USAID
FROM THE AMERICAN PEOPLE

Issuance Date: May 4, 2012
Closing Date: June 12, 2012
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Clarification Questions Due Date: May, 18, 2012

Subject: Request for Applications (RFA) Number: SOL-OAA-12-000017
RFA Title: HealthComm-Capacity

Ladies and Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from eligible U.S. based-non-profit, for profit, private voluntary organization, Institution of Higher Education and Non-US Nongovernmental International Organization for a program entitled "**HealthComm -Capacity**." USAID strongly encourages applicants to propose creative collaborative partnerships with other U.S. and/or international organizations, NGOs, private voluntary organizations, and firms, especially small businesses, to implement activities under this program. The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended. Please refer to the Program Description for a complete statement of goals and expected results.

Any questions concerning this RFA must be submitted in writing to Mr. Terry Vann Ellis, Agreement Specialist, via email at tellis@usaid.gov no later than May 18, 2012 at 3:00 PM EST.

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

Subject to the availability of funds, USAID intends to provide approximately **$99,000,000** in total USAID funding to be allocated over the five-year period for assistance with health communication capacity strengthening and technical leadership, investing core funds and field support. Core funds for the project will likely be provided by the Bureau for Global Health's Offices of Population and Reproductive Health; HIV/AIDS; and Health, Infectious Disease, and Nutrition. For application purposes, applicants should assume that approximately 50% of the agreement's core funds will be provided by the Office of Population and Reproductive Health. Core funds in the first year of the project are likely to be somewhat lower than in subsequent years. USAID reserves the right to fund any or none of the applications submitted.

Award will be made to a responsible applicant whose application best meets the requirements of this RFA and the evaluation Criteria contained herein. 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.

Applicants should also note that the documents listed in this RFA under "Useful References" are intended only as sources for background information that may be helpful to applicants, but are not a part of this RFA. All guidance included in this RFA takes precedence over any reference documents referred to in the RFA. If there are problems in downloading the RFA from the Internet, please contact the Grants.gov help desk at 1.800.518.4726 or 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 applicant of the RFA 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.

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

1. Section I Program Description
2. Section II Implementation Arrangements
3. Section III 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".

The applicant shall submit applications in BOTH electronic and hard copy format as described in Section III. Applicants are requested to submit both technical and cost portions of their applications in separate volumes. An award will be made to the responsible applicant whose application offers the best value to the Government.

Applications must be received by the closing date and time indicated at the top of this cover letter.. Applications and amendments thereof shall be submitted with the name and address of the applicant and **RFA No. SOL-OAA-12-000017**. Late applications will not be considered for award. Applications must be directly responsive to the terms and conditions of this RFA. Applications shall be sent to the following address:

If the U.S. Postal Service will be used, please send to the following address:

Mr. Terry Vann Ellis
Agreement Specialist
USAID, M/OAA/GH/POP
1300 Pennsylvania Avenue, N.W.

SA-44, Room 553I
Washington, DC 20523-7900

If a Courier Service will be used, please send to the following address:

Mr. Terry Vann Ellis
Agreement Specialist
USAID, M/OAA/GH/POP
Federal Center Plaza
301 4th Street, SW, Room 553I
Washington, DC 20024
Telephone: 202-567-5029

In 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
Agreement Officer
Office of Acquisition &Assistance
M/OAA/GH/POP

HEALTHCOMM-CAPACITY

RFA NO. SOL-OAA-12-000017

Table of Contents

ACRONYMS

AA	Associate Award
ADS	Automated Directives Systems
AEECA	Assistance for Europe, Eurasia, and Central Asia
AIDS	Acquired Immune Deficiency Syndrome
AO	Agreement Officer
AOR	Agreement Officer's Representative
BCC	Behavior change communication
C-Change	Communication for Change
CA	Cooperating Agency
CBO	Community-based Organization
CTO	Cognizant Technical Officer
DA	Development Assistance
DCHA	Office of Democracy, Conflict and Humanitarian Assistance
D&G	Democracy and Governance
FBO	Faith-based Organization
ED	Environmental Determination
EGAT	Bureau for Economic Growth, Agriculture and Trade
ESF	Economic Support Fund
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
FS	Field Support
GHCS	Global Health and Child Survival
GH	Bureau for Global Health
GHI	Global Health Initiative
GHP	Global Health Programs
HCI	Health Care Improvement Project
HIDN	Office of Health, Infectious Disease and Nutrition Office
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
ID	Infectious Disease
IEE	Initial Environmental Examination
IPC	Interpersonal communication
IR	Intermediate Result
K4H	Knowledge for Health
LOE	Level of Effort
LWA	Leader with Associates
M&E	Monitoring and Evaluation
MCH	Maternal Child Health
NGO	Non-governmental Organization
NPI	New Partners Initiative
OAA	Office of Acquisition and Assistance
OHA	Office of HIV/AIDS
PEC	Policy, Evaluation, and Communication Division
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PRH	Office of Population and Reproductive Health
RFA	Request for Applications
RH	Reproductive Health

SIFPO	Support for International Family Planning Organizations
SO	Strategic Objective
SOTA	State-of-the-art
SOW	Scope of Work, Statement of Work
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TEC	Technical Evaluation Criteria
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USG	United States Government

SECTION I – PROGRAM DESCRIPTION

HealthComm-Capacity

A. Introduction

In order to increase and sustain the uptake of proven interventions such as use of modern contraceptive methods, voluntary medical male circumcision, and use of insecticide-treated bed-nets, USAID and its partners must address a range of related beliefs and behaviors. More than 30 years of experience has clearly demonstrated that well-designed and -implemented health communication can influence norms and behaviors, fostering the enabling environment required for delivery of health services at scale.[1]

USAID now proposes a global cooperative agreement focused on strengthening in-country capacity to implement state-of-the art health communication, in order to ensure the sustainability of evidence-based behavior change programming. The proposed project (the Health Communication Capacity Project, or *HealthComm-Capacity*) is expected to build on prior efforts to provide tailored, multi-level capacity strengthening to a range of indigenous implementers, as well as technical leadership in health communication that includes professional exchange, analysis of emerging trends, and development and dissemination of technical and operational guidance. The project will be characterized by a strong focus on implementation science, emphasizing rigorous evaluation, documentation, and diffusion of effective practices.

B. Program Background

1. History of USAID support for health and development communication:

In recent decades, USAID's Bureau for Global Health has invested heavily in health communication, supporting continued expansion of programs spanning interpersonal communication, mass media, and community mobilization. From 1982-2002, the Office of Population and Reproductive Health supported the global flagship Population Communication Services, which was succeeded by the Health Communication Partnership. Since 2007, USAID has obligated more than $28 million in core funds and $33 million in field support to *C-Change*, a project that crosscuts the Offices of Population and Reproductive Health; HIV/AIDS; and Health, Infectious Disease, and Nutrition, and focuses heavily upon technical capacity strengthening for health communication. The Bureaus of Democracy, Conflict, and Humanitarian Assistance (DCHA) and Economic Growth, Agriculture, and Trade (EGAT) have also collaborated with the project. In July 2011, USAID funded an external assessment of *C-Change*'s capacity strengthening activities. Key findings of that assessment, many of which informed the development of this RFA, are available at http://resources.ghtechproject.net/content/assessment-capacity-strengthening-c-change-project.

2. Rationale for the Proposed Project

Over the past decade, the evidence base around health communication has grown substantially. There is now a clear consensus that communication, when linked to other interventions, can produce changes in key health-related behaviors, including family

[1] Health communication is defined here as a theory-based, planned process that employs interpersonal communication, community-level activities, and/or mass media to achieve individual and social change. Except when otherwise noted, it is interchangeable with related terms such as behavior change communication (BCC) or social and behavior change communication (SBCC), and closely linked to the broader, inter-sectoral category of development communication.

planning use, uptake of HIV counseling and testing, condom use, bed-net use, and hand washing.[2,3,4] Although research has not yet demonstrated a direct causal link between health communication and key health outcomes

such as HIV incidence, its role in creating and sustaining an enabling environment for population-level health improvement is widely recognized.[5]

Investments by USAID and other donors have contributed to the development of several robust implementation frameworks, such as the "P-Process" and the "C-Cycle," which are widely used by both international and indigenous partners. Multiple studies in a variety of settings have helped implementers understand programmatic determinants of success, including use of formative research; grounding in behavioral theory; clear audience segmentation; continued engagement of audience members in design and implementation; and use of multiple channels to communicate mutually reinforcing messages.[6] Encouragingly, emerging research also indicates that the impact of health communication programs has increased over time, suggesting effective application of lessons learned.[7]

Despite these advances, key weaknesses remain, particularly in the areas of innovation and sustainability. Both the literature and assessments conducted by USAID suggest that:

- Health communication implementers have not systematically assessed and incorporated recent advances in related disciplines, including behavioral economics, psychology, and commercial marketing and design.
- Lack of indigenous capacity to implement high-quality health communication may threaten the sustainability of behavior change efforts, including addressing latent demand for and adherence to high-impact clinical interventions.

In addition, recent years have seen a number of important secular trends that influence the field. These include:

- Increased reliance by USAID Missions on a broad range of implementing partners, including not only non-governmental organizations, but also community-based organizations and commercial creative firms, to design and implement behavior change activities.
- A deepening appreciation for the role of normative and structural influences on individual behavior, which has reignited interest in community-level and interpersonal communication approaches.
- An expanding universe of communication channels and formats, which has both increased programmatic options and created new technical demands.

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[2] Noar, Seth M. *"A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go From Here?" Journal of Communication*, 11:21-42, 2006.
[3] Bertrand, J. et al. "Systematic review of the effectiveness of mass communication programs to change HIV/AIDS-related behaviors in developing countries." *Health Education Research: Theory and Practice*, Vol. 21, no. 4. 567-597. 2006.
[4] Mwaikambo, L., et al. "What Works in Family Planning Interventions: A Systematic Review." *Studies in Family Planning*, Vol 42, No. 2, 2011.
[5] Schwartlander, Bernhard, et al. "Towards an improved investment approach for an effective response to HIV/AIDS." *The Lancet* Vol. 6: 1-10, 2011.
[6] Noar, 2006.
[7] Snyders, Leslie, et al. "Effectiveness of Media Interventions to Prevent HIV Transmission, 1986-2006: A Meta-Analysis." In publication. 2009.

3. Relationship of *HealthComm-Capacity* to the Global Health Initiative and Foreign Assistance Reform:

The Global Health Initiative

The United States is pursuing a comprehensive, whole-of-government approach to global health through the Global Health Initiative (GHI). GHI seeks to achieve significant health improvements in seven areas and foster sustainable effective, efficient and country-led public health programs that deliver essential health care. GHI aims to make the most of every dollar invested to ensure lives continue to improve and women and their families survive and thrive. This strategy was developed in consultation with partner countries, civil society organizations, the U.S. Congress, other donors and governments, private sector partners, and multilateral and international institutions.[8]

HealthComm-Capacity will specifically address a number of the GHI Principles, which include:

- Increasing impact through strategic coordination and integration for patients and for those involved in providing or paying for services,
- Supporting country ownership and invest in country-led plans,
- Building sustainability through health systems strengthening,
- Strengthening and leveraging key multilateral organizations, global health partnerships, and private sector engagement,
- Implementing a woman, girl, and gender equity approach,
- Improving metrics, monitoring, and evaluation, and
- Promoting research and innovation.

Foreign Assistance Reform

Reforms to US Foreign Assistance have produced a framework organized to achieve the following five priority objectives: peace and security, governing justly and democratically, investing in people, economic growth, and humanitarian assistance. These objectives support the overarching USG foreign assistance goal: *"To help build and sustain democratic, well-governed states that will respond to the needs of their people, reduce widespread poverty, and conduct themselves responsibly in the international system"*.

HealthComm-Capacity addresses the Foreign Assistance Framework's objective *Investing in People*, and within that objective corresponds to several Program Elements, including *HIV/AIDS* (3.1.1); *Malaria* (3.1.3); *Maternal and Child Health* (3.1.6); and *Family Planning/Reproductive Health* (3.1.7). Within these program elements, the project will address the following Sub-Elements, all of which concern communication of health information:[9]

- HIV/AIDS: *Sexual Prevention – Abstinence and Be Faithful* (3.1.12), *Sexual Prevention – Other Sexual Prevention* (3.1.15), *Adult Care and Support* (3.1.1.6), *Health System Strengthening* (3.1.1.12), *Strategic Information* (3.1.1.14), *Biomedical Prevention – Medical Male Circumcision* (3.1.1.17), and *Biomedical Prevention – Prevention Among Injecting and Non-Injecting Drug Users* (3.1.1.18).

[8] For additional information on the Global Health Initiative, please see www.ghi.gov.

[9] For additional information about the structure of the Foreign Assistance Framework, including full definitions of the sub-elements noted above, please see pages of 36-62 of the framework at http://www.state.gov/documents/organization/141836.pdf

- Malaria: *Treatment with Artemisinin-Based Combination Therapies* (3.1.3.1), *Indoor Residual Spraying to Prevent Malaria* (3.1.3.3), and *Intermittent Preventive Treatment of Pregnant Women* (3.1.3.4).
- Maternal and Child Health: *Household Level Water, Sanitation, Hygiene, and Environment* (3.1.6.8), *Birth Preparedness and Maternity Services* (3.1.6.1), *Service Delivery* (3.1.7.1), and *Newborn Care and Treatment* (3.1.6.3).
- Family Planning/Reproductive Health: *Service Delivery* (3.1.7.1), *Communication* (3.1.7.2), and *Policy Analysis and System Strengthening* (3.1.7.3), and *Host Country Strategic Information Capacity* (3.1.7.5).

C. Funding

USAID intends to support a five-year cooperative agreement for assistance with health communication capacity strengthening and technical leadership, investing approximately $24,000,000 in core funds and up to $75,000,000 in field support. Core funds for the project will likely be provided by the Bureau for Global Health's Offices of Population and Reproductive Health; HIV/AIDS; and Health, Infectious Disease, and Nutrition. Applicants should assume that approximately 50% of the agreement's core funds will be provided by the Office of Population and Reproductive Health. Core funds in the first year of the project are likely to be somewhat lower than in subsequent years.

Core funds will likely be used to:

- Conduct evaluations to improve understanding of the role of communication in health and development, including impact evaluations of bilaterally-funded health communication projects,
- Conduct multi-country studies exploring practices in capacity strengthening for health communication, or conduct secondary analysis of country-level data pertaining to capacity strengthening practice and impact,
- Complement and extend the current toolkit of capacity strengthening resources (developed by current and past USAID partners), and
- Host regional and global experience-sharing and knowledge management events.

HealthComm-Capacity will be funded primarily by the Global Health Programs (GHP) account and the project is authorized to accept funds from Missions, Regional Offices, Regional Bureaus, or USAID functional bureaus outside Global Health. Other eligible funding accounts are Development Assistance (DA), Economic Support Funds (ESF), and Assistance to Eastern Europe, Eurasia, and Central Asia (AEECA).

A survey of USAID Missions indicates broad interest in a new central mechanism to support continued quality improvement in health communication. Missions have expressed particular interest in projects offering tailored coordination and capacity strengthening for a variety of actors, including Mission staff; host country government personnel engaged in the oversight of health promotion and health communication; and health communication designers, implementers, and evaluators. Many Missions view indigenous NGOs and private-sector creative firms, in particular, as key potential beneficiaries of future capacity strengthening interventions. Areas of perceived technical need include research, monitoring, and evaluation for health communication, and design and implementation of interpersonal communication and community programs. It is reasonable to expect that once *HealthComm-Capacity* demonstrates to the field that its services can effectively meet these needs, Missions and Regional Bureaus may buy into the project through field support. The experience of past projects, as well as feedback

from USAID Missions, suggests that up to fifteen Missions may support the programs of *HealthComm-Capacity*.

D. *HealthComm-Capacity* Stakeholders

HealthComm-Capacity will engage with a variety of stakeholder groups in regular and substantive ways. These include:

Bureau for Global Health, USAID: The primary funder of *HealthComm-Capacity* is the Bureau for Global Health of USAID. A team spanning the Bureau's Offices of Population and Reproductive Health; HIV/AIDS; and Health, Infectious Disease, and Nutrition will provide administrative, technical, and financial oversight of *HealthComm-Capacity*. This team will communicate with project leadership on a regular basis, providing strategic guidance and review of *HealthComm-Capacity* products and services.

USAID Missions: It is expected that up to 70% of *HealthComm-Capacity* project funding will originate in USAID Missions. Mission staff, including health and behavior change specialists and USAID Forward teams, comprise an important project client group and *HealthComm-Capacity* will engage them actively, through both the project management team at USAID/HQ and other mutually agreed upon strategies.

Indigenous and international organizations active in health communication and capacity strengthening: USAID collaborates with many indigenous and international partners in its health communication and capacity strengthening activities. These partners include small non-governmental and community-based organizations, businesses, governments, international organizations, and academic institutions. Some of these organizations are themselves expert in health communication or other behavior change disciplines, while others have more limited experience and capacity. USAID expects that *HealthComm-Capacity* will actively and continuously engage these partners, ensuring effective experience-sharing and exploitation of programmatic synergies.

USAID also encourages *HealthComm-Capacity* to engage other USG agencies, multilateral organizations, and donors active in health communication in the interest of strategic coordination and harmonization of efforts. *HealthComm-Capacity* may wish to explore opportunities to collaborate with USAID partners such as Peace Corps, the World Bank, or UNICEF, among others.

E. Project Goal

HealthComm-Capacity will complement and extend the achievements of a second forthcoming health communication award. Together, the two projects will increase the behavioral impact of health communication in intervention countries, thereby contributing to improved health outcomes in HIV/AIDS; reproductive health; maternal and child health; nutrition; and infectious disease.

USAID expects that *HealthComm-Capacity*, as a global technical leader in health communication, will reflect proven practices and USG strategic priorities in its work. Effective and sustainable health communication programming, as defined in this RFA:

- Measurably strengthens in-country institutional capacity of both the public and private sectors to plan, implement, and evaluate effective multi-channel health communication programming,
- Infuses state-of-the-art communication theories and practices into health and development programming,

- Reflects known determinants of programmatic success, such as use of formative research; grounding in behavioral theory; clear audience segmentation; continued engagement of audience members in design and implementation; and use of multiple channels to communicate mutually reinforcing messages,[10]
- Supports rigorous monitoring and evaluation of activities using appropriate and cost-effective approaches,
- Effectively measures health communication impact on individual and collective behaviors, and
- Captures and uses research and programmatic experience to develop tools and systems that support replication and expansion of proven interventions.

F. Statement of Strategic Objective and Project Results

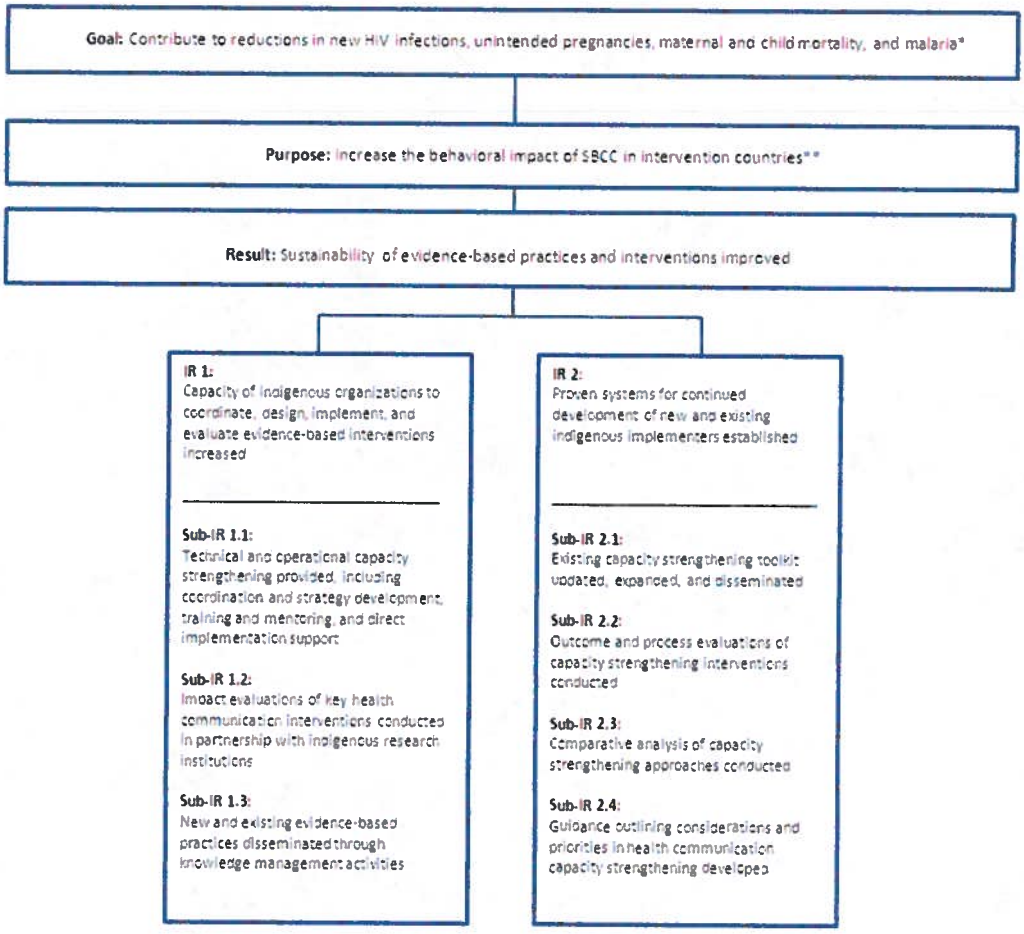
The Strategic Objective of *HealthComm-Capacity* is improved sustainability of evidence-based practices and interventions in health communication. All *HealthComm-Capacity* activities, whether core or Mission funded, will support achievement of this Objective by contributing to one or both of the project's two Intermediate Results (IRs). These IRs are:

IR1: Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based interventions, and
IR2: Establishment of proven systems for continued development of new and existing indigenous implementers.

It is expected that approximately 75% of the overall level of effort (LOE) associated with the project will focus upon IR1, with the remaining LOE devoted to IR2. Missions will likely provide primary support for IR1, while core funds will fund IR2.

[10] Noar, Seth M. *"A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go From Here?" Journal of Communication*, 11:21-42, 2006.

RESULTS FRAMEWORK: HealthComm-Capacity



*,** Both HealthComm-Capacity and a second project emphasizing identification and diffusion of emerging high-impact practices in behavior change will contribute to achieve of the project purpose and goal described above.

Intermediate Result 1: Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based health communication interventions.

HealthComm-Capacity will measurably increase the ability of indigenous organizations to design and implement evidence-based health communication interventions, through both provision of capacity strengthening activities and technical leadership that advances the field of health communication while engaging a broad range of stakeholders worldwide.

The essential activities under IR1 will be:

- Technical and operational capacity strengthening, including coordination and strategy development, training and mentoring, and, in the absence of a bilateral health communication project, direct implementation support;
- Design and implementation of impact evaluations of key health communication interventions in partnership with indigenous research institutions; and
- Dissemination of new and existing evidence-based practices through knowledge management activities.

HealthComm-Capacity's capacity strengthening interventions will foster both technical skills and management competencies essential to the implementation of communication projects, through activities at the sector, organizational, and individual levels.

HealthComm-Capacity will work with Missions to deliver tailored, evidence-based capacity strengthening services. Beneficiaries of these activities will be determined by each Mission and may include indigenous NGOs; indigenous businesses such as marketing firms, advertising agencies, and research firms; academic institutions; host country government staff; or media outlets. *HealthComm-Capacity* will provide ongoing capacity strengthening that adheres to principles of adult learning; employs a range of different modalities (including formal training, coaching, and virtual support) as appropriate; and utilizes and builds upon the extensive toolkit of capacity strengthening resources developed under *C-Change,* its predecessor projects, and other health communication initiatives.

The level of support provided by *HealthComm-Capacity* will likely vary significantly from country to country, ranging from intensive implementation support in countries with limited indigenous health communication capacity, to coordination, high-level advocacy, and focused capacity strengthening in countries with one or more relatively strong health communication implementers. If a health communication or behavior change-focused bilateral award is in place and the Mission requests assistance, *HealthComm-Capacity* will complement that project, adding value to its major activities through coordination and collaboration.

HealthComm-Capacity will place particular emphasis upon improving country capacity to monitor and evaluate health communication programs. It will do so through development of standardized metrics for health communication; tailored capacity strengthening for programmers, researchers, and donor and host country government staff; and technical oversight of key evaluations. *HealthComm-Capacity* will collaborate with indigenous research institutions to conduct rigorous impact evaluations of selected health communication interventions, including both bilaterally- and centrally-funded

projects. Interventions will be selected for evaluation based upon both Mission interest and potential to advance the field of health communication globally. *HealthComm-Capacity* will be expected to reflect the findings of these evaluations and other emerging behavioral research in its capacity strengthening activities to the greatest extent possible.

Expected results:

- Demonstrably increased capacity of beneficiary individuals and institutions.
- Provision of technical and financial assistance to graduate-level health communication program at University of Witwatersrand (South Africa) in support of its continued positive impact on health communication capacity in the region.
- Completion and dissemination of 3-5 rigorous impact evaluations of promising interventions that contribute to global understanding of the capacity of health communication to influence behavior health outcomes.
- Active global and/or regional communities of practice for health communication that contribute to continued advancement of the discipline and individual technical capacity.

Attention will be given to:

Improving indigenous capacity to effectively develop and implement health communication activities across a variety of channels.

Past capacity strengthening efforts have focused largely on development of communication strategy. *HealthComm-Capacity* will continue to address this critical skill area, while offering expanded capacity strengthening around the development of communication outputs and implementation of communication programs. The project's capacity strengthening offerings will foster essential competencies in the design and implementation of activities in mass media; digital and mobile media; community-level programming; and interpersonal communication, with particular emphasis upon those channels most appropriate to the local context.[11]

Strategies for achieving scale and sustainability in capacity strengthening

In order to meaningfully impact indigenous capacity to design, implement, and evaluate health communication programs, *HealthComm-Capacity* must deliver capacity strengthening to those best placed to influence programmatic quality, in sufficient numbers and at appropriate intervals. *Health-Comm Capacity* will design its capacity strengthening programs with an eye to producing a critical mass of professionals with the knowledge, skills, and experience necessary to measurably improve health communication outputs at the national and/or regional level within the life of the Project. Such strategies should draw upon not only careful analysis of country context, but also application of broader theoretical principles such as Diffusion of Innovations.

Application of lessons learned from past and current USAID-supported capacity strengthening initiatives

USAID has invested heavily in strengthening the technical and operational capacity of indigenous implementers through such projects as the New Partners Initiative (NPI),

[11] For an example of past USAID-supported competency frameworks for health communication, please see *Mapping Competencies for Communication for Development and Social Change*: http://www.paho.org/English/HSP/HSR/HSR05/competencies-report.pdf. See also C-Change health communication capacity assessment and quality improvement tools, available at www.c-changeprogram.org.

AIDSTAR II, the Local Capacity Development Initiative, Capacity Plus, Support for International Family Planning Organizations (SIFPO) I, and the Health Care Improvement Project (HCI). *HealthComm-Capacity* will review the publically-available documentation associated with these projects, as well as the capacity strengthening literature, and ensure that established best practices and promising strategies are reflected in their technical approach.

Effective engagement of partners offering innovative or specialized technical support
USAID Missions and their implementing partners increasingly require expert and specialized technical support in their health communication programs. *HealthComm-Capacity* will conduct detailed, country (or partner)-specific needs assessments to identify priority areas for technical capacity strengthening, and contract or partner with those organizations best able to transfer skills in this area.

Viable and tailored strategies for progressive transfer of responsibilities to indigenous partners
USAID expects that *HealthComm-Capacity* will demonstrate concrete, tailored, and actionable plans for progressive transfer of activities, including both implementation (through reductions in direct implementation support) and capacity strengthening, to indigenous partners across the life of the project. The project will establish benchmarks in its annual work plan for each indigenous partner that will measure the continuum of capacity strengthening transfer, which could include:

- Implementing health communication programming with significant technical assistance,
- Implementing health communication programming with limited technical assistance,
- Implementing health communication programming independently, or
- Serving as a regional or sub-regional resource in health communication programming.

Illustrative activities under IR1:

- Providing host country governments with tools and technical assistance to coordinate behavior change partners in support of improved synergy and programmatic quality,
- Providing ongoing and responsive technical assistance to indigenous behavior change implementers,
- Designing and evaluating a limited number of health communication programs in close collaboration with indigenous implementing partners, providing implementation support as needed,
- Providing ongoing technical and financial assistance to graduate-level health communication programs at selected institutions,
- Developing and filling opportunities for applied, individual professional development in health communication, potentially in conjunction with USAID-assisted institutions of higher learning offering graduate-level programs in health communication,
- Providing technical support to indigenous research institutions for design and implementation of health communication impact evaluations, and
- Convening and facilitating professional fora for USAID health communication partners in Washington, DC, and overseas, with an eye to both individual professional development and establishment of an active global community of practice that supports continued technical advances in social and behavior change.

These activities are illustrative; Applicants are encouraged to describe different strategies that would be more effective in achieving the objectives of the project.

Intermediate Result 2: Establishment of proven systems for continued development of new and existing indigenous implementers.

HealthComm-Capacity will not only provide capacity strengthening services, it will establish systems for future capacity strengthening, allowing for sustainability and scale in quality improvement efforts. The project's activities in this area will be characterized by a strong focus on identifying, and to the extent possible standardizing, essential elements of effective communication programs and developing tools that allow for their replication in a variety of settings.

The essential activities under IR2 will be:

- Expansion and dissemination of health communication capacity strengthening toolkit developed under *C-Change*;
- Design and implementation of outcome and process evaluations of capacity strengthening interventions;
- Comparative analysis of capacity strengthening approaches conducted under *HealthComm-Capacity* and, potentially, other USAID-supported behavior change projects.
- Development of guidance outlining considerations and priorities in health communication capacity strengthening.

Expected results:

- Relevant and complete health communication capacity strengthening toolkit in use by USAID partners in all countries for which *HealthComm-Capacity* receives core or field support funding.
- Improved understanding of effective practice in health communication capacity strengthening reflected in USAID-funded activities in all countries for which *HealthComm-Capacity* receives core or field support funding.

Attention will be given to:

Multiple content formats

HealthComm-Capacity will devise ways to capture, share, and disseminate state of the art health communication capacity strengthening tools in bundles of multiple content formats that account for differences in connectivity, function, and language.

Integration of proven and emerging theory and practice

HealthComm-Capacity will collaborate with health communication experts within USAID, its partners, and other organizations to identify proven and emerging theories and practices in behavior change for inclusion in capacity strengthening tools and activities. Particular attention will be given to evidence highlighting pathways to community-level social transformation of gender norms and related behaviors, and the relationship (distal and proximal) to positive health outcomes.[12] Activities will emphasize both continued innovation and evolution in health communication, and active and ongoing exchange between health communication and related behavioral disciplines such

[12] For examples, see publically available documentation pertaining to the Male Motivators Initiative, IMAGES Project research activities, and the PEPFAR Male Norms Initiative.

as marketing, psychology, anthropology, human-centered design, and behavioral economics.

Illustrative activities under IR 2:

- Assessing remaining needs in existing capacity strengthening toolkit (see Annex C for complete list of resources) in consultation with USAID and key implementing partners. Applicants are encouraged to review the current toolkit and provide preliminary recommendations for revision or expansion in their applications, Transferring resources on *C-Change* online platforms (including *C-Hub* and project website) to *HealthComm-Capacity* website, as well as other platforms supported by USAID (including USAID website, *K4H*ealthwebsite, and the Communication Initiative website), Developing a limited number of capacity strengthening tools, and adapting or translating existing tools per review of existing resources developed with USAID support,
- Developing a strategy to capture and share lessons and tools that builds upon C-Change's end-of-project dissemination activities, capitalizing on proven strategies to maximize diffusion and use of tools,
- In conjunction with indigenous research institutions, designing and implementing studies assessing the effectiveness of various capacity strengthening models, and
- Incorporating emerging research conducted through *HealthComm-Capacity* and other USAID-supported projects into capacity strengthening practice through revisions to capacity strengthening toolkit and development of technical guidelines.

These activities are illustrative; Applicants are encouraged to describe different strategies that would be more effective in achieving the objectives of the project.

G. Challenges

USAID foresees the principal challenges to *HealthComm-Capacity* will be:

Ensuring functional linkages between health communication and other public health interventions

Research and programmatic experience suggest that health communication is most effective when closely linked to complementary interventions, including provision of health products and services and efforts to affect structural change through policy and other changes to the decision-making context. *HealthComm-Capacity* will support indigenous implementers in developing and enacting strategies to effectively link their health communication activities to health services, social marketing programs, or other interventions as appropriate. Successful strategies will be documented and integrated into ongoing capacity strengthening activities.

Supporting innovation while maximizing replicability and scale

Continued innovation in service of improved programmatic quality is a priority for USAID. Innovation is particularly essential in health communication, a field that spans creative disciplines, social science, and health services. *HealthComm-Capacity* will explore and disseminate strategies for ensuring local, regional, and global innovation in both the design and management of health communication, while adhering to established best practices.

Balancing rigor and feasibility in health communication research and evaluation

USAID expects that *HealthComm-Capacity* will support indigenous implementers in

integrating monitoring, evaluation, and research into their health communication activities in a manner that is sustainable, cost-effective, and programmatically useful. The project should emphasize research approaches that support unique or improved insights or demonstration of impact, such as immersive qualitative methods, social network analysis, or propensity score matching. Additional areas of emphasis will include innovative use of both qualitative and quantitative methods, as well as effective use of data in programmatic decision-making.

H. Cross-Cutting Issues

The following guiding principles are critical to the success of *HealthComm-Capacity*. The project will be evaluated on its ability to routinely incorporate these priorities in its programming.

Utilize an implementation science approach, with emphasis on rigorous monitoring and evaluation, documentation, and diffusion of practices.

USAID defines implementation science as the process of translating research into effective programs in real-world, low resource settings. Key principles associated with implementation science include:

- Maintaining strong relations with communities.
- Harnessing local innovations to allow for scale and sustainability.
- Involving those who influence national and local policy and practice.
- Engaging in ongoing monitoring and evaluation.

Increasingly, the Bureau for Global Health employs an implementation science approach in its programming, and seeks to ensure that key strategies such as validation and diffusion of implementation practices are reflected in centrally-funded projects. To this end, *HealthComm-Capacity* will conduct rigorous monitoring and evaluation of its capacity strengthening activities, regularly measuring success at the output, outcome, and impact levels, and ensuring that indigenous partners are also able to do so. Evaluation will provide insights into the relative impact and cost-effectiveness of different capacity strengthening models, and will be used to improve the quality of future capacity strengthening programming. *HealthComm-Capacity* will further ensure the diffusion of the practices it validates through effective documentation and dissemination, which will take account of variation in cultural and programmatic context.

Tailor strategies and tools to context, audience, and function.

HealthComm-Capacity will demonstrate careful and appropriate tailoring in its capacity strengthening activities, segmenting and profiling beneficiary audiences and identifying and addressing priority needs. At a minimum, USAID expects that *HealthComm-Capacity's* capacity strengthening activities will clearly differentiate between and respond to the unique needs of communication donors, including USAID, and managers, practitioners, students, and researchers. To the greatest extent possible, *HealthComm-Capacity* will ensure that its services are available to implementers in non-English-speaking regions.

Develop and document effective strategies for addressing normative and structural factors that influence behavior.

Health and development communication have historically assumed a high degree of individual agency in decision-making and behavior change, and focused on shifting

intentions and behaviors at the individual level without attention to the collective context or broader environment. However, there is now consensus that health communication must address, and in some cases shift, prevailing norms in order to achieve lasting behavior change at the population level. The importance of normative change is particularly clear in the case of gender: a wide body of evidence points to the critical need to address the complex and multifaceted ways that inequitable gender norms affect women and men. *Health-Comm Capacity* will prioritize normative change into its activities, identifying and documenting effective strategies for promoting positive norms in support of healthy behavior, and incorporating them in capacity strengthening activities.

Build upon existing resources

C-Change has developed an extensive toolkit of capacity strengthening resources, including needs assessment tools, training modules, online courses, adaptable materials, and materials development guidelines (available in full at http://c-changeprogram.org/, and listed in Annex C of this RFA). *HealthComm-Capacity* will draw upon these, and resources developed under other USAID-supported communication and capacity strengthening projects, to the greatest extent possible. USAID requests that all new and adapted resources be developed under a USAID brand rather than one that is specific to the project, in order to facilitate their diffusion and continued use.

Foster active communities of practice spanning a broad range of current and potential partners

HealthComm-Capacity will proactively engage a broad range of technical leaders in health communication and behavior, including indigenous and international NGOs and businesses, academic institutions, donors, and multilateral organizations, in dialogue around technical priorities and capacity strengthening for health communication. Activities will be designed to support the development and maintenance of professional and academic communities of practice for health communication at the country, regional, and global levels.

I. Project Monitoring and Evaluation

Applicants shall provide a proposed performance management plan (PMP) for *HealthComm-Capacity* that includes the Year 1, Year 2.5, and Year 5 targets and indicators that will be used to assess the strategic objective and intermediate results. The PMP shall also describe how the project (1) will measure the progress and impact of capacity building activities at individual, organizational, and institutional levels; (2) shall measure the extent to which the capacity strengthening toolkit and toolkit products are accessed and used, with or without adaptation; (3) shall monitor project utilization of indigenous organization expertise to design, implement, and/or evaluate capacity building activities; and (4) shall design and implement impact evaluation studies. Applicants shall identify the approximate dates for data collection, the method, type, and source of information to be collected.

J. Management Review and External Evaluations

An appraisal of accomplishments against yearly work plan activities will form the basis for annual joint management reviews by USAID and *HealthComm-Capacity* project staff to assess program directions, achievement of the prior year work plan objectives, major management and implementation issues, and to make recommendations for any program changes. Annually, input will be solicited from USAID/Washington, USAID Missions,

and cooperating partners, as appropriate.

USAID may conduct a mid-term and/or end-term evaluation of the project. These evaluations will reflect an implementation science approach and in accordance with USAID's Evaluation Policy, the evaluations with emphasize relevance, methodological rigor, transparency, lack of bias, and reinforcement of local capacity. Evaluations will be conducted by external parties in order to ensure rigor and transparency.

K. Staffing/Key Personnel

The applicant shall identify the three key personnel by name and position. A total of three (3) key personnel shall be proposed: the Project Director, Senior Capacity Strengthening Advisor, and Research Lead. Each key personnel position requires USAID approval, as noted in substantial involvement provisions.

Project Director: The required attributes of the Project Director are: a senior manager with an advanced degree (M.A., M.S., or Ph.D.) in the social sciences and at least 10 years of experience leading, managing and implementing large international or national development communication projects in developing countries. This is a full-time position; in order to ensure adequate managerial oversight of the project, it will involve traveling overseas only 10-20 percent of the time.

Senior Capacity Strengthening Advisor: The required attributes of the Senior Capacity Strengthening Advisor are: an advanced degree (M.A., M.S., or Ph.D.) in the social sciences and at least 10 years of experience in capacity strengthening, with a particular focus upon health communication preferred. This is a full-time position; in order to ensure adequate contribution to field activities, it will likely involve traveling overseas 30-40 percent of the time.

Research and Evaluation Director: The required attributes of the Research and Evaluation Director are an advanced degree (M.A., M.S. or Ph.D.) in public health, communication, social psychology, or a related field; experience in conducting and applying cutting-edge research in health communication in areas such as HIV/AIDS, family planning, maternal and child health, and malaria; as well as the capability to design and oversee monitoring and evaluation activities as requested by USAID. This is a full-time position, and will likely involve traveling overseas 20-30 percent of the time.

It is expected that by the end of the second year of the project, at least 55% of the *HealthComm-Capacity* staff will be located in developing countries and by the end of the third year, 75% of the staff will be located overseas; and that by years 2 and 3, 40% and 60%, respectively, of the staff will be local nationals working in their respective countries. By the end of the year 3, *HealthComm-Capacity* will make every effort to ensure the majority of the Chiefs of Party or Country Coordinators are in-country nationals. It is expected that field personnel will have decision-making and financial authority to manage country programs and that the management structure within *HealthComm-Capacity* will be flexible and adaptable to Mission requirements. It is also expected that country staff will be leaders in health communication programming.

L. 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 AOR 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 AOR 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 AOR as described below. The exact format for all reports and the timing of their submission will be determined in collaboration with the AOR.

a) Annual Work Plan (2 copies)

The project will prepare an Annual Workplan for the Cooperative Agreement on a schedule and according to a format agreed upon by USAID and the project, to be submitted to the GH/PRH/PEC AOR for approval. The Annual Workplans for the field-supported programs will be submitted to Missions' Activity Managers and then approved by the AOR. For the CA award, the recipient will follow the workplan year as defined by the AOR and the Office of Population and Reproductive Health. The first workplan 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 PMP to be developed by the recipient in collaboration with USAID. This will include information on activities in all countries and regions. The report 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; 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. One of these reports will be considered the project's Annual Report.

c) Final Report (2 Copies)

USAID requires, 90 days after the completion date of this Cooperative Agreement, that the recipient 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 and sub-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 and sub-Results, and overall project impact; analysis of the significance of these activities; important research findings and recommendations; and a fiscal report that describes use of funds expended under this award. 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 AOR, 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 work plan and integrated into each annual work plan, 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 AOR 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 AOR 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

SECTION II - IMPLEMENTATION ARRANGEMENTS

A. Anticipated Award Schedule

The project is expected to be awarded on or about September 30, 2012.

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); or a Non-US Nongovernmental International Organization;
- 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 10 percent of the amount of funds obligated by USAID for the implementation of this program over the course of the agreement.

While for-profit firms may participate, pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments such as cooperative agreements. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant 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 Cooperative Agreement.

C. Implementation Mechanism

The project is a Cooperative Agreement with a five-year term. The Policy, Evaluation and Communication Division (PEC) of GH/PRH will manage the project. The project 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 small business 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.

D. Staffing and Key Personnel

(a) **Staffing:**
HealthComm-Capacity shall employ, or have access to, health communication specialists. Applicants are requested to develop a comprehensive staffing plan that shall enable achievement of *HealthComm-Capacity* results and demonstrate an appropriate balance of skills and accountability. The staffing pattern shall reflect the minimum number of highly experienced technical staff sufficient to manage and implement *HealthComm-Capacity* activities under this award. USAID's intent is to have a sufficient but small core staff available to provide global leadership in the identification and application of best practices and for supporting indigenous implementers in planning and assessing health communication programs initially for FP/RH, HIV/AIDS, maternal and child health, and malaria. Applicants shall propose the optimal mix and location of technical personnel considered necessary for global leadership. The staffing level and pattern may be modified over time if needed to provide effective support to field programs as they evolve.

(b) **Key personnel:**

The following are designated key positions under the project: Project Director, Senior Capacity Strengthening Advisor, and Research Lead. All proposed Key Personnel must have the demonstrated ability to address the conceptual framework of the project and meet the qualifications for proposed key personnel as indicated in Section III, Staffing and Key Personnel.

E. Financial Plan

USAID anticipates allocating up to $99 million ($24 million in population core funds and an estimated $75 million in field support funds) in total funding for this activitiy over the five-year performance period. , contingent on availability of funds. USAID estimates that this award will be funded each year at an estimated level of $US 19.8 million inclusive of pipeline. Core funds for the project will likely be provided by the Bureau for Global Health's Offices of Population and Reproductive Health; HIV/AIDS; and Health, Infectious Disease, and Nutrition. Applicants should assume that approximately 50% of the agreement's core funds will be provided by the Office of Population and Reproductive Health. Core funds in the first year of the project are likely to be somewhat lower than in subsequent years.

There is a 10 percent cost sharing requirement for the Cooperative Agreement. Such funds may be mobilized from the prime recipient, other multilateral, bilateral, and foundation donors, and host governments, local organizations, communities and private businesses that contribute financially, and in-kind, to implementation of activities at the county level. 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, 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.

F. Start-Up, Transition, and Annual Work Plans

Applicants will provide a draft start-up and transition plan as part of their application package. This plan should describe a schedule for mobilizing and staffing the project over the initial three months following the award, as well as a strategy to ensure a smooth transition for current knowledge management activities.

Two weeks after the award, all key personnel shall meet with the *HealthComm-Capacity* USAID management team in Washington, DC to review the start-up and transition plan for the first three months of the project. Prior to the end of the three-month period, key personnel will meet with the USAID management team to discuss and agree on the work plan to be implemented for the first year. This work plan shall be updated annually based on the project year schedule and implementation schedule. The USAID workplan period is July-June; depending on the date of award, the first and last year workplans for the project may cover more or less than twelve calendar months.

In each subsequent year of the project, the *HealthComm-Capacity* project team will submit a draft annual work plan and detailed budget estimate associated with the work plan for that year. The draft annual work plan will identify the activities to be carried out and results to be achieved in the coming implementation year. The workplan must include the associated level of effort, funding sources to be used for that work and will discuss any technical assistance that will be provided, the counterparts (public, private, and NGO) that will be involved in these activities, the timeline for such activities, and the expected results. The work plan will describe how *HealthComm-Capacity* plans to collaborate with other USAID-funded and other donor projects active in relevant countries.

In drafting the annual work plans, the *HealthComm-Capacity* project team will be expected to identify strategic objectives and intermediate results per activity that have been determined in consultation with the USAID Mission, Office, or Bureau. Targets, indicators, and data sources must be identified for each intermediate result. Strategic objectives in each country must flow logically from the Mission, Office or Bureau strategic framework as well as the *HealthComm-Capacity* strategic framework. *HealthComm-Capacity* will also be expected to identify other Cooperating Agencies (CAs) that are working to achieve the same SO or IR and with Mission, Office, or Bureau direction and concurrence, will collaborate with these CAs to achieve their common objectives and results.

G. Coordination with USAID

The Cooperative Agreement will be managed by the Office of Population Reproductive Health, within the USAID Bureau for Global Health (GH/PRH). The cooperative agreement will have one AOR. The AOR will retain substantial involvement for activities conducted under this award, funded both through core and field support funds. The Award Recipient shall keep the AOR apprised of the status of technical services provided by the recipient and shall be prepared to travel to USAID offices in Washington, DC to review the annual work plan, planned core activities, and to debrief USAID on specific country activities of Mission buy-in to the project.

The AOR will assist the Award Recipient by liaising with other offices in the Global Health Bureau, Regional Bureaus, and USAID Missions. All aspects of travel, global research, and implementation planning must be reviewed and approved in advance by the AOR. In addition, the AOR will review and approve specified key personnel and consultants assigned to each activity as described below under Substantial Involvement.

H. Substantial Involvement

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

1. Approval of the recipient's annual work plans, reports, monitoring and evaluation plan, and all modifications that describe the specific activities to be carried out under the Cooperative Agreement;

2. Approval of and any changes to specified key personnel; and

3. Agency and recipient collaboration or joint participation (collaborative involvement in selection of advisory committee members, concurrence on selection of sub-award recipients, and/or the substantive provisions of the sub-awards).

4. Agency Authority to Immediately Halt a Construction Activity: The Agreement Officer may immediately halt a construction activity if identified specifications are not met.

I. Cost Share

There is a 10% cost share requirement for the Cooperative Agreement. Such funds may be mobilized from the prime recipient; other multilateral, bilateral and foundation donors; local organizations, communities and private businesses that contribute financially, and in-kind to implementation of activities at the country level.

Applicants will be evaluated on their ability to maximize their cost share. At a minimum, the cost share requirement for the Cooperative Agreement is 10 %. Applicants will 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 the minimum cost-share requirement are not eligible for award consideration.

J. Authorized USAID Principal Geographic Codes

The authorized Geographic Code for procurement of services and commodities for this Cooperative Agreement is 937 (the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source) The Recipient of this award may request a waiver to change the geographic code, after award.

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 one (1) copy of the cost/business application, in English. Applications should reference the total proposed funding level and the estimated cost share on the cover page, of the cost application only. In addition to hard copies, technical and cost/business applications shall be submitted on one (1) CD ROM each in Microsoft Word 2010 and Excel 2003, respectively. The font size in the technical and business proposals shall not be less than size 12.

All copies of the technical and cost/business applications must be separately packaged and clearly marked with the following: "RFA No. RFA-OAA-12-000017 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]."

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.

Technical applications shall be specific, complete and concise. The Application shall demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The technical application shall 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 (Times New Roman 12 point single-spaced type, 1 inch margins), not including the cover page, executive summary, appendices, figures, and tables. The Performance Monitoring Plan (PMP) and Results Framework are not included in the 35 page limit. Shorter applications are encouraged.

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 in Section IV.

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 specific, complete and concise 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 IV.

Content of the Technical Application – Instructions

B4. Technical Approach:
The technical application must address the program description and objectives in Section I of this document.

The applications must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The application must take into account the technical evaluation criteria and evaluation procedures found in Section IV.

The application must address the following:

(1) Strategic Objective of the Project: Improved sustainability of evidence-based practices and interventions in health communication.

Applicants shall describe:

- their philosophy of health communication and vision for *HealthComm-Capacity*
- the interrelationship of the SO, IRs, Challenges, and Cross-Cutting Issues

- their approach to sustainable capacity strengthening for health communication

Any conceptual frameworks must be presented in the main body of the application, and not as annexes.

(2) Statement of the Expected Results:

Intermediate Result 1: Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based interventions.

Applicants shall describe:

- principal activities to be implemented to strengthen capacity at the systems, organizational, and individual levels, with attention to development of both technical and operational capacity as appropriate
- strategies for evaluating the impact of health communication interventions
- principal activities to be implemented to improve professional exchange and development among health communication professionals
- potential models of collaboration with USG agencies and other organizations in the interest of achieving scale and cost-effectiveness in health communication capacity strengthening
- how the applicant will exploit innovations in communication and behavior change
- barriers that could hinder progress and suggested solutions
- expected results and indicators at the end of 2.5 years and five years

Intermediate Result 2: Establishment of proven systems for continued development of new and existing indigenous implementers.

Applicants shall describe:

- principal activities to be implemented to capture, improve, and share existing tools and processes for health communication capacity strengthening
- principal activities to be implemented to develop and disseminate effective tools and processes for health communication capacity strengthening
- barriers that could hinder progress and suggested solutions
- expected results and indicators at the end of 2.5 years and five years

(3) Challenges:

- **Ensuring functional linkages between health communication and other public health interventions**
- **Supporting innovation while maximizing replicability and scale**
- **Balancing rigor and feasibility in health communication research and evaluation**

For each challenge, applicants shall describe:

- principal activities to be implemented to address each challenge
- barriers that could hinder progress and suggested solutions

(4) Technical Scenarios: Technical Scenarios

Applicants shall respond to each of the following technical scenarios, in no more than two pages for each scenario. For Scenarios 1-3, please outline the approach that will most effectively and sustainably increase the capacity of indigenous partners to manage, design, implement, and evaluate evidence-based health communication programs. The response shall clearly describe how different cadres of partners can best contribute to effective national-level health communication programming, what competencies are required to fill these roles, and how the applicant will support partners in mastering these competencies. Applicants shall clearly describe

strategies for promoting coordination and collaboration among different communication stakeholders. The response shall also describe how the applicant will measure success in its capacity strengthening activities. Opportunities for innovation (including incorporation of emerging practices developed by other USAID-supported communication projects) and cost-effectiveness in capacity strengthening shall be highlighted.

For Scenario 4, please outline the research strategy that will most effectively demonstrate the impact of USAID-supported health communication programming. The response shall clearly describe strategies for measuring change at both the individual and collective levels, as well as potential synergies or indirect impact across health areas. Applicants shall articulate how they will involve indigenous research institutions, and what approaches they will use to strengthen the capacity of these institutions in health communication research and evaluation. Opportunities for innovation and cost-effectiveness in research shall be highlighted.

Scenario 1:
In Country A, USAID investments are largely focused in the health sector, but span several different health areas, including HIV/AIDS; family planning and reproductive health; and malaria. USAID currently supports several large international organizations with focused expertise in behavior change and health communication, which have a significant in-country presence, as well as a wide range of health service delivery partners. In addition to the international organizations active in health communication, there are many local and regional NGOs and for-profits that focus on communication and/or behavior change. There is considerable variety of expertise among behavior change and communication partners present in-country, with some organizations providing design, implementation, and evaluation across multiple communication channels and others offering more specialized services. Country A is home to a large and vibrant creative industry, with local, regional, and international marketing and advertising firms present. Access to mass media and mobile connectivity are widespread among most population subgroups. Applicants can assume that two years and $500,000 are available for the intervention.

Scenario 2:
In Country B, USAID funding supports programs in HIV prevention; care and support; and treatment. USAID-supported behavior change activities, including demand creation for health services, are implemented by a network of small-medium-sized indigenous implementing partners, some of whom also provide health services. These partners focus primarily upon community-level and interpersonal communication programming, and some demonstrate considerable expertise in this area. Commercial marketing and creative industries are not well developed in Country B, although there is a small number of local firms and independent professionals that provide creative services. Neighboring countries have larger and more diversified creative industries, and USAID partners in Country B sometimes contract firms in these countries to provide creative services. Access to mass media and mobile connectivity are widespread among most population subgroups. Applicants can assume that five years and $12,000,000 are available for the intervention.

Scenario 3:
In Country C, USAID supports projects in health; democracy and governance; and basic education. USAID does not have a primary health communication partner, and behavior change is a small part of many partners' projects. The US Peace Corps has a longstanding presence in-country, with active volunteers in the health and education sectors present in more than 50 communities nationwide. There are very few active creative professionals in-country, and partners rely upon firms elsewhere in the region to develop and produce communication outputs,

often remotely. Access to mass media and mobile connectivity are growing, but remain low, particularly among women and older adults. Traditional norms remain strong in much of the country, and may support inequitable gender relations and harmful traditional practices. Applicants can assume that three years and $5,000,000 are available for the intervention.

Scenario 4:
In Country D, USAID has awarded a three-year, multi-channel communication project that spans malaria, family planning, and HIV/AIDS. The project will focus on strengthening capacity and coordination at the national level, as well as implementation of mass media and community-level programming in selected districts. USAID-funded service delivery partners will lead more limited health communication and promotion efforts in the country's remaining districts. This project follows an earlier, five-year award with the same mandate, and will employ similar approaches to its predecessor project. Applicants can assume that three years and $500,000 are available for the evaluation.

B5. Technical Capacity of Organizations, Staffing Pattern, Management Structure

A. Management Approach:
Applicants shall provide an organizational chart for implementation of *HealthComm-Capacity*, illustrate how responsibility and lines of authority will be managed across all partners, and clearly address how each partner will be utilized. Describe the strengths that the prime and each of the partners will contribute to *HealthComm-Capacity* and describe how *HealthComm-Capacity* will be managed to take advantage of each partner's strengths while maximizing the cohesiveness and integration of project activities.

The management plan for *HealthComm-Capacity* shall specify the management and administrative arrangements for overall implementation of the program including logistical support, personnel management, and procurement of goods and services. Applicants shall demonstrate how they propose to manage a complex set of activities in multiple countries and regions of the world and how *HealthComm-Capacity* country programs and partner agencies will respond to Mission requests. The management plan shall also explain how *HealthComm-Capacity* proposes to interact with other Cooperating Agencies, sub-contractors, foreign governments, and other development partners.

Applicants shall describe financial management plans for assurance of timely and accurate management, disbursing, and reporting of multiple funding streams. Applicants shall also articulate plans for rapid start-up of the project, including plans for the timely transfer of relevant resources from USAID's current flagship health communication project, *C-Change*.

Minimal core or field support funds will be used to develop a *HealthComm-Capacity* web presence or invest in a content management system or search engine technology. The project will utilize existing USAID-supported platforms to the greatest extent possible. All durable outputs of the project, including electronic and print capacity strengthening resources, shall be developed under a USAID brand; country-specific communication materials funded through Field Support may be developed under a project brand.

B. Staffing and Key Personnel: *HealthComm-Capacity* shall employ, or have access to, health communication specialists. Applicants are requested to develop a comprehensive staffing plan that shall enable achievement of *HealthComm-Capacity* results and demonstrate an appropriate balance of skills and accountability. The staffing pattern shall reflect the minimum number of highly experienced technical staff sufficient to manage and

implement *HealthComm-Capacity* activities under this award. USAID's intent is to have a sufficient but small core staff available to provide global leadership in the identification and application of best practices and for supporting indigenous implementers in planning and assessing health communication programs initially for FP/RH, HIV/AIDS, maternal and child health, and malaria. Applicants shall propose the optimal mix and location of technical personnel considered necessary for global leadership. The staffing level and pattern may be modified over time if needed to provide effective support to field programs as they evolve.

If the project receives substantial Field Support funding, management may (in consultation with USAID), elect to hire a Deputy Project Director; this position is not considered key personnel for purposes of the application. Similarly, USAID expects that *HealthComm-Capacity* will maintain a topical specialist for any health or development area in which it receives more than $1.5 million in combined core and field support funds per year.

The section on personnel capability in the main body of the application shall include brief statements of major duties, experience, academic background and resumes for each of the three (3) key personnel and other senior program staff. Resumes for key personnel, other senior program staff and any long-term professional staff/advisors shall be limited to 4 pages in length and shall be included in the annexes. The annexes (which are beyond the 40-page limit) shall include letters of intent to participate for at least two years post award for those not already employed by the proposing organization and letters of commitment from proposed key personnel.

Please provide a roster of all senior core staff and at least ten non-U.S.-based experts who are likely to assist with program activities and can address the broad range of health communication programming envisioned in the RFA on an as-needed basis. Resumes and letters of intent to participate for at least an initial two-year period shall be included in the annexes.

Applicants are invited to propose and justify an alternative staffing structure, including a different configuration of key staff positions, if they feel that a different structure is more conducive to achieving the desired project results.

C. Project Monitoring and Evaluation:
Applicants shall provide an illustrative performance monitoring plan for *HealthComm-Capacity* that includes the indicators that will be used for the strategic objective, IRs, and to evaluate the effectiveness of core-funded activities. Applicants shall identify the approximate dates for data collection, the method, type, and source of information to be collected.

B6. Past Performance:
As an appendix, please complete Past Performance Report – Short Form (Annexes D). The applicant and subcontractors shall include a minimum of three past performance examples from the prime or the consortium with accompanying references that can validate that the work was accomplished. The examples must be for the past ten years for current public or private sector type awards for efforts similar to this requirement (i.e. examples must be where the partner provided a significant contribution to the overall objective). The reference information shall include the location, current telephone number, e-mail addresses, point of contact, award number, dollar value, and brief description of work performed. Applicants' past performance must demonstrate the following:

- the ability to provide or acquire technical accomplishment in development communication for health and more specifically in FP/RH; HIV/AIDS; maternal and child health; and malaria;
- the ability to form strong partnerships with a range of research and communication institutions/organizations in both the U.S. and host countries;
- the degree to which the applicant is reported to have been effective, efficient, capable, reasonable and cooperative;
- whether the applicant conformed to the terms and conditions of the contract/agreement/grant application; and client satisfaction.

B7. Annexes: Maps of the Activity Areas and relevant letters of support (i.e. letter(s) of program support from a local government, letter(s) from a partnering organization expressing their intention to engage in a partnership, or a letter from a donor making a funding commitment, as well as past performance references).

B8. 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 a description of:

- The Applicant's approach to developing and implementing any 22 CFR 216 documentation, including provisions for an Environmental Monitoring and Management Plan (EMMP)[13] 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 who will provide the necessary environmental management expertise. This will include examples of past experience of environmental management of similar activities and a description of the technical expertise of identified individuals.

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

B9. Branding & Marking Requirements

BRANDING & MARKING STRATEGY - ASSISTANCE (December 2005)

(a) Definitions

Branding Strategy means a strategy that is submitted at the specific request of a USAID Agreement Officer by an Apparently Successful Applicant after evaluation of an application for USAID funding, describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. It identifies all donors and explains how they will be acknowledged.
Apparently Successful Applicant(s) means the Applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer.
The Agreement Officer will request that the Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award.

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

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

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

(1) Positioning
What is the intended name of this program, project, or activity?
Guidelines: USAID prefers to have the USAID Identity included as part of the program or project name, such as a "title sponsor," if possible and appropriate. It is acceptable to "co-brand" the title with USAID's and the Apparently Successful Applicant's identities. For example: "The USAID and [Apparently Successful Applicant] Health Center." If it would be inappropriate or is not possible to "brand" the project this way, such as when rehabilitating a structure that already exists or if there are multiple donors, please explain and indicate how you intend to showcase USAID's involvement in publicizing the program or project. For example: School #123, rehabilitated by USAID and [Apparently Successful Applicant]/ [other donors]. Note: the Agency prefers "made possible by (or with) the generous support of the American People" next to the USAID Identity in acknowledging our contribution, instead of the phrase "funded by." USAID prefers local language translations.

Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo. Note: USAID prefers to fund projects that do NOT have a separate logo or identity that competes with the USAID Identity.

(2) Program Communications and Publicity

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

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

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

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

What is the main program message(s)?

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

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

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

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

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

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

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

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

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

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

MARKING PLAN – ASSISTANCE (December 2005)

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

Exceptions to marking requirements in the Marking Plan.
Apparently Successful Applicant(s) means the Applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award, which the Agreement Officer must still obligate.

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

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)(i)).

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)(ii)).

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)(iii)).

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)(iv)).

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)(v).
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)(vi).

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

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

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

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

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

(2) A table specifying:

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

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

(3) A table specifying:

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

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

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

(i), identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why the program, project, activity, commodity, or communication is 'intrinsically neutral.' Identify, by category or deliverable item, examples of program materials funded under the award for which you are seeking an exception.
(ii), 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), 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), 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), explain why marking would not be cost beneficial or practical.
(vi), identify the relevant cultural or social norm, and explain why marking would violate that norm or otherwise be inappropriate.
(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 AOR and other agency personnel as necessary, the Agreement Officer will approve or disapprove the requested Presumptive Exception. Approved exceptions will be made part of the approved Marking Plan, and will apply for the term of the award, unless provided otherwise.

(e) Award Criteria: The Agreement Officer will review the Marking Plan for adequacy and reasonableness, ensuring that it contains sufficient detail and information concerning public communications, commodities, and program materials that will visibly bear the USAID Identity. The Agreement Officer will evaluate the plan to ensure that it is consistent with the stated objectives of the award; with the Applicant's actual project, activity, or program performance plan; and with the regulatory requirements of 22 C.F.R.226.91 and ADS 303.3.6.3.f. The Agreement Officer will approve or disapprove any requested Presumptive Exceptions (see paragraph (d)) on the basis of adequacy and reasonableness. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

MARKING UNDER ASSISTANCE INSTRUMENTS (DEC 2005)

(a) Definitions
Commodities mean any material, article, supply, goods or equipment, excluding Recipient offices, vehicles, and non-deliverable items for Recipient's internal use, in administration of the USAID funded grant, cooperative agreement, or other agreement or sub agreement.
Principal Officer means the most senior officer in a USAID Operating Unit in the field, e.g., USAID Mission Director or USAID Representative. For global programs managed from Washington but executed across many countries, such as disaster relief and assistance to internally displaced persons, humanitarian emergencies or immediate post conflict and political crisis response, the cognizant Principal Officer may be an Office Director, for example, the Directors of USAID/W/Office of Foreign Disaster Assistance and Office of Transition Initiatives. For non-presence countries, the cognizant Principal Officer is the Senior USAID officer in a regional USAID Operating Unit responsible for the non-presence country, or in the absence of such a responsible operating unit, the Principal U.S. Diplomatic Officer in the non-presence country exercising delegated authority from USAID.
Programs mean an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by an organization to carry out the responsibilities assigned to it.

Public communications are documents and messages intended for distribution to audiences external to the Recipient's organization. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with USAID funded programs, projects or activities, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and so forth.
Sub Recipient 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 sub Recipients, in direct support of a development objective – as opposed to the internal management of the foreign assistance program.

USAID Identity (Identity) means the official marking for the USAID comprised of the USAID logo or seal and new brand mark, with the tagline that clearly communicates that our assistance is "from the American people." The USAID Identity is available on the USAID website at www.usaid.gov/branding 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 sub award with the USAID Identity, of a size and prominence equivalent to or greater than the Recipient's, other donor's, or any other third party's identity or logo.

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

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

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

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

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

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

"As a condition of receipt of this sub award, marking with the USAID Identity of a size and prominence equivalent to or greater than the Recipient's, sub Recipient's, other donor's or third party's is required. In the event the Recipient chooses not to require marking with its own identity or logo by the sub Recipient, USAID may, at its discretion, require marking by the sub Recipient with the USAID Identity."
(10) Any 'public communications', as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:
RFA Solicitation No: RFA-OAA-12-000014

"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 AOR or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the Recipient will submit one electronic or one hard copy of all final documents to USAID's Development Experience Clearinghouse.

(c) Implementation of marking requirements.

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

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the Recipient will propose and submit a plan for implementing the requirements of this provision within 45 days after the effective date of this provision. The plan will include:
(i) a description of the program deliverables specified in paragraph (b) of this provision that the Recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.
(ii) the type of marking and what materials the Applicant uses to mark the program deliverables with the USAID Identity,
(iii) when in the performance period the Applicant will mark the program deliverables, and where the Applicant will place the marking,

(3) The Recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:
(i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;
(ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;
(iii) USAID marking requirements would undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as "by" or "from" a cooperating country ministry or government official;
(iv) USAID marking requirements would impair the functionality of an item;
(v) USAID marking requirements would incur substantial costs or be impractical;
(vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;
(vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the AO after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the AO 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 AOR. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

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

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

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

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

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

MARKING PLAN – ASSISTANCE (December 2005)

(a)Definitions 49
RFA Solicitation No: SOL-OAA-12-000017
Marking Plan means a plan that the Apparently Successful Applicant submits at the specific request of a USAID Agreement Officer after evaluation of an application for USAID funding, detailing the public communications, commodities, and program materials and other items that will visibly bear the USAID Identity. Recipients may request approval of Presumptive Exceptions to marking requirements in the Marking Plan.

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

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

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

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)(i)).

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)(ii)).

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)(iii)).

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)(iv).

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)(v)).

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)(vi)).

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

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

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

(1) A description of the public communications, commodities, and program materials that the Recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity. These include:
(i) program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature;
(ii) technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID;
(iii) events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities; and
(iv) all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies and other materials funded by USAID, and their export packaging.

(2) A table specifying:
(i) the program deliverables that the Recipient will mark with the USAID Identity,
(ii) the type of marking and what materials the Applicant will be used to mark the program deliverables with the USAID Identity, and
(iii) when in the performance period the Applicant will mark the program deliverables, and where the Applicant will place the marking.

(3) A table specifying:
(i) what program deliverables will not be marked with the USAID Identity, and
(ii) the rationale for not marking these program deliverables.

(d) Presumptive Exceptions.

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

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

seeking an exception.
(ii) For Presumptive Exception (ii), state what data, studies, or other deliverables will be produced under the USAID funded award, and explain why the data, studies, or deliverables must be seen as credible.
(iii) For Presumptive Exception (iii), identify the item or media product produced under the USAID funded award, and explain why each item or product, or category of item and product, is better positioned as an item or product produced by the cooperating country government.
(iv) For Presumptive Exception (iv), identify the item or commodity to be marked, or categories of items or commodities, and explain how marking would impair the item's or commodity's functionality.
(v) For Presumptive Exception (v), explain why marking would not be cost beneficial or practical.
(vi) For Presumptive Exception (vi), identify the relevant cultural or social norm, and explain why marking would violate that norm or otherwise be inappropriate.
(vii) For Presumptive Exception (vii), identify the applicable international law violated by marking.

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

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

C. Cost/Business Application

The following sections describe the Cost/Business documentation that Applicants must submit to USAID Prior to award. This documentation enables 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, while providing the necessary detail to address the following.

Applicants must include a detailed five-year budget, with accompanying budget narratives for the application. The budget must provide in detail the total costs for implementation of the program that 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 $19.8 million. The information from the detailed budget must then be 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 document that specifies the legal relationship between the parties. This document should include a full discussion of the relationship between the Applicants including: identification of the lead Applicant with whom USAID will work for purposes of Agreement administration; identification of the Applicant responsible for accounting; discussion of how the Agreement effort will be allocated among the parties; and specification of the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

Over the life of the project, in addition to USAID funds, Applicants are expected to contribute, from their other sources, no less than 10 percent of the amount obligated by USAID for the implementation of this program. 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 regarding the proposed cost-share should be included in the SF 424 and the Cost Matrix as indicated on those documents. The cost-share, and the feasibility of the cost-sharing plan, should be discussed in the budget narratives to the extent necessary to realistically access these sources and funds. 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 10 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. A description of how allocable costs will be managed.
f. Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement.
g. 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 have 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 organization's 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 the 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.
e. If Applicants have never received a grant, cooperative agreement or contract from the U.S. Government, they 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

- Has a 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, and that includes 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 prohibit 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 strengthen quality, FP/RH service delivery through the use and scale-up of evidence-based FP/RH interventions. 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 $99 million over five years. USAID anticipates that this award will have $24 million in Core funds and up to $75 million in field support based on pipeline analysis.

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. This will enable 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 to the terms and conditions of the RFA. If an Applicant takes exception to any of the terms and conditions of the RFA, then USAID will consider its 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 evaluation 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 the responsible Applicant whose application offers the greatest value, cost reasonableness, and other factors considered. Award will be made based on the ranking of proposals according to the technical evaluation criteria identified below.

C. Evaluation Criteria

The technical evaluation criteria are presented below identifying the relative importance of each criteria. The sub-criteria identified under each criteria are not in descending order of importance rather are considered as a one whole criteria separated for clarity. The technical evaluation criteria are intended to signify the most important matters that applicants should address in their application, as well as set standards against which all applications will be evaluated. To facilitate the review of applications, applicants should organize the narrative portions of their application with reference to the format guidelines found in Section III, Cooperative Agreement Application Format.

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 applications for the HealthComm-Capacity project will be evaluated and scored based on the following:

1) Technical Merits **(38/100)**

a) Strategy, Approach, and Activities

i. ***Overall approach (3 points)***
The approach demonstrates overall merit towards achieving the project's strategic objective and intermediate results, reflecting a clear and feasible strategy for assessing and building indigenous capacity in health communication.

ii. ***Intermediate Result 1—Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based interventions (7 points)***
The application describes state-of-the-art capacity strengthening targeting individuals, organizations, and development sectors.[14] Proposed activities have the potential to improve health communication design, development, production, implementation, and evaluation at the country level. Training and mentoring activities demonstrate an appreciation of audience-specific needs, constraints, and opportunities. Capacity strengthening activities address effective collaboration between private sector creative firms and health communication specialists.

The application describes a plan for capacity strengthening through professional exchange and leadership. This plan includes feasible strategies for engaging a variety of partners, including health communication managers and practitioners, creative professionals, and representatives of behavior-related disciplines beyond health communication, and emphasizes emerging practice in communication and behavior change.

The application includes expected results and indicators at the end of 2.5 years and five years.

iii. ***Intermediate Result 2—Establishment of proven systems for continued development of new and existing indigenous implementers (5 points)***
The application describes the development and dissemination of tools and processes that will support ongoing capacity strengthening. Emphasis is placed on utilizing quality tools that already exist. Design and methodology for testing various capacity strengthening models is addressed in detail. Knowledge management strategies reflect current best practices and are responsive to the needs of a variety of audiences in the U.S. and overseas.

The application includes expected results and indicators at the end of 2.5 years and five years.

[14] "Development sectors" refers here to groupings of organizations at the national or sub-national level, as overseen by host country government authorities and/or donor management structures. Examples could include a host country's Office of Health Education and Health Promotion (with its associated structures at the regional and district levels), or a USG PEPFAR team and group of implementing partners charged with activities pertaining to behavior change.

iv. ***Challenges (3 points)***
The application demonstrates understanding of the challenges to health communication programming, capacity strengthening, and evaluation; and proposes technically sound, economically feasible, and creative approaches for overcoming such challenges.

v. ***Technical Scenarios (5 each; 20 points total)***
Scenario 1 - In Country A 5 points
Scenario 2 - In Country B 5 points
Scenario 3 - In Country C 5 points
Scenario 4 –In Country D 5 points

One strategy for each scenario is proposed. Each strategy includes discussion of the relevant challenges; programmatic approaches, expected inputs, outputs, and outcomes; and evaluation plan. Each strategy is complete and appropriate, demonstrates a thorough understanding of the issues in health communication capacity strengthening, implementation, and evaluation, and utilizes evidence-based strategies and lessons learned.

C2. Management Structure **(7/100)**

Technical capacity of the prime and partner organizations is described and plans for utilizing capacities across partner(s) are elucidated, including management patterns within and between the prime and partner(s) and expected level of effort of each partner. The application demonstrates collaborative, meaningful engagement amongst the prime and partner(s), with partners' contribution to results representing no less than 25 percent of the overall level of effort. The proposed management and administrative arrangements for implementation are streamlined, complete, and appropriate. Financial management plans for assurance of timely and accurate management, disbursing, and reporting of multiple funding streams are provided. Plans for rapid start-up of the project are described.

C3. Staffing and Key Personnel **(38/100)**

Staffing and Key Personnel (9 points per key personnel position and 11 points for overall staffing approach; 38 points total)

Key Personnel and Overall Staffing Approach

Staffing patterns at headquarters, regional, and/or country levels allow for responsiveness and cost efficiency. Proposed key personnel have requisite experience and expertise to meet or exceed requirements specified in Section III, subsection B5B, Staffing and Key Personnel. Individually and collectively, proposed key personnel show evidence of strong skills for building collaborative relationships with developing country health communication implementers, private sector creative firms, and local research institutions.

C4. Monitoring and Evaluation Plan **(10/100)**

The application provides a complete and feasible illustrative performance monitoring plan that can be used to monitor progress, and provide data to inform program evaluation. Proposed indicators and targets are ambitious and achievable. Description of potential evaluation activities, including process and impact evaluations, is provided.

C5.Past Performance (7 points) **(7/100)**

The application demonstrates the past performance capabilities of the prime and any partners to undertake a similar or related project in both complexity and diversity, as described in the RFA. It shows the capacity of the proposed prime recipient to manage the proposed institutional relationships, including the ability to identify sub-awardees and to minimize non-productive costs.

a. Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness of the implementing partner and subpartners in resolving clients' problems.

b. Cost control, including forecasting costs as well as accuracy in financial reporting.

c. Timeliness of performance, including adherence to agreement schedules and other time-sensitive program conditions, and effectiveness of management staff to make prompt decisions and ensure efficient operation of tasks.

d. Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordinating among subpartners and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in solving clients' problems.

e. Track record of key personnel including effectiveness and appropriateness of personnel for the job and prompt and satisfactory changes in personnel when problems with clients were identified.

   The Technical Evaluation Committee may give more weight to past performance information that is considered more relevant and/or more current.

f. The relevancy of the work performed under the program.

Summary:

Technical Merits:	38
Management Structure	7
Staffing and Key Personnel	38
Monitoring and Evaluation	10
Past Performance	7
TOTAL	**100 Points**

Annex C: C-Change Capacity Strengthening Toolkit: Selected Resources

Unless otherwise noted, all resources are available online at http://c-changeprogram.org/.

1. Social and behavior change communication (SBCC) capacity assessment tool with accompanying facilitator's guides for:
   a. Use with Organizations
   b. Use with Donors and Networks

2. *C-Modules: A Learning Package for Social Behavior Change Communication* for face-to-face training: Six modules containing more than 50 tools for practitioners. Finalized modules include:

Module 0	Introduction to Social and Behavior Change Communication
Module 1	Understanding the Situation
Module 2	Focusing and Designing
Module 3	Creating
Module 4	Implementing and Monitoring
Module 5	Evaluating and Re-planning.

3. Online C-Modules courses on Ohio University's virtual platform: A set of six modules facilitated by Ohio staff and a set of six modules abbreviated for self-managed learning:

Introduction:	Social and Behavior Change Communication
Module 1:	Understanding the Situation
Module 2:	Focusing and Designing
Module 3:	Creating
Module 4:	Implementing and Monitoring
Module 5:	Evaluating and Re-planning

4. Three-hour e-learning course for USAID on the Global Health website on SBCC for program managers. The three hour course is structured around C-Planning and is adapted from the C-Modules.

5. C-Capacity Online Resource Center, a collection of relevant SBCC resources, contacts and opportunities for professional exchange and training on the Communication Initiative website; complemented by the C-Capacity e-newsletter. Other newsletters produced and disseminated by C-Change include C-Picks (SBCC resources by health area) and C-Channel (peer-reviewed articles).

Annex D: Past Performance Report – Short Form

PERFORMANCE REPORT - SHORT FORM
PART I: Award Information (to be completed by Prime)
1. Name of Awarding Entity:
2. Award Number:
3. Award Type:
4. Award Value (TEC): (if subagreement, subagreement value)
5. Problems: (if problems encountered on this award, explain corrective action taken)
6. Contacts: (Name, Telephone Number and E-mail address)
6a. Agreement/Contract Officer:
6b. Technical Officer (AOTR/COTR):
6c. Other:
7. Recipient:
8. Title/Brief Description of Product/Service Provided:
9. Information Provided in Response to RFA/RFP No. :
PART II: Performance Assessment (to be completed by Agency)
1. How well Recipient/Contractor performed:
1a. Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness in fixing problems. Comment:
1b. Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:
1c. Timeliness of performance, including adherence to schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:
1d. Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subawardees and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:
1e. Effectiveness of key personnel including: effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problems with clients where identified. Comment:
2. Specify instances of good or poor performance, especially in the most critical areas. Comment:
3. List significant achievements and/or problems. Comment:

[Note: The actual dollar amount of subagreement, if any, (awarded to the Prime) must be listed in Block 4 instead of the Total Estimated Cost (TEC) of the overall contract. In addition, a Prime may submit attachments to this past performance table if the spaces provided are inadequate; the evaluation factor(s) must be listed on any attachments.]

Annex E: CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – SOLICITATION PROVISION (FEBRUARY 2012)

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

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

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

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

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

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

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

(End of Provision)

Annex F: Initial Environmental Examination and Environmental Determination

INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY DATA:
Program/Activity Number: USAID-Washington M/OAA/GH-07-315-RFA
Country/Region: Global
Program Title: Partnership for Health and Development Communication Leader with Associate Cooperative Agreement (PHDC)
Funding Begin: FY 2007 **Funding End:** FY 2012
LOP Amount: US$175 million
IEE Prepared By: Rochelle Rainey, USAID Global Health Bureau
IEE Amendment (Y/N): N

Current Date: April 3, 2007

ENVIRONMENTAL ACTION RECOMMENDED:
Categorical Exclusion: X Negative Determination: ___
Positive Determination: _____ Deferral: ___

ADDITIONAL ELEMENTS: (Place X where applicable)
CONDITIONS_____

SUMMARY OF FINDINGS:

The Partnership for Health and Development Communication Leader with Associate Cooperative Agreement (PHDC) will provide assistance in developing effective and sustainable development communication for programs in health, environment, economic growth and poverty alleviation, democracy and governance, social transition, and education.

A Categorical Exclusion is recommended for the following activities except to the extent that the activities directly affect the environment (such as construction of facilities), pursuant to 22 CFR 216.2(c)(1) and:
a) 22 CFR 216.2(c)(2)(i), for activities involving education, training, technical assistance or training programs;
b) 22 CFR 216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;
c) 22 CFR 216.2(c)(2)(v), for activities involving document and information transfers;
d) 22 CFR 216.2(c)(2)(viii), for programs involving nutrition, health care, or family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.);
(e) 22 CFR 216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

Specific activities include:
- Implement and apply best practices to evidence-based scaled-up health and development

communication programs.

- Transfer health and development communication skills and knowledge to developing country institutions.
- Integrate health and development communication within the wider public health and development agendas.
- Generate and share knowledge about effective social and behavior change communication programming.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

Activity Title: Partnership for Health and Development Communication Leader with Associate Cooperative Agreement (PHDC)

CLEARANCE:

Cognizant Technical Officer (CTO)

Gloria A. Coe, GH/PRH/PEC Date: 3 April 2007

Global Health Bureau Environmental Officer:

Michael Zeilinger Date: 4/4/2007

Approved: ✓
Disapproved: _____

FILE N°: GH PHDC IEE April 2007.doc

ENVIRONMENTAL DETERMINATION

Project Location:	Worldwide
Project Title and Number:	Communication, 936-3091 (Amendment #1)
Life of Activity Funding:	$400,000,000
Project Assistance Completion Date:	September 30, 2018
Prepared by:	Ayanna Toure (GH/SPBO/OPS)
Date Prepared	December 7, 2011

Activity Approval Document Description: No change from original document.

Determination: Categorical exclusion – no change from original IEE.

Scott Radloff, Director
Office of Population and
Reproductive Health

2/15/2012
Date

Teresa Bernhard
Environmental Officer
Global Health Bureau

2/16/2010
Date