or water source repair
- Strengthen county and district level focal points for infrastructure and maintenance, with an emphasis on county-wide coordination of resources and partners for WASH

I.5.5 Monitoring and Evaluation

Monitoring of results is a key element of USAID programs. USAID seeks data and information to improve performance and effectiveness as well as to inform planning and management decisions. Accurate and timely monitoring will enable the Recipient to improve approaches, adapt to changing conditions and make mid-course corrections as necessary. Data must also be available to demonstrate program impact. Specific indicators and targets for achievement of the activity objective and each of the results will be developed by the Recipient and submitted as part of the overall Monitoring and Evaluation Plan (M & E) for this activity. The Recipient must report progress on these indicators on a quarterly basis and will inform the annual management review meetings and the annual work plan review process. The M & E will be submitted on a schedule and according to a format agreed upon by USAID and the Recipient. The Recipient must submit the M & E to the USAID AOR for approval.

The M & E will focus on the program performance of the Recipient. Indicators and targets should illustrate how the Recipient will measure and achieve the results of the activity. In addition, the Recipient must be prepared to measure their progress in building the capacity of local organizations using agreed upon organizational capacity building indicators.

I.5.6 Activity Implementation

Human and Institutional Capacity Development (HICD) Approach

HICD is a core function of this activity, crosscutting all of the objectives of the Collaborative Support Activity. USAID's model for HICD recognizes that in addition to skills training there are additional factors that must be considered for training to translate into results. The six performance factors are: information; resources and tools; incentives; knowledge and skills; capacity; and motives. The HICD approach enables USAID to identify barriers to desired performance levels in host-country partners and implement performance solutions to eliminate those barriers. It is a cyclical and systematic process that assesses performance based on the six performance factors, identifies gaps, introduces solutions and monitors and evaluates progress regularly in order to measure results. Utilizing the HICD approach, ACBSH will strengthen partner organizations' abilities to deliver results and will increase the effectiveness of ongoing technical assistance provided by the USG and other International Donors, paving the way for lasting change.

Activity Coordination

The Recipient must work with other USAID partners in order to strengthen collaboration between partners, increase effectiveness, and reduce costs. The Recipient must collaborate broadly with USAID's other cooperating agencies and bilateral activities on community health and capacity building activities.

In addition, under the guidance of USAID the Recipient must coordinate with MOHSW officials at central and county levels, representatives of the International Community, USAID partners and implementing agencies, INGOs and CSOs working in areas and on issues related to the Applicant's program. As a lead donor partner in any given county, the Recipient must carry out and assist the county health team with coordination of health events and interventions in that county's service area.

I.5.7 Key Personnel

USAID will approve the personnel filling those positions considered to be essential to the successful implementation of the award. The key personnel positions for this award are:

1) **Chief of Party: 100% Time**. The COP will be responsible for overall technical leadership and management of the activity and will serve as the principal institutional liaison to USAID and MOHSW.

2) **Senior Technical Advisor (Health)/Deputy Chief of Party: 100% Time**. The Health Technical Advisor will work under the direction of the Chief of Party to design, implement and manage community health components and related capacity strengthening activities.

3) **Finance and Administration Director: 100% Time**. This individual is responsible for overall financial management and administration of the activity. In addition the Finance and Administration Director may support and supervise technical assistance to the MOHSW and County Health Teams for financial system and capacity strengthening.

4) **Senior Technical Advisor (WASH): 100% Time**. The WASH Technical Advisor will work under the direction of the Chief of Party to design, implement and manage the WASH components and related capacity strengthening activities.

5) **Senior Advisor (Monitoring and Evaluation): 100% Time**. The Senior Advisor for M&E will work under the direction of the Chief of Party and apply relevant skills and experience to support monitoring and evaluation of the ACBSH activity

Of the above five key positions, no more than three, may be filled with expatriate staff. These are the suggested minimum staff requirements for key personnel. If the need for additional long-term technical staff arises, the Recipient may include additional long-term technical staff upon written approval from both the Agreement Officer and the USAID Agreement Officer's Representative, following justification and description of responsibilities by the Recipient.

I.6. Authorizing Legislation

The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended.

I.7. Program Eligibility Requirements – Authorized Geographic Code

The Authorized Geographic Code is 935 for this Cooperative Agreement.

I.8. Award Administration

For U.S. organizations, 22 CFR 226, OMB Circulars, and ADS 303maa Standard Provisions for U.S. Non-governmental Organizations are applicable. For non-U.S. organizations ADS 303mab, Standard Provisions for Non-U.S. Non-governmental Organizations will apply. Applicants can access these sources from USAID's homepage, www.usaid.gov.

End of Section I

Section II Award Information

II.1. Estimated Funding

Subject to the availability of funds, USAID may provide up to $24.8 million in total funding to be allocated over a five (5) year period. USAID policy is that cost sharing is an important element of the USAID-recipient relationship. In accordance with 22 CFR 226.23, the minimum requirement for cost sharing under this RFA is 10% of the total cost. Cost share may include in-kind contribution such as, staff time, office space, accommodation, etc. USAID requires applicants to demonstrate their commitment to program success by addressing the requirement for cost sharing. Cost share is defined by USAID as "contributions, both cash and in-kind, which are necessary and reasonable to achieve program objectives and which are verifiable from the recipient's records.

USAID reserves the right to fund any or none of the applications submitted. USAID may make one or more award(s) without discussions to responsible applicant(s) whose application(s) offer the greatest value to the U.S. Government. To the extent when necessary, negotiations will be conducted with the Apparently Successful Applicant(s). Award(s) will be made to the responsible applicant(s) whose application(s) offer(s) the greatest value, cost, and other factors considered. USAID reserves the right to fund any or none of the applications submitted.

II.2. Period of Performance

It is anticipated that a five-year cooperative agreements will be awarded by mid-August 2014. The Cooperative Agreement will be incrementally funded by USAID/Liberia, subject to the availability of funds.

II.3. Type of Award

USAID/Liberia anticipates the award will be a cooperative agreement.

II.4. Anticipated Substantial Involvement

A Cooperative Agreement implies a level of "substantial involvement" by USAID through the Agreement Officer's Representative (AOR). The intended purpose of the AOR involvement during the award is to assist the recipient in achieving the supported objectives of the agreement. USAID must be substantially involved during the implementation of this Cooperative Agreement in the following ways:

- Approval of the Recipient's Implementation Plans and related implementation Budgets, describing all the activities to be funded under the Agreement. Implementation Plans

(annual work plan, annual Monitoring & Evaluation Plan and exit strategy) should be prepared and coordinated with the MOHSW and USAID. Significant changes to the approved Annual Implementation Plans will require additional AOR approval.

- Approval of Key Personnel and any changes to key personnel.
- Approval of the selection of sub-awards above $250,000 and the substantive provisions of sub-awards above $250,000.
- Approval of the Recipient's Monitoring and Evaluation Plan (M & E)– The Recipient must submit to the AOR a Monitoring and Evaluation Plandeveloped in coordination with the MOHSW. USAID and the MOHSW will jointly monitor the Recipient's progress toward achievement of program results during the course of the Cooperative Agreement. Any revision by the Recipient to the approved M & E will require additional AOR approval.
- Agency and Recipient Collaboration or Joint Participation. Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the recipient and participation in technical or programmatic reviews.
- Agency Coordination with other USAID activities identified in the program description. Within the scope of the award's program description and negotiated award budget, the AOR may direct or redirect activities in the award because of interrelationships with other projects/activities
- The AO may immediately halt a construction activity if identified specifications are not met. Note: If Applicants include construction activities in their proposals, they must identify how they will conform to standard provision LIMITING CONSTRUCTION ACTIVITIES (AUGUST 2013).

II.5. Program Income

Recipient must apply the standards set forth in 22 CFR 226.24 to account for program income related to projects financed in whole or in part with Federal funds.

End of Section II

Section III Eligibility Information

III.1. Type of Entities that may apply

The Geographic Code for the award is 935. There are no restrictions on the type of entity that can apply within the 935 Geographic Code. USAID encourages applications from potential new partners.

III.2. Cost Share

The cost share for this agreement is a minimum of 10% of the total estimated cost. Applications that do not meet the minimum cost share requirement are not eligible for award consideration. Cost share is encompassed in the cost effectiveness evaluation criterion.

End of Section III

Section IV Application and Submission Information

IV.1. General

The applicant is expected to review, understand, and comply with all aspects of this Request for Application (RFA). Failure to do so will be at the Applicant's risk. An application must be received by the deadline to be reviewed for responsiveness to the specifications outlined in these guidelines and the application format.

The technical proposal in response to this solicitation must be specific, clear, and complete, and must respond to the instructions set forth in this Section.

Provide the name, address, telephone number and email address of the individual in the Applicant's organization to be contacted, if necessary, during the evaluation of the application. Also, provide the name(s) of the person(s) who drafted the Technical and Cost Applications.

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, must:

a. Mark the title page with the following legend:
   "This application includes data that must not be disclosed outside the U.S. Government and must not be duplicated, used or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, an Agreement is awarded to this Applicant as a result of – or in connection with – the submission of this data, the U.S. Government has the right to duplicate, use or disclose the data to the extent provided in the resulting Agreement. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets _____." and
b. Mark each sheet of data it wishes to restrict with the following legend:
   "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the Applicant's lack of cost consciousness. Elaborate artwork or visuals are neither necessary nor wanted.

Applicants must acknowledge receipt of any amendment to this RFA by signing and returning the amendment. USAID must receive the acknowledgement by the time specified for receipt of applications.

IV.2. Electronic Submission Instructions

Applications are to be submitted electronically by email to oaaliberia@usaid.gov with a copy to Ruth Caesar-Hne at rcaesar-hne@usaid.gov. Applicants must submit applications electronically via email attachments formatted in Microsoft Work, Excel, and Adobe Portable Document Format (.pdf): Narrative text must be in Microsoft Word, Budgets must be in Microsoft Excel, and Pages requiring signatures must be in .pdf. Do not send files in Zip format.

To avoid confusion, duplication, and congestion problems with our email system, only one authorized person from your organization should send in the email submissions.

If you send your application by multiple emails, indicate in the subject line of the email whether the email relates to the technical or cost proposal, and the desired sequence of multiple emails and sequence of attachments (e.g. Organization X, Cost Proposal, Part 1 of 3, etc.). You are requested to consolidate, as much as possible, the various parts of your technical application into one technical application document and the various parts of your cost application into one cost application document.

Once sent, check your own email to confirm that your attachments were sent. If you discover an error in your transmission, re-send the material again and note in the subject line of the email that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, note that it is a corrected email. Do not wait for USAID to advise you that certain documents intended to be sent were not sent, or that certain documents contained errors in formatting, missing section, etc. Each Applicant is responsible for its submissions.

Applicants must confirm with USAID whether their email submissions were successfully received by the required due date.

IV.3. Inconsistency in the RFA

In the event of an inconsistency between the documents comprising this RFA, it will be resolved by the following descending order of precedence:

1. Section V – Application Review Information
2. Section IV – Application and Submission Information
3. Section I – Funding Opportunity Description

IV.4. Technical Application Guidance/Format

To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below:

The Application must be written in English, typed on standard 8.5" x 11" paper, legible and require **no** magnification. The applicant must number each page consecutively. The technical proposal **should not exceed 25 pages** in length, exclusive of supporting documents to be included in the annexes. The following supporting documents must be included as Annexes:

- Key Personnel Resumes and Letters of Commitment
- Draft Monitoring & Evaluation Plan
- Draft Management and Staffing Plan
- A matrix summarizing the skills of all proposed staff
- Past performance information

The application must be organized according to the technical evaluation criteria listed in this document.

It is the premise of this RFA that there is substantial knowledge about approaches, policy dialogue, stakeholder and community mobilization, application of quality assurance systems, and the utilization of information technology and other tools and skills to improve administrative and financial management and quality of services. It is the intent of this RFA to solicit as much of that knowledge as possible. This RFA was written to allow the Applicant as much latitude as possible to lay out an innovative approach, with special attention given to evidence-based approaches.

The Applicant must demonstrate in its application strong gender programming. The Applicant is expected to discuss, and challenge, the logic underlying the activities and the assumed links between inputs, outputs, and outcomes. The proposed approach should be innovative and present a plan for program activities to be sustained by local counterparts upon phase out.

The technical proposal must describe an implementation plan and programming approach that outlines how the Applicant will achieve Results stated in this RFA. Particular attention should be given to the plan's proposal to sustain program activities with local counterparts upon phase out.

The technical proposal must address the following:

1. **Technical Approach**

The Applicant should demonstrate thorough knowledge of activity complexities and results, as well as a feasible plan to achieve those results. The Applicant should describe in detail the following:

a. Proposed strategy and methodology timelines and milestones for results;
b. A clear and compelling justification for the selected activities
c. Comprehensive approach to developing capacity at the national, county district and subsequently community levels where relevant for program delivery
d. Approach to assure all plans, designs, and interventions are situated within the national policy context and strategic plans of the MOHSW, MPW and in line with current donor contributions;

2. **Key Personnel**

On qualification and experience of proposed personnel, the Applicant is required to present resumes for key personnel and ensure that the personnel whose information is included in the application will in fact be available to staff the activity should the Applicant be selected for award. Failure to provide such assurances and letters of commitment may disqualify the Applicant from being considered for award. Failure of the Applicant selected for award to provide the proposed personnel may result in termination of the cooperative agreement for default.

USAID reserves the right to request the Applicant to make their proposed key personnel candidates and other representatives available for interviews and oral discussions. Interviews may be by phone; USAID will not pay for cost associated with these interviews. The name, title/organization, relationship, phone number and email address of three professional references should also be provided for each proposed key personnel.

The Applicant must propose an appropriate mix of local talent and expertise to implement the activity and utilize non-Liberian expertise only when skills or experience in specific activity areas are lacking in Liberia. No more than three of the five key personnel can be expatriates. The Resumes may not exceed four pages in length per individual and must be in alphabetical order. The letter of commitment for each key personnel must be one page and included with the individual's resume.

Chief of Party: 100% Time.

Role: The COP will be responsible for overall technical leadership and management of the activity and will serve as the principal institutional liaison to USAID and MOHSW.

Qualification: The COP must have demonstrated expertise in public health especially community-based health, and a minimum 15 years of increasingly responsible experience in management, excellent oral, written, and interpersonal skills with evidence of ability to productively interact with a wide range and levels of organizations (government, private sector, NGOs, research institutions), and at least a Master's degree in a relevant field.

Senior Technical Advisor (Health)/Deputy Chief of Party: 100% Time.

Role: The Health Technical Advisor will work under the direction of the Chief of Party to design, implement and manage community health components and related capacity strengthening activities.

Qualification: The Senior Technical Health Advisor shall have a minimum 10 years of relevant experience in community-based health, at least 5 years in a developing country.

Finance and Administration Director: 100% Time.

Role: This individual is responsible for overall financial management and administration of the activity. In addition the Finance and Administration Director may support and supervise technical assistance to the MOHSW and County Health Teams for financial system and capacity strengthening.

Qualification: The Finance and Administration Director shall have a minimum of 8 years of relevant experience as a senior financial manager or director.

Senior Technical Advisor (WASH): 100% Time.

Role: The WASH Technical Advisor will work under the direction of the Chief of Party to design, implement and manage the WASH components and related capacity strengthening activities.

Qualification: The Senior Technical WASH Advisor shall have a minimum 10 years of relevant experience in water, sanitation, and hygiene especially at the community level, at least 5 years in a developing country.

Senior Advisor (Monitoring and Evaluation): 100% Time.

Role: The Senior Advisor for M&E will work under the direction of the Chief of Party and apply relevant skills and experience to support monitoring and evaluation of the ACBSH activity

Qualification: The M&E Director shall have a minimum 10 years of relevant experience in designing and leading complex M&E programs.

3. Monitoring and Evaluation Plan (M & E)

The Applicant should propose a comprehensive and realistic approach to building a Monitoring and Evaluation Plan (M & E), based on the proposed strategy. The Plan should include, at a minimum, a discussion of the below. The Applicant should present at least one illustrative indicator per Result, taking into consideration the criteria described below:

a. The Applicant must present a draft M & E with output and outcome indicators and annual targets to measure achievement of objectives presented in the Funding Opportunity Description. Included should be proposed additional output and outcome indicators that are well-defined, measurable and use appropriate data sources to monitor achievement of expected program results.

b. The Applicant must propose a system to collect, analyze, track, and report on indicator/performance data; this includes identifying what data will be collected, the frequency, the method/instrument, and the responsible parties. This includes establishing baselines and collecting quarterly data for indicators, proposing additional indicators to inform managers, and identifying an approach to collecting data for both treatment and comparison groups.

4. Management and Staffing Plans

The applicant should propose management and staffing/recruitment plans that demonstrate quality, responsiveness, and comprehensiveness, including at a minimum:

a) A very solid, streamlined management plan that incorporates mechanisms for managing the participation and support of local counterparts;

b) A demonstrated understanding of the Funding Opportunity Description as evidenced by the overall staffing plan. Minimal long-term staff (preferably locally-hired Liberian nationals) combined with high level short-term technical assistance consultants, as necessary;

c) A comprehensive and cost-effective plan for delivery of services at the county/district/community-level, including identification of NGO implementing partners, as appropriate. The Applicant must clearly justify the selection of the NGO implementation partner(s) and provide a clear description of roles and responsibilities, delineate geographical and technical areas of intervention, and organizational channels of communication;

d) A clear description of roles and responsibilities, communications arrangements within the local office as well as with home office backstops, organizational chart, and approach and timeframe for mobilizing. USAID expects that the Applicant will maintain

open, timely and effective communications with USAID, resulting in an implementation partnership that proactively addresses potential problems with flexible, workable solutions.

5. <u>Past Performance</u>

The Applicant must provide information for at least three relevant past performance references for Applicants and named subawards in accordance with the following table.

PD/SOW summary	Primary location of work	Term of performance	Relevance to the successful implementation of this activity	Dollar Value	Contract type & Number	AOTR/COTR name	AOTR/ COTR e-mail address and Tel. No.

USAID may use performance information obtained from other than the sources identified by the Applicant/sub-awardee. USAID will utilize existing databases of contractor performance information and solicit additional information from the references provided herein and contact the individual(s) indicated as well as others.

NOTE: USG relies on the prime organization's review of partner/subgrantee institutions. However, if deemed necessary to ensure prudent use of USG funds, USAID may conduct its own past performance review of proposed partners/ subgrantee institutions.

IV.5. Cost Application Guidance

Applicants must submit the Cost Application in a separate volume. There is no page limit for the Cost Application. It must include required forms, certificates and schedules and other information necessary to support and/or explain the proposed costs. The Applicant's estimating processes must be clearly evident and as concise as possible but still provide necessary details. Financial data and information must be fully supported and organized in a manner that facilitates review.

The proposed budget should provide cost estimates for the management of the program (including program monitoring). The proposed budget must also include a section with cost

estimates for technical assistance approaches at the central, county and community levels. Applicants should minimize their administrative and support costs for managing the activity to maximize the funds available for activities. Accordingly, those applications with minimal administrative costs may be deemed to offer a "greater value" than those with higher costs for program administration. A cost share of a minimum of 10% of program costs is expected under this cooperative agreement.

The following describes the documentation that Applicants for assistance awards must submit to USAID in their cost proposal:

i) Budget

(1) A budget with an accompanying budget narrative that provides in detail the total costs for implementation of the program the Applicant is proposing. The budget must be submitted using Standard Form 424 and 424A which can be downloaded from the USAID web site or www.grants.gov. The following forms must be completed and included in the Cost Application submitted in response to this request for application:
   (a) SF 424
   (b) SF 424A, Budget Information - Non-Construction Programs
   (c) Certification, Assurances, Other Statements of the Recipient and Solicitation Standard Provisions
   (d) Detailed data to support each cost element (object class categories) as shown below
   (e) Current Negotiated Indirect Cost Rate Agreement (NICRA) or proposal for Indirect Cost Rate as detailed below (if the applicant organization does not have a NICRA)

(2) In addition to providing summary cost data in the SF424A format noted above in cost applications submitted in response to this solicitation, applicants are required to summarize cost data using elements-focused budgeting (EFB). Please refer to Budget Format at Addendum 1.

(3) The following section provides guidance on budget line items.
   (a) Personnel
      (i) Identify, by title and name, each position to be supported under the proposed award.
      (ii) For home office support staff, identify who will be compensated by USAID, the percentage of time and briefly specify related duties.
      (iii) State the amounts of time, such as months and percent of time that will be expended by each position, their base pay rate and total direct compensation under this program, e.g., Position/Person Time XX Rate = $XXXX.
      (iv) Provide rate verification documentation.
   (b) Fringe Benefits
      (i) Indicate the rate(s) used and the base of application for each rate.
      (ii) Provide a copy of any Government approval of your indirect cost rates.
   (c) Travel
      (i) Identify international and domestic travel as separate items.

(ii) Indicate the estimated number of trips, number of travelers, position of travelers, number of days per trip, point of origin, destination and purpose of travel.
(iii) For each trip, itemize the estimate of transportation and/or subsistence costs, including airfare and per diem.

(d) Allowances
(i) Identify and itemize for each eligible or policy-covered employee/position.

(e) Equipment, Materials and Supplies
(i) Itemize the equipment, materials and supplies and justify the need for the items to be purchased as they apply to the Detailed Program Description.
(ii) Indicate the estimated unit cost and number of units for each item to be purchased.
(iii) Provide the basis for the cost estimates, e.g., pro forma invoice, published price lists, etc.

(f) Contractual
(i) For each proposed sub-award provide a Statement of Work or Program Description and detailed costs for each of the proposed partners.
(ii) Provide complete details of costs that may be incurred using the same cost format as submitted by the Applicant.

(g) Other Direct Costs
(i) Identify other costs and justify the need for each cost item proposed relative to the Detailed Program Description.
(ii) Indicate the estimated unit cost and number of units for each item proposed.
(iii) Provide the basis for the cost estimates.

(h) Indirect Costs
(i) State the percentages and amounts used for the calculation of indirect costs.
(ii) Provide a copy of your latest Government-approved Negotiated Indirect Cost Rate Agreement (NICRA).
(iii) If indirect costs have not been approved by a Federal agency, state the basis for the proposed indirect cost rates, if any.
(iv) Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency must also submit the following information:
1. Copies of the Applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
2. Projected budget, cash flow and organizational chart; and
3. A copy of the organization's accounting manual.

(i) If local institutions are proposed for sub-awards, these institutions usually do not have a Negotiated Indirect Cost Rate Agreement (NICRA) letter with the US Government. Therefore no indirect costs should be included in the cost/business application. All costs a local institution will incur will be treated as direct costs and must be proposed as such.

(j) Non-Federal Contributions

Provide a breakdown of the financial (cash) and in-kind contributions (services, property, donated supplies and equipment, un-recovered indirect costs, etc.) of all organizations (Prime Applicant, participant #1, participant #2, etc.) that would be involved in implementing this Cooperative Agreement. See Section III(2) Cost Sharing for more information.

ii) Evidence of Responsibility

(1) Applicants must submit evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information must substantiate that the Applicant:
   (a) Has adequate financial resources or the ability to obtain subject resources as required during the performance of the award.
   (b) Has the ability to comply with award conditions, taking into account all existing and currently prospective commitments of the Applicant, non-governmental and governmental.
   (c) Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
   (d) Has a satisfactory record of integrity and business ethics; and
   (e) Is otherwise qualified and eligible to receive a Grant under applicable laws and regulations (e.g., Equal Employment Opportunity).

Applicants that have never received a Grant, Cooperative Agreement or Contract from the U.S. Government must submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the Applicant must advise which Federal Office has a copy.

iii) Branding Strategy and Marking Plan

A draft Branding Strategy and Marking Plan should be included with the Application. The USAID/Liberia Marking Strategy and Branding Plan template can be found in Addendum 2. The use of this template is not required; however, it will facilitate USAID/Liberia's review. Cost implications of the Branding Strategy and Marking Plan should be considered when preparing the Cost Application.

iv) Other submission requirements

Applicants must submit a list of proposed equipment, restricted commodities, international travel and any other requests for prior approval as part of the Cost Application. The purpose of this submission is to handle approvals to the greatest extent practicable at the start of award and decrease the administrative burden on the Recipient and USAID/Liberia.

IV.6. Pre-Award Costs

The award will not allow reimbursement of pre-award costs, unless prior Agreement Officer approval is received.

IV.7. Submission Dates and Times

If the Applicant desires an explanation or interpretation of this RFA, a request must be made in writing by the date and time in the RFA cover letter. The Application must be submitted no later than the date and time specified in the RFA cover letter.

End of Section IV

Section V Application Review Information

V.1. Overview

The evaluation criteria listed below are presented by major category in order of descending importance. Applicants should note that these criteria serve as the standard against which all technical information will be evaluated and serve to identify the significant matters which the Applicant must address.

- **Rated Technical Application Criteria**

Criterion 1: Technical Approach

Criterion 2: Key Personnel

Criterion 3: Performance Management Plan

Criterion 4: Performance Management Plan

Criterion 5: Past Performance

- **Non-Rated Business/Cost Application Criteria**

When combined the non-business/cost factors are significantly more important than the business/cost factors. As applications become more nearly equal in terms of technical factors, the non-rated business/cost application criterion becomes more important.

These technical evaluation criteria have been tailored to the requirements of this RFA to allow USAID to choose the highest quality applications. These criteria: a) identify the significant areas that the Applicant must address in their applications; and b) serve as the standard against which the Technical Evaluation Committee (TEC) will evaluate all applications. USAID will award to the Applicants whose applications best meet the program description. The Government may evaluate applications and award cooperative agreements without discussions with successful Applicants. However, the Government reserves the right to conduct discussions if later determined by the Agreement Officer as necessary. Therefore, each initial offer must contain the Applicant's best terms from a cost or price and technical standpoint.

The entry into discussion is to be viewed as part of the evaluation process and must not be deemed by USAID or the applicant as indicative of a decision or commitment upon the part of USAID to make an Award to the applicant with whom discussions are being held.

V.2. Adjectival Rating

Applications for the activity will be evaluated based on adjectival ranking for overall application and each section of the application, respectively. The following adjectives will be used in assessing the criteria set forth:

Outstanding: The application exceeds the fullest expectations of the Government. The Applicant has convincingly demonstrated that the requirements have been analyzed, evaluated, and should result in an outstanding, effective, efficient, and economical performance under the agreement. An assigned rating within "outstanding" indicates that the application demonstrates an "outstanding" capacity, and exceeds the fullest expectations of the Government.

Very Good: The application demonstrates a level of effort that fully meets the RFA's requirements and that this effort has produced, or could produce, results which should prove to be substantially beneficial to achievement of the strategic objective and intermediate results. The application may or may not have any weaknesses. Fulfilling the definition of "very good" indicates that, in terms of the overall application and/or specific application sections, the application demonstrates a level of effort that fully meets the evaluation's requirements and that this effort has produced, or could produce, results which should prove to be substantially beneficial.

Good: The application meets the requirements. The application may contain weaknesses and/or significant weaknesses that are correctable but no deficiencies. An assigned rating of "good" indicates that, in terms of the overall application and/or specific sections, the application demonstrates a "good" understanding and ability to fulfill the requirements. If any weaknesses and/or significant weaknesses are noted, they should not seriously affect the applicant's performance.

Marginal: The application demonstrates a shallow understanding of the requirements and approach and marginally meets the minimum evaluation standard. The application contains weaknesses and/or significant weaknesses and may contain deficiencies. If deficiencies exist, they may be correctable. A rating of "marginal" indicates that, in terms of the overall application and/or specific sections the application marginally meets the standard for minimal but acceptable performance. The applicant may address the strategic objective and intermediate results; however there is at least a moderate risk that the applicant will not be successful.

Unacceptable: The application fails to meet a minimum requirement or contains a major deficiency or major deficiencies. The application is incomplete, vague, incompatible, incomprehensible, or so incorrect as to be unacceptable. The Evaluator thinks that the deficiency or deficiencies is/are uncorrectable without a major revision of the application. The assignment of a rating within the bounds of "unacceptable" indicates that in terms of the overall application and/or specific application sections the application fails to meet performance or capacity standards.

V.3. Technical Proposal Evaluation Criteria

The technical evaluation of the application will be based on the extent and appropriateness of proposed approaches and feasibility of achieving the strategic objectives, in accordance with the following criteria.

- **Technical Approach**

The Technical Approach will be evaluated on the extent to which the Applicant proposes a clear, logical, technically sound, and feasible approach, reflecting application of best practices and lessons learned, and that will produce measurable and sustainable results

- **Key Personnel**

The proposed key personnel have requisite experience and meet or exceed the requirements specified in Section IV. They have adequate technical capacity and experience in design and implementation of programs of similar size and scope.

- **Monitoring and Evaluation Plan**

The Applicant's draft Monitoring and Evaluation Plan (M & E)will be evaluated on the extent to which the approach is comprehensive, realistic and based on the proposed strategy. The Plan will be evaluated on the merit of the proposed approach, in light of the criteria described below:

a) The quality of the draft Monitoring and Evaluation Planwith output and outcome indicators and annual targets to measure achievement of objectives presented in the Funding Opportunity Document; including proposed additional output and outcome indicators that are well-defined, measurable and use appropriate data sources to monitor achievement of expected program results.
b) The proposed system to collect, analyze, track, and report on indicator/performance data; this includes identifying what data will be collected, the frequency, the method/instrument, and the responsible parties. This includes establishing baselines and collecting quarterly data for indicators, proposing additional indicators to inform managers, and identifying an approach to collecting data for both treatment and comparison groups.

- **Management and Staffing Plans**

The Applicant's proposal will be evaluated based on the overall quality, responsiveness, and comprehensiveness of the Applicant's management plan and staffing/recruitment plans, office backstops, organizational chart, and approach and timeframe for mobilizing. The overall staffing pattern and the number and type of positions proposed are responsive to the technical requirements and Applicants approach, with an optimal configuration for effectiveness, efficiency and cost containment.

- **Past Performance**

As part of the evaluation of performance, USAID will evaluate the extent to which the Applicant complies with the following:

a) Demonstrated recent and relevant technical and field experience in programs of similar technical content and scope as described in the Funding Opportunity Description;

b) Demonstrated record in quality of product of service and assuring requisite coordination and collaboration among implementing partners;

c) Demonstrated record of forecasting and controlling costs including administrative aspects of performance;

d) Demonstrated record of conforming to grant requirements and to standards of good workmanship, timeliness of performance, including adherence to grant schedules, timely delivery of short-term technical advisors, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks;

e) Demonstrated record in 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;

V.4. Cost Evaluation

Cost-effectiveness and cost-realism will be evaluated separately. The total cost proposed for the principal tasks will be evaluated for realism, completeness, and reasonableness. USAID/Liberia is not obliged to award a negotiated agreement on the basis of lowest proposed cost or to the Applicant with the highest technical evaluation score. For this procurement, all evaluation factors other than cost — when combined — are significantly more important than cost. Besides the technical criteria, the application will be assessed for cost realism and must therefore address the following:

1. **Cost Effectiveness and Realism:** The proposed costs must be realistic, reasonable, complete, and allowable. Cost Share will be considered as part of the cost

effectiveness analysis. The costs must be realistic for the effort and consistent with the technical components of the application.

2. **Adequacy of Budget Detail and Financial Feasibility:** The proposed budget must be sufficient to support the proposed activities and all proposed costs must be adequately supported by notes highlighting the key assumptions used in their determination. USAID reserves the right to determine the resulting level of funding for the Co-operative Agreement.

V.5. Selection Process

Application which is deemed to offer the best overall value and meets USAID objectives will be selected for award. A panel will evaluate the technical merit of each application as measured against the technical evaluation criteria. All evaluation factors other than cost—when combined—are significantly more important than cost.

The proposed budget must be reasonable and cost-effective. Applicants must minimize administrative and support costs for managing the project in order to maximize the funds available for project activities.

Acceptability of Proposed Non-Cost Terms and Conditions: An application is acceptable when it manifests the Applicant's assent, without exception, to the terms and conditions of the RFA, including attachments, and provides a complete and responsive application without taking exception to the terms and conditions of the RFA. If an Applicant takes exception to any of the terms and conditions of the RFA, then USAID will consider its application to be unacceptable. Applicants wishing to take exception to the terms and conditions stated within this RFA are strongly encouraged to contact the Agreement Officer before doing so. USAID reserves the right to change the terms and conditions of the RFA by amendment at any time prior to the application closing date. USAID reserves the right to cancel the RFA at any time (including after application closing date) or to change the terms and conditions of the RFA by amendment at any time prior to the source selection decision.

Once apparent successful applicants are identified, additional information and

discussion may occur between the applicants and USAID Agreement Officer before the Agreement Officer makes the final award decision. Awards may be made without discussions.

Other areas of review and discussion will vary according to the circumstances pertaining to the application. The following areas commonly require discussion and agreement prior to award:

i) Final program and budget plans.

ii) Payment terms.

iii) Procedures concerning administrative reporting and logistical requirements for program including training components.

iv) Cost sharing terms.

v) Other award terms including audit, special provisions and/or special award conditions.

V.6. Branding and Marking

The AO will evaluate the apparently successful Applicant's Branding Strategy and Marking Plan (including any requests for exceptions) for approval, consistent with the provisions "Branding Strategy", "Marking Plan", contained in the Certifications, Assurances, Other Statement of the Recipient and Solicitation Standard Provisions, and "Marking and Public Communications Under USAID-funded Assistance" contained in the ADS 303maa, Standard Provisions for U.S. Nongovernmental Recipients and the ADS 303mab, Standard Provisions for Non-U.S. Nongovernmental Organizations, 22 CFR 226.91, and ADS 320, Branding and Marking.

End of Section V

Section VI Award and Administration Information

VI.1. Award Notices

The applicant will be notified in writing about the final decision regarding their application. Notice of award signed by the AO is the authorizing document. These notices will be provided by USAID/Liberia through electronic mail. Debriefing requests from unsuccessful applicants will be considered.

VI.2. Administration Requirements

For a recipient that is a U.S. Nongovernmental recipient, the Standard Provisions for U.S. Nongovernmental recipients will be included in any final agreement. They can be found at http://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf

For a recipient that is a non-U.S. Nongovernmental recipient, the Standard Provisions for non-U.S. Nongovernmental recipients will be included in any final agreement. They can be found at http://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf

The final award will not include any deviations to the standard provisions.

VI.3. Reporting (included in the award)

The recipient must submit to the AOR all documents listed below:

1) A detailed work plan for the first year of the program will be submitted within 30 days of award. An annual plan will be submitted within 30 days after the beginning of each fiscal year. The plans must incorporate scope, budget, schedule, approvals, relationships, control and resource allocation. Plans will include the identification of responsibilities, critical completion milestones and activities, stored controls of all activity documents and hardware, financial and budget, scheduling and administrative procedures and technical standards as part of the design, procurement, and activity documentation/closeout procedures. The plan will indicate the interdependence of a wide variety of program functions, including administrative, legal, financial, institutional strengthening, operations and interface with USAID.

   The plan will allow USAID and its representatives to monitor implementation. It will also provide for a communication network to streamline coordination with all appropriate parties on a continuing basis. This implementation plan is to be maintained with current information and procedures and be reviewed at regularly scheduled program meetings.

2) A detailed M & E will be submitted within 60 days of award. The M & E will cover the entire period of the Agreement and will be revised in cases of a program modification. The plan must include, but not necessarily be limited to, the following: (1) the results to be achieved by the program; (2) the indicators to be used to measure achievement of the results; (3) the method of data collection to be used to obtain the indicator data; and (4) targets for each indicator by year. Indicators to measure the progress of all four technical components will be developed in coordination with USAID, the MOHSW and any sub-grantees. These indicators will be a combination of input, process and impact indicators, and selected ones will be reported on a quarterly basis.

3) Quarterly progress reports not to exceed 20 pages excluding Annexes within 30 days of the end of the reporting period.

4) Quarterly financial reports within 30 days of the end of the reporting period.

5) The Recipient must submit an annual and/or final results report to cover the period October 1st through September 30th of each year, or parts thereof. If this Award expires during the reporting period, the Recipient must submit a final report not later than 90 days after the estimated completion date. Otherwise, the Recipient must submit an annual report not later than December 31st. These annual and final results reports must emphasize quantitative as well as qualitative data that reflect results, must measure impact using the baseline data and indicators established for the program, and must discuss changes in strategic objective and IR level indicators from baseline assessments.

End of Section VI

Section VII Agency Contacts

VII.1. Agency Contacts

Keisha Effiom	Ruth Caesar-Hne	General OAA/Liberia Email Account
Agreement Officer	Agreement Specialist	oaaliberia@usaid.gov
keffiom@usaid.gov	rcaesar-hne@usaid.gov	
Phone: 231-776-777-042	Phone: 231-776-777-193	

Questions must be submitted to the General OAA/Liberia email address with a copy to Ruth Caesar-Hne at rcaesar-hne@usaid.gov.

End of Section VII

Section VIII Other Information

The following documents are attached to the RFA. Applicants should consider the documents in preparing their applications.

a. National Health and Social Welfare Policy and Plan 2011-2021
b. EPHS Primary Care – The Community Health System June 2011
c. Revised National Community Health Services Policy December 2011
d. Revised National Community Health Services Strategy and Plan 2011-2015
e. National Community Health Services Roadmap 2013
f. National Health Promotion Policy 2011
g. National Health Communication Strategy, 2010-2015
h. Water Supply and Sanitation Policy
i. Water, Sanitation and Hygiene Sector Strategic Plan
j. Guidelines for Community Led total Sanitation Implementation in Liberia, December 2012
k. National Guidelines for Hygiene Promotion 2013
l. Liberia Comprehensive Security and Nutrition Survey (CFSNS) June 2013
m. MOHSW Country Situational Analysis Report
n. RBHS Capacity Assessments of Central MOHSW Bong County, Lofa County and Nimba County
o. Liberia Health DO-level IEE

VIII.1. Funding Reservation

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.

VIII.2. Applicable Regulations & References

- Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients: **http://transition.usaid.gov/policy/ads/300/303mab.pdf**

- 22 CFR 226 **http://www.gpo.gov/fdsys/pkg/CFR-2011-title22-vol1/xml/CFR-2011-title22-vol1-part226.xml**

- 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

- ADS Series 300 Acquisition and Assistance
  http://www.usaid.gov/pubs/ads/

- SF-424 Downloads
  https://apply07.grants.gov/apply/FormsMenu?source=agency

End of Section VIII

ANNEX 1

PRE-AWARD CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF THE RECIPIENT AND SOLICITATION STANDARD PROVISIONS

The required certifications, assurances and other statements follow:

a. Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs. This certification applies to Non-U.S. organizations if any part of the program will be undertaken in the United States;

b. A signed copy of the certification and disclosure forms for "Certification Regarding Lobbying" (see 22 CFR 227);

c. A signed copy of the "Prohibition on Assistance to Drug Traffickers" for covered assistance in covered countries is required in its entirety as detailed in ADS 206.3.10;

d. A signed copy of the Certification Regarding Terrorist Financing in its entirety is required by the Internal Mandatory Reference AAPD 04-14;

e. When applicable, a signed copy of "Key Individual Certification Narcotics Offenses and Drug Trafficking" (See ADS 206);

f. When applicable, a signed copy of "Participant Certification Narcotics Offenses and Drug Trafficking" (See ADS 206);

h. Survey on Ensuring Equal Opportunity for Applicants; and

i. All applicants must provide a Data Universal Numbering System (DUNS) Number (see Federal Register Notice Use of a Universal Identifier by Grant Applicants).

NOTE: The term "Grant" means "Cooperative Agreement".

PART I – CERTIFICATION AND ASSURANCES

Applicant is required to sign and submit the following certifications as part of the application.

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 will, 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 must 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.

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 must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned must require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients must 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 will 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 must 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 will 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 must 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

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

1. The 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 http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx , which is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC), 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, Usama 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 Web site: 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 must 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 will 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.

These certifications and assurances are 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 these assurances, and that the United States will have the right to seek judicial enforcement of these assurances. These assurances are binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign these assurances on behalf of the recipient.

Request for Application 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 Requests for Application (RFAs) 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 is available at:
http://transition.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.

_____

_____

_____

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) Unless otherwise specified in the solicitation using an applicable exemption, 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 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 subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee'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, 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 If the recipient plans to purchase any goods/commodities which are not in accordance with the Standard Provision "USAID Eligibility Rules for Procurement of Commodities and Services," indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located in the cooperating country at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Additionally, "available for purchase" includes "offered for sale at the time of purchase" if the commodity is listed in a vendor's catalog or other statement of inventory, kept as part of the vendor's customary business practices and regularly offered for sale, even if the commodities are not physically on the vendors' shelves or even in the source country at the time of the order. In such cases, the recipient must document that the commodity was listed in the vendor's catalog or other statement of inventory; that the vendor has a regular and customary business practice of selling the commodity through "just in time" or other similar inventory practices; and the recipient did not engage the vendor to list the commodity in its catalog or other statement of inventory just to fulfill the recipient's request for the commodity.

TYPE/DESCRIPTION _____
QUANTITY _____
ESTIMATED GOODS _____
PROBABLE GOODS _____
PROBABLE (Generic) _____
UNIT COST _____
SOURCE _____
(e) Restricted Goods. If the recipient plans to purchase any restricted goods, indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION _____

QUANTITY _____
ESTIMATED _____
PROBABLE _____
INTENDED USE (Generic) _____
UNIT COST _____
SOURCE _____

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in accordance with the Standard Provision "USAID Eligibility Rules for Procurement of Commodities and Services," 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.

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

6. PAST PERFORMANCE REFERENCES

On a continuation page, 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.

PART VI – STANDARD PROVISIONS FOR SOLICITATIONS

1. BRANDING STRATEGY - ASSISTANCE (JUNE 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.

b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Branding Strategy must include, at a minimum, all of the following:

(1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

(2) The intended name of the program, project, or activity.

(i) USAID prefers to have the “USAID Identity,” comprised of the USAID logo and brandmark, with the tagline “from the American people” as found on the USAID Web site at http://transition.usaid.gov/branding, included as part of the program or project name.

(ii) USAID prefers local language translations of the phrase “made possible by (or with) the generous support of the American People” next to the USAID Identity when acknowledging contributions.

(iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.

(v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos.

(3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

(4) Planned communication or program materials used to explain or market the program to beneficiaries.

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.

(iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, “USAID is from the American People.”

(iv) Provide any additional ideas to increase awareness that the American people support this project or program.

(5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.

(6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

e. The Agreement Officer will consider the Branding Strategy's adequacy in the award criteria. The Branding Strategy will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

f. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

(END OF PROVISION)

2. MARKING PLAN – ASSISTANCE (JUNE 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Marking Plan," detailing the public communications, commodities, and program materials, and other items that will visibly bear the "USAID Identity," which comprises of the USAID logo and brandmark with the tagline "from the American people." The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at http://transition.usaid.gov/branding .

b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Marking Plan must include all of the following:

(1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:

(i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;

(ii) Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;

(iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and

(iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

(2) A table on the program deliverables with the following details:

(i) The program deliverables that the applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the applicant will use to mark the program deliverables;

(iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;

(iv) What program deliverables the applicant does not plan to mark with the USAID Identity, and

(v) The rationale for not marking program deliverables.

(3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.

(iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.

(iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.

(v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.

(vi) Offend local cultural or social norms, or be considered inappropriate. The applicant must identify the relevant norm, and explain why marking would violate that norm or otherwise be inappropriate.

(vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness in the award criteria, and will approve and disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PROVISION)

3. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010)

APPLICABILITY: This provision is required in accordance with 2 CFR 25, Award Term for Central Contractor Registration and Universal Identifier. Agreement Officers (AOs) must include this provision in all assistance solicitations and all awards, unless the AO exempts an organization from compliance with the provision under one of the following exceptions, from paragraph d. below:

Exceptions. The requirements of this provision to obtain a Data Universal Numbering System (DUNS) number and maintain a current registration in the Central Contractor Registration (CCR) do not apply, at the prime award or subaward level, to:

(1) Awards to individuals

(2) Awards less than $25,000 to foreign recipients to be performed outside the United States (based on a USAID determination)

(3) Awards where the AO determines, in writing, that these requirements would cause personal safety concerns.

CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010)

a. Requirement for Central Contractor Registration (CCR). Unless you are exempted from this requirement under 2 CFR 25.110, you as the recipient must maintain the currency of your information in the CCR until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently, if required by changes in your information or another award term.

b. Requirement for Data Universal Numbering System (DUNS) numbers. If you are authorized to make subawards under this award, you:

(1) Must notify potential subrecipients that no entity (see definition in paragraph c. of this award term) may receive a subaward from you unless the entity has provided its DUNS number to you.

(2) May not make a subaward to an entity unless the entity has provided its DUNS number to you.

c. Definitions. For purposes of this award term:
(1) Central Contractor Registration (CCR) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR Internet site (currently at www.ccr.gov/).

(2) Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at www.fedgov.dnb.com/webform).
(3) Entity, as it is used in this award term, means all of the following, as defined at 2 CFR 25, subpart C:
(i) A governmental organization, which is a State, local government, or Indian tribe;
(ii) A foreign public entity;
(iii) A domestic or foreign nonprofit organization;
(iv) A domestic or foreign for-profit organization; and
(v) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

(4) Subaward:
(i) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you, as the recipient, award to an eligible subrecipient.
(ii) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. .210 of the attachment to OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations”).
(iii) A subaward may be provided through any legal agreement, including an agreement that you consider a contract.

(5) Subrecipient means an entity that:
(i) Receives a subaward from you under this award; and

(ii) Is accountable to you for the use of the Federal funds provided by the subaward.

***ADDENDUM (JUNE 2012):**

d. Exceptions. The requirements of this provision to obtain a Data Universal Numbering System (DUNS) number and maintain a current registration in the Central Contractor Registration (CCR) do not apply, at the prime award or subaward level, to:

(1) Awards to individuals

(2) Awards less than $25,000 to foreign recipients to be performed outside the United States (based on a USAID determination)

(3) Awards where the Agreement Officer determines, in writing, that these requirements would cause personal safety concerns.

e. This provision does not need to be included in subawards.

[END OF PROVISION]

4. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010)

APPLICABILITY: This provision is required in accordance with 2 CFR 170, Award Term for Reporting Subawards and Executive Compensation. AOs must include this provision in all assistance solicitations and all awards expected to exceed $25,000, unless an exemption applies under paragraph d. of the provision or the exemptions listed below in this applicability statement. If the AO determines that an exemption applies, the AO must provide guidance to the recipient on reporting with generic information.

Exemptions.

(1) The requirements to report under this provision do not apply to:

(i) Awards to individuals

(ii) Awards less than $25,000

(2) When the AO determines, in writing, that these requirements would cause personal safety concerns, reporting under this provision can be accomplished using generic information.

REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010)

a. Reporting of First-Tier Subawards.

(1) Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

(2) Where and when to report.

(i) You must report each obligating action described in paragraph a.(1) of this award term to www.fsrs.gov .

(ii) For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

(3) What to report. You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

b. Reporting Total Compensation of Recipient Executives.
(1) Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if –

(i) The total Federal funding authorized to date under this award is $25,000 or more;

(ii) In the preceding fiscal year, you received—

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(iii) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at www.sec.gov/answers/execomp.htm.)

(2) Where and when to report. You must report executive total compensation described in paragraph b.(1) of this award term:

(i) As part of your registration profile at www.ccr.gov/ .

(ii) By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

(1) Applicability and what to report. Unless you are exempt, as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you must report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if –

(i) In the subrecipient's preceding fiscal year, the subrecipient received—

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

(ii) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To

determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at www.sec.gov/answers/execomp.htm.)
(2) Where and when to report. You must report subrecipient executive total compensation described in paragraph c.(1) of this award term:

(i) To the recipient.

(ii) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (for example, between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions.

If in the previous tax year you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:

(1) Subawards, and

(2) The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions.

For purposes of this award term:

(1) Entity means all of the following, as defined in 2 CFR 25:

(i) A governmental organization, which is a State, local government, or Indian tribe;

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;
(iv) A domestic or foreign for-profit organization;

(v) A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

(2) Executive means officers, managing partners, or any other employees in management positions.

(3) Subaward:

(i) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
(ii) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. .210 of the attachment to OMB Circular A- 133, “Audits of States, Local Governments, and Non-Profit Organizations”).

(iii) A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

(4) Subrecipient means an entity that:

(i) Receives a subaward from you (the recipient) under this award; and

(ii) Is accountable to you for the use of the Federal funds provided by the subaward.

(5) Total compensation means the cash and noncash dollar value earned by the executive during the recipient’s or subrecipient’s preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

(i) Salary and bonus.

(ii) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

(iii) Earnings for services under nonequity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

(iv) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

(v) Above-market earnings on deferred compensation which is not tax-qualified.

(vi) Other compensation, if the aggregate value of all such other compensation (for example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

[END OF PROVISION]

5. USAID DISABILITY POLICY - ASSISTANCE (JUNE 2012)

The recipient must not discriminate against people with disabilities in the implementation of USAID funded programs and should demonstrate a comprehensive and consistent approach for including men, women, and children with disabilities. The text of the USAID Disability Policy can be found at the following Web site: http://pdf.usaid.gov/pdf_docs/PDABQ631.pdf.

[END OF PROVISION]

6. PREVENTING TERRORIST FINANCING (JUNE 2012)

a. The recipient must not engage in transactions with, or provide resources or support to, individuals and organizations associated with terrorism. In addition, the recipient must verify that no support or resources are provided to individuals or entities that appear on the Specially Designated Nationals and Blocked Persons List maintained by the U.S. Treasury (online at: http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx) or the United Nations Security designation list (online at: http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml) .

b. This provision must be included in all subagreements, including contracts and subawards, issued under this award.

[END OF PROVISION]

7. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)

a. Requirements for Voluntary Sterilization Programs

(1) Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

b. Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term "motivate," as it relates to family planning assistance, must not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent, or consequences of abortions is not precluded.

[END OF PROVISION]

8. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)

a. Voluntary Participation and Family Planning Methods:

(1) The recipient agrees to take any steps necessary to ensure that funds made available under this award will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the recipient agrees to conduct its activities in a manner which safeguards the rights, health, and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed, in whole or in part, under this award, must provide a broad range of family planning methods and services available in the country in which the activity is conducted

or must provide information to such individuals regarding where such methods and services may be obtained.

b. Requirements for Voluntary Family Planning Projects

(1) A family planning project must comply with the requirements of this paragraph.

(2) A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person’s decision not to accept family planning services offered by the project.

(6) The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to

the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

(7) The project must ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.

(8) With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no subaward or contract under this award, the organization implementing a project for which such assistance is provided must agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.

(9)

i) The recipient must notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs b.(3), b.(4), b.(5), or b.(7).

ii) The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph b.(6) and must notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

iii) The recipient must provide USAID such additional information about violations as USAID may request.

c. Additional Requirements for Voluntary Sterilization Programs

(1) Funds made available under this award must not be used to pay
for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(2) The recipient must ensure that any surgical sterilization procedures
supported, in whole or in part, by funds from this award are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant

discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent any time prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

(3) Further, the recipient must document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of this oral explanation must be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who speaks the same language as the patient.

(4) The recipient must retain copies of informed consent forms and certification documents for each voluntary sterilization for a period of three years after performance of the sterilization procedure.

d. Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate,” as it relates to family planning assistance, must not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

e. The recipient must insert this provision in all subsequent sub-agreements, including subawards and contracts, involving family planning or population activities that will be supported, in whole or in part, from funds under this award.

[END OF PROVISION]