Issuance Date: November 17, 2010
Closing Date: December 21, 2010
Closing Time: 11:00am EST

Subject: Request for Applications (RFA) Number – **SOL-OAA-11-000009**
Sustainable Leadership, Management, and Governance (SLMG)

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from eligible U.S. for-profit, non-profit, or private voluntary organizations for a program titled, "**Sustainable Leadership, Management, and Governance**." The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended. USAID strongly encourages applicants to propose creative collaborative partnerships with other U.S. and/or international organizations, NGOs, private voluntary organizations, and firms to implement activities under this program.

Any questions concerning this RFA must be submitted in writing to Ms. Alisa Dunn, Agreement Specialist, via email at adunn@usaid.gov by December 2, 2010 at 2:00PM EST.

With this RFA, USAID's objective is to strengthen the sustainable leadership, management and governance needed to implement quality health programs. It will address the leadership, management and governance needs of health systems, thereby enhancing service delivery to improve health care outcomes in Family Planning and Reproductive Health (FP/RH), HIV/AIDS, malaria, Tuberculosis (TB), Maternal and Child Health (MCH), and other health services while at the same time strengthening the management systems necessary to develop, maintain, and support health care delivery. Specifically, USAID is seeking assistance to achieve the following illustrative outcomes:

- Establish partnerships with global agencies engaged in leadership, management, and governance;
- Incorporate approaches, models, tools and processes of sustainable leadership, management and governance into programs;
- Conduct and publish impact evaluations of sustainable leadership, management and governance approaches and results; and

- Institutionalize, support, and equip managers at all levels of the health system to advocate for and implement inspired leadership, sound management and transparent governance.

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

Subject to the availability of funds, USAID seeks to award the Cooperative Agreement competitively. USAID reserves the right to fund any or none of the applications submitted.

This RFA provides an estimate of the dollar amount for the Cooperative Agreement of $200 million over five years.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section I Program Description
2. Section II Implementation Arrangements
3. Section III Cooperative Agreement Application Format
4. Section IV Evaluation Criteria
5. Section V Certifications and Assurances
6. Section VI Annexes

For the purposes of this RFA, the term "Grant" " is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

Applications, must be received by the closing date and time indicated at the top of this cover letter at the place designated in the Technical Application Format for receipt of applications. Applications and modifications thereof shall be submitted in envelopes with the name and address of the applicant and RFA No. SOL-OAA-11-000009.

Applicants are requested to submit both technical and cost portions of their applications in separate volumes. One award will be made to that responsible applicant(s) whose application(s) offers the greatest value.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant application(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant; if

circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.

The preferred method of distribution of USAID procurement information is via internet at www.grants.gov. This RFA and any future amendments can be downloaded from http://www.grants.gov. Click on "Search for Grant Opportunity," then click on "Browse by Agency" and choose U.S. Agency for International Development, then click on the Opportunity titled, "**Sustainable Leadership, Management, and Governance Program.**" If you have difficulty accessing the RFA, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via e-mail at support@grants.gov for technical assistance. Receipt of this RFA through grants.gov must be confirmed by written notification to the contact person noted below. It is the responsibility of the recipient of the grant document to ensure that it has been received from Grants.gov in its entirety, and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

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

(a) Section IV Evaluation Criteria
(b) Section III Application Format
(c) Section I Program Description
(d) This Cover Letter

Sincerely,

Alisa Dunn
Agreements Officer
Office of Acquisition and Assistance

SUSTAINABLE LEADERSHIP, MANAGEMENT, AND GOVERNANCE (SLMG) PROJECT

RFA

Table of Contents

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AO	Agreement Officer
AOTR	Agreement Officer's Technical Representative
BEO	Bureau Environmental Officer
CA	Cooperating Agency
CFR	Combined Federal Regulations
CHS	Child Survival and Health
COP	Country Operational Plan
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organizations
DFID	Department for International Development (British Aid)
EA	Environmental Assessment
ECS	Environmental Capability Statement
ECSA	Eastern, Central, and Southern Africa
EMMP	Environmental Monitoring and Management Plan
ESR	Environmental Status Report
EU	European Union
FBO	Faith Based Organizations
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
GH	Global Health Bureau
GHAI	Global HIV/AIDS Initiative (funds)
GHI	Global Health Initiative
GHWA	Global Health Workforce Alliance
GLP/TP	Global Leadership Priority/Technical Priority
HIDN	Health Infectious Disease and Nutrition
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HS	Health Systems
HSS	Health Systems Strengthening
HTSP	Healthy Timing and Spacing of Pregnancies
IBP	Implementing Best Practices
IEE	Initial Environmental Examination
IIP	Investing in People
LAPM	Long Acting and Permanent Methods
LMS	Leadership, Management, and Sustainability
M&E	Monitoring and Evaluation
M&M	Monitoring and Mitigation
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Project
MDGs	Millennium Development Goals
MOF	Ministry of Finance

MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-government Organization
NICRA	Negotiated Indirect Cost Rate Agreement
OAA	Office of Assistance and Acquisitions
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	Office of HIV/AIDS
OMB	Office of Management and Budget
PEPFAR	President's Emergency Plan for AIDS Relief (US)
PHN	Population, Health and Nutrition
PIEE	Programmatic Initial Environmental Examination
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PRH	Population and Reproductive Health
RESPOND	Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services Project
RFA	Request for Applications
RH	Reproductive Health
SDI	Service Delivery Improvement Division
SHOPS	Strengthening Health Outcomes in the Private Sector Project
SIEE	Supplemental Initial Environmental Examination
SLMG	Sustainable Leadership, Management, and Governance Project
TA	Technical Assistant/Assistance
TB	Tuberculosis
TFR	Total Fertility Rate
UN	United Nations
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

SECTION I – PROGRAM DESCRIPTION

A. Introduction

The U.S. Agency for International Development (USAID) Bureau for Global Health (GH) is issuing this Request for Applications (RFA) for a five-year, $200 million, Cooperative Agreement. This new project will build upon and expand USAID's previous successful efforts to support health systems strengthening by addressing the gap for sustainable leadership, management, and governance capacity of health care providers and program managers to implement quality health services at all levels of the health system. The name of the new project is Sustainable Leadership, Management, and Governance (SLMG).

The SLMG Project was developed by the Office of Population and Reproductive Health (PRH), Service Delivery Improvement (SDI) Division together with the Office of HIV/AIDS (OHA) and the Office of Health, Infectious Disease and Nutrition (HIDN). Additional input was sought from a design team that included representatives from the three technical offices, the Health Systems Strengthening Divisions in HIDN, the Health Systems Strengthening Team in OHA, Office of the Global AIDS Coordinator (OGAC), and Regional Bureaus. The design also benefited from the findings of an external evaluation of USAID's current Leadership Management and Sustainability Project, and a survey of priorities from Missions, as well as recent reports and analyses from the World Bank, WHO, DFID, and other leading international agencies.

B. Objective of the Project

The objective of this project is to support health systems strengthening by addressing the gap for sustainable leadership, management, and governance capacity of health care providers, program managers, and policy makers to implement quality health services at all levels of the health system. Leadership capacity, including the ability to identify, and mobilize stakeholders around an inspired shared vision, and management competence, including abilities to create functioning systems, can contribute significantly to quality health services and programs. In addition, governance expertise, particularly related to accountability, transparency, and social participation in the health sector, can ensure that these health services and programs are country and community owned and are sustainable. The award will strengthen government and civil society organizations' capacities to use and provide health services resources more effectively through improved leadership, management, and governance.

This award will build on the use of innovative platforms such as the internet, digital, and mobile phone based technologies to make leadership, management, and governance tools available at low cost and to the widest global audience. The award will expand work in pre-service training to ensure that leadership and management models for organizational, programmatic, and financial sustainability are *institutionalized and sustained* by local universities and training centers. The award will help build sustainability by developing ongoing linkages with the Office of Population and Reproductive Health's graduating and "graduate" countries, (i.e., those that are no longer receiving USAID FP funding support). The award will place an emphasis on

strengthening governance in national and local health systems and organizations by developing and testing tools and models to assess participatory processes, transparency, accountability, and monitoring and evaluation. Finally, a focus will be placed on developing the evidence base behind leadership and management training. Rigorous operations research study designs will not only enable measurement of changes in leadership and management skills and practices, but will also measure the effect of these changes on service delivery in family planning, HIV/AIDS, maternal and child health, and other health areas.

The award will also build capacity in service delivery through health systems strengthening in leadership and management systems that are necessary to develop, maintain and support access to high quality FP/RH, HIV/AIDS, malaria, TB, MCH, and other health services.

As the private sector, particularly the not-for-profit private sector, is a key provider of health services in a large number of countries, the SLMG Project will work to fill its leadership, management, institutional development, and governance needs as well as those of the public sector to build capacity for quality sustainable service delivery.

Developing the capacity of in-country organizations and institutions to assume responsibility for the project's key areas of intervention is essential to ensuring the sustainability of its efforts. This capacity building must begin at the earliest stage of implementation and be systematically incorporated throughout its work. A plan for capacity building and the ownership of local implementers will be a key component of all interventions.

The Project's Objective will be accomplished through the achievement of the three results described in Section C. below.

C. Detailed Program Description

As a global mechanism, the purpose of the SLMG Project is to strengthen the leadership, management, and governance capacity needed to implement quality health programs. It has expectations for both centrally funded global results and field supported country specific results, aligned with the Office of Population and Reproductive Health's results framework and the health systems strengthening needs of the Global Health Initiative (GHI) and the PEPFAR reauthorization. The core funded results focus on assuming global leadership to address the leadership, management, and governance crisis through the development and dissemination of state-of-the-art approaches to strengthening health systems. The field funded results focus on institutionalizing these state-of-the-art approaches to strengthen leadership, management, and governance systems at the country level while ensuring a positive impact on service delivery. Key to this process will be local capacity building and country ownership so that from inception responsibility for implementation will belong to local institutions and stakeholders, thereby ensuring sustainability.

The table below presents the results framework that the SLMG Project will work towards achieving. It is expected to make major progress toward the objective of this project through substantial, tangible achievements in each of the three result areas.

The SLMG Project Objective: To support health systems strengthening by addressing the gap for sustainable leadership, management, and governance capacity of health care providers, program managers, and policy makers to implement quality health services at all levels of the health system.		
Result 1:	**Result 2:**	**Result 3:**
Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance models, tools, and approaches for priority health programs.	Advance and validate the knowledge and understanding of sustainable leadership, management, and governance models, tools, and approaches.	Implement and scale up innovative, effective and sustainable leadership, management, and governance programs

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance models, tools, and approaches for priority health programs.

A key focus of the global agenda of the SLMG Project will be to contribute to USAID's global leadership role in health systems strengthening particularly for leadership, management, and governance capacity building. The project will advocate for efforts to strengthen management systems, leadership, governance, and to raise awareness about state-of-the-art technical interventions and tools for leadership, management, and governance among USAID missions, USG agencies, host country governments, multilateral and bilateral donors, and other key stakeholders. The project will establish collaborative partnerships with other donors, multilateral organizations, Ministries of Health, regional health institutions, and other stakeholders to adapt models, tools, and approaches for sustainable leadership, management, and governance to improve health programs. Finally, the project will help the country stakeholders including local ministries, civil society organizations, and the non-profit sector to embrace leadership, management, and governance capacity building assistance in strengthening health systems.

Anticipated Outcomes:

- Partnerships established with global agencies engaged in management, leadership, and governance as demonstrated by regular meetings, Memoranda of Understanding, ongoing dialogue, or other evidence of a substantive relationship
- Models, tools, and approaches for sustainable leadership, management, and governance incorporated into the programs of, or endorsed by, key global management and leadership agencies/organizations
- Resources leveraged for leadership, management, and governance activities from these partners
- Strategies developed for advocacy with USAID Missions, governments, and non profit sector

entities regarding health systems strengthening with specific technical approaches for leadership, management, and governance.

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance models, tools, and approaches

The project will develop models, tools, and approaches and provide technical assistance to public sector and civil society organizations to ensure that management structures and systems contribute to sustainable success in providing health services, products and promoting health behaviors. Core funds will be used to improve metrics for leadership, management, and governance including identifying indicators to accurately measure the effect of leadership, management, and governance on health systems outcomes. Finally, a focus will be placed on developing the evidence base behind leadership, management, and governance models, tools, and approaches, and training through research and innovation. Operations research and quasi-experimental study designs will not only enable measurement of changes in leadership, management, and governance skills and practices, but will also measure the effect of these changes on service delivery in FP/RH, MCH, HIV/AIDS, and other health areas.

Anticipated Outcomes:

- Models, tools, and approaches identified, improved, and evaluated for sustainable leadership, management and governance
- Impact evaluation of leadership, management, and governance approaches will be conducted and results published in peer reviewed journals and disseminated widely including USAID staff and missions.
- Indicators for supporting country led processes and capacity building will be developed and tracked

Result 3: Implement and scale up innovative, effective and sustainable leadership, management, and governance programs

The project will institutionalize, support, and equip a critical mass of managers who lead at all levels throughout the health system to advocate for and implement inspired leadership, sound management, and transparent governance. The project will further ensure that capacity building for country led processes includes skills building in planning, using data and tools for decision-making, results based budgeting, pay for performance, and other tailored management strengthening approaches. In addition, capacity building will focus on enhancing relationships and communication with Ministries of Health and Finance to secure adequate budget levels for health care resources and improves stewardship of the entire healthcare sector. The project will enable organizations and individuals to lead and manage concerted responses to complex health challenges at all levels in NGOs and the public sector, multi-sectoral bodies, national governments, and international agencies, and to measure results effectively. Finally, the project will support the ability of the health sector to implement decentralization and health reform while building capacity at each level of the health system and civil administrative level by increasing transparency, citizen participation, and government accountability to citizen's needs and strengthening the social sector to achieve millennial goals.

Anticipated Outcomes

- Scaled up leadership, management, and governance tools and approaches implemented and tested throughout health care systems
- Impact on health systems and health outcomes documented
- Policies and standards for strengthened leadership, management, and governance are established and implemented
- Integrated leadership and management in pre-service and in-service training and a cadre of health managers established
- Leadership, management, and governance training plans and processes instituted in CSOs, NGOs, and MOHs
- Innovations in leadership, management, and governance are scaled up and institutionalized
- Capacity building in leadership, management, and governance processes and approaches are documented and disseminated

The SLMG Project will fill a unique niche by serving as USAID's leading comprehensive leadership and management for health project. In addition, this project will focus on local and regional level governance issues such as accountability, transparency, and ensuring social participation in health system processes. It will have a global agenda supported primarily with core funds from USAID/Washington, and a field agenda supported by field support funds from USAID Missions.

Results 1 and 2 will be primarily focused on the global agenda. Result 3 will be field support funded with a strong field component as approaches, models, and tools are disseminated and scaled up in the field. The challenges of addressing health systems strengthening through leadership, management, and governance to improve service delivery access and quality at the same time will be most apparent while working with the field. This will offer opportunities to demonstrate unique partnerships and collaborations to achieve the desired results.

The SLMG Project will link with Global Health Bureau projects that are focusing on other aspects of health systems, such as financing (Health Systems 20/20), human resources for health (Capacity*Plus*), healthcare quality (Health Care Improvement Project [HCI]), and policy projects (Health Policy Project) to ensure a strategic and unified use of tools, models and approaches for health systems strengthening. SLMG will also collaborate with projects in key technical areas, such as FP/RH (RESPOND), the private sector (SHOPS), and MCH (MCHIP) and future projects, to draw on their specialized expertise when needed to more effectively implement programs and activities such as joint trainings, or development of pre-pre-service curricula. Finally, the SLMG Project will collaborate with other USG agencies and their projects working to strengthen health and leadership management, and governance systems, particularly at the country level.

D. Relationship of the SLMG Project to the Foreign Assistance Framework

In the Foreign Assistance Framework, the SLMG Project falls under Investing in People (IIP), and the Program Area of Health. Its three results focusing on knowledge dissemination, testing, and proving innovative models, and LMG support to the field are all aligned with achieving the

Program Element results for FP/RH, HIV/AIDS, MCH, malaria, and TB. The relationship of the SLMG Project to the Foreign Assistance Framework is illustrated in the box below.

<table>
<tr><th colspan="4">Alignment of Foreign Assistance and the SLMG Project Framework</th></tr>
<tr><td colspan="4">Foreign Assistance Objective: Investing in People</td></tr>
<tr><td colspan="4">Program Area: Health (3.1)

To contribute to improvements in the health of people, especially women, children, and other vulnerable populations in countries of the developing world, through expansion of basic health services, including family planning, strengthening national health systems, and addressing global issues and special concerns such as HIV/AIDS and other infectious diseases</td></tr>
<tr><td colspan="4">Program Elements:</td></tr>
<tr><td>FP/RH Element (3.1.7)</td><td colspan="3">Expand access to high-quality family planning services, information and reproductive health care in order to reduce unintended pregnancy and promote healthy reproductive behaviors</td></tr>
<tr><td>HIV/AIDS Element (3.1.1)</td><td colspan="3">Reduce the transmission and impact of HIV/AIDS through support for prevention, care and treatment programs</td></tr>
<tr><td>MCH Element (3.1.6)</td><td colspan="3">Increase the availability and use of proven life-saving interventions that address the major killers of mothers and children and improve their health and nutrition status</td></tr>
<tr><td>Malaria Element (3.1.3)</td><td colspan="3">Support the implementation of the President's Malaria Initiative (PMI), related malaria control programs, and malaria research activities to reduce malaria-related mortality. Develop effective malaria vaccines, new malaria treatment drugs, and targeted operations research</td></tr>
<tr><td>Tuberculosis Element (3.1.2)</td><td colspan="3">Reduce the number of deaths caused by TB by increasing detection of cases of TB and by successfully treating detected cases, as well as addressing issues of multi-drug resistant TB, TB and HIV, and investing in new tools for TB.</td></tr>
<tr><td></td><td colspan="3"></td></tr>
<tr><td>The SLMG Project Objective</td><td colspan="3">To support health systems strengthening by addressing the gap for sustainable leadership, management, and governance capacity of health care providers, program managers, and policy makers to implement quality health services at all levels of the health system.</td></tr>
<tr><td>The SLMG Project Results</td><td>Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance models, tools, and approaches for priority health programs</td><td>Advance and validate the knowledge and understanding of sustainable leadership management, and governance models, approaches and tools</td><td>Implement and scale up innovative, effective and sustainable leadership, management, and governance programs</td></tr>
</table>

E. Programmatic Background

There is now global recognition that leadership, management, and governance capacity among organizations in public and non-profit sectors are major challenges faced within health systems. As a result, increased prominence and importance is slowly being given to leadership, management, and health systems strengthening at the global level among the major donors, such as the Global Fund, Global Health Council, WHO, DFID, and others, including USAID.

In May of 2009, President Obama announced the Global Health Initiative (GHI) which calls for a new, comprehensive global health strategy to prevent millions of new HIV infections; reduce mortality of mothers and children under five; avert millions of unintended pregnancies; and eliminate neglected tropical diseases. The GHI emphasizes the need to leverage support from other nations and multilateral partners so that the world can come closer to achieving the Millennium Development Goals (MDGs). The strategy places an emphasis on health systems strengthening, capacity building, and multi-sectoral integration to achieve these goals. The GHI includes seven principles and the SLMG Project will address aspects of all seven principles in its programming. The seven principles are:

1. Women- and girl-centered approach
2. Strategic coordination and integration
3. Strengthen and leverage key multilaterals and other partners
4. Country-ownership
5. Sustainability through health systems strengthening
6. Improve metrics, monitoring and evaluation
7. Promote research and innovation

USAID's vision for development is one of improved global health through the GHI, including family planning, reproductive health, maternal and child health and reduced disease, especially HIV/AIDS, malaria, and tuberculosis. Nearly everything done to improve health with Population, Health and Nutrition priority interventions is done through the health system. Just as information technology depends on both computers and software, saving lives depends on both technical interventions and the management and leadership skills and capacity of organizations and their health workers to deliver them. While considerable progress has been made in developing technical interventions for many health areas, ensuring adequate leadership and management to implement and sustain the interventions is an ongoing challenge that is an essential component of effective and efficient health care systems.

The PEPFAR reauthorization also has a major emphasis on health systems strengthening. Within health systems strengthening, the SLMG Project will focus on building government capacities to manage a health system that effectively serves its people and invests more strategically to develop sustainable leadership, management, and governance in health by creating a cadre of health managers. Country led processes are also centerpieces of both the GHI and the PEPFAR reauthorization and the new project will work to build country capacities to

better plan, lead, manage, and conduct health care programming as a steward of the entire health system.

The WHO has identified six key building blocks to an effective health system. These include: effective service delivery, a competent workforce, functioning health information systems, equitable access to essential medicines, drugs, and vaccines, good health financing, and strong leadership and governance.

The proposed award will work within the WHO building block framework to support the health systems strengthening (HSS) and health program integration objectives of the Global Health Initiative (GHI) including the President's Emergency Plan for AIDS II (PEPFAR II), through improved processes for sustainable leadership, management, and governance.

Leadership has always been a core value of USAID's investment in Global Health. As the Bureau for Global Health moves towards a stronger emphasis on health systems strengthening, it is important to note the longtime commitment of GH to leadership and management for health. The proposed award will build on the work of the previous USAID projects. Previous projects such as the Management & Leadership Project (M&L) and the Leadership, Management, and Sustainability Project (LMS) transcended technical areas resulting in positive changes in family planning, HIV/AIDS, Maternal Child Health (MCH), and malaria, in addition to non-health sectors such as education, democracy, and governance. However, measuring the change in leadership, management, and governance and the evidence linking interventions to improvements in health outcomes has been a challenge and needs further study. In addition, ensuring that leadership and management training and governance capacity are scaled up and sustained is critical. Leadership, management, governance, and institutional strengthening approaches, best practices and tools need to be mainstreamed and institutionalized and new approaches need to be developed and tested. Finally, emphasizing the use of leadership and management as a means to ensure good governance is innovative with the potential to increase efficiency and effectiveness of global health programs.

F. Issues and Challenges

There are multiple factors that drive and influence the shortage of trained health managers and leaders, strong institutions, good governance, and health stewardship. The following are among the most important and confront all levels of health care systems:

Inadequate Numbers of Trained Health Care Managers and Leaders

There have been many advances in health systems strengthening over the past several years. Improvements in access to essential drugs, development of health information, and financial tracking systems have all helped strengthen health systems and service delivery around the world. Yet, we continue to witness health systems that do not work and an overwhelming shortage of health care workers globally including very few trained health managers. Trained clinicians are often thrust into positions such as District Medical Officer or Clinic Director where they are required to take on management responsibilities for which they have not received any formal training (neither pre-service or in-service). They are thrust into the job managing resources, people, facilities, drugs and equipment having only learned clinical skills. Most

countries do not even have a health manager cadre. The result is health systems that may have the tools to function but lack the inspired and motivated people needed to operate them. The purpose of this award is to help build the capacity of people from all levels of the health system into better health managers and leaders across the world.

The Impact of HIV/AIDS

The scope and severity of the shortage of health managers has reached a new scale with the HIV/AIDS epidemic which has not only increased the burden on health systems, but directly affects many workers themselves. Health managers now more than ever need to be able to manage the human resources they have with increased efficiency and solve or mitigate many of the existing problems. The severe shortage of trained health managers in both the public and private non-profit sectors affects the ability of countries to move their health agendas and national development goals forward and poses a serious obstacle to the achievement of the health-related Millennium Development Goals (MDGs).

Health Worker Motivation, Leadership, Problem Solving and Empowerment

Low pay, poor working conditions, and poor management practices affect the morale and motivation of health workers and managers. As a result, attracting workers and managers to rural and marginal areas and retaining them there is extremely difficult, resulting in in-country migration to urban areas and an over-concentration of workers there. Consequently, the poorest, most-in-need populations in these least desirable areas are left with limited access to services of inferior quality or may be denied services altogether due to the lack of providers. Health workers are often demoralized and due to decision making processes in large bureaucracies do not feel empowered to solve the problems in their facilities and work places that they have the ability to affect. They often lack problem solving tools to help them identify the root cause of problems and choose solutions that will improve health service delivery and ultimately health care outcomes. Most developing-country providers are not rewarded for achieving health results. Incentives inherent in fixed salaries fail to stimulate sufficient attention to quality service delivery. For instance, fixed salaries with raises that are not tied to performance may lead providers to acquiesce to low productivity, absenteeism, poor quality, or lack of innovation. In addition, payment of fees by households (particularly when there is fee retention at the facility) results in a high volume of fee generating services (typically curative care) and inadequate attention to preventive care and quality.

At the facility level, fixed budgets focus on justifying expenditures on inputs and not on results; thus, there are weak incentives to expand coverage, promote preventive and primary care services, or solve systemic problems. At the patient level, limited incomes may cause households to prioritize urgent curative care services and neglect essential preventive care. This further reduces provider motivation to reach communities with essential public health services, resulting in limited accountability for or responsiveness to population needs. Turnover due to attrition, frequent staff changes, elections, and changes in political positions in MOH create a constant change in counterparts and make it important to engage a critical mass of health workers at all levels of the health care system in management and leadership training. This is necessary to create a tipping point and critical mass to affect change and improve leadership and management of scarce resources to achieve better health outcomes.

Weak Management Systems and Management Competencies in Organizations throughout the Health System

Health care workers do not receive training in leading, visioning, managing, communication, negotiation, giving feedback, motivating, change management, and optimal resource allocation to achieve results. Organizations often have weak management in budgeting, measuring performance and system improvement. As more non profit, faith based, and local indigenous organizations become involved in service delivery, more strengthening of management and financial systems as well as board governance will be necessary especially as the GHI seeks to directly fund small NGOs in countries and governments. These organizations' and ministries' systems will need to be strengthened to pass audits to directly handle USG and other donor funds according to procedures. Skills and systems will need to be built and local capacity strengthened to follow international accounting standards, to manage resources and people, to judge performance, and to identify and solve problems efficiently.

Pre-service Education and In-service Training

The production of well-prepared health care workers begins with their pre-service education and the quality of that education impacts both the public and private health care sectors. Pre-service educational institutions—medical, public health, nursing and midwifery schools in particular –do not offer leadership, management, and governance courses. The result is many health personnel are assigned to leadership and management positions without the necessary skills, such as strategic planning, operational planning, communications, conflict mitigation, visioning, staff motivation, team building, performance improvement, using data for decision making, and aligning financial, human and other resources to achieve outcomes. Pre-service curriculum typically relies on outdated classroom-based teaching methodologies that focus on didactic knowledge transfer rather than skills development. Medical training institutions face difficult human resource issues. In particular, there is a lack of qualified teachers and professors and retention is difficult with low salaries, inadequate teaching facilities and equipment, and postings in less desirable rural areas. These are significant constraints on both the quantity and quality of knowledge and skills that students can acquire during their pre-service years.

Lack of Focus on Sustainability

Given the emergency nature of the HIV/AIDS epidemic, new programs like PEPFAR focused on service delivery with little focus on building the skills and health systems needed to sustain these services after donor funding ceased. Over the past 50 years, USAID's health program has learned many lessons about building sustainable systems. An example is the USAID family planning program; the only health subsector that plans for country "graduation". It is a rational, systematic, and planned end to USAID FP funding based on technical criteria, skills level, and service quality in the national program, sustainability of training and logistics systems, M&E capacity, sustainable financing, and more. As the new Global Health Initiative (GHI) and re-authorized PEPFAR call for health systems strengthening, country led approaches and programs, as well as direct funding to more indigenous NGOs and governments, there is a great need to intensify the focus on the sustainability of quality health systems and develop sustainable widespread leadership, management, and governance competencies to ensure that health gains achieved will be maintained and increase after donor funds eventually cease. Public health systems, NGO, and FBOs need to be strengthened to responsibly absorb increased donor funds,

disburse funds in a timely manner, ensure good governance, accountability, and transparency in the use of donor and host country funds.

Decentralization and Health Care Reform

Many countries are pursuing rapid decentralization in the health sector and other health reforms. In the long run, the effects of these measures will be positive by enabling more decentralized decision making that is more responsiveness to state, regional, municipality, and facility level needs and by improving access to basic packages of proven health interventions for maximum health benefit. In the short and medium term, however, implementation of such major changes can be chaotic and health outcome reversals may be experienced. Often problems arise, such as the absence of a legislative framework to support reform or decentralization, or inadequate communication between central level MOH staff and multiple level stakeholders needed to implement and operationalize the reform and decentralization. Thus a greater level of competency in management, leadership, and governance is needed at *all levels* of the health system

At the national level, technical assistance is needed to develop national standards, policies, tools and approaches to help national bodies transform into stewards of the health system. At the provincial, regional or state level assistance is needed to develop the detailed systems that can translate policies, standards, tools and approaches into operations. At the municipal level, assistance and training for local officials is needed to help them understand health and social sector needs and optimally use budget resources. At the health facility level, technical assistance is needed to implement standards, polices, tools, and approaches and to ensure that the implementation experience is used to inform higher level authorities of needed changes in the reforms. At the community level, technical assistance is needed to ensure citizens have the leadership and governance skills to be active agents in defining health needs, identifying service gaps, and influencing use of resources to address their health needs. Facilities also need assistance in developing the skills to identify and solve health problems within their manageable interest and to harness local and community resources to address and solve problems.

Gender Considerations

Gender, or the socio-culturally constructed roles and responsibilities assigned to males and females, has significant implications for the management, leadership, and governance of health care. Appropriate leadership, management, and governance of health care can positively impact gender equity. Gender norms and the imbalance in power dynamics between men and women are often reflected within health systems and institutions. In many health care settings, men are disproportionately in positions of power. Men also often enjoy greater opportunities for continuing education and training, and consequently earn promotions. Men are often in the highest positions of leadership and management. As recruitment, training, retention, performance appraisals, and promotion for health providers and managers are considered, it is important to examine and address gender-related constraints and opportunities.

Gender considerations relating to clients are equally important. Medical education and training should include the development of gender-sensitive client-provider interaction skills. Health workers who are attuned to the cultural roles attributed to females and males, and the

consequences that these beliefs have on health behavior and status, are more likely to be able to address their clients' needs in ways that lead to better health outcomes.

G. Leadership, Management and Governance across the Health Sector

FP/RH Management and Leadership Needs

At current population growth rates, the world will have added over 1½ billion people between the years 2000 and 2020. The greatest percentage of growth will be in sub-Saharan Africa, South-Central Asia, and Latin America which will see increases in their populations by 63, 34, and 27 percent respectively. Family planning programs helped countries around the world achieve impressive results in reducing their total fertility rates (TFR) and slowing population growth. These declines, in turn, enabled countries to improve the health of mothers and children, better educate their citizens, and achieve sustainable economic growth.

For the past 50 years, USAID has made significant contributions to those family planning programs as both the largest donor and a source of technical expertise in training, communications, operations research, logistics management, and family planning service delivery. USAID has played a key role in helping Bangladesh, Botswana, Ethiopia, Kenya, Zambia, and Zimbabwe to overcome major challenges in their healthcare systems to achieve great success in providing FP services, leading to increased contraceptive prevalence rates (CPR), decreased maternal and infant mortality and morbidity, and decreased fertility.

However, much remains to be done to increase access and use of family planning, particularly in sub-Saharan Africa and South Asia. In many countries CPRs have stagnated over the past decade as attention and resources have shifted to other areas of health. Despite the increasing level of contraceptive use in developing countries, more than 100 million women have an unmet need for family planning. The United Nations estimates that demand for family planning will grow 40 percent by 2050 as record numbers of young people enter their reproductive years. Meeting both the current and future needs for family planning remains a large and growing challenge.

At USAID, the Office of Population and Reproductive Health (PRH) has identified countries as priorities for global family planning efforts and the GHI. (See attached table at Annex C.) Although USAID's work is not limited to these countries, a concerted effort will be made with missions in these priority countries to advance family planning programs, especially through assisting them with their sustainable leadership, management, and governance needs over the coming years. Many of these countries are also priority countries for PEPFAR, MCH, PMI, and/or TB.

PRH has also identified three cross-cutting priority areas to be addressed by its projects: gender, poverty and equity, and youth. This project will incorporate these cross-cutting priorities into management, leadership and governance systems strengthening efforts as appropriate. The Office also has a list of technical priority areas[1] which may be relevant to the efforts of the SLMG Project in service delivery strengthening and that should be addressed whenever possible.

[1] These include but are not limited to Repositioning Family Planning, Community-based FP, FP/HIV Integration, FP/MCH Integration, LAPMS, and Healthy Timing and Spacing of Pregnancies.

PEPFAR and Leadership and Management Targets

Effective health systems depend on a trained and motivated workforce that can carry out the tasks and build the systems needed to achieve PEPFAR goals. It is widely recognized that the lack of management and leadership skills is a major barrier to scaling up HIV services including strategic and operational planning, using data for management decision making, performance improvement, motivating and inspiring staff, team building, coaching and delegating, facilitative supervision and identifying challenges and their potential solutions. This inhibits sustainable program goals not only in PEPFAR HIV/AIDS programs, but in all areas of health and development.

The reauthorized PEPFAR offers a unique opportunity and mandate for PEPFAR II to have a significant impact on health systems strengthening over the next five years. Within this mandate, and given the target to produce and retain 140,000 new health care workers, PEPFAR II has identified the following priorities for the period 2009-2014:

- Promoting the use of data for decision-making;
- Developing pre-service education for health-related professionals, paraprofessionals, and community health workers in leadership, management, and problem-solving; and
- Strengthening management in the MOH.

These priorities are congruent with the issues and challenges identified above and can be addressed through the Results Framework of this project. PEPFAR COP and mini-COP countries will also be developing five-year Partnership Frameworks to help ensure the sustainability of PEPFAR activities. The SLMG Project has a unique role in strengthening county led approaches by building leadership, management skills, transparency and good governance into these processes

H. Performance 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 SLMG Project to 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 project objective and each of the three results will be developed by the implementing agency for the SLMG Project and submitted as part of the overall performance monitoring plan (PMP) for this project. The PMP submitted by the implementing agency will be subject to approval of the USAID Agreement Officer's Technical Representative (AOTR).

Indicators and targets for each result should illustrate how the SLMG Project will contribute to quality health programs by strengthening leadership, management, and governance thereby strengthening service delivery systems. Measurement of achievements under the cooperative agreement should directly relate to the technical leadership and support provided under this project, including the identification, development, and application of evidence-based best practices. They should also demonstrate how the SLMG Project will leverage results not only through partnering under this agreement but also by disseminating practices through other

USAID cooperating agencies and bilateral agreements. Indicators should have widely shared definitions and allow aggregation of results across countries, regions and/or the entire program.

For each field support program under this award, a key early activity of the recipient will be to reach agreement with the Mission's Activity Manager on a Performance Monitoring Plan, including indicators and performance targets. The Recipient will be expected to describe the expected outcomes under each result in annual workplans, and to report to the Mission on progress according to agreed indicators on a semi-annual basis.

I. Substantial Involvement

USAID shall be substantially involved during the implementation of this Cooperative Agreement in the following ways:

1) Approval of annual work plans, and all modifications, which describe the specific activities to be carried out under the Agreement;

2) Review of semi-annual technical progress reports and financial reports;

3) Approval of key personnel and any changes;

4) Approval of monitoring and evaluation plans. USAID will be involved in monitoring progress toward achievement of the Objective and Expected Results during the course of the Agreement and in monitoring financial expenditures;

5) Review and approval of all field support program descriptions by the GH AOTR to ensure that they fall within the CA program description;

6) Approving all US domestic and international travel quarterly; and

7) As appropriate, other monitoring as described in 22 CFR 226.

The Cooperative Agreement for the SLMG Project will be managed by the Service Delivery Improvement Division, Office of Population and Reproductive Health within the USAID Bureau for Global Health (GH/PRH/SDI). A Technical Advisor from the Office of HIV/AIDS at USAID will oversee HIV/AIDS technical work and coordinate it with the FP/RH technical work.

J. Reporting Requirements

The recipient will adhere to all reporting requirements listed below. All reports as required under Substantial Involvement shall be submitted by the due date for approval of the USAID AOTR designated by the Office of Assistance and Acquisition. Additional reports requiring review and clearances, when necessary, are listed under each requirement. The recipient will consult with the AOTR on the format and expected content of reports prior to submission.

1) Financial Reporting

Financial reporting requirements will be in accordance with 22 CFR 226.

2) Performance Monitoring and Reporting

The recipient will submit reports to the USAID AOTR as described below. The exact format for preparation of and timing for, submission of all reports will be determined in collaboration with the AOTR.

a) Annual Work Plan (2 copies)

The SLMG Project will prepare annual work plans for the Cooperative Agreement on a schedule and according to a format agreed upon by USAID and the SLMG Project, to be submitted to the GH/PRH/SDI AOTR for approval. The work plans for the field support will be submitted to Missions' Activity Managers and then approved by the AOTR. For the CA award, the Recipient will follow the work plan year as defined by the AOTR and the Office of Population and Reproductive Health. The first work plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending on the start date of the agreement.

b) Performance Monitoring Report (2 copies)

The recipient shall submit an updated report on progress toward agreed performance targets every three (3) months for the first year and every six (6) months thereafter, based on the Performance Monitoring Plan to be developed by the recipient in collaboration with USAID. This will include information on activities in all countries and regions. The reports must also include the following: 1) explanation of quantifiable output of the programs or projects, if appropriate and applicable; 2) reasons why established goals were not met, if appropriate; and 3) analysis and explanation of cost overruns or high unit costs (recipients must immediately notify USAID of developments that have a significant impact on award-supported activities.) Further, notification must be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

c) Final Report (2 Copies)

USAID requires, 90 days after the completion date of this Cooperative Agreement, that the Recipient shall submit a final report which includes an executive summary of the Recipient's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the recipient's activities and attainment of results by country or region, as appropriate during the life of the Cooperative Agreement; an assessment of the progress made toward accomplishing the objective and expected results, significance of these activities; important research findings, comments and

recommendations, and a fiscal report that describes how the recipient's funds were used. See 22 CFR 226.51.

d) Environmental Compliance Planning and Reporting (2 copies)

The Recipient must develop and secure USAID clearance of the Supplemental Initial Environmental Examination (SIEE) prior to funding any country level activities

- All ongoing and planned country level activities must include an initial environmental examination under this cooperative agreement.
- This examination will be done in collaboration with the USAID AOTR, the Mission Environmental Officer, and the Bureau Environmental Officer (BEO).
- A complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan shall be prepared by the recipient as part of the program workplan and integrated into each annual workplan, or the monitoring plan can be included as part of the PMP. An EMMP is a table of conditions and measures to implement those conditions—see the PIEE EMMP Section (attached).
    a. This plan shall describe how the recipient will, in specific terms, implement all PIEE and/or Environmental Assessment (EA) conditions that apply to proposed project activities within the scope of the award.
    b. The EMMP M&M Plan or the PMP shall include monitoring the implementation of the conditions and their effectiveness.
    c. The results of the EMMP will be reported to the AOTR and the BEO annually, no later then November 1 of each year and can be included as an annex to the annual report.

3) Distribution of Reports

The recipient shall submit an original and one copy of the final report to the Technical Advisor and the AOTR and one copy to the USAID Development Experience Clearinghouse: E-mail (the preferred means of submission) is : docsubmit@dec.cdie.org. The mailing address via US Postal Service is:

Development Experience Clearing House
8403 Colesville Road
Suite 210
Silver Spring, MD 20910

K. USAID Management

The Cooperative Agreement will have one GH/PRH/SDI AOTR and a Technical Advisor (TA) from PRH and a Technical Advisor from OHA. The AOTR and TAs will work in collaboration with AOTRs and COTRs for other projects that overlap or feed into leadership, management, and governance for health, health systems, service delivery, other centrally managed projects, and Mission bilateral programs to provide technical assistance to the field. The USAID/Washington management team will handle day-to-day oversight of the Cooperative Agreement. The AOTR will retain substantial involvement for activities conducted directly

under the Cooperative Agreement including under field support funds. S/he will regularly meet with project senior leadership and staff to track program and activity design, implementation, progress, and evaluation; and conduct semi-annual management reviews and budgetary analyses. Management of funds and technical content related to GH global leadership priorities or directly related to HIV/AIDS, MCH, malaria, or TB will include technical input from those offices as appropriate.

If Missions opt to use the Cooperative Agreement, they will access it through the field support system. Mission funds will be obligated directly into the Cooperative Agreement as incremental funding.

L. Management Reviews and Evaluations

The Annual Work Plan will form the basis for a joint management review by USAID and program staff to review program directions, achievement of the prior year work plan objectives, major management and implementation issues, and to make recommendations for any changes as appropriate.

At any time during program implementation, USAID may conduct one or more evaluation(s) to review overall progress, assess the continuing appropriateness of the project design, and identify any factors impeding effective implementation. USAID will utilize the results of the evaluations to recommend any mid-course changes in strategy if needed and to help determine appropriate future directions. Site visits may occur anytime after the initial six month period.

SECTION II. IMPLEMENTATION ARRANGEMENTS

A. Anticipated Award Schedule

The SLMG Project is expected to be awarded on or about January 15, 2011.

B. Eligibility Criteria

To be eligible to receive this Cooperative Agreement, an organization must:

- Be a U.S. based-non-profit, for profit, or private voluntary organization or an Institution of Higher Education registered with USAID (as defined in 22 CFR part 228);
- Have managerial, technical, and institutional capacities to achieve the results outlined in this program description; and
- Propose to contribute from their own, private or local sources no less than 20 percent of the amount of funds obligated by USAID for the implementation of this program over the course of the agreement.

C. Implementation Mechanism

The SLMG Project is a cooperative agreement with a five-year term. The Service Delivery Improvement Division, of the Office of Population and Reproductive Health within the Global Health Bureau will manage the Award. The Award covers all core-funded activities under this Agreement, and may receive both USAID core and field support funds, from a variety of accounts and earmarks. Applicants are encouraged to propose creative collaborative partnerships with other U.S. and/or international organizations, NGOs, private voluntary organizations, and firms to implement activities under this program. Inclusion of South-to-South partners and faith based organizations (FBOs) is highly desirable. Proposing at least one new partner in response to this RFA is also highly desirable. “New partners” are defined as organizations that have never received Global Health Bureau funding as either a direct or sub-recipient. Under this definition, organizations that have been directly funded by a USAID Mission bilateral project or have received USAID Regional Bureau funding will be considered a new partner. Partnerships should be of manageable size with relationships and responsibilities clearly defined.

USAID anticipates allocating up to $200 million in total funding for this activity over the five year performance period. The award will be funded each year at an estimated $4 million in population funds and an estimated $800,000 in OHA funds. In addition, it is estimated that there will be $15 million in field support the first year. Indirect costs, if any, are to be included in these totals. It is the intent of the U.S. government to make one award for this five year period. The Government, however, reserves the right to fund more than one application, depending on the relative technical merit, relative cost of proposals received, and availability of funds, etc., or to make no award. The Agreement Officer is the ONLY USAID official or representative of the Government authorized to change any terms and conditions of the Cooperative Agreement.

D. Staffing

The Recipient is expected to develop and fill a comprehensive staffing plan that enables achievement of all results under the SLMG Project and demonstrates an appropriate balance of skills and accountability. The professional staff proposed should possess complementary experience that reflects a combination of strong management as well as specific technical expertise. The staffing level and pattern may be increased or modified over time if needed to provide effective support to field programs as they come on stream, rather than from the onset of the award.

Key personnel: The following are designated KEY positions under the SLMG Project: Project Director; Deputy Director; Financial Director; and Monitoring and Evaluation Director. All proposed Key Personnel must have the demonstrated ability to address the conceptual framework of the SLMG Project and advance the state-of-the art in strengthening LMSG to implement quality service delivery programs.

1. Qualifications for the proposed Project Director

The proposed Project Director must have the leadership qualities, broad technical expertise and experience, professional reputation, management experience, interpersonal skills, and professional relationships to fulfill the diverse managerial and technical requirements of the program description. The Project Director shall have:

- At least ten years experience in addressing issues of leadership, management, and governance for health/health systems strengthening and/or designing, implementing, and managing large complex projects in/for developing countries.
- Demonstrated international credibility as a leader on matters of leadership, management, and governance for health/health systems strengthening in developing countries.
- Experience interacting with government agencies, host country governments, counterparts, and international donor agencies.
- Strong interpersonal, writing, and oral presentation skills in English.
- A Master's Degree or higher.
- A degree in public health or social sciences, management or a related advanced degree is preferred.
- Two years experience living and working in a developing country and fluency/proficiency in a second language are highly desirable.
- The proposed candidate's experience and education are complementary to those of the proposed candidate for the deputy director position.

2. Qualifications for the proposed Deputy Director

The proposed Deputy Director must be experienced in addressing the special challenges of leadership, management, and governance for health/health systems strengthening described in the program description, as well as management experience. S/he shall have:

- At least eight years of experience in implementing or managing projects related to HSS in/for developing countries, with a particular emphasis on sustainable leadership, management, and governance.
- Demonstrated leadership qualities, broad technical and management expertise, and experience.
- Strong interpersonal, writing, and oral presentation skills.
- A Master's Degree in public health, a clinical discipline, or social sciences relevant to the field of leadership, management, and governance for health, health systems strengthening, or a related advanced degree.
- Experience with FP/RH and/or HIV/AIDS programs is highly desirable.
- Two years experience living and working in a developing country and fluency/proficiency in a second language are highly desirable.
- The proposed candidate's experience and education are complementary to those of the proposed candidate for the Project Director position.

3. Qualifications for the proposed Financial Director

The proposed Financial Director must be experienced in implementing and managing projects aimed at strengthening the delivery of services for FP/RH, HIV/AIDS, MCH, malaria, or other relevant health areas. S/he shall have:

- At least eight years of experience with financial management and budgeting of health projects in/for developing countries, strongly preferably with some experience with USAID projects.
- Demonstrated leadership qualities and broad financial and management expertise and experience.
- Strong interpersonal, writing, and oral presentation skills.
- A Master's Degree in Business Administration, accounting, or a Certified Public Accountant or equivalent of ten years experience in position performing these functions.
- Experience living or working in a developing country with country counterparts in financial management and budgeting is highly desirable.

4. Qualifications for the proposed Monitoring and Evaluation Director

The Monitoring and Evaluation Director must have a firm command of M&E issues with respect to leadership, management, and governance for health, health systems strengthening, capacity building, and service delivery strengthening, especially for FP/RH and/or HIV/AIDS. S/he shall have:

- At least eight years experience supervising monitoring and evaluation efforts for multi-country, multi-faceted health programs.
- Demonstrated analytical skills and experiences to identify and evaluate best practices and state-of-the-art approaches to be utilized by the SLMG Project.
- Possess strong writing and organizational skills for reporting on program and study results.

- An advanced degree in public health, demography, sociology, psychology, biostatistics, statistics, or a related field.

E. Financial Plan

USAID funding for the SLMG Project Cooperative Agreement will have an approximate $200,000,000 ceiling over the five-year implementation period. An estimated $20 million of funding will be provided through population core funding, an amount to be determined of HIV/AIDS core funding, and the rest will be through field support. The project can accept funds from any earmark or account, though it will be funded mainly from the USAID Child Survival and Health (CSH) Population Account and HIV/AIDS Accounts (both CSH and GHAI). Activities under this Agreement will conform to relevant policies, laws, and guidance on use of these funds, including USAID guidance on the use of PRH and other funds.

There is a 20 percent cost sharing requirement for the Cooperative Agreement. Such funds may be mobilized from the prime recipient; other multilateral, bilateral and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially, and in-kind to implementation of activities at the county level.

SECTION III – COOPERATIVE AGREEMENT APPLICATION FORMAT

A. General Instructions

Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the Applicant's risk.

The successful Applicant for this RFA will be awarded a Cooperative Agreement with USAID. Applications in response to this RFA should respond directly to the terms, conditions, specifications, and provisions of this RFA. Applications not conforming to this RFA may be categorized as non-responsive, thereby eliminating them from further consideration.

Applicants should submit one original plus four (4) copies of a technical application and one original plus two (2) copies of the cost/business application, in English. Applications should reference the total proposed funding level and the estimated cost share on the cover page. In addition to hard copies, technical and cost/business applications should be submitted on one (1) CD ROM each in Microsoft Word 2003 and Excel 2003 respectively.

All copies of the technical and cost/business applications must be separately placed in sealed envelopes clearly marked on the outside with the following words
"RFA No. SOL-OAA-11-000009 with the contents indicated: e.g. Technical, and/ or Cost/Business (as appropriate) Application".

Any application with data not to be disclosed should be marked with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate this application. If, however, a cooperative agreement is awarded to this Applicant as a result of or in connection with the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting cooperative 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 [insert numbers or other identification of sheets]."

Mark each sheet of data you wish 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."

Eligibility Criteria

To be eligible to receive this Cooperative Agreement, an organization must:

- Be a U.S.-based for-profit, non-profit, or private voluntary organization or an Institution of Higher Education (as defined in 22 CFR part 145);

- Have managerial, technical and institutional capacities to achieve the results outlined in this program description; and

- Propose to contribute from their own, private or local sources no less than 20 percent of the amount of funds obligated by USAID for the implementation of this program over the course of the agreement.

B. Preparation Guidelines for the Technical Application

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Section IV, "Evaluation Criteria," addresses the technical evaluation procedures for the applications. Applications that are submitted late or are incomplete will not be considered for award.

Applications shall be submitted in two separate parts: (a) technical and (b) cost or business application, following the instructions listed in the first part of this section.

The application will be prepared according to the structural format set forth below. Applications must be submitted to the location indicated in the cover letter accompanying this RFA by the date and time specified.

Technical applications should be specific, complete and concise. The Application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The technical application should fully respond to the technical evaluation criteria found in Section IV.

Applicants should retain for their records one copy of the application and all enclosures that accompany their application. Erasures or other changes must be initialed by the person signing the application. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

USAID requests that applications be kept as concise as possible. Technical Applications are limited to 35 pages (12 point single-spaced type, 1 inch margins), not including the cover page, executive summary, appendices, figures and tables. Shorter applications are encouraged. USAID requests that applications provide all information required by following the general format described below.

The technical evaluation criteria, with the possible points allocated to each, are described in Section IV. The maximum number of points available is 100. A USAID Technical Evaluation Panel will evaluate the technical applications in accordance with the evaluation criteria in Section IV. The format of the technical application should follow the outline and order of the technical scoring criteria according to the guidelines provided below.

The suggested format for the technical application is:

B1. Cover Page

Include project title, RFA number, name of organization(s) submitting application, contact person, telephone and fax numbers, e-mail, and address.

B2. Executive Summary (1-3 pages)

Briefly describe how the Applicant(s) proposes to meet the requirements, carry out the activities, and achieve the anticipated results. Briefly describe the technical and managerial resources of the Applicant's organization and describe how the overall program will be managed.

B3. Technical Application Format (maximum 35 pages)

This section represents the technical portion of the RFA. Applications should be kept as concise and specific as possible. The technical portion of the application shall be no more than 35 pages, excluding attachments. The technical application should be organized in the order of the evaluation criteria found in Section II.

Content of the Technical Application – Instructions

B3A. Technical Approach

B3A1. Overall quality of proposed strategies, approaches, and interventions

Applicants should describe how they propose to achieve the objective of this project—to support health systems strengthening by addressing the gap for sustainable leadership, management, and governance capacity of health care providers and program managers to implement quality health at all levels of the health system. Applicants should describe how this will contribute to higher level outcomes.

For each of the three Results described in the RFA, Applicants should present an overview of how they will accomplish each result, with specific illustrative activities they would use to accomplish results and should propose sub-results and additional anticipated outcomes under each proposed sub-result of the application. Applicants are encouraged to propose additional or modified anticipated outcomes, with corresponding proposed activities to accomplish these outcomes.

For the purpose of this application, Applicants should assume they will receive population and HIV/AIDS core funds and population, maternal child health, infectious disease and HIV/AIDS field support funds, with possible funding from other sources, such as malaria.

In this section, Applicants should describe strategies for building on and strengthening local partners, networks and institutions and collaborating with other USAID Cooperating Agencies (CAs) and projects. Specifically, Applicants should describe how

they will involve local partners in program implementation and ensure capacity building within in-country organizations and institutions that will allow country ownership and responsibility for interventions, thereby increasing sustainability.

Applicants should also describe how they will be responsive to USAID missions that provide field support funding, including how their responses will address the challenges as described in this RFA.

B3A2. Case Studies:

Applicants' response to the case study questions should be no more than 4 pages for Case Study 1 and 5 pages for Case Study 2 (a total of 9 pages) as part of the 35 page limit.

Case Study 1: Under the Global Health Initiative, health systems strengthening (HSS), is one of the seven basic principles. To facilitate effective and standardized programming for HSS, USAID has adopted the WHO building blocks framework to describe health systems. In this framework each building block, while filling its own unique role in the system, is also inter-related to all the others in achieving the system's goals.

One of these building blocks is "Leadership and Governance". Describe your vision of an effective leadership and management system with improved governance, how that system relates to the other five health system building blocks, and how this model can lead to strengthened systems and improved outcomes and ensure sustainability. Limit your response to no more than four (4) pages.

Case Study 2: Choose a country that you are familiar with that is facing leadership, management, and governance problems. Present the health, management and other relevant data for the country. Develop and present a comprehensive 5-year program that will move this country towards the sustainable leadership, management, and governance systems you described in Case Study 1. Describe how this will lead to improved outcomes in health. Assume an annual budget of $500,000 in population funds, $800,000 in HIV/AIDS and $100,000 in other funds (these can be MCH, malaria, TB or some combination of these). Please include a timeframe and monitoring indicators. Limit your response to no more than five (5) pages.

B3B. Staffing, including Key Personnel

Applicants should propose a staffing plan that demonstrates an appropriate balance of skills, experience, and accountability. They should present a plan that enables achievement of the three results outlined in the program description. (See Section III C. Detailed Program Description.)

Applicants should provide the following information which may be included in annexes and therefore does not count against the Applicant's page limit:

- A complete staffing plan including key personnel and core technical staff, with underlying rationale, including an organizational chart demonstrating lines of authority and staff responsibility accompanied by position descriptions. Staffing plans are expected to include non-program staff, core technical staff and an explanation of how additional technical

expertise will be obtained with attention to cost-containment and avoiding unnecessary staffing. Staffing charts are also to include the percentage of time on project per staff.

- A matrix of relevant programmatic and technical skills and experience necessary to implement the Applicant's plan that shows how all proposed staff (including short-term consultants and staff with service delivery skills) in the staffing plan meet these requirements.

- An annex including letters of commitment and resumes (three pages maximum) including a half page summary of qualifications for all candidates for key positions.
  Summary biographical statements (no more than one page each) of personnel other than those designated for key positions that are considered important to implementation of the project.

- Documentation that demonstrates organizational capabilities including past performance.

Applicants shall provide the names of the key individuals responsible for preparing the technical application, the specific sections of the proposal to which each contributed, and the approximate percentage of the final document that each individual contributed.

B3C. Management and Institutional Capacity

Applicants should provide a management plan for project implementation showing how responsibility and lines of authority will be managed within the project and across any proposed partnerships. The management plan should describe how the project will relate to and respond to USAID Washington and to USAID Missions in the field. The Applicant should describe plans for rapid start-up of the project, including plans for rapidly accessing and deploying key personnel and essential technical staff to support the implementation of the technical program and meet Washington and USAID Missions' needs on the ground while avoiding excess staffing.

The Applicant should describe the proposed management and administrative structure, policies and practices for overall implementation of the program including personnel, financial and logistical support, and coordination.

The plan should also explain how the Applicant will address USAID Missions' priorities. Applicants should specifically describe how they will be responsive in a timely manner to USAID Missions requesting support from the project across a range of technical areas, including those outlined in the program description.

USAID expects that all key personnel and core technical staff be located at the project headquarters; key personnel should be full time with the project. Further, USAID strongly recommends that the headquarters of the project be located in the Washington D.C. metropolitan area.

In an annex to the technical proposal, Applicants should demonstrate that their past performance meets or exceeds the Eligibility Criteria provided in the RFA.

B3D. Performance Monitoring and Evaluation

Applicants should propose a preliminary performance monitoring plan (PMP) to track progress in achievement of the project objective and each of the three Results under the award as outlined in the Program Description. The PMP should include proposed performance indicators with specific targets and benchmarks for the overall objective and each of the three results. Applicants should describe how the PMP indicators will be regularly collected and reported to facilitate results reporting to USAID Washington and USAID Missions.

Applicants should describe how overall impact of project activities will be assessed, including how baselines will be established and how changes in status will be measured and attributed to project activities. Applicants should also describe how the data provided by the PMP, and any other proposed specific studies to monitor particular aspects of activities, would be used to make mid-term corrections or other changes.

B3E. Cost Share

Applicants will be evaluated on their ability to maximize their cost share. At a minimum the cost share requirement for the Cooperative Agreement is 20 percent. Applicants shall be evaluated on the effectiveness, cost efficiency and matching resources that the applicant and its partners bring to the implementation of the project.

Applications that do not meet at least the minimum cost-share requirement are not eligible for award consideration.

B3F. Environmental Compliance

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216 http://www.usaid.gov/our_work/environment/compliance/22cfr216.htm) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (*http://www.usaid.gov/policy/ADS/200/*), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.

To demonstrate their capability to meet all environmental compliance requirements, applicants will submit an Environmental Capability Statement (ECS) presenting their approach to achieving environmental compliance and management, i.e., how they will implement the Programmatic Initial Environmental Examination (PIEE) (attached). This statement, which should be limited to ½ -1 page, must include:

- the applicant's approach to developing and implementing any 22 CFR 216 documentation including provisions for an Environmental Monitoring and Management Plan (EMMP)[2] to be updated and revised throughout the life of the award as detailed in the annual Environmental Status Report (ESR) and
- The applicant's approach and staff that will provide necessary environmental management expertise.
    - This will include examples of past experience of environmental management of similar activities and
    - technical expertise of identified individuals.

The applicant needs to include anticipated costs for implementing and monitoring the environmental compliance activities in the budget and to describe these costs in detail to the degree possible in the budget narrative.

C. Cost/Business Application

The following sections describe the documentation that applicants for an assistance award must submit to USAID prior to award in order for an Agreement Officer (AO) to make a determination of responsibility. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following.

Applicants must include a detailed five-year budget with accompanying budget narratives for the application, which provides in detail the total costs for implementation of the program the organization is proposing. For the purposes of developing an illustrative budget, it should be assumed that the award will be funded each year at an estimated $4 million in population core funds, and an estimated $800,000 in HIV/AIDS core funds. In addition, it is estimated that there will be $15 million in field support the first year. The information from the detailed budget must be then included on the Standard Form 424, which can be downloaded from the following links http://www.usaid.gov/forms/sf424.pdf (Standard Form 424). The Applicant should submit the cost/business application on a CD ROM, formatted in Word 2003 and Excel 2003.

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

Over the course of the Agreement, in addition to USAID funds, Applicants are expected to contribute from their other sources, no less than 20 percent of the amount obligated by USAID for the implementation of this program, over the life of the project. Contributions can be either cash or in-kind and can include contributions from the U.S. NGOs, local counterpart organizations, project clients, and other donors (not other USG funding sources). Information

[2] An EMMP is a table of conditions and measures to implement those conditions. See the PIEE EMMP section.

regarding the proposed cost-share should be included in the SF 424 and the Cost Matrix as indicated on those documents. The cost-share should be discussed in the budget narratives to the extent necessary to realistically access these sources and funds and the feasibility of the cost-sharing plan. Applications that do not meet the minimum cost-share requirement are not eligible for award consideration. It should be noted that there is no separate/additional evaluation criteria category for cost share because cost-share is included within cost-effectiveness.

Additionally, if an Applicant proposes a higher than minimum cost share, this may be considered with the "cost effectiveness" evaluation. If the cost share is less than 20 percent, then the proposal shall not be reviewed and will be deemed non-responsive.

To support the proposed costs, please provide detailed budget notes/narrative for all costs that explain how the costs were derived. The following provides guidance on what is needed.

a. The breakdown of all costs associated with the program according to the costs of, if applicable, headquarters, regional, and/or country offices; project management and administrative costs will be shared equitably across all funding sources.

b. The breakdown of all costs according to each partner organization involved in the program.

c. The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.

d. The breakdown of any financial and in-kind contributions of all organizations involved in implementing this Cooperative Agreement.

e. Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement.

f. Procurement plan for commodities (if applicable).

The cost application should contain the following budget categories:

- Salary and Wages: Direct salaries and wages should be proposed in accordance with the Applicant's personnel policies;

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

- Travel and Transportation: The application should indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per Diem should be based on the Applicant's normal travel policies;

- Equipment: Estimated types of equipment (i.e., model #, cost per unit, quantity);

- Supplies: Office supplies and other related supply items related to this activity;

- Contractual: Any goods and services being procured through a contract mechanism;

- Other Direct Costs: This includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the Applicant's fringe benefits), equipment, office rent abroad, etc. The narrative should provide a breakdown and support for all other direct costs; and

- Indirect Costs: The Applicant should include a current negotiated indirect cost rate (NICRA) from a cognizant government audit agency. Applicants who do not currently have a NICRA from any agency of the United States government (USG) shall also submit the following information:

    - Copies of the applicant's financial reports for the past three years, which has been audited by a certified public accountant or other auditor satisfactory to USAID;
    - Projected budget, cash flow and organizational chart; and
    - A copy of the organizations accounting manual.

ADDITIONAL DOCUMENTATION

Please include information on the organization's financial status and management, including:

a. Copies of the Applicant's financial reports for the previous 3-year period, which have been audited by a reputable certified public accounting firm;

b. A current Negotiated Indirect Cost Rate Agreement;

c. Organizational chart;

d. If the Applicant has made a certification to USAID that its personnel, procurement, and travel policies are compliant with applicable OMB circular and other applicable USAID and Federal regulations, a copy of the certification should be included with the application. If the certification has not been made to USAID/Washington, the Applicant should submit a copy of its personnel (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel and procurement policies, and indicate whether personnel and travel policies and procedures have been reviewed and approved by any agency of the Federal Government. If so, provide the name, address, and phone number of the cognizant reviewing official; and

e. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the Applicant should advise which Federal Office has a copy**.**

Applicants must submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted must substantiate that the Applicant:

- Has adequate financial resources or the ability to obtain such resources as required during the performance of the cooperative agreement;

- Has the ability to comply with the cooperative agreement conditions, taking into account all existing and currently prospective commitments of the Applicant, nongovernmental and governmental;

- 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;

- Has a satisfactory record of integrity and business ethics;

- Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., Equal Employment Opportunity laws); and

- Completed copy of certifications and representations.

In addition to the aforementioned guidelines, the applicant is requested to take note of the following:

1. Unnecessarily Elaborate Applications

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, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

2. Acknowledgement of Amendment to the RFA

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

3. Receipt of Applications

Applications must be received at the place designated and by the date and time specified in the cover letter of this RFA.

4. Submission of Applications

Applications and modifications thereof shall be submitted in sealed envelopes or packages (1) addressed to the office specified in the Cover Letter of this RFA, and (2) showing the time specified for receipt, the RFA number, and the name and address of the applicant.

5. Preparation of Applications

- Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the applicant's risk.

- Each applicant shall furnish the information required by this RFA. The applicant shall sign the application and print or type its name on the Cover Page of the technical and cost application. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

- 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:

  - Mark the title page with the following legend:

    "This application includes data that shall not be disclosed outside of the U.S. Government and shall not be duplicated, used, or disclosed – in whole or part – for any purpose other than to evaluate this application. If, however, a cooperative agreement is awarded to this applicant as a result of, or in connection with, the submission of this data, the U.S. government shall have 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

  - 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."

6. Explanation to Prospective Applicants

Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing. Oral explanations or instructions given before award of a cooperative agreement will not be binding. Any information given to a prospective applicant concerning this RFA will be furnished promptly to all other prospective applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

7. Cooperative Agreement Award

The Government may, without discussions or negotiations, award an agreement resulting from this RFA to the responsible Applicant, whose application conforming to this RFA offers the best proposal, including a calculation of costs that are reasonable and clearly explained. Therefore, the initial application should contain the Applicant's best effort from a technical standpoint, with reasonable allocation of costs. The Government may reject any or all applications, accept other than the lowest cost application, and waive informalities and minor irregularities in applications received.

Although technical evaluation factors are significantly more important than cost factors, the closer the technical evaluations of the various applications are to one another, the more important cost considerations become. The Agreement Officer may determine what a highly ranked application based on the technical evaluation factors would mean in terms of performance and what it would cost the Government to take advantage of it in determining the best overall value to the Government.

8. Authority to Obligate the Government

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

9. Terrorism

The Applicant is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/sub-awards issued under this agreement.

10. Foreign Government Delegations to International Conferences

Funds in this agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees, or other conference costs for any member of a foreign government's

delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" [http://www.info.usaid.gov/pubs/ads/300/refindx3.htm] or as approved by the Agreement Officer.

11. Cooperative Agreement

It is USAID's intent to award a five year cooperative agreement to build upon its previous work to strengthen the sustainable leadership, management, and governance needed to implement quality health programs. This Request for Applications (RFA) is issued for a cooperative agreement covering a specified worldwide activity as described in the Program Description.

12. Period of Performance

The Cooperative Agreement will be issued for a performance period of five (5) years.

13. Estimated Dollar Value

This RFA provides an estimate of the dollar amount for the Cooperative Agreement of $200 million over five years.

SECTION IV –EVALUATION CRITERIA

A. Overview

Each technical application submitted in response to this RFA will be evaluated in relation to the evaluation factors set forth in this solicitation and which have been tailored to the requirements of this RFA to allow USAID to choose the highest quality application.

The Government intends to evaluate applications and award an agreement without discussions with Applicants. However, the Government reserves the right to conduct discussions if later determined by the Agreement Officer as necessary. Therefore, each initial offer should contain the Applicant's best terms from a cost or price and technical standpoint.

B. Acceptability of Proposed Non-Price Terms and Conditions

An offer 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 proposal without taking exception of 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 offer to be unacceptable. Applicants who wish 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 Applicant selection decision.

The criteria presented below have been tailored to the requirements of this RFA. Applicants should note that these criteria serve to: (a) identify the significant areas that Applicants should address in their applications and (b) serve as the standard against which all applications will be evaluated. To facilitate the review of applications, Applicants should organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below; thereafter, the cost application of all Applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, allowability, and allocability. To the extent that they are necessary (if award is made based on initial applications), negotiations will be conducted with all Applicants, whose application after discussion and negotiation has a reasonable chance of being selected for award. An award will be made to responsible Applicants whose applications offer the greatest value, cost reasonableness, and other factors considered.

Award will be made based on the ranking of proposals according to the technical selection criteria identified below.

C. Evaluation Criteria

USAID will award to the one Applicant whose proposal best meets the program description and represents the best value to the U.S. Government, all factors considered. Technical proposals for the Sustainable Leadership, Management, and Governance Project will be evaluated and scored based on the following percentages.

C1. Technical Approach (39/100)

The application reflects excellent understanding of the overall program description and its objective, and the ability to synthesize and apply the lessons learned from past and current USAID agreements and other critical sources. The technical approach will be evaluated on the overall merit (creativity, clarity, analytical depth, state-of-the-art technical knowledge, and responsiveness) and feasibility of the program approach and strategies proposed to achieve the program's objective, results, and sub-results. Responsiveness to each of the bullets provided below will be taken into consideration by the technical review committee in determining the overall score, but will not be individually scored.

1. **Overall quality of proposed strategies, approaches, and interventions (25/35)**

- An understanding of, and a proposed approach for addressing the key issues and challenges, application of best practices, and achievement of specific results for meeting the requirements of the program description. Illustrative activities are relevant and likely to achieve the anticipated outcomes for each result and sub-result. Sub-results and activities reflect sound knowledge and approaches to address the challenges in developing countries to strengthen management health systems. The application reflects thorough understanding of health systems strengthening, including leadership and management development, implementation, capacity building, sustainability, governance, systems strengthening, support for improved health outcomes, productivity, and monitoring and evaluation.

- An understanding of and a proposed approach for strengthening leadership and management systems while at the same time improving access to and the quality of services in FP/RH, HIV/AIDS, malaria, TB, MCH, and other health areas. The application articulates how larger systems strengthening efforts are able to have a positive impact on service delivery and demonstrates this in the illustrative activities and anticipated outcomes.

- An understanding of and a proposed approach for building the capacity of local organizations and institutions that are part of health systems strengthening and service delivery improvement activities articulated in response to the program description. The application demonstrates how this approach is incorporated into activities, the monitoring of the capacity development process and the establishment of local ownership to stakeholders.

- An understanding of, and a proposed approach for actively engaging a variety of partners at the global level, including donors, and at the local level, including governments and the non-governmental sector. The application describes how these partnerships will leverage funding, political will, and other resources in order to obtain the goal of improved sustainable leadership, management, and governance systems to support improved health.

- Technical leadership, creativity, innovation and soundness in advancing evidence-based best practices and state-of-the-art approaches for improving health systems for sustainable leadership, management, and governance to support them, and the services they provide. Gender considerations including a girl and woman centered approach are addressed throughout the proposed approaches and strategies.

- The proposed approaches are feasible, efficient, sustainable, and have potential to be scaled-up; identify strategies/mechanisms/activities for coordination/collaboration with USAID partners, country stakeholders and a wide range of other organizations.

2. Case Studies (14/35; 7 for each study)

The responses to the case study questions will be evaluated according to the following criteria. Responsiveness to each of the bullets below will be taken into account by the technical review committee in determining the score for each case study, but will not be individually scored.

- Case study responses reflect a thorough understanding of leadership, management, and governance systems and the interventions needed to strengthen and sustain them;
- Case study responses reflect a careful review, understanding and analysis of the information presented for each case study;
- Proposed approaches to building capacity and strengthening health systems through leadership, management, and governance are state-of-the-art and evidence-based;
- Proposed activities are appropriate to the specific setting and efficient in use of technical and financial resources;
- Proposed activities reflect understanding of the diverse nature of relationships and partnerships that need to be fostered and the importance of gender including a girl and woman centered approach considerations;
- Proposed activities reflect strategic collaboration with other USAID funded projects and partners via tools, models, and/or approaches;
- Adequate emphasis is placed on scaling-up and achieving broad-based impact; and
- Appropriate work-plan and/or monitoring and evaluation strategies are proposed.

C2. Staffing including Key Personnel (43/100)

Responsiveness to each of the criteria below will be taken into account by the technical review committee in determining the score for each category, but will not be individually scored. Consideration will also be given to the complementarities of the team of key personnel that are proposed.

Qualifications for the proposed Project Director: **(13/47 points)**

The proposed Project Director must have strong leadership qualities and broad technical and management expertise, as demonstrated by at least ten years of experience in addressing issues for health/health systems strengthening and/or designing, implementing and managing large complex projects in/for developing countries. S/he must also have demonstrated international credibility as a leader on matters of sustainable leadership, management, and governance for health and health systems strengthening as well as capacity building in developing countries. S/he must have experience interacting with government agencies, host country governments, counterparts, and international donor agencies. Strong interpersonal, writing and oral presentation skills in English are also required. S/he must have a Master's Degree or higher. A degree in public health or social sciences, management, or a related advanced degree is preferred. Two years experience living or working in a developing country and fluency/proficiency in a second language are highly desirable.

Qualifications for the proposed Deputy Director (7/47 points)

The proposed Deputy Director must be experienced in addressing the special challenges of health and health systems strengthening. S/he must have at least eight years of experience in implementing or managing projects related to HSS in/for developing countries, with a particular emphasis on leadership, management, and governance. S/he must have demonstrated leadership qualities, broad technical and management expertise and experience, and strong interpersonal, writing, and oral presentation skills. S/he must have a Master's Degree in public health, a clinical discipline, or social sciences relevant to the field of leadership and management for health or health systems strengthening or a related advanced degree. Experience with FP/RH or HIV/AIDS programs is highly desirable. Two years experience living or working in a developing country and fluency/proficiency in a second language are also highly desirable.

Qualifications for the proposed Financial Director: (7/47 points)

The proposed Financial Director must be experienced in USAID or international budgeting, financial management, and oversight for FP/RH, HIV/AIDS, MCH, malaria, or other relevant health areas in the developing world. S/he must have at least eight years of experience with health projects in/for developing countries, as well as demonstrated leadership qualities, broad technical financial and management expertise and experience, and strong interpersonal, writing, and oral presentation skills. S/he must have a Master's Degree in Business Administration or be a Certified Public Accountant or have a related advanced degree or experience. Education and/or experience relevant to the field of financial management, accounting, auditing, and management

for international public health is highly desirable. Experience working with project and country counterparts in projects in developing countries is also highly desirable.

Qualifications for the proposed Monitoring and Evaluation Director (5/47points)

The proposed Monitoring and Evaluation (M&E) Director must have a firm command of M&E issues with respect to leadership and management in health systems strengthening and/or capacity building, as well as service delivery strengthening, especially for FP/RH and/or HIV/AIDS. S/he must have at least eight years experience designing, implementing, and supervising monitoring and evaluation efforts for multi-country, multi-faceted programs. S/he must have demonstrated analytical skills and experiences to identify and evaluate best practices and state-of-the-art approaches to be utilized by the project. Experience with quasi-experimental design evaluations is highly desirable. In addition, s/he must possess strong writing and organizational skills for reporting on program and study results. S/he must have an advanced degree in public health, demography, sociology, psychology, biostatistics, statistics, or a related discipline.

The complement of other financial management/administration and technical staff and organizational structure (11/47 points)

The staffing pattern and the number and type of positions proposed must demonstrate applicants' responsiveness to the financial management/administration and technical requirements and Applicant's approach, with an optimal configuration for efficiency and cost containment. The proposed financial management/administration and technical specialists must have demonstrated financial, administrative, technical and operational experience in the subject areas for which they are proposed. The proposed technical specialists must cover the technical areas needed to achieve the main results of the project. Regarding the organizational arrangements (e.g., consortium, recipient/sub recipients), the staffing pattern and the number and type of positions proposed should reflect the specific expertise of each organization, should not be duplicative, and should represent an efficient use of resources.

C3. Management and Institutional Capacity (10/100)

The management and institutional capacity will be evaluated according to the following criteria. Responsiveness to each of the bullets will be taken into consideration by the technical review committee, but will not be individually scored.

- Management and administrative structure, policies and practices for overall implementation of the program including personnel, financial, and logistical support; the role and level of effort for staff supporting these functions; and a realistic plan for monitoring the technical and financial activities and reporting on results;

- Plans for rapid start up of the project, including the first year plan of activities and timeline; and plans for rapid response to requests from USAID/Washington and/or USAID Missions, including how the program will manage a complex set of activities in multiple countries and

regions of the world, and balance the competing demands from USAID/Washington and USAID Missions, including the reporting requirements;

- How applicants will divide responsibilities and funding among partners to manage and implement activities; how the applicant will work with local partners, other USAID programs, and other implementing organizations to achieve results; and how management is structured in a way that is mutually reinforcing, optimally efficient and effective in its use of technical and financial resources, and not duplicative; and

- The proposal demonstrates the Applicant's institutional capacity, organizational systems, and competence to creatively plan, implement, monitor, and report on the range of activities outlined in this RFA in both global and country-specific contexts.

C4. Monitoring and Evaluation (8/100)

The Monitoring and Evaluation Plan will be evaluated according to the following criteria. Responsiveness to each of the bullets provided below will be taken into account by the technical review committee in determining the overall score for this category, but will not be individually scored.

- The application presents a comprehensive Performance Monitoring Plan (PMP) that clearly outlines its approach to monitoring and evaluation. The plan delineates ambitious but achievable performance targets and benchmarks for achieving the results outlined in the program description. It includes a plan for the oversight of compliance with USAID family planning legal and policy requirements.
- The plan demonstrates what will be achieved by year three and by the end of the project. There should be at least a minimal set of indicators for targets, and benchmarks should show how they lead to the achievement of results.
- The plan describes the methodology to be used for data collection that is cost effective and timely.

Summary:

Technical Approach	39 points
Staffing/Key Personnel	43 points
Management/Institutional Capacity	10 points
Monitoring and Evaluation	8 points
TOTAL	**100 points**

SECTION V – CERTIFICATIONS AND ASSURANCE

Affirmation of Certification**:** **http://www.usaid.gov/policy/ads/300/303sad.dpf.**

SECTION VI – ANNEXES

Annex A: .Standard Form 424**:** **http://www.usaid.gov/forms/sf424.dpf**

Annex B: Mandatory Standard Provisions for U.S. Nongovernmental Recipients: **http://www.usaid.gov/policy/ads/303/303mab.pdf**

Annex C: Branding and Marking Plan

Annex D: Matrix of Priority Countries

Annex E: Programmatic Initial Environmental Examination (PIEE) for the SLMG Project

DOCUMENTS FOR THE SLMG RFA WEBSITE

Midterm Evaluation of the LMS Project
Self-Assessment of the LMS project
Final Report of the LMS project

ANNEX C

Branding and Marking Plan

3. MARKING UNDER ASSISTANCE-BRANDING STRATEGY – ASSISTANCE (December 2005)

(a) Definitions

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

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

The Agreement Officer will request that the Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award.

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

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

(c) **Submission Requirements**
At a minimum, the Apparently Successful Applicant's Branding Strategy will address the following:

(1) Positioning
What is the intended name of this program, project, or activity?

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

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

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

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

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

(2) Program Communications and Publicity

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

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

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

Guidelines: These include training materials, posters, pamphlets, Public Service Announcements, billboards, websites, and so forth.
What is the main program message(s)?

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

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

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

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

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

(3) Acknowledgements

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

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

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

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

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

4. MARKING UNDER ASSISTANCE -MARKING PLAN – ASSISTANCE (December 2005)
(a)Definitions

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

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

The Agreement Officer will request that Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award, which the Agreement Officer must still obligate.

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

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

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

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

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

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

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

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

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

(b) **Submission.** The Apparently Successful Applicant, upon the request of the Agreement Officer, will submit and negotiate a Marking Plan that addresses the details of the public communications, commodities, program materials that will visibly bear the USAID Identity. The marking plan will be customized for the particular program, project, or activity under the resultant grant or cooperative agreement. The plan will be included in and made a part of the resulting grant or cooperative agreement. USAID and the Apparently Successful Applicant will negotiate the Marking Plan within the time specified by the Agreement Officer. Failure to submit and negotiate a Marking Plan will make the applicant ineligible for award of a grant or cooperative agreement. The applicant must include an estimate of all costs associated with branding and marking USAID programs, such as plaques, labels, banners, press events, promotional materials, and so forth in the budget portion of its application. These costs are subject to revision and negotiation with the Agreement Officer upon submission of the Marking Plan and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

(c) **Submission Requirements**. The Marking Plan will include the following:

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

(i) program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature;

(ii) technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID;
(iii) events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities; and

(iv) all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies and other materials funded by USAID, and their export packaging.

(2) A table specifying:

(i) the program deliverables that the recipient will mark with the USAID Identity,

(ii) the type of marking and what materials the applicant will be used to mark the program deliverables with the USAID Identity, and

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

(3) A table specifying:

(i) what program deliverables will not be marked with the USAID Identity, and

(ii) the rationale for not marking these program deliverables.

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

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

(i) For Presumptive Exception (i), identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why the program, project, activity, commodity, or communication is 'intrinsically neutral.' Identify, by category or deliverable item, examples of program materials funded under the award for which you are seeking exception 1.

(ii) For Presumptive Exception (ii), state what data, studies, or other deliverables will be produced under the USAID funded award, and explain why the data, studies, or deliverables must be seen as credible.
(iii) For Presumptive Exception (iii), identify the item or media product produced under the USAID funded award, and explain why each item or product, or category of item and product, is better positioned as an item or product produced by the cooperating country government.
(iv) For Presumptive Exception (iv), identify the item or commodity to be marked, or categories of items or commodities, and explain how marking would impair the item's or commodity's functionality.

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

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

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

(3) The Agreement Officer will review the request for adequacy and reasonableness. In consultation with the Cognizant Technical Officer and other agency personnel as necessary, the Agreement Officer will approve or disapprove the requested Presumptive Exception. Approved exceptions will be made part of the approved Marking Plan, and will apply for the term of the award, unless provided otherwise.

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

5. MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (December 2005)

(a) Definitions

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

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

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

Projects include all the marginal costs of inputs (including the proposed investment) technically required to produce a discrete marketable output or a desired result (for example, services from a fully functional water/sewage treatment facility).

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

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

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

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

(b) Marking of Program Deliverables

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

(2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity.

The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.

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

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

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

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

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

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

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

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

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

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

(11) The recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the recipient will submit one

electronic or one hard copy of all final documents to USAID's Development Experience Clearinghouse.

(c) Implementation of marking requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(d) Waivers.

(1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

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

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

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

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

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

ANNEX D

Matrix of Priority Countries

Health Program Priority Countries for Presidential and Other USG Global Health Initiatives

	FP/RH Tier One	FP/RH Tier two	HIV/AIDS-PEPFAR	MCH Initiative	Malaria-PMI	TB
AFR						
Angola		X	X		X	X
Benin		X		X	X	
Botswana			X			
Côte d'Ivoire			X			
DRC	X*		X	X		X*
Ethiopia	X*		X	X	X	X*
Ghana	X		X	X	X	X
Guinea		X				
Kenya	X*		X	X	X	X*
Lesotho			X			
Liberia	X			X	X	
Madagascar	X*			X	X	
Malawi	X*		X	X	X	X
Mali	X			X	X	
Mozambique	X		X	X	X	X*
Namibia			X			X
Nigeria	X*		X	X		X*
Rwanda	X*		X	X	X	
Senegal	X		X	X	X	X
South Africa		X	X			
Sudan		X	X	X		X
Swaziland			X			
Tanzania	X*		X	X	X	X*
Uganda	X*		X	X	X	X*
Zambia	X*		X	X	X	X*
Zimbabwe		X	X			X*

AFR: Africa
ANE: Asia and Near East
E&E: Europe and Eurasia
LAC: Latin America and the Caribbean

FP/RH: Family Planning/Reproductive Health
* indicates one of the 13 FP/RH priority countries
MCH: Maternal and Child Health
TB: Tuberculosis * indicates a focus country

	FP/RH Tier One	FP/RH Tier Two	HIV/AIDS -PEPFAR	MCH Initiative	Malaria-PMI	TB
E&E						
Albania	X					
Armenia	X					
Azerbaijan	X			X		
Georgia	X					X
Kazakhstan		X				X
Kyrgyzstan		X				X
Moldova						X
Russia	X		X			X*
Tajikistan		X		X		X
Turkmenistan		X				X
Ukraine	X		X			X*
Uzbekistan		X				X
ANE						
Afghanistan	X			X		X*
Bangladesh	X			X		X*
Cambodia		X	X	X		X*
China			X			
Egypt		X				
India	X*		X	X		X*
Indonesia			X	X		X*
Jordan		X				
Nepal		X		X		
Pakistan	X*			X		X*
Philippines	X			X		X*
Thailand			X			
Vietnam			X			
Yemen	X					
LAC						
Bolivia	X			X		X
Brazil						X*
Dom. Republic			X			X
El Salvador		X				
Guatemala	X			X		
Guyana			X			
Haiti	X*		X	X		X
Honduras		X				X
Mexico						X
Nicaragua		X				
Peru						X

AFR: Africa
ANE: Asia and Near East
E&E: Europe and Eurasia
LAC: Latin America and the Caribbean

FP/RH: Family Planning/Reproductive Health
* indicates one of the 13 FP/RH priority countries
MCH: Maternal and Child Health
TB: Tuberculosis * indicates one of 18 TB focus countries

GHI Plus Cour

Annex E

SUMMARY OF PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
For
The Sustainable Leadership, Management, and Governance Project

PROGRAM/ACTIVITY DATA

PIEE Number: 0042
Program/Project Number:
Country: **Global**
Functional Objective: **Investing in People**
Program Area: **Health**
Program Elements: **PRH, MCH, HIV/AIDS, MALARIA, TB**
Funding Period: **Five (5) years**
Life of Activity Funding: **2011-2015**
Life of PIEE: Five years from date of signing or at the time of any change/amendment to the Sustainable Leadership, Management, and Governance Cooperative Agreement

PIEE Amendment: Yes_____ No_x__ If yes, date of original IEE: _____

PIEE Prepared by: GH/PRH/SDI

Current date: August 24, 2010

ENVIRONMENTAL ACTION RECOMMENDED

Categorical Exclusion: _____
Negative Determination: _____
Negative Determination w/ Conditions:____x_____
Positive Determination: _____

SUMMARY OF FINDINGS

The purpose of this document is to review the overall activities and the potential environmental impact that will be undertaken by the Sustainable Leadership, Management, and Governance Cooperative Agreement. The Sustainable Leadership, Management, and Governance Cooperative Agreement Programmatic Initial Environmental Examination (PIEE) evaluates the potential impacts of the Sustainable Leadership, Management and Governance Project activities and has determined that a **Negative Determination with Conditions** is appropriate for the actions described in the document. Other actions not described in the paper, construction or those that use pesticide (including larviciding, indoor residual spraying, fogging, and pesticide impregnated materials etc.) will require supplemental environmental analysis. For subsequent sub-awards, a supplemental IEE (SIEE) will be required. SIEEs will be executed for sub-awards to ensure and document country specific compliance with agreed environmental mitigation. Any SIEE or Environmental Assessment (EA) will be prepared by the implementing partner or

his/her designee and submitted to the Agreement Officer's Technical Representative (AOTR) and the Global Health Bureau Environmental Officer (BEO) for approval.

THRESHOLD ENVIRONMENTAL DETERMINATIONS

The overall environmental determination for the Sustainable Leadership, Management, and Governance Project is a **Negative Determination, with Conditions**.

Pursuant to 22 CFR216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for any Sustainable Leadership, Management, and Governance Project activities that have potential for negative impact on the environment in the following category, as presented in Section 4, Annex A in of this document:

- Training professional and paraprofessional health care workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., long-term and permanent methods of family planning, administration of injectables, HIV or TB testing, malaria diagnosis, etc.)

SUMMARY OF MONITORING AND REPORTING MEASURES

The AOTR of the Sustainable Leadership, Management, and Governance Project in consultation with the Bureau Environmental Officers and any Mission Environmental Officer, as appropriate and implementing partners will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this PIEE arise during implementation, and modify or end activities as appropriate. If additional activities are added to the primary award that are not described in this document, an amended environmental examination must be prepared.

1. USAID procurement should include consideration of the implementing partner's ability to perform the mandatory environmental compliance requirements as envisioned under the Sustainable Leadership, Management, and Governance Project. The Agreement Officer (AO) shall include required environmental compliance and reporting language into each implementation instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.
2. It is expected that subsequent funds will either be core or field support funds awarded at the bi-lateral or regional mission level. For each core or field support country activity under this Cooperative Agreement, a Supplemental Initial Environmental Examination (SIEE) will be completed by the implementing partner and submitted to the AOTR, the Global Health Bureau Environmental Officer (BEO), and the Mission Environmental Officer or the Regional Environmental Officer for their approval. The SIEE will be a streamlined document describing the specific country context and the specific activities that will be implemented under the award, and referring back to the conditions of this PIEE. This must be completed prior to the start of activities, to ensure that the activities and conditions in this PIEE still apply. In the event that any new proposed activity differs substantially from the type or nature of activities described here, or requires different or additional mitigation measures beyond those described, an amendment to this PIEE will be prepared and the SIEE will reference the amended PIEE.

3. Implementing partners under this award will complete an annual environmental mitigation and monitoring report of all activities unless specified otherwise. This reporting should be incorporated into pertinent Performance Monitoring Plans and Annual Workplans. The environmental monitoring report should be submitted to the AOTR by November 1 of each year. The AOTR will compile these reports into an overall Sustainable Leadership, Management, and Governance Project report for the GH BEO so that the results can be included in the Operational Plan (OP) reporting process to Congress.
4. Any sub-agreements or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:
   a) the completion of an annual environmental monitoring report, and
   b) those activities to be undertaken will be within the scope of the environmental determinations and recommendations of this PIEE. This includes assurance that any mitigating measures required for those activities be followed.
5. The implementing partners' Project Work Plan will identify those activities outlined in this PIEE that have potential impacts to the environment and discuss plans for environmental management, mitigation approaches, and monitoring measures. Implementing partners will be required to include Environmental Compliance Monitoring in their project work plan and monitoring and evaluation plan.
6. Based on the process outlined in the Project Work Plan, the implementing partners' annual reports to USAID will include brief updates on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures.
7. The AOTR and/or on-site manager or their representative of the Sustainable Leadership, Management and Governance Project will undertake field visits, as possible, and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions.
8. Operating Units will ensure that implementing partners have sufficient capacity to implement mitigation and monitoring measures.
9. Implementation will in all cases adhere to applicable host country environmental laws and policies.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

Recommended By: _____ _____
Kathryn Panther Date
Chief, GH/PRH/SDI

Concurrence: _____ _____
Teresa Bernhard Date
Global Health Bureau Environmental Officer

Approved: _____

Disapproved:_____

Filename:

ADDITIONAL CLEARANCES:

_____ _____
Brian Hirsch Date
Africa Bureau Environmental Officer

_____ _____
John O. Wilson Date
Asia/Near East Bureau Environmental Officer

_____ _____
Mohammad Latif Date
Europe and Eurasia Bureau Environmental Officer

_____ _____
Victor Bullen Date
Latin America and Caribbean Bureau Environmental Officer

PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)

SUSTAINABLE LEADERSHIP, MANAGEMENT, AND GOVERNANCE PROJECT

TABLE OF CONTENTS

ACRONYM LIST

AIDS	Acquired Immune Deficiency Syndrome
AO	Agreement Officer
AOTR	Agreement Officer's Technical Representative
BEO	Bureau Environmental Officer
CO	Contract/Grants Officer
EMMR	Environmental Mitigation and Monitoring Report
FAR	Federal Acquisition Regulation
FY	Fiscal Year
GH	Bureau for Global Health
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information Systems
HRH	Human Resources for Health
LOE	Level of Effort
MCH	Maternal Child Health
M&E	Monitoring and Evaluation
MEO	Mission Environmental Officer
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
NGO	Non governmental Organization
OP	Operating Plan
OAA	Office of Acquisition and Assistance
PIEE	Programmatic Initial Environmental Examination
PMI	Presidential Malaria Initiative
PR	Program Results
PRH	Population, Reproductive Health
REO	Regional Environmental Officer
RFA	Request for Application
SIEE	Supplemental Initial Environmental Examination
SLMG	Sustainable Leadership, Management, and Governance
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
Sustainable Leadership, Management and Governance Project

PROGRAM/ACTIVITY DATA

Program/Project Number:	XXX
Country:	**Global**
Functional Objective:	**Investing in People**
Program Area:	**Health**
Program Elements:	**PRH, MCH, HIV/AIDS, MALARIA, TB**
Funding Period:	**Five (5) Years**
Life of Activity Funding:	**2011-2015**

SECTION 1: Background and Activity/Program Description

Purpose and Scope of PIEE

The purpose of this document is to review the overall activities undertaken by the **Sustainable Leadership, Management and Governance Cooperative Agreement** and provide threshold determinations of environmental impact and conditions for mitigation.

Section 1 of this document covers the categories of activities undertaken by Sustainable Leadership, Management and Governance: Section 2 is background information on the geographical coverage; Section 3 provides an evaluation of the potential environmental impacts of Sustainable Leadership, Management and Governance activities; Section 4 provides the threshold environmental determination for Sustainable Leadership, Management, and Governance activities; and Section 5 describes mitigation measures required for implementation.

Overview of the Sustainable Leadership, Management and Governance Project

Background

The existing unmet demand for family planning service delivery remains considerable. Globally, an estimated 100 million women have an unmet need for contraception. Africa has nearly half of the world's maternal mortality but, on average, only 15 percent of married women use contraceptive methods. The desired fertility in the African region is considerably lower than actually fertility, which remains high at 5-7 children per woman in most countries (Kent Hill April 2007 Senate testimony). For youth in Africa, approximately 23 percent of women have given birth by age 18 (Population Reference Bureau World Youth Data Sheet 2006) and 9 percent of women ages 15-19 are using any form of contraception (Demographic Health Survey data). Though the greatest unmet need regionally is in Africa, Asia has a number of countries (e.g., Pakistan and Cambodia) with contraceptive prevalence rates below 25 percent.

There are a number of reasons to continue devoting substantial resources to family planning service delivery. From the lens of transformational development, research suggests a causal connection between a population's move from high to low rates of birth and death and declines

in the vulnerability of nation-states to civil conflict. Policies promoting small, healthy and better educated families in developing countries seem like to encourage greater political stability in weak states and to enhance global security (*The Security Demographic*). U.S. foreign assistance can directly promote this demographic transition through better choices among the timing and frequency of pregnancy.

Objective of the Project

The objective of this project is to support health systems strengthening by addressing the gap for sustainable leadership, management, and governance capacity of health care providers, program managers, and policy makers to implement quality health services at all levels of the health system. Leadership capacity, including the ability to identify, and mobilize stakeholders around an inspired shared vision, and management competence, including abilities to create functioning systems, can contribute significantly to quality health services and programs. In addition, governance expertise particularly related to accountability, transparency, and social participation in the health sector can ensure that these health services and programs are country and community owned and are sustainable. The award will strengthen government and civil society organizations' capacities to use and provide health resources more effectively through improved leadership, management, and governance.

This award will build on the use of innovative platforms such as the internet, digital, and mobile phone based technologies to make leadership, management, and governance tools available at low cost and to the widest global audience. The award will expand work in pre-service training to ensure that leadership and management models for organizational, programmatic, and financial sustainability are *institutionalized and sustained* by local universities and training centers. The award will help build sustainability by developing ongoing linkages with the Office of Population and Reproductive Health's graduating and "graduate" countries, (i.e., those that are no longer receiving FP USAID funding support). The award will place an emphasis on strengthening governance in national and local health systems and organizations by developing and testing tools and models to assess participatory processes, transparency, accountability, and monitoring and evaluation. Finally, a focus will be placed on developing the evidence base behind leadership and management training. Rigorous operations research study designs will not only enable measurement of changes in leadership and management skills and practices, but will also measure the effect of these changes on service delivery in family planning, HIV/AIDS, maternal and child health, and other health areas.

The award will also build capacity in service delivery through health systems strengthening in leadership and management systems that are necessary to develop, maintain and support access to high quality FP/RH, HIV/AIDS, malaria, TB, MCH, and other health services.

As the private sector, particularly the not-for-profit private sector, is a key provider of health services in a large number of countries, the SLMG Project will work to fill its leadership, management, institutional development, and governance needs as well as those of the public sector to build capacity for quality sustainable service delivery.

Developing the capacity of in-country organizations and institutions to assume responsibility for the project's key areas of intervention is essential to ensuring the sustainability of its efforts. This capacity building must begin at the earliest stage of implementation and be systematically incorporated throughout its work. A plan for capacity building and the ownership of local implementers will be a key component of all interventions.

The Project's Objective will be accomplished through the achievement of the three results described below under Program Description.

Program Description

As a global mechanism, the purpose of the SLMG Project is to strengthen the leadership, management, and governance capacity needed to implement quality health programs. It has expectations for both centrally funded global results and field supported country specific results, aligned with the Office of Population and Reproductive Health's results framework and the health systems strengthening needs of the Global Health Initiative (GHI) and the PEPFAR reauthorization. The core funded results focus on assuming global leadership to address the leadership, management, and governance crisis through the development and dissemination of state-of-the-art approaches to strengthening health systems. The field funded results focus on institutionalizing these state-of-the-art approaches to strengthen leadership, management, and governance systems at the country level while ensuring a positive impact on service delivery. Key to this process will be local capacity building and country ownership so that from inception responsibility for implementation will belong to local institutions and stakeholders, thereby ensuring sustainability.

The table below presents the results framework that the SLMG Project will work towards achieving. It is expected to make major progress toward the objective of this project, through substantial, tangible achievements in each of the three result areas.

The SLMG Project Objective: To support health systems strengthening by addressing the gap for sustainable leadership, management, and governance capacity of health care providers, program managers, and policy makers to implement quality health services at all levels of the health system.		
Result 1:	**Result 2:**	**Result 3:**
Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance models, tools, and approaches for priority health programs.	Advance and validate the knowledge and understanding of sustainable leadership, management, and governance models, tools, and approaches.	Implement and scale up innovative, effective and sustainable leadership, management, and governance programs

Result 1: Strengthen global support, commitment, and utilization of state-of-the-art leadership, management, and governance models, tools, and approaches for priority health programs.

A key focus of the global agenda of the SLMG Project will be to contribute to USAID's global leadership role in health systems strengthening particularly for leadership, management, and governance capacity building. The project will advocate for efforts to strengthen management systems, leadership, governance, and to raise awareness about state-of-the-art technical interventions and tools for leadership, management, and governance among USAID missions, USG agencies, host country governments, multilateral and bilateral donors, and other key stakeholders. The project will establish collaborative partnerships with other donors, multilateral organizations, Ministries of Health, regional health institutions, and other stakeholders to adapt models, tools, and approaches for sustainable leadership, management, and governance to improve health programs. Finally, the project will help the country stakeholders including local ministries, civil society organizations, and the non-profit sector to embrace leadership, management, and governance capacity building assistance in strengthening health systems.

Anticipated Outcomes:

- Partnerships established with global agencies engaged in management, leadership, and governance as demonstrated by regular meetings, Memoranda of Understanding, ongoing dialogue, or other evidence of a substantive relationship
- Models, tools, and approaches for sustainable leadership, management, and governance incorporated into the programs of, or endorsed by, key global management and leadership agencies/organizations
- Resources leveraged for leadership, management, and governance activities from these partners
- Strategies developed for advocacy with USAID Missions, governments, and non profit sector entities regarding health systems strengthening with specific technical approaches for leadership, management, and governance.

Result 2: Advance and validate the knowledge and understanding of sustainable leadership, management, and governance models, tools, and approaches

The project will develop models, tools, and approaches and provide technical assistance to public sector and civil society organizations to ensure that management structures and systems contribute to sustainable success in providing health services, products and promoting health behaviors. Core funds will be used to improve metrics for leadership, management, and governance including identifying indicators to accurately measure the effect of leadership, management, and governance on health systems outcomes. Finally, a focus will be placed on developing the evidence base behind leadership, management, and governance models, tools, and approaches, and training through research and innovation. Operations research and quasi-experimental study designs will not only enable measurement of changes in leadership, management and governance skills and practices, but will also measure the effect of these changes on service delivery in FP/RH, MCH, HIV/AIDS, and other health areas.

Anticipated Outcomes:

- Models, tools, and approaches improved for sustainable leadership, management, and governance
- Impact evaluation of leadership, management, and governance approaches will be conducted and results published in peer reviewed journals and disseminated widely including USAID staff and missions
- Indicators for supporting country led processes and capacity building will be developed and tracked.

Result 3: Implement and scale up innovative, effective and sustainable leadership, management, and governance programs

The project will institutionalize, support, and equip a critical mass of managers who lead at all levels throughout the health system to advocate for and implement inspired leadership, sound management, and transparent governance. The project will further ensure that capacity building for country led processes includes skills building in planning, using data, and tools for decision-making, results based budgeting, pay for performance, and other tailored management strengthening approaches. In addition, capacity building will focus on enhancing relationships and communication with Ministries of Health and Finance to secure adequate budget levels for health care resources and improved stewardship of the entire healthcare sector. The project will enable organizations and individuals to lead and manage concerted responses to complex health challenges at all levels in NGOs and the public sector, multi-sectoral bodies, national governments, and international agencies, and to measure results effectively. Finally, the project will support the ability of the health sector to implement decentralization and health reform while building capacity at each level of the health system and civil administrative level by increasing transparency, citizen participation, and government accountability to citizen's needs and strengthening the social sector to achieve millennial goals.

Anticipated Outcomes

- Scaled up leadership, management, and governance tools and approaches implemented and tested throughout health care systems
- Policies and standards for strengthened leadership, management, and governance are established and implemented
- Integrated leadership and management in pre-service and in-service training and a cadre of health managers established
- Leadership, management, and governance training plans and processes instituted in CSOs, NGOs, and MOHs
- Innovations in leadership, management, and governance are scaled up and institutionalized
- Capacity building in leadership, management, and governance processes and approaches are documented and disseminated

The SLMG Project will fill a unique niche by serving as USAID's leading comprehensive

leadership and management for health project. In addition, this project will focus on local and regional level governance issues such as accountability, transparency, and ensuring social participation in health system processes. It will have a global agenda supported primarily with core funds from USAID/Washington, and a field agenda supported by field support funds from USAID Missions.

Results 1 and 2 will be primarily focused on the global agenda. Result 3 will have both a large global component as they seek out new scalable, sustainable interventions to strengthen sustainable leadership, management, and governance systems ***and*** a strong field component as approaches, models, and tools are disseminated and scaled up in the field. The challenges of addressing health systems strengthening through leadership, management, and governance to improve service delivery access and quality at the same time will be most apparent while working with the field. This will offer opportunities to demonstrate unique partnerships and collaborations to achieve the desired results.

The SLMG Project will also work with Global Health Bureau projects that are focusing on other aspects of health systems, such as financing (Health Systems 20/20), human resources for health (Capacity*Plus*), healthcare quality (Health Care Improvement Project [HCI]), and policy projects (Health Policy Project). It will also collaborate with projects in key technical areas, such as FP/RH (RESPOND), the private sector (SHOPS), and MCH (MCHIP) and future projects, to draw on their specialized expertise when needed to more effectively implement programs and activities. Finally, the SLMG Project will collaborate with other USG agencies and their projects working to strengthen health and leadership management, and governance systems, particularly at the country level.

Illustrative activities, approaches, interventions, and tools that may be implemented and developed:

- Introduction of Leadership and Management Training into pre-service programs, in-service programs and training institutes as well as central ministries of health
- Virtual networking platforms including the use of mobile health (mHealth) platforms
- Virtual Capacity Building Tools
- CSO, NGO and MOH and other Ministries Capacity Building
- LMS Technical Assistance to Country Coordinating Mechanisms
- Strategic planning
- Data for Decision-making
- Results based budgeting
- Pay for Performance
- Participatory decision-making
- Increasing citizen participation in health planning and resource allocation including local development planning and budgeting
- Operationalizing health reform and decentralization at each level of the civil and health system
- Strengthening supervisory systems, financial management and facilitative supervision
- Increasing financial, program and operational sustainability in CSOs

- Strengthening board governance in CSOs
- Developing coaching tools and mentoring systems
- Supporting continual professional development in building leadership and management skills and encouraging merit based promotions. .
- Strengthening local and regional leadership and management institutes, NGOs, universities, and firms that can build tailored institutional strengthening
- Strengthening skills in giving positive and constructive feedback, improving interpersonal skills, managers self-reflection, active listening, team building, leading change, negotiation, motivating and inspiring

SECTION 2: Country and Environmental Information

Locations Affected and Local Environmental Regulations

Activities under the Sustainable Leadership, Management, and Governance Project may take place in any of the USAID mission countries or in countries covered by USAID Regional missions. Environmental procedures are detailed in national policies. Applicable country and environmental information will be detailed for each country activity in the Supplemental Initial Environmental Examination that is required before implementation of activities.

Location conditions

The majority of the activities will be training or technical assistance that may take place at all levels, rural and urban. All activities will take place in existing structures and no new land use will be involved.

SECTION 3: Evaluation of Project/Program Issues

The activities under the Sustainable Leadership, Management, and Governance Project are numerous and complex. Many Sustainable Leadership, Management, and Governance activities do not have direct adverse environmental impacts such as information, education, communication, community mobilization, planning, management, leadership, sustainable, and outreach activities. However, in the course of implementation of these activities, implementing partners should take advantage of opportunities to incorporate and improve means of addressing environmental health issues (like hazardous and infectious waste management) into health service delivery systems.

Certain activities, such as training in the use of potentially hazardous medical waste, supported by the Sustainable Leadership, Management, and Governance Project will directly or indirectly affect the environment, or have the potential to do so. Based on the analysis conducted by the AOTR these activities could affect the environment in one way:

- Training professional and paraprofessional health care workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., long

acting or permanent methods of family planning, emergency obstetric care techniques, administration of injectables, HIV or TB testing, malaria diagnosis, etc.)

The potential impact is discussed in detail below, and summarized in Annex A at the end of Section 4.

Actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste or in techniques that have a direct or indirect environmental impact (this includes training that indirectly leads to the generation of hazardous medical waste).

Training of health workers provides important and often critical healthcare services to individuals and communities that would otherwise have little or no access to such services. These health workers working in underserved areas are the front line of defense against epidemics such as HIV, TB and a key component of any comprehensive health development program. The medical and health services they provide improve newborn, child and maternal health including family planning, prevent disease, cure debilitating illnesses, and alleviate the suffering of the dying.

However, improper training, handling, storage and disposal of the waste generated in these facilities or activities can spread disease through several mechanisms. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism. Those who come in direct contact with the waste are at greatest risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use "recycled" contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles.

Contamination of water supply from untreated healthcare waste can also have devastating effects. If infectious stools or bodily fluids are not treated before being disposed of, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa during the last decade.

Healthcare wastes generally fall into three categories in terms of public health risk and recommended methods of disposal:

- ***General*** healthcare waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special handling; 75–90% of waste generated by healthcare facilities falls into this category, and it

can be burned or taken to the landfill without any additional treatment.

- ***Hazardous*** healthcare wastes including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers. All blood and body fluids are potentially infectious.
- ***Highly hazardous*** healthcare wastes, which should be given special attention, includes sharps (especially hypodermic needles), highly infectious non-sharp waste such as laboratory supplies, highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases such as TB and HIV. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.

If a project's training activities for professional health workers or community health workers involve techniques that would generate and require disposal of hazardous or highly hazardous waste, the Implementing Partners shall be required to include training in or ensure that the training curriculum covers best management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps.

As appropriate, the implementing partners will work with facility, local, regional, and/or national officials, to implement and apply appropriate best management practices which incorporate appropriate health and safety measures and environmental safeguards, including proper disposal of medical waste in accordance with international norms as spelled out by the WHO in "WHO's Safe Management of Wastes from Healthcare Activities." National policies and laws should also be considered, though most countries follow WHO Guidelines.

References for this section include:
http://www.who.int/water_sanitation_health/medicalwaste/167to180.pdf
http://www.bchealthguide.org/healthfiles/hfile29.stm
Safe management of wastes from health-care activities, edited by A. Prüss, E. Giroult and P. Rushbrook. Geneva, WHO, 1999,
http://www.who.int/water_sanitation_health/Environmental_sanit/MHCWHanbook.htm. English
EGSSAA Chapter 8, "Healthcare Waste: Generation, Handling, Treatment and Disposal" (http://www.encapafrica.org/EGSSAA/Word_English/medwaste.doc) for additional guidance on proper handling and disposal of medical waste.

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SECTION 4: Recommended Determinations and Conditions for Implementation

Based on the analysis presented in Section 3, this PIEE recommends threshold decisions and conditions for implementation of the Sustainable Leadership, Management, and Governance Project activities. USAID/GH acknowledges that the environmental screening and review procedures described here do not substitute for the recipient country's own environmental laws and policies.

The overall threshold determination for the Sustainable Leadership, Management, and Governance Project is a **Negative Determination, with conditions**. However, various classes of activities have been grouped into two different determinations. The conditions for implementation of the activities follow in Annex B. If a Sustainable Leadership, Management, and Governance Project activity is similar to the activities in Section 3, the conditions established must be implemented as part of the program design and implementation.

Activities presented in Section 4. Annex A of this document

Pursuant to 22 CFR216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for any Sustainable Leadership, Management, and Governance activities that have potential for negative impact on the environment in the following category.

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

The implementing partner must complete an Environmental Mitigation and Monitoring Plan that outlines conditions that will be implemented throughout the program (part 1 of the EMMR). The Environmental Mitigation and Monitoring Report (EMMR) combines the EMMP and a description of the activities over the last year that ensure compliance with mitigations within this document annual efforts made to implement conditions outlined in the EMMP. The EMMR requirements are:

1. The AOTR, in consultation with the mission activity managers and implementing partners, Mission Environmental Officers (MEO), Regional Environmental Officers (REO), and/or Bureau Environmental Officers as appropriate, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this PIEE arise during implementation, and modify or end activities as appropriate. If additional activities are added at the primary award level that are not described in this document, an amended PIEE must be prepared.
2. USAID mission procurements should include consideration of the implementing partner's ability to perform the mandatory environmental compliance requirements as envisioned under the Sustainable Leadership, Management, and Governance Project. The Agreement Officer (AO) shall include required environmental compliance and reporting language into each implementation instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project..
3. For core funded country activities under this Cooperative Agreement (CA), a Supplemental Initial Environmental Examination (SIEE) will be completed by the implementing partner and submitted to the AOTR and the BEO for their approval. For Field Support country activities under this CA, the implementing partner will submit a SIEE to the AOTR, the BEO, the Mission Environmental Officer (MEO) or the Regional Environmental Officer (REO) for their approval. The SIEE will be a streamlined document describing the specific country context and the specific activities that will be implemented under the award, and referring back to the conditions of this PIEE. This

must be completed prior to the start of activities, to ensure that the activities and conditions in this PIEE still apply. In the event that any new proposed activity differs substantially from the type or nature of activities described here, or requires different or additional mitigation measures beyond those described, an amendment to this PIEE will be prepared and the SIEE will reference the amended PIEE.

4. Implementing partners under this PIEE will complete an annual environmental mitigation and monitoring report of all activities unless specified otherwise. This reporting should be incorporated into pertinent Performance Monitoring Plans and Project Annual Workplans. The environmental monitoring report should be submitted to the AOTR by November 1 of each year. The AOTR will compile these reports into an overall Sustainable Leadership Management, and Governance report for the GH BEO so that the results can be included in the Operational Plan (OP) reporting process to Congress.
5. Any grants or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:
    a) the completion of an annual environmental monitoring report, and
    b) Those activities to be undertaken will be within the scope of the environmental determinations and recommendations of this PIEE and the associated SIEE. This includes assurance that any mitigating measures required for those activities be followed.
6. The AOTR and on-site mangers of activities or their representative under this Cooperative Agreement will undertake field visits and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions.
7. The implementers' periodic reports to USAID will include a brief update on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures.
8. Operating Units will ensure that implementing partners have sufficient capacity to complete the environmental screening process and to implement mitigation and monitoring measures.
9. Implementation will in all cases adhere to applicable host country environmental laws and policies.

Operating Units for awards will use an annual Environmental Mitigation and Monitoring Reports (EMMR) to ensure programmatic compliance with 22 CFR 216 and ADS 204.5.4 by documenting that the conditions specified in this PIEE and its associated SIEE have been met for all activities carried out under the Sustainable Leadership, Management, and Governance Project. The EMMR must be completed by each recipient carrying out activities under the SLMG Project. The EMMRs are reviewed and approved by AOTR and the Global Health Bureau Environmental Officer. The EMMR consists of three parts: The Environmental Verification Form, The Mitigation Plan for specific environmental threats carried out by the implementer, and the Reporting Form (see Section 5 below).

Section 4 Annex A:
The Sustainable Leadership, Management, and Governance Project Activities with Potential Negative Environmental Impacts

Investing in People: Health Program Areas	**Training in methods that could result in generation, and need for disposal of hazardous and highly hazardous medical waste (as defined in Section 3 of this PIEE)**
Maternal and Child Health, Family Planning	Training in and potential for: Generation of sharps Generation of hazardous and highly hazardous medical waste, including blood.
HIV/AIDS	Training in and potential for: Generation of hazardous and highly hazardous medical waste, including blood.

Section 4 Annex B: Conditions for Implementation of Categories of the SLMG Project Activities	
Key Elements of Program/Activities	**Mitigation Conditions and/or Proactive Interventions**
Sustainable Leadership, Management, and Governance Project activities that involve: generation, storage, handling and disposal of hazardous or highly hazardous medical waste (as defined in Section 3 of this PIEE)	**Conditions:** For activities entailing training of professional and para-professional health workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste, including blood or sputum testing, basic and emergency obstetric care techniques, and laboratory support, the implementing partner will include training in or ensure the training curriculum covers procedures to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste, as applicable and follows either WHO guidelines, in Environmental Guidelines for Small Scale Activities in Africa Chapter 8 "Healthcare Waste: Generation, Handling, Treatment and Disposal," and is consistent with national policy and procedure for medical waste. For all USAID-supported activities entailing service delivery, including blood testing and laboratory support, AOTRs will work with its implementing partners to assure, to the extent possible, that the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport an properly dispose of blood, sharps and other medical waste. This includes **annual completion of the Healthcare Waste Management Minimum Program Checklist and Action Plan (Annex 1)** for all facilities where implementing partners are directly providing services Completion of this checklist should be included in the annual workplan. Healthcare waste is most appropriately identified by color-coding bags and containers. In addition, the following are well-established practices in the safe handling, storage, and transportation of health-case waste: • Sharps should be collected together (regardless of whether or not they are contaminated), and stored in puncture-proof, impermeable, and tamper-proof containers with fitted covers. If plastic or metal containers are unavailable, then containers made of dense cardboard are recommended. • Highly infectious waste should be immediately sterilized by autoclaving. • On-site collection of waste should be handled at frequent intervals to avoid accumulation, and an adequate supply of fresh collection bags/containers should be available for replacement. • Waste should be stored in accessible room with adequate space and protection from sunlight.

	• In any area that produces hazardous waste-hospital wards, treatment rooms, operating theatres, laboratories, etc., three bins plus a separate sharps container will be needed to separate these types of waste. (If hazardous and highly hazardous waste will be disposed of in the same manner, they should be collected separately.) • For hazardous waste and highly hazardous waste the use of double packaging, e.g. a plastic bag inside a holder or containers is recommended for ease of cleaning. • To make separate collection possible, hospital personnel at all levels, especially nurses, support staff, and cleaners, should be trained to sort the waste they produce. See EGSSAA Chapter 8, "Healthcare Waste; Generation, Handling, Treatment and Disposal" (http://www.encapafrica.org/EGSSAA/Word_English/medwaste.doc) for additional guidance on proper handling and disposal of medical waste. Other important references to consult are "WHO's Safe Management of Wastes from Healthcare Activities' http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/ .

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Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training, etc.	No environmental impacts anticipated as a result of these activities.	Education, technical assistance, and training activities that inherently affect the environment include discussion of prevention and mitigation of potential negative environmental effects.		Discussion of environmental impact included in education, technical assistance, training and other materials	Review of materials	Annual
2. Blood testing, care, treatment generation of hazardous health waste.		Completion of the Healthcare Waste Management Minimum Program Checklist and Action Plan (Annex 1)				
3. Other activities that are not covered by the above		Must use the EMMP Reporting Form first. .				

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
categories: Describe						

SECTION 5

REGULATION 216 COMPLIANCE FOR THE SLMG PROJECT, ENVIRONMENTAL MITIGATION AND MONITORING PLAN (EMMP)

The EMMP must be completed by each organization carrying out activities under the SLMG Project prior to the implementation of activities. At the end of the year (November 1) the partner will create a report called an Environmental Mitigation and Monitoring Report. It will include the organization's EMMPs , a Environmental Verification Form should their have been sub awards, and the EMMP reporting form that reports the activities executed that ensured the implementation in activities described in the EMMP. The prime SLMG Project implementing partners are responsible for ensuring that the EMMPs are reviewed and approved by the AOTRs and the Mission Environmental Officer (MEO) and submitted to the GH BEO.

The EMMP consists of 3 parts:

1. The Environmental Verification Form
2. The Mitigation Plan for specific environmental threats carried out by the implementer,
3. The Reporting Form

The EMMP Environmental Verification Form (EVF) (EMMP Part 1 of 3)
This form indicates the categories of activities carried out by implementing partners (or their sub-awardees) and serves to 'trigger' USAID expectations of mitigation measures.

All implementing partners must implement the Environmental Verification Form for sub-projects, sub-grants, and sub-activities. The completed EVF should be submitted to the MEO and subsequently to the BEO for final concurrence. This form is to be used to describe sub-actions/projects/grants and to assess if the activity is within the scope of this PIEE. If not within the scope of this PIEE then a supplemental environmental document must be submitted to the BEO via the MEO for concurrence.

The Environmental Mitigation and Monitoring Plan (EMMP Part 2 of 3)
Implementing partners will use the Mitigation Plan to describe the specific actions they will undertake under each category of activity when screening reveals potential environmental threats as outlined in Section 3 of this PIEE. In these cases, mitigation will be undertaken as described in Section 5, Annex B of this PIEE. The Mitigation Plan also identifies the person responsible for monitoring compliance with mitigation and the indicator, method and frequency of monitoring.

The Environmental Mitigation and Monitoring Reporting Form (EMMP Part 3 of 3)
This form reports on the results of applying the mitigation measures described in the Mitigation Plan and identifies outstanding issues with respect to required conditions. In some cases, digital photos will be the best way to document mitigation and should be included in the report.

EMMP Part 1 of 3: Environmental Verification Form

Name: Sustainable Leadership, Management and Governance Project

Name of Prime Implementing Organization: _____

Name of Sub-awardee Organization (if this EMMP is for a sub:
_____

Geographic location of USAID-funded activities (Province, District):
_____

Date of Screening: _____

Funding Period for this award: FY _____ FY _____

This report prepared by:

Name/ Title_____ Date:_____

Date of Previous EMMP for this organization (if any): _____

Indicate which activities your organization is implementing under this funding.

Key Elements of Program/Activities Implemented		Yes	No
1	Training professional and paraprofessional health care works in methods that results in the generation and disposal of hazardous or highly hazardous medical waste		
2	Activities involving blood testing, care, treatment and have potential to generate hazardous health waste.		
3	Other activities that are not covered by the above categories		

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Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training, etc.	No environmental impacts anticipated as a result of these activities.	Education, technical assistance and training activities that inherently affect the environment include discussion of prevention and mitigation of potential negative environmental effects.		Discussion of environmental impact included in education, technical assistance, training and other materials	Review of materials	Annual
2. Blood testing, care, treatment generation of hazardous health waste.		Completion of the Healthcare Waste Management Minimum Program Checklist and Action Plan (Annex 1)				
3. Other activities that are not covered by the above categories: Describe		Must use the EMMP Reporting Form first.				

Sustainable Leadership Management and Governance Project

EMMP part 3 of 3: Reporting Form

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigative Measures	List any outstanding issues relating to required conditions	Remarks

Certification

I certify the completeness and the accuracy of the mitigation and monitoring plan described above for which I am responsible and its compliance with the PIEE:

_____ _____

Signature Date

_____

Print Name

_____

Organization

_____

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Agreement / Contracting Officer's Technical Representative: _____ Date: _____

Mission Environmental Officer: _____ Date: _____

Bureau Environmental Officer: _____ Date: _____

Regional Environmental Advisor: (if appropriate) _____ Date: _____

Note: if clearance is denied, comments must be provided to applicant

Annex 1. Healthcare Waste Management Minimal Program Checklist and Action Plan to be Included in Training Materials/Programs

Elements/Actions	*In Place?*	*Next Steps to be done*		
		What	*By Whom*	*By When*
Written plans and procedures				
1. *A written waste management plan* Describing all the practices for handling, storing, treating, and disposing of hazardous and non-hazardous waste, as well as types of worker training required.				
2. *Internal rules for generation, handling, storage, treatment, and disposal of healthcare waste.*				
3. *Clearly assigned staff responsibilities that cover all steps in the waste management process.*				
4. Staff waste handling training curricula or a list of topics covered.				
5. Waste minimization, reuse, and recycling procedures.				
Staff Training, Practices, and Protection*				
6. *Staff trained in safe handling, storage, treatment, and disposal.* Does staff exhibit good hygiene, safe sharps handling, proper use of protective clothing, proper packaging and labeling of waste, and safe storage of waste? Does staff know the correct responses for spills, injury, and exposure?				
7. *Protective clothing available for workers who move and treat collected infections waste* such as surgical masks and gloves, aprons, and boots.				

8. *Good hygiene practices*. Are soap and, ideally, warm water readily available workers to use and can workers be observed regularly washing.				
9. *Workers vaccinated* for against viral hepatitis B, tetanus infections, and other endemic infections for which vaccines are available.				
Handling and Storage Practices				
10. *Temporary storage containers and designated storage locations*. *11*. Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes?				
12. *Minimization, reuse, and recycling procedures*. • Does the facility have good inventory practices for chemicals and pharmaceuticals, i.e.: o use the oldest batch first; o open new containers only after the last one is empty; procedures to prevent products from being thrown out during routine cleaning; and				
13. *A waste segregation system*. • Is general waste separated from infectious/hazardous waste? • Is sharp waste (needles, broken glass, etc.) collected in separate puncture-proof containers? • Are other levels of segregation being applied e.g. hazardous liquids, chemicals and pharmaceuticals, PVC plastic, and materials containing heavy metals ((these are valuable, but less essential)?				
14. *Temporary storage containers and designated storage locations*. • Are there labeled, covered, leak-proof, puncture-resistant temporary storage containers for hazardous healthcare wastes? • Is the location distant from patients or food?				
Treatment Practices				

15. Frequent removal and treatment of waste • Are wastes collected daily? • Are wastes treated with a frequency appropriate to the climate and season? o Warm season in warm climates within **24 hrs** o In the cool season in warm climates within **48 hrs** o In the warm season in temperate climates within **48 hrs**				
16. *Treatment mechanisms for hazardous and highly hazardous waste*. <u>(The most important function of treatment is disinfection).</u> • Are wastes being burned in the open air, in a drum or brick incinerator, or a single-chamber incinerator? • If not are they being buried safely (in a pit with an impermeable plastic or clay lining)? • Is the final disposal site (usually a pit) surrounded by fencing or other materials and in view of the facility to prevent accidental injury or scavenging of syringes and other medical supplies?				
17. If the waste is transported off-site, are precautions taken to ensure that it is transported and disposed of safely?				

*** Training should be conducted before starting activity implementation**

For more detailed checklists and guidance consult: *Safe management of wastes from health-care activities*, edited by A. Prüss, E. Giroult and P. Rushbrook. Geneva, WHO, 1999, <u>http://www.who.int/water_sanitation_health/Environmental_sanit/MHCWHanbook.htm. English</u>

Annex 2. Disposal and Treatment Methods Suitable for Different Categories of Healthcare Waste to be Included in Training Materials/Programs (EXAMPLE)

Method	Infectious Waste (laboratory cultures, excreta)	Sharps (needles, blades, broken glass)	Pharmaceutical Waste (expired pharmaceuticals, boxes contaminated by pharmaceuticals)	Chemical Waste (laboratory reagents, solvents)	Radioactive Waste (unused liquids from laboratory research)
Rotary kiln	✓	✓	✓	✓	✓[2]
Pyrolytic incinerator	✓	✓	✓[1]	✓[1]	✓[2]
Single-chamber incinerator	✓	✓			✓[2]
Drum or brick incinerator	✓	✓			
Chemical disinfection	✓	✓			
Wet thermal treatment	✓	✓			
Microwave irradiation	✓	✓			
Encapsulation		✓	✓	✓[1]	
Safe burial on hospital premises	✓	✓	✓[1]	✓[1]	
Sanitary landfill	✓		✓[1]		
Discharge to sewer			✓[1]		Low-level liquid waste
Inertization			✓		
Other			Return to supplier	Return to supplier	Decay by storage

1: Small quantities only
2: Low-level infectious waste