Issuance Date: March 27, 2013
Closing Date: April 26, 2013
Closing Time: 3:00 p.m. EST

Clarification Questions Due Date: April 10, 2013

Subject: Request for Applications (RFA) Number: SOL-OAA-13-000048
RFA Title: Knowledge for Health - II

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 "**Knowledge for Health-II (K4Health-II)**." 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. Samuel Bishop, Agreement Specialist, via email at sbishop@usaid.gov no later than April 10, 2013 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 **$40,000,000** in total USAID funding to be allocated over the five-year period for assistance with providing health and information that is exchanged, accessed, and used by health program managers and service providers to improve programs and services. 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 Award Information
3. Section III Eligibility Information
4. Section IV Application and Submission Information
5. Section V Application Review Information (Evaluation Criteria)
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-13-000048. 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. Samuel Bishop
Agreement Specialist
USAID, M/OAA/GH/POP
1300 Pennsylvania Avenue, N.W.
SA-44, Room 549-I
Washington, DC 20523-7900

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

Mr. Samuel Bishop
Agreement Specialist
USAID, M/OAA/GH/POP
Federal Center Plaza
301 4th Street, SW, Room 549-I
Washington, DC 20024
Telephone: 202-567-5298

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 V Application Review Information (Evaluation Criteria)
(b) Section IV Application and Submission Information
(c) Section I Program Description
(d) This Cover Letter

Sincerely,

Alisa J. Dunn
Agreement Officer
Office of Acquisition &Assistance
M/OAA/GH/POP

KNOWLEDGE FOR HEALTH-II
RFA NO. SOL-OAA-13-000048

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ACRONYM LIST

ADS	Automated Directive System
AI	Avian Influenza
AOR	Agreement Officer's Representative
CFR	Code of Federal Regulations
DEC	Development Experience Clearinghouse
FP2020	Family Planning 2020
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
FY	Fiscal Year
GDA	Global Development Alliance
GH	Bureau for Global Health
GHeL	Global Health eLearning Platform
GHI	Global Health Initiative
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IR	Intermediate Result
IT	Information Technology
K4Health-II	Knowledge for Health Phase II
KM	Knowledge Management
INFO	Information and Knowledge for Optimal Health
M&E	Monitoring and evaluation
mHealth	Mobile Health
NGO	Nongovernmental Organization
PIP	Population Information Program
PMP	Performance Management Plan
PRH	Office of Population and Reproductive Health
RFA	Request for Applications
TA	Technical Assistance/Technical Advisor
TB	Tuberculoses
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USAID/RHAP	Regional HIV/AIDS Program
USG	United States Government
WHO	World Health Organization

SECTION I – PROGRAM DESCRIPTION

A. INTRODUCTION

Health knowledge and information are still not as widely available, accessible, exchanged, used, or adapted by health program managers and service providers as they should be in order to ensure delivery of quality, evidence-based programs and services. This challenge contributes to health system inefficiencies and duplications of effort.

To address this problem in a concerted and effective way, USAID proposes a global cooperative agreement focused on strengthening knowledge and information use and exchange among health program managers and service providers, particularly in the areas of family planning and reproductive health (FP/RH). The proposed project, Knowledge for Health Phase II (K4Health-II), is expected to build on USAID's efforts to facilitate knowledge and information use and exchange among key audiences—**health program managers and service providers**—by developing, improving, and promoting the use of robust knowledge management (KM) practices and services. K4Health-II will focus both on growing existing tools, resources, repositories, and their audiences, and developing new tools, resources, and repositories as needed. It will also emphasize rigorous evaluation, documentation, and diffusion of promising and evidence-based practices in KM in order to build a stronger evidence base on the unique role that KM can play in meeting identified knowledge and information needs, and supporting improved health programs and services.

B. PROGRAM BACKGROUND

1. History of USAID Support for Knowledge Management

USAID has steadfastly supported knowledge and information sharing in FP/RH for 40 years beginning with the Population Information Program (PIP)[1] and extending more recently to the INFO Project (2003-2008) and the current Knowledge for Health Project, a five-year (September 2008-September 2013) leader with associate cooperative agreement. Over the years, USAID has modified its KM strategy and related areas of support to reflect advances in the KM field and to adapt to audience FP/RH knowledge and information needs. USAID's major strategic shift occurred between the INFO Project, which was designed as an **information synthesis and dissemination** project, and K4Health, which was designed as a **knowledge exchange and use** project. K4Health-II will flow from K4Health, and will continue to reflect USAID's on-going strategy to support knowledge and information identification, synthesis, exchange, and use.

The international FP/RH field continues to benefit from USAID's leadership and financial support for FP/RH knowledge management, including USAID's investment in online, free, publicly available platforms that have filled identified gaps to provide wide access to authoritative information and knowledge related to contraceptive technology and evidence-based family planning programming approaches. USAID's strong and consistent support for knowledge management and knowledge sharing has, in turn, supported the application of promising practices and evidence-based practices in knowledge management, health program management, and service delivery to FP/RH programs and services.

For many years, a mainstay of USAID's support for sharing of FP/RH evidence-based practices was the print journal, *Population Reports*, and related print materials developed under PIP.

[1] Established in 1973 with support from USAID, the Population Information Program (PIP) was located at George Washington University, and later at Johns Hopkins University.

Following PIP, the INFO Project took advantage of rapidly evolving advances in communication technology to more easily meet information and knowledge needs through electronic communication via the web. K4Health has continued the move away from developing and distributing print materials and has increasingly used technological tools to expand its reach. Moreover, the major transition that K4Health represents from previous USAID-supported KM projects is its support for knowledge exchange and use, going beyond one-way information dissemination.

Several technical analyses feed into the design of K4Health-II. These analyses include an external evaluation of K4Health commissioned by USAID's Bureau for Global Health (GH) earlier this year;[2] an external evaluation of the K4Health predecessor project, INFO, commissioned by GH in 2007;[3] an assessment of the Global Health eLearning platform (GHeL) managed by K4Health and conducted on behalf of K4Health by an external consultant;[4] an assessment of K4Health's support for communities of practice undertaken by K4Health;[5] and assessments of audience information needs conducted by K4Health at the global and country levels.[6] All applicants are expected to review these documents and incorporate main findings into their application where relevant.

In addition to these analyses, in 2012, USAID GH staff members undertook an informal review of available global health-oriented online repositories. They found that, while other platforms do exist that provide global portals for some technical areas[7], the major FP/RH platform supported by USAID, K4Health.org, fills a unique role for international family planning, for which no other comprehensive online portal is available. Meanwhile, other K4Health products further discussed in Section I.E complement existing health information platforms: POPLINE is part of HINARI, the World Health Organization (WHO)-supported platform of biomedical and health literature; GHeL provides a free, focused resource for program managers working in international health and complements resources that target a broader public audience, such as The Open University's OpenLearn portal, or a more technical audience, such as the British Medical Journal's continuing education online courses for developed country physicians; and Photoshare provides online access to free editorial photographs in international health and development, which complements more restricted sites such as the World Bank Photo Library and fee-based sites such as Getty Images or IStockPhoto.com. K4Health-II will continue to fill identified gaps, collaborate with existing platforms, and avoid duplicative efforts.

2. Rationale for the Proposed Project

Over the last decade, the KM field and evidence base have expanded rapidly. The international health community specifically, and international development community broadly, have embraced KM as a key approach for health and development. Organizations including the World Bank, U.S. Peace Corps, and Rockefeller Foundation amongst others have begun incorporating KM practices into their activities and work. Other bureaus in USAID have supported the

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[2] The report is available on the DEC, here: http://pdf.usaid.gov/pdf_docs/PDACT791.pdf.

[3] The report is available here: http://www.ghtechproject.com/files/INFO26_finalreport_web_5_09_08.pdf.

[4] Findings from the internal report were incorporated into the following peer reviewed publication: Mwaikambo, L., et. al., "Utilizing eLearning To Strengthen the Capacity of Global Health Practitioners and Institutions around the World", *Knowledge Management & E-Learning: An International Journal, Vol.4, No.3.*

[5] Avila, M., et. al., "Six Years of Lessons Learned in Monitoring and Evaluating Online Discussion Forums", *Knowledge Management & E-Learning: An International Journal, Vol.3, No.4.*

[6] All needs assessments are located online here: http://www.k4health.org/resources/?f[0]=im_field_resource_type%3A832

[7] For example the website stoptb.org is the key portal for projects focused on tuberculosis; whiteribbonalliance.org plays the same role for safe motherhood, and www.comminit.com for communication and development.

development of collaboration portals around natural resource management, microfinance, and agriculture.[8] Within the past three years, USAID itself has worked to incorporate KM into its internal management practices agency-wide, promoting existing and new avenues to enhance knowledge sharing, including internal blogs, wikis, and communities of practice. Meanwhile, global participation in KM communities of practice such as KM4Dev (www.km4dev.org), the Knowledge Brokers' Forum (http://dgroups.org/groups/kbf) and the Global Health Knowledge Collaborative (http://www.k4health.org/toolkits/km/global-health-knowledge-collaborative) has grown exponentially.

With specific regard to FP/RH, there is renewed interest from other donors, including the Gates Foundation, in supporting the scale up of successful family planning models, and in using KM practices to do so. For example, the Gates Foundation FP2020 Commitments include exploration of mobile phone technology to improve contraceptive access and increase knowledge of family planning opportunities.[9] There is also an enhanced appreciation of the need to provide "just-in-time" information and to tailor or create specialized knowledge, adapted for a range of audiences and based on audience needs and wants. More and more, donors, program managers, and service providers understand the dual need for evidence-based information as well as for experiential knowledge, especially for scale-up of successful practices.

While interest in KM for health and development has grown, new tools to improve knowledge and information access have also developed and improved. Information is much more accessible to developing country audiences than ever before. Communication technology continues to advance rapidly, in particular in the area of mobile technology.[10]

K4Health-II is uniquely poised to take advantage of the favorable KM environment to continue USAID's long-term efforts to expand knowledge and information availability, accessibility, exchange, use, and adaptation among health program managers and service providers.

3. Operating Context

K4Health-II will be implemented in an environment influenced by various factors at the U.S. Government (USG) level as well as international donor level. The following is a select list of themes that are relevant for K4Health-II.

USG Foreign Assistance Framework

The USG Foreign Assistance Framework[11] has the overall goal of helping to build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system. As part of this goal, the Framework identifies *Investing in People* as one of five priority objectives. *Investing in People* includes improving global health and involves the following nine health elements: HIV/AIDS; Tuberculosis (TB);

[8] The FrameWeb platform (http://frameweb.org/), started almost ten years ago, serves the natural resources management community. Microlinks (http://microlinks.kdid.org/) captures new learning in microenterprise development. Agrilinks (http://agrilinks.kdid.org/) meets the knowledge and information needs of agriculture specialists and practitioners.

[9] At the London Summit in July 2012, global leaders united to provide 120 million women in the world's poorest countries with access to contraceptives by 2020 (see http://www.londonfamilyplanningsummit.co.uk/). Specific commitments are available here: http://www.londonfamilyplanningsummit.co.uk/COMMITMENTS_090712.pdf.

[10] A recent World Bank report indicates that three-quarters of the world's inhabitants have access to a mobile phone. The number of mobile subscriptions worldwide has grown from fewer than 1 billion in 2000 to over 6 billion now, of which 5 billion are in developing countries. http://www.worldbank.org/en/news/2012/07/17/mobile-phone-access-reaches-three-quarters-planets-population

[11] See http://www.state.gov/s/d/rm/rls/dosstrat/2007/html/82981.htm

Malaria; Avian Influenza (AI); Neglected Tropical Diseases; Maternal and Child Health; Family Planning and Reproductive Health; Nutrition; and Water Supply and Sanitation. In addition, the *Investing in People* objective recognizes that improving the health of populations contributes to increased workforce productivity and economic growth, while improving governance leads to a stronger civil society and social stability, all of which provide an environment necessary for citizens to achieve their full potential. K4Health-II will contribute to the *Investing in People* priority objective.

USG Global Health Initiative (GHI)

GHI[12] is the framework established by President Obama in 2009 through which the USG helps partner countries to improve health outcomes. It unites US global health efforts across USG agencies to maximize efficiency and sustainable impact. GHI seeks to facilitate greater country capacity to manage and operate programs, and greater coordination among USG programs and country, donor, and civil society efforts at the country level. The goals and principles that guide GHI can be found at www.ghi.gov. In an effort to accelerate impact, GHI incorporates a learning agenda to: 1) support implementation decision-making with new knowledge; 2) generate cross-country findings regarding the implementation and effects of key features (principles) of GHI to inform future policy decisions; and 3) share knowledge among GHI countries to improve the effectiveness of global investments. The KM services and activities undertaken by K4Health-II will contribute to the GHI's learning agenda, specifically knowledge sharing among GHI countries.

USAID Global Health Strategic Framework

In 2012, USAID launched its Global Health Strategic Framework[13] to describe USAID's vision and approach to improving health during the FY2012-2016 timeframe. K4Health-II's activities will contribute to the achievement of global health priorities identified in the Framework, primarily through accelerating the development and application of innovation, science, and technology. K4Health-II will support the core global health priority of family planning and reproductive health, and will contribute to additional core global health priorities of HIV/AIDS, health systems strengthening, maternal health, and child health.

USAID FP/RH Priorities

USAID's FP/RH program focuses its resources, both human and financial, on the achievement of GHI FP-related goals: 1) To prevent 54 million unintended pregnancies; 2) To increase modern contraceptive prevalence by up to 2 percentage points each year; and 3) To reduce first births to women under 18 by 15 percent. Specifically, the Office of Population and Reproductive Health (PRH) works to enable countries to meet the family planning needs of their people by advancing and supporting voluntary FP/RH programs worldwide, with particular emphasis on 24 priority countries identified based on unmet need for FP and contraceptive prevalence.[14] K4Health-II will support each of PRH's three intermediate results: 1) Global leadership demonstrated in FP/RH policy, advocacy, and services; 2) Knowledge generated, organized, and disseminated in response to program needs; and 3) Support provided to the field to implement effective and sustainable FP/RH programs. Most of K4Health-II's work, however, will support PRH Intermediate Result 2.

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[12] See http://www.usaid.gov/our_work/global_health/home/Publications/docs/ghi_consultation_document.pdf and www.ghi.gov

[13] See http://apps.who.int/medicinedocs/documents/s19251en/s19251en.pdf.

[14] PRH Priority Countries are: Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India (Uttar Pradesh), Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Philippines, Rwanda, Senegal, Sudan, Tanzania, Uganda, Yemen, and Zambia.

USAID Gender Equality and Female Empowerment Policy
USAID recognizes that gender equality and female empowerment are fundamental to effective and sustainable development outcomes. Although many gender gaps have narrowed over the past several decades, substantial inequalities remain across every development priority worldwide. Building on the Agency's decades of experience, USAID released its Gender Equality and Female Empowerment Policy[15] in March 2012. The Policy aims to improve the lives of citizens around the world by advancing equality between females and males, and empowering women and girls to participate fully in and benefit from the development of their societies. As described in the Policy, USAID investments are aimed at achieving three overarching outcomes: 1) To reduce gender disparities in access to, control over, and benefit from resources, wealth, opportunities, and services; 2) To reduce gender-based violence and mitigate its harmful effects on individuals; and 3) To increase capability of women and girls to realize their rights, determine their life outcomes, and influence decision-making. K4Health-II will support all three outcomes.

With regard to reducing gender disparities and gender based violence, the knowledge and information resources developed and shared by K4Health-II will contribute to improving audience understanding of gender dimensions of health, including addressing barriers to health service access and use, and provider response to gender-based violence. Program managers and service providers will continue to benefit from the gender resources housed on the gender-specific toolkits and other toolkits with gender components that will be supported by K4Health-II, especially the resources housed on the Interagency Gender Working Group's Gender and Health toolkit.[16] Furthermore, learners around the world will continue to access and use the gender-related GHeL courses, which comprise a gender certificate track, also to be supported by K4Health-II. K4Health-II will also work to ensure that gender is incorporated, where relevant, into other GHeL courses and certificate tracks. Finally, with regard to increasing the capacity of women and girls, the project will contribute to building the capacity of both women and men in host countries to gather, synthesize, share, and adapt knowledge and information related to gender equality and women's empowerment. Evidence from K4Health's needs assessments at the global and country levels indicate that while there does not appear to be a gender gap in access to knowledge and information at the global level, there continues to be a significant gender gap at the local level. K4Health-II will incorporate a gender-sensitive perspective into its country and regional work, striving to ensure that women and girls have equal access to tools and resources.

C. KEY STAKEHOLDERS

There are a number of key stakeholders who are vital for the success of K4Health-II and with whom K4Health-II will interact on a regular basis:

Primary audiences: There are two main audiences of K4Health-II products and services—health program managers and health providers, particularly those working in FP/RH. Consistent with the K4Health-II vision, these audiences are both producers and consumers of K4Health-II products and services. Health program managers include groups as diverse as ministry of health officials, health-related NGO directors, USAID/Washington and Mission technical staff, international donor grant managers, district-level clinic managers, professional association staff, local insurance providers, and many others. Health service providers include doctors, nurses, nurse assistants, midwives, skilled birth attendants, community health workers, community health volunteers, emergency responders, and other health professionals and paraprofessionals.

[15] See http://www.usaid.gov/our_work/policy_planning_and_learning/documents/GenderEqualityPolicy.pdf
[16] See http://archive.k4health.org/toolkits/igwg-gender.

Intermediary audiences: The size, geographical dispersion, and connectivity of primary audiences can make direct interaction with them challenging. Intermediary audiences that K4Health-II can collaborate with to reach its primary audience include groups and networks with the ability to directly or indirectly influence decisions and behaviors of the primary audience. Key intermediary audiences for K4Health-II are local NGOs, USAID missions, implementing partners working at the local level, professional associations, and donors and international NGOs working at the country level. K4Health-II will establish and maintain relationships with intermediary audiences and will leverage such relationships to gather, in a continuous and consistent fashion, intelligence about the knowledge and materials needs of the primary audience and to share resources with organizations in a position to share them further with primary audience members.

External Experts: K4Health-II will build on longstanding global health partnerships and relationships cultivated by USAID, including relationships with WHO, UNFPA, the mHealth Alliance, the Ouagadougou Partnership, professional associations (e.g. Reproductive Health Supplies Coalition, International Federation of Gynecology and Obstetrics, International Confederation of Midwives), donors, and others. K4Health-II will strengthen and leverage these relationships and increase impact through strategic coordination. Specifically, K4Health-II will engage and routinely consult with these organizations to identify FP/RH topics, participate in development of products and services, and review/critique products and services. K4Health-II will coordinate its activities and look for potential areas of collaboration with these stakeholders. Where appropriate, K4Health-II may also support the KM needs of these stakeholders. For example, recent discussions between USAID and DFID surrounding the 2012 London Family Planning Summit and related follow-on activities have indicated a need for K4Health-II to support KM-related goals of the Summit, including KM support to the independent FP2020 Reference Group, a group dedicated to ensuring that the commitments of the Summit are delivered.[17] Similarly, K4Health-II may be called upon to respond to KM and social mobilization needs stemming from the Child Survival Call to Action: A Promise Renewed.[18]

New partners: K4Health-II will also be encouraged to foster new and emerging relationships, including new partnerships with the private sector, in support of effective KM through new donor relationships and Global Development Alliances (GDAs). New GDA partners may include IT companies interested in sharing technology, including hardware, software, and thought leadership or communication companies interested in sharing mobile phone hardware, text messaging technologies, or broadband access. Alternatively, the relationships may focus on accessing thought leaders and experts to provide strategic guidance to the project as it traverses the ever-changing technological landscape.

USAID: PRH will oversee and manage—administratively, technically, and financially—K4Health-II. PRH will suggest FP/RH activities that are of global interest or that will contribute to its critical functions of global leadership, research and evaluation, and technical support to the field. Additionally, PRH will review products and services developed by K4Health-II. Activity managers from other GH Offices, including the Office of HIV/AIDS, Office of Health Systems Strengthening, and Office of Health, Infectious Disease, and Nutrition, as well as USAID Missions will provide technical guidance and management support for all project activities funded by their respective Offices or Missions.

D. STATEMENT OF STRATEGIC OBJECTIVE AND PROJECT RESULTS

[17] See http://www.londonfamilyplanningsummit.co.uk/.
[18] See http://www.apromiserenewed.org/index.html.

K4Health-II will facilitate strengthened knowledge and information use and exchange among its key audiences—**health program managers and service providers**—by developing, improving, and promoting the use of robust KM practices and services. Specifically, K4Health-II's activities will support the achievement of K4Health-II's **Strategic Objective: Health knowledge and information is exchanged, accessed, used, and adapted by health program managers and service providers to improve programs and services**, by contributing to one or more of the project's four intermediate results (IRs). These IRs, described herein, are:

IR1: Knowledge and information needs, preferences, and promising and evidence-based knowledge management practices are identified, monitored, and incorporated into K4Health-II's products and services;
IR2: A comprehensive global repository of Family Planning/Reproductive Health and related health information is managed, updated, and improved;
IR3: Collaborative relationships are harnessed and services are created, adapted, and provided to facilitate knowledge and information exchange and use; and
IR4: Knowledge management capacity is built and KM services are provided to regional and country programs.

Intermediate Result 1: Knowledge and information needs, preferences, and promising and evidence-based knowledge management practices are identified, monitored, and incorporated into K4Health-II's products and services. To ensure that its products and services are responsive to the needs of the project's target audiences—health program managers and service providers—K4Health-II will:

- Develop, implement, enhance, and share tools and methods to identify and monitor audience knowledge and information needs, preferences, and use. Methods will build from recent information needs assessments and product usability research at the global, regional, and country levels, including but not limited to the work conducted under the K4Health-II predecessor project, K4Health. Where appropriate, methods may incorporate non-traditional data sources, including active monitoring of online conversations and expanded use of online communities and social networks. Information needs and preferences identified and monitored will include both technical needs (i.e. specific health subject matter needs) as well as practical needs (i.e. specific information and knowledge sharing practices and preferences).
- Utilize knowledge and information gained from this research to better respond to audience needs and preferences. Product and service enhancements will be implemented in an agile, iterative fashion, as further described in IR2. Audience members will be engaged, as appropriate, in product and service enhancements and continuing usability assessment.
- Build the evidence base on the relationship between strengthened KM and enhanced health program and service delivery. Beyond needs and usability assessments, K4Health-II will conduct rigorous evaluations of its field-based KM capacity strengthening activities, further described in IR4, to identify whether and how those activities result in improved use of knowledge and information, and have impact on health programs and services. K4Health-II will also modify or enhance existing monitoring and evaluation methods to better capture data on whether and how the knowledge and information housed by the project is used, shared, and adapted both at the global and local levels, and whether this impacts health programming and services (see Sections I.F and I.H).

Core funds will support global-level assessments and impact evaluations at both the global and country-levels. Mission funds (a.k.a. field support) will support regional and country-level assessments, and may supplement core-funded impact evaluations at the regional and country-levels.

Intermediate Result 2: A comprehensive global repository of Family Planning/ Reproductive Health and related health information is managed, updated, and improved. K4Health-II will utilize data collected through IR1 to:

- Manage, update, and improve a comprehensive, online global repository of high-quality, timely, and audience-relevant FP/RH health information. The global repository will build on the existing open source FP/RH knowledge and information repository, k4health.org, developed by K4Health-II predecessor project, K4Health. It will include both explicit information such as that found in fact sheets and scientific publications, and tacit or experiential knowledge or expertise such as that identified through inter-personal communication and communities of practice.
- Build on existing online FP/RH resources supported by the Bureau for Global Health. K4Health-II will improve and modify existing electronic resources as technology, audience access to technology, and audience needs and preferences evolve. Existing global resources that will be supported through K4Health-II include:

  -*Toolkits*, a technological tool that has supported the development of more than 50 online, publically available, expert-vetted, topic-specific resource packages;
  -*Global Health eLearning*, an online platform with more than 50 courses providing learning opportunities to over 70,000 registered users;
  -*Photoshare.org*, a global health photography repository with a catalogue of more than 20,000 images freely available to for non-profit and educational use;
  -*POPLINE.org*, a health research database with 346,000 peer-reviewed and grey literature resources, delivering 4,000 documents per year to developing country professionals;
  -*Family Planning: A Global Handbook for Providers*, a comprehensive, reliable guide for service providers on contraceptive methods and eligibility developed in collaboration with WHO, with over 500,000 copies distributed globally in the past five years;
  -*Global Health: Science & Practice*, USAID Bureau for Global Health's new online journal developed to support USAID's efforts to encourage publication of implementation science; and
  -*Communities of Practice*, Virtual and face-to-face communities that leverage an array of experiences, resources, and expertise to encourage and promote knowledge sharing among practitioners, USAID, partners, and other organizations specializing in and working on health and development issues.
- Organize and present knowledge and information in ways designed to facilitate and maximize audience use, uptake and adaptation. When appropriate, K4Health-II will take an active role in synthesizing key information, identifying key resources, and pinpointing key resource gaps. Most often, K4Health-II will undertake resource identification and gap analysis activities in collaboration with external partners, further described in IR3. K4Health-II may also develop new KM tools or platforms in response to audience needs. To reach key audiences, the project will facilitate online dialogue, invest in resource translation, including translation of key resources into Spanish, Portuguese, Arabic, and

French, invest in new and underutilized communication technology such as video, and/or provide access to additional technological tools and services not housed within the project itself. K4Health-II will also foster new and emerging relationships in support of effective KM with other donors and new GDAs. Types of collaborative partners are further described in Section D: Key Stakeholders and Section E: Strategies for Leveraging Resources.

Core funds will support the global repository and related resources while field support funds will support regional and country repositories and related resources (described in IR4).

Intermediate Result 3: Collaborative relationships are harnessed and services are created, adapted, and provided to facilitate knowledge and information exchange and use. To facilitate knowledge and information exchange and use, K4Health-II will:

- Build positive working relationships and collaborate with a range of external partners. K4Health-II will play the role of honest broker[19] in identifying, organizing, and sharing resources. It will forge and strengthen relationships with USAID implementing partners, host-country organizations, and private-sector groups to facilitate identification of resources to include in the comprehensive repository, provide access to topic experts, facilitate online dialogue, and/or provide access to additional technological tools and services not housed within the project itself. K4Health-II will also foster new and emerging relationships in support of effective KM with other donors and new GDAs. Types of collaborative partners are further described in Section D: Key Stakeholders and Section E: Strategies for Leveraging Resources.
- Provide appropriate services and expertise to facilitate collaborative partner and audience engagement. K4Health-II will provide information technology (IT) tools, conduct KM leadership activities, and share its expertise in areas including knowledge management, adult learning, and communities of practice. These activities may also support the needs of USAID partners involved in FP2020 and the Child Survival Call to Action: A Promise Renewed.
- Utilize social media and other new tools to facilitate audience knowledge sharing, acquisition, and adaptation. K4Health-II will incorporate social media into each of its key activities, harnessing social networking not only to push information or promote KM services, but to facilitate true knowledge exchange and audience engagement.

Core funds will support these activities at the global level and field support funds will support related activities at the regional or country-levels.

Intermediate Result 4: Knowledge management capacity is built and KM services are provided to regional and country programs. At the request of USAID Missions, K4Health-II will provide technical assistance to meet the KM needs of missions, their implementing partners, host country organizations, both public and private sector, and other key stakeholders. Specifically, K4Health-II will:

- Support development and management of country and/or region-specific online repositories and physical resource centers that include both print and electronic resources.

[19] An honest broker, as defined by Merriam Webster Online Dictionary is a neutral mediator. See http://www.merriam-webster.com/dictionary/honest%20broker

Repositories will typically be developed and managed in collaboration with country ministries of health and local partners in support of country ownership and country-led identification of KM needs. K4Health-II will also foster local partner capacity to sustain such repositories beyond project-end. The repositories may span any or all areas of global health and may be online and/or in physical locations, depending on audience needs.

- Support local communities of practice, tailored eLearning/blended learning tools and courses, and virtual and face-to-face collaborations of local experts for identification and sharing of effective practices. These activities will vary depending on audience needs and mission interest. For example, conditional on future funding, K4Health-II may support HIVsharespace.net, a Southern-African regional HIV/AIDS knowledge and information exchange platform developed by K4Health with funding from USAID/RHAP.
- Utilize the most effective tools to reach health program managers and service providers and facilitate knowledge exchange. Based on audience knowledge and information needs and preferences defined through IR1-related activities, K4Health-II will use appropriate communication technologies, for example, cell phones and other mobile technologies, to reach key audiences.

When conducting its capacity strengthening activities, the project should pay careful attention to situations in which KM capacity building intersects with or complements quality improvement efforts or efforts to make improved use of data in decision making. Where there are synergies between K4Health-II activities and these other capacity-building approaches, the project should coordinate its work to maximize these synergies.

Field support funds will support regional and country-level technical assistance.

Accomplishments Expected

By the end of the project, health program managers and service providers at all levels of the health system and across all 24 PRH priority countries will be better able to find, use, and adapt the knowledge and information they need when they need it, in formats that are useful to them. They will also be able to effectively and efficiently interact with and ask questions of their colleagues, supervisors, and relevant experts at both country and global levels, thereby saving time and money, and allowing the global health community to benefit from implementation lessons learned on the ground. Ultimately, program managers and service providers will use their newfound knowledge and information to improve, enhance, and scale up effective programs and services. Inputs, outputs, and outcomes will be measured, with benchmarks and targets having been set at project outset (see Section I.H).

Strategies for Achieving Sustainability: All KM leadership activities will be designed to strengthen the capacity of individuals and institutions, both public and private, so they can become KM leaders themselves at both the global and country levels. All country-focused activities will be designed "with the end in mind," when local partners will assume full responsibility for them. USAID expects that K4Health-II will demonstrate concrete, actionable, tailored plans for progressive transfer of regional and country-level activities to local partners across the life of the project. USAID also expects K4Health-II to demonstrate concrete, actionable, and measurable plans to build KM capacity at the global level.

Strategies for Achieving Scale: To maintain and grow the current audience, K4Health-II will build on the brand recognition of K4Health, including maintenance of the web domain k4health.org and of the branding of the current KM project, K4Health. To minimize costs and maximize USAID's return on investment, K4Health-II will maintain and improve existing global products and services, including popline.org, photoshare.org, toolkits, and GHeL. Moreover, all repositories will be built and hosted on platforms using open source technology and incorporating economies of scale. Recognizing that all public repositories and the resources they house are a global good, they will continue to be made freely available to the public. Additionally, all core-funded and globally focused resources will be developed in collaboration with appropriate global and in-country stakeholders in order to maximize their utilization by in-country organizations, USAID partners, and other stakeholders working in global health, and to minimize duplication of effort. USAID expects K4Health-II to develop a strategy describing its vision, process, and proposed activities to take its products and services to scale.

Strategies for Leveraging Resources: K4Health-II will build on long standing global health partnerships and relationships cultivated by USAID, including relationships with WHO, UNFPA, the mHealth Alliance, and other GH partners to access global health subject matter expertise, expand reach, reduce duplication, and leverage financial and technical support. K4Health-II will also seek new relationships through GDAs or other innovative partnering approaches. Partnerships with IT companies could increase K4Health-II and its audiences' access to new technologies, including hardware and software, as well as thought leadership to provide strategic guidance to the project as it traverses the ever-changing technological landscape. Similarly, new partnerships with communication companies could expand access to mobile phone hardware, text messaging technologies, or broadband services. K4Health-II will describe its plan for building on existing relationships and will identify new GDAs and other partnerships to leverage financial, institutional, and technological resources.

Application of Lessons Learned from Past and Current KM Initiatives: K4Health-II will build on USAID's unique KM strengths, including USAID's global network of partners, support for expert resources, focus on quality, usability, and reliability of information, and historical support to KM projects, all of which have resulted in well-developed platforms and audiences. Specifically, K4Health-II will build on the successes of its predecessor project, K4Health, and lessons learned from K4Health's predecessor project, INFO. It will also build from KM efforts in other development areas, including, for example, KM efforts in natural resource management, microfinance, and agriculture.[20] K4Health-II will ensure lessons, evidence-based practices, and promising practices from USAID and non-USAID supported KM initiatives are captured and applied.

E. CHALLENGES

USAID expects that the principle challenges to K4Health-II will be:

Building and Improving KM Monitoring and Evaluation Metrics, Methods, and Reporting
As investment in KM for health and development increases, so too does the need for effective monitoring and evaluation (M&E) of KM activities. Specifically, the global public health community needs data on the impact of KM on: 1) health program manager and service provider knowledge acquisition; 2) health program manager and service provider knowledge utilization; and 3) health service quality and uptake. Ultimately, the global health community needs data to understand the impact of KM on health systems and health outcomes. K4Health-II will utilize an

[20] For example, see http://frameweb.org and http://kdid.org/projects/kdmd

implementation science approach[21] to undertake M&E to strengthen the KM evidence base, balancing rigor and feasibility. It will develop new and improve existing KM-related metrics, data collection and analysis methods, and data use and reporting across its entire portfolio. A few select examples of areas that K4Health-II will work to build and improve M&E include: 1) Identifying factors that impact participant satisfaction with a community of practice, online discussion, or other knowledge sharing forum; 2) Focusing evaluation on the outcomes of participation in communities of practice, online fora, and other knowledge exchange platforms because these outcomes ultimately lead to improved programming and service delivery; 3) Implementing a systematic approach to evaluation that includes a mix of quantitative and qualitative evaluation methods, regular analysis of programmatic data, and regular use of data to inform future programming; 4) Developing indicators that are well-suited for measuring activities related to virtual knowledge sharing and exchange. K4Health-II will also conduct impact evaluations of specific elements of its portfolio.

Meeting the Needs of Key Audiences

Health program managers and service providers—K4Health-II's key audiences—have highly varied knowledge and information needs, preferences, and practices. They work across a wide geographic area, are embedded in many dissimilar organizations, are rooted in many distinct cultures, speak diverse languages, and have a large variety of educational and professional backgrounds. K4Health's products and services must be tailored to meet these varied needs and foster knowledge exchange among these varied audiences. To do so, K4Health-II must understand the needs, preferences, and practices of these groups, and develop and improve products and services in direct response. K4Health-II must also continuously collect user feedback and assess usability, employing such data to make ongoing, iterative improvements to its products and services.

Ensuring Effective Linkages across Products and Services

K4Health-II will be charged with maintaining, improving, and developing a wide range of KM-related products and services, many of which have distinct audiences. POPLINE's audience, for example, is traditionally quite different in professional affiliation, background, and interests than Photoshare's audience. As previously described, each product and service should be tailored to meet the needs of its key audience. However, each must also be tailored as an element of a larger knowledge and information repository; each must be effectively integrated into the platform in order to expand K4Health-II's reach, use, and usefulness.

Providing Access to Both Vetted Information and Experiential Knowledge

As the curator of the major global FP/RH repository, K4Health-II must incorporate into the repository both vetted and experiential knowledge, and make clear the difference between them. Furthermore, K4Health-II must maintain the role occupied by K4Health of knowledge and information "honest broker", while also building systems to improve the value and usability of the content housed in the repository, for example, creating common standards among the global health community for appropriate content. To facilitate incorporation of experiential knowledge, K4Health-II will assertively treat social media as integral to the definition of KM, making social media part of project activities writ large. This could include, for example, enhancing eLearning with community engagement. K4Health-II will also increasingly incorporate voices from the field, capturing and integrating field-based experiences as appropriate.

[21] USAID defines "implementation science approach" as the process of translating research into effective programs in real-world, low-resource settings. Key principles associated with implementation science include maintaining strong relationships with communities; harnessing local innovations to allow for scale and sustainability; involving those who influence national and local policy and practice; and engaging in ongoing monitoring and evaluation.

F. CROSS-CUTTING ISSUES

The following cross-cutting issues are critical for the success of K4Health-II. The project must routinely incorporate these priorities into its programming.

Ensuring Functional Linkages between KM and other Public Health Interventions
USAID does not invest in KM for KM's sake. Rather, the investment is made with the understanding that all KM activities are conducted in support of improved health programs and services. K4Health-II will ensure that all KM activities undertaken through the project are logical, feasible, and related to improved health programs and/or services.

Building from Existing Resources and Knowledge
K4Health and its predecessor projects have developed a wide range of quality, highly used platforms and products as described herein. K4Health-II will build and improve upon these resources and avoid duplication of effort with other GH projects or health information repositories external to USAID. As an initial step towards building from existing resources, USAID requests that all new and adapted resources be developed under the brand of the current K4Health project, including maintenance of the domain, k4health.org. K4Health-II will also collaborate with and draw from the expertise housed in a number of GH-supported projects, including but not limited to:

- Advancing Partners and Community-based Family Planning – To advance and support community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning.
- ASSIST Project – To support evidence-based improvement in health systems, including clinical quality and the effectiveness of related support activities. The project also integrates research, evaluation, and knowledge management components to advance the state-of-the-art of modern improvement approaches as adapted for low-resource settings.
- Evidence to Action for Strengthened Family Planning and Reproductive Health Service for Women and Girls – To increase global support for the use of evidence-based best practices to improve family planning and reproductive health services, access, and quality
- Health Communication Capacity Collaborative – To strengthening in-country capacity to implement state-of-the art health communication, and to respond to critical health communication needs in technical leadership, research, and innovation.
- Health Finance and Governance – To promote the use of data in the improvement of health financing, governance, and operations and to establish approaches that work in fragile, transformational, and graduating states
- Health Policy Project – To strengthen developing country national and sub-national policy, advocacy, and governance for strategic, equitable, and sustainable health
- Knowledge Management Services – To provide GH with evidence-based information and services, including analysis of public health issues and research topics, KM solutions for program tracking and reporting, and design, editing, and production of print publications
- Leadership, Management, Governance – To support health systems strengthening by addressing the gap for sustainable leadership, management, and governance capacity of health care providers, program managers, and policy makers to implement quality health services.

- Maternal and Child Health Integrated Program – To support the introduction, scale-up, and further development of high-impact maternal, neonatal, and child health interventions, including the program approaches to effectively deliver those interventions to achieve measurable reductions in under-five and maternal mortality and morbidity
- MEASURE Evaluation – To strengthen the capacity of in-country individuals and institutions in monitoring and evaluation implementation and management
- Program Research for Strengthening Services – To increase access to and quality of family planning services through: program research to test innovative service delivery approaches; research-to-practice activities; and institutional capacity development to use and conduct research.

Appropriately Incorporating New Technology

Information technology is ever changing and evolving. New software and hardware are being rolled out every day, while new versions of existing software and hardware are being rolled out simultaneously. Given the changing landscape, it is imperative that K4Health-II is intimately aware of IT advances and trends and make educated decisions about when and how to incorporate new and/or updated IT, balancing expected costs and benefits.

Providing KM Leadership

K4Health-II will draw on the health and family planning subject matter expertise of external stakeholders, including USAID implementing partners, host country ministries of health, WHO, and others. At the same time, K4Health-II will provide both KM leadership and expertise to many of these stakeholders, helping them to improve their own KM practices and strengthen their own programs. For example, in the role of KM leader, K4Health-II may actively participate in mHealth Alliance working groups and contribute to the virtual platform for mHealth best practices, healthunbound.org. Additionally, K4Health-II will build close ties with GH-supported projects and implementing partners. It may convene a KM technical working group composed of partner staff working to improve KM practices; invite and train partner experts to develop toolkits and eLearning courses; and provide KM expertise to partners in areas such as adult learning and communities of practice.

G. PROJECT MONITORING AND EVALUATION

K4Health-II will be monitored and evaluated using a variety of approaches in compliance with USAID's Evaluation Policy[22]. First, at agreement start, a Performance Management Plan (PMP) will be developed to outline a process for monitoring, evaluating, and reporting progress towards achieving the strategic objective and intermediate results. The PMP will specify performance indicators and benchmarks to be tracked, data collection and quality assurance methods, and processes for using data to improve performance. The PMP will also describe how the project will measure outcomes of activities conducted in support of each of K4Health-II's four IR areas as well as its overall strategic objective. K4Health-II shall identify the approximate dates for data collection, the method, type, and source of information to be collected. Data collected at project start should be used as baseline for monitoring and evaluating performance over the life of the agreement.

To ensure that its products and services are responsive to the needs of the project's target audiences, K4Health-II will conduct information needs assessments and on-going product

[22] See http://transition.usaid.gov/evaluation/USAIDEvaluationPolicy.pdf.

usability research at the global, regional, and country levels. K4Health-II will use findings to make tweaks, quick adjustments, and larger changes to products and services in an ongoing, iterative fashion. K4Health-II will also conduct rigorous internal impact evaluations of specific project elements. Results from such evaluations will be made broadly available both within USAID and to external audiences, and will be directly used to improve K4Health-II activities.

H. MANAGEMENT REVIEW AND EXTERNAL EVALUATIONS

Annual management reviews will be conducted by the USAID Management Team, which consists of the AOR, the Technical Advisor to the project and the project Program Assistant, providing a formal examination of issues impacting project implementation, potential, and efficiency, as well as the opportunity to reflect on and make recommendations regarding any modifications necessary to improve project management and performance. The USAID Management Team will also monitor both financial and technical performance on an ongoing basis and will carry out periodic reviews of specific aspects of performance. Feedback on the implementer's performance will be collected from key stakeholders, including host-country counterparts and missions, and will be shared with the implementer to improve performance.

USAID will commission an external evaluation to be implemented during the fourth year of the agreement to assess specific aspects of the project. The evaluation will adhere to the principles outlined in USAID's Evaluation Policy. Its methodology and questions will be determined by the USAID Management Team in consultation with GH colleagues and evaluation specialists.

I. STAFFING AND KEY PERSONNEL

K4Health-II will have expertise in, or access to individuals with expertise in knowledge management, social media, information technology, monitoring and evaluation, especially impact evaluation, family planning and other related areas of reproductive health, and country programming.

The applicant shall propose key personnel by name and position for Project Director and Deputy Project Director. Project Director and Deputy Project Director will ensure technical and managerial oversight of the project. Each key personnel position requires USAID approval, as noted in the substantial involvement section. The following descriptions highlight the required attributes for candidates for both Project Director and Deputy Project Director. Applications will be evaluated on how well the team of candidates fulfill these attributes overall, particularly in the complementarity between the skills and experience of the Project Director and Deputy Project Director. Between the two candidates, there should be significant experience managing programing, particularly managing USAID-funded projects; working with USAID missions; working in family planning; working in knowledge management; and living and working in a developing country.

Project Director

The Project Director must be a senior manager with demonstrated leadership abilities, have at least 8-10 years of experience leading, managing, and implementing international development projects; significant knowledge management experience; experience interacting with USG; and an advanced degree (master's level or higher). 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.

Deputy Project Director
The Deputy Project Director must be a senior manager with demonstrated leadership abilities, have at least 5-7 years of experience leading, managing and implementing international development projects; significant communication or knowledge management experience; experience interacting with USG; experience working in FP/RH; and an advanced degree (master's level or higher). This is a full time position and will likely involve traveling overseas approximately 20 percent of the time, based on support from the field.

Other Proposed Technical Personnel
Applicants are requested to develop a comprehensive staffing plan that will enable achievement of K4Health-II results and demonstrate an appropriate balance of knowledge, experience and skills. The staffing pattern should reflect the minimum number of highly experienced technical staff sufficient to manage and implement K4Health-II activities. USAID's intent is to have a small core staff that will provide global leadership, identify state-of-the-art FP/RH information and evidence-based practices, and provide technical assistance (TA) to in-country local counterparts. Applicants will propose the optimal mix of technical personnel necessary for global leadership. The staffing level and pattern may be modified over time if needed to provide effective support to field programs and to support other areas of technical work as they evolve. It is anticipated that the project will also draw on the expertise of sub-partners and consultants with specific skills required for shorter time periods and that the project may create advisory boards with specific technical expertise, for example an IT Advisory Board.

The staff collectively should have **experience and expertise** across the following areas, which are essential for the success of the project:

General
- Family planning, reproductive health, gender, and related technical areas;
- Administrative and financial support,;
- Project management, particularly IT project management and management of complex projects sometimes done remotely;

Monitoring and Evaluation
- Developing and conducting impact evaluations, and reporting results in peer-reviewed journals and public fora;
- Developing and improving indicators, especially KM indicators, and managing related performance monitoring and reporting processes;

IT and Social Media
- In-depth appreciation of technology and its utilization; knowledge of current web user interface trends; experience conducting usability testing; and use of iterative content design approaches;
- Understanding of curation of information content and associated issues, experience developing and using content repositories and enterprise search;
- Rich media capabilities in an online environment (i.e. video streaming, photo/video sharing, podcasts);
- Knowledge of the current mHealth landscape in developing countries as well as with current app design and deployment;

- Substantial knowledge of Web 2.0 and social networking/social media technologies (ex: blogs, microblogs, wikis, discussions forums, online shared spaces, etc.); experience in using social learning and Web 2.0 approaches for knowledge and expertise exchange;

Knowledge Management

- Knowledge of key trends, emerging capabilities and current best practices in knowledge management, collaboration, and organizational learning. Experience facilitating knowledge capture, organization, synthesis, use and adaptation; experience implementing effective strategies for closing knowledge gaps;
- Changing the behavior of organizations and creating a culture of knowledge exchange and learning, promoting knowledge sharing or organizational learning within an organization, network or community;
- Nurturing and supporting communities of practice, including facilitating virtual and face-to-face communities and interactions;
- Adult learning, instructional design and online learning approaches. Proven experience developing learning programs and curricula for diverse cross-functional groups and global projects in low technology countries.

It is also important that a nucleus of the project staff have extensive developing country experience.

J. REPORTING REQUIREMENTS

The recipient will adhere to all reporting requirements listed below. All reports as required under Substantial Involvement shall be submitted by the due date for approval of the USAID Agreement Officer's Representative (AOR) designated by USAID's 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 (3 copies)

The project will prepare an Annual Work plan for the Cooperative Agreement on a schedule and according to a format agreed upon by USAID and the project, to be submitted to the USAID AOR for approval. The Annual Work Plans for the field-supported programs will be submitted to Mission Activity Managers and then approved by the AOR. The recipient will follow the work plan year as defined by the AOR and the Office of Population and Reproductive Health. The first work plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending on the start date of the agreement.

b) Performance Monitoring Report (3 copies)

The recipient shall submit an updated report on progress toward agreed performance targets every six (6) months, 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, analysis, and future implications of project outputs, including reasons why established goals were or were not met; 2) description of challenges experienced; and 3) analysis and explanation of cost, to include cost overruns or high costs (recipients must 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 (3 copies)

USAID requires, 90 days after the completion date of the 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 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 overall project impact, analysis of the significance of these activities; important research findings and recommendations; a fiscal report that describes use of funds expended under this award; and necessary documentation to ensure a smooth transition of K4Health-II tools and resources to a future award and/or USAID. See 22 CFR 226.51.

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 Clearinghouse
8403 Colesville Road
Suite 210
Silver Spring, MD 20910

SECTION II - AWARD INFORMATION

USAID intends to support a five-year cooperative agreement for KM leadership and technical assistance with an approximate ceiling of $40 million (approximately $32 million in core funds and $8 million in field support). The project implementer will be expected to contribute at least ten percent (10%) of the total budget as cost share. It is expected that the bulk of core funds (approximately 75%) will be provided by PRH. Additional core funds will be provided by GH to support bureau-wide activities, such as GHeL and the journal, *Global Health: Science and Practice*. GH's Office of HIV/AIDS, Office of Health, Infectious Diseases, and Nutrition, and Office of Health Systems may also provide core funds to support activities designed to address core global health priorities of HIV/AIDS, health systems strengthening, maternal health, and/or child health. Core funds in the first year of the project are likely to be somewhat lower than in subsequent years.

Select examples of activities that core funds will support include:

- Development, improvement, and maintenance of online repositories of health knowledge and information designed to meet knowledge and information needs of global-level audiences;
- Dissemination and access to existing global tools and resources such as High Impact Practices in FP/RH and the Training Resources Package for FP;
- Update, publication, and distribution of *Family Planning: A Global Handbook for Providers* and wall chart;
- Facilitation and development of global communities of practice and working groups;
- Evaluation of the impact of KM activities on knowledge application and service improvement; and
- Other activities that advance PRH's vision and goals.

With regard to field support, results from a recent USAID internal survey of USAID Missions indicate moderate demand for KM /IT support and capacity building at the country and/or regional levels.

Select examples of activities that field support funds will support include:

- Development, improvement, and maintenance of online repositories of health knowledge and information designed to meet knowledge and information needs of country and/or regional-specific audiences;
- KM capacity strengthening of local organizations and individuals;
- Country-level audience knowledge and information needs assessments; and
- Country-specific eLearning course development.

K4Health-II will be funded primarily by the Global Health Programs 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 include Development Assistance Economic Support Funds.

A. 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.

ELEMENTS OF SUBSTANTIAL INVOLVEMENT

a. Approval of the Recipient's Implementation Plans

If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient's implementation plan for a later date. USAID will not require approval of implementation plans more often than annually. If the AO has delegated authority to the AOR to approve implementation plans, the AOR should review the agreement's terms and conditions to ensure that he or she does not inadvertently approve a change to them.

b. Approval of Specified Key Personnel

c. Agency and Recipient Collaboration or Joint Participation

(1) Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.

(2) Concurrence on the substantive provisions of sub-awards already requires the recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement. If USAID wishes to reserve any further approval rights for sub-awards or contracts, it must clearly spell out such Agency involvement in the substantial involvement provision of the agreement.

(3) Approval of the recipient's monitoring and evaluation plans.

(4) Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects. All such activities must be included in the program description, negotiated in the budget, and made part of the award.

B. 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.

C. Staffing and Key Personnel

(a) **Staffing:**
Knowledge for Health shall employ, or have access to, health communication specialists. Applicants are requested to develop a comprehensive staffing plan that shall enable achievement of *Knowledge for Health* 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 *Knowledge for Health* activities under this award. USAID's intent is to have a sufficient but small core staff available to provide health knowledge and information that is exchanged, accessed and used by health program managers and service providers to improve programs and services. 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 and Deputy Project Director. Project Director and Deputy Project Director will ensure technical and managerial oversight of the project. Each key personnel position requires USAID approval, as noted in the substantial involvement section. 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.

D. Financial Plan

USAID anticipates allocating up to $40 million ($24 million in core funds and an estimated $8 million in field support funds) in total funding for this activity 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. Core funds in the first year of the project are likely to be somewhat lower than in subsequent years.

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.

E. 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 *Knowledge for Health* 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 *Knowledge for Health* 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 *Knowledge for Health* plans to collaborate with other USAID-funded and other donor projects active in relevant countries.

In drafting the annual work plans, the *Knowledge for Health* 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 *Knowledge for Health* strategic framework. *Knowledge for Health* 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.

F. 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.

G. 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 – ELIGIBILITY INFORMATION

A. 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.

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.

B. 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.

SECTION IV, APPLICATION AND SUBMISSION INFORMATION

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. SOL-OAA-13-000048 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 V. 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 application must demonstrate 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 V. The application must address the following:

(1) Overall Approach and Strategic Objective:
Health knowledge and information is exchanged, accessed, used, and adapted by health program managers and service providers to improve programs and services.

Applicants shall present a feasible, technically sound, and innovative overall approach to achieving the Strategic Objective of K4Health-II, including:

- Their philosophy of knowledge management for health

•The interrelationship of the Strategic Objective, Intermediate Results, Challenges, and Cross-Cutting Issues
•Their approach to knowledge exchange
•Their approach to sustainable capacity strengthening for knowledge management
•Their approach to achieve scale, achieve sustainability, leverage resources, and incorporate lessons learned.

Any conceptual framework(s) must be presented in the main body of the application, and not as annexes.

(2) Statement of Expected Results:

Intermediate Result 1: Knowledge and information needs, preferences, and promising and evidence-based knowledge management practices are identified, monitored, and incorporated into K4Health-II's products and services.

Applicant shall present a feasible, technically sound, innovative, and detailed plan for identifying, monitoring, and incorporating audience needs, preferences, and evidence-based practices into products and services, including:

Intermediate Result 2: A comprehensive global repository of Family Planning/ Reproductive Health and related health information is managed, updated, and improved.
Applicant shall present a feasible, technically sound, innovative, and detailed plan for managing, updating, and improving k4health.org and related products, including:

•Details of how experiential knowledge will be managed and incorporated
•Suggested improvements to existing web-based products
•How Applicant will use existing or new platforms to facilitate improved or expanded knowledge and information, exchange, use, and adaptation
•Types of knowledge and information the project will synthesize, including process for identifying materials to synthesize and process for synthesizing such materials
•Barriers that could hinder progress and suggested solutions
•Relevant cross-cutting issues
•Expected results and indicators at the end of 2.5 years and 5 years.

Intermediate Result 3: Collaborative relationships are harnessed and services are created, adapted, and provided to facilitate knowledge and information exchange and use.
Applicant shall outline a feasible, technically sound, innovative, and detailed plan to facilitate collaborative relationships and audience engagement, including:

•How Applicant will maintain role of "honest broker"
•Process that Applicant will use to cultivate new and existing partnerships, and examples of such partnerships
•How Applicant will creatively make use of various types of social media to facilitate knowledge capture and exchange
•Relevant cross-cutting issues
•Barriers that could hinder progress and suggested solutions
•Expected results and indicators at the end of 2.5 years and 5 years.

Intermediate Result 4: Knowledge management capacity is built and KM services are provided to regional and country programs.

Applicant shall present a feasible, technically sound, innovative, and detailed plan of how it will

support regional and country-level programs and sustainable capacity, including:

- •How the Applicant will assess and identify capacity building needs
- •Strategies and approaches to contribute to and help promote sustainable capacity strengthening
- •How the Applicant will measure and evaluate changes in institutional capacity
- •How the Applicant will exploit technological innovations to support local programs
- •Barriers that could hinder progress and suggested solutions
- •Relevant cross-cutting issues
- •Expected results and indicators at the end of 2.5 years and 5 years.

(3) Challenges:
Building and Improving KM Monitoring and Evaluation Metrics, Methods, Reporting;
Meeting the Needs of Key Audiences;
Ensuring Effective Linkages across Products and Services;
Providing Access to Both Vetted Information and Experiential Knowledge.

Applicant shall describe for each challenge:

- •Feasible, technically sound principal activities to be implemented that will address each challenge
- •Barriers that could hinder progress and suggested solutions.

(4) Technical Scenarios:
Applicant shall respond to each of the following two (2) technical scenarios in no more than three (3) pages for each scenario. Response to each scenario shall be feasible, complete, and appropriate, and demonstrate technical strength and innovative merit.

Scenario 1: London Family Planning Summit partners have agreed to create an independent, representative Family Planning 2020 (FP2020) Reference Group whose purpose will be to ensure that the Summit's goal to provide 120 million additional women with modern methods of contraception by 2020 is reached. The Reference Group will monitor progress, track and report on donor, developing country, multilateral, civil society, and private sector commitments made at the Summit, and identify obstacles and barriers to achieving Summit goals, among other responsibilities. The Reference Group will be supported by four working groups—Country Engagement, Performance Monitoring and Accountability, Market Dynamics, and Rights & Empowerment—that will serve as forums for a wide range of global, national, and local groups working in FP to provide collaborative guidance, direction, and input towards achieving the Summit's ambitious goal. Applicant shall describe their plan for organizing one of the four working groups, describing: a) anticipated deliverables and KM objectives, b) methods used to facilitate meaningful sharing of expertise, experience, lessons learned, and c) expected challenges and obstacles to achieving KM objectives and suggested solutions. The Applicant shall also describe their approach to measure knowledge exchange at the organizational and individual levels as well as at the global, regional and/or country levels. For application purposes, Applicants can assume that two (2) years and $100,000 are available for this activity.

Scenario 2: K4Health-II has just received $350,000 in field support funds from the USAID/Senegal Mission to provide technical assistance, both face-to-face and virtual, to build in-country KM capacity to support the Government of Senegal in its plans to integrate FP/MCHN and the decentralize the provision of long acting methods to the lower levels of the health system (i.e. health posts) to reduce unmet need for family planning and increase contraceptive prevalence. In particular, the Mission is interested in building KM capacity of the Ministry of

Health at national, regional, and district levels. Two (2) years are available to complete this activity.

Building from the 2011Senegal Health Information Needs Assessment conducted by K4Health , and other relevant background materials, such as the Senegal Global Health Initiative Strategy , or the Senegal Country Development Cooperation Strategy , the Applicant shall describe how they will (a) build from the 2011 findings to further assess KM capacity needs of Ministry of Health workers, including health worker cadre; (b) identify the appropriate resources, tools and activities to meet identified needs; (c) measure capacity built in knowledge sharing for different cadres of workers; and (d) measure the impact of capacity built on family planning programming and services. The Applicant shall discuss expected outputs, outcomes, and impact of their work. The Applicant shall also describe how they work successfully within budget and time constraints, including how they will work with relevant stakeholders that could help roll out the KM capacity building plan.

B5. Project Monitoring and Evaluation

As an appendix, Applicant shall provide an illustrative performance monitoring plan for K4Health-II that includes proposed indicators and benchmarks that will be used to monitor and evaluate activities in support of the strategic objective and intermediate results. Applicants shall identify the approximate dates for data collection, the method, type, and source of information to be collected.

Within the body of the application, Applicant shall propose two (2) examples of potential impact evaluations to be conducted, describing the evaluation question, methodology, indicators of interest, and providing justification for these choices.

B6. Technical Capacity of Organizations, Staffing Pattern, Management Structure

(1) Management Approach:
Applicant shall provide an organizational chart for implementation of K4Health-II, illustrate how responsibility and lines of authority will be managed across all partners, and clearly address how each partner will be utilized. Applicant shall also describe how the strengths of the prime and each of the partners will contribute to K4Health-II and describe how K4Health-II will be managed to take advantage of each partner's strengths while maximizing the cohesiveness and integration of project activities.

The management plan for K4Health-II shall specify the management and administrative arrangements for overall implementation of the program including logistical support, personnel management, and procurement of goods and services. Applicant shall demonstrate how it proposes to manage activities in multiple countries and regions of the world, and how K4Health-II will respond to field support requests. The management plan shall also explain how Applicant proposes to interact with collaborative partners that are not official "sub-partners".

Applicant 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 timely transfer of relevant resources from USAID's current KM for health project, K4Health.

All durable outputs of the project shall be developed under the existing K4Health brand to ensure continuity and build from existing audiences.

(2) Staffing and Key Personnel

K4Health-II will have expertise in, or access to individuals with expertise in: knowledge management, social media, information technology, monitoring and evaluation including impact evaluation, family planning and other related areas of reproductive health, and country programming. Applicant shall provide a comprehensive staffing plan that shall enable the achievement of K4Health-II results and demonstrate an appropriate balance of skills and accountability. The staffing patterns shall reflect the minimum number of highly experienced staff sufficient to manage and implement K4Health-II activities under this award. Applicants shall propose the optimal mix and location of technical personnel considered necessary. The staffing level and pattern may be modified over time as needed to provide effective support to global and field programs as they evolve.

Applicant shall include brief statements of major duties, experience, academic background and resumes for each of the two (2) key personnel and other senior program staff. Resumes for key personnel and other senior program staff shall be limited to five (5) pages in length per resume and shall be included in annexes. The annexes, which are beyond the 35-page limit, will include letters of intent to participate for at least two (2) years post award for those not already employed by the proposing organization, and letters of commitment from proposed key personnel.

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.

B7. Past Performance:

As an appendix, Applicant shall include Past Performance Report—Short Form (Annexes D). Applicant and sub-applicants shall include 3-5 past performance examples from the prime or the consortium with accompanying references that can validate that the work was accomplished. The examples must have occurred within the past ten years, and must describe efforts of similar scope to this RFA (i.e. examples must be from efforts where the partner provided a significant contribution to the overall objective). The reference information shall include the location, current telephone number, email address, point of contact, award number, dollar value, and brief description of work performed. Past performance must demonstrate the following:

- Applicant ability to provide or acquire technical accomplishment in knowledge management, particularly KM for FP/RH and global health

- Applicant ability to form strong collaborative partnerships with a range of donor, implementing partner, and host country organizations, among others

- The degree to which Applicant is reported to have been effective, efficient, capable, reasonable, and cooperative (i.e. client satisfaction)

- Whether Applicant conformed to the terms and conditions of the contract/agreement/grant (i.e. cost control and timeliness of performance)

- Relevancy of work performed.

B8. Annexes

Annexes shall include:

•Resumes of key personnel and other senior staff

•Letters of commitment from key personnel, other senior staff, partnering organizations, donors, and other relevant parties expressing their intention to engage in a partnership and/or make a funding commitment

•Past Performance References

•Performance Monitoring Plan

B9. 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)[23] 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.

B10. 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. 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.

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.

SECTION V –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 IV, Application and Submission Information

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 Knowledge for Health project will be evaluated and scored based on the following:

C1) Technical Merits (40 points)

Overall Approach and Strategic Objective: (5 points)
Degree to which the Applicant's overall vision and technical approach demonstrates feasibility, technical soundness, and innovative merit. The Applicant's description includes their philosophy of KM; exhibits the interrelationship of the Strategic Objective, Intermediate Results, Challenges, and Cross-Cutting Issues; and describes their approaches to knowledge exchange, to sustainable capacity strengthening, to achieving scale, and to leveraging resources. The description builds from and incorporates lessons learned from previous KM efforts. Additionally, the author of each sub-section is identified.

Intermediate Result 1: (5 points)
Degree to which the Applicant's proposed methods for 1) assessing audience needs, preferences, and use , 2) incorporating findings into the project's products and services, and 3) measuring and evaluating the impact of KM are feasible, technically sound, and exhibit innovation that is likely to result in quality, timely, and useful data. The application includes a discussion of barriers that could hinder progress, suggested solutions, relevant cross-cutting issues, and expected results and indicators at the end of 2.5 years and 5 years.

Intermediate Result 2: (5 points)
Degree to which the Applicant's plan for managing, updating, and improving k4health.org and related products is feasible in approach, technically sound, and demonstrates innovative merit that is likely to result in improved products and services that will facilitate knowledge and information exchange, use, and adaptation. Suggested improvements to web-based products demonstrate a deep understanding of evidence-based KM practices, K4Health-II's key audiences, and strengths and limitations of existing products. Similarly, details presented of how experiential knowledge will be managed and incorporated demonstrate feasibility, are technically sound, and exhibit innovative response to audience needs. The process presented by the Applicant to identify materials for synthesis and synthesize such materials is likely to require limited level of effort and result in timely, informative information that will fill knowledge gaps. The application includes a discussion of barriers that could hinder progress, suggested solutions, relevant cross-cutting issues, and expected results and indicators at the end of 2.5 years and 5 years.

Intermediate Result 3: (5 points)
Degree to which the Applicant's plan is feasible, technically sound, and demonstrates innovative merit for building, strengthening, and utilizing collaborative relationships, including examples of new and existing partnerships to enhance audience engagement, and facilitate knowledge and information exchange and use. The Applicant's plans for maintaining the role of "honest broker" are realistic and likely to be successful. Additionally, the Applicant demonstrates creativity and insight into social media practices that are likely to facilitate knowledge capture and exchange, and presents an informed, realistic plan to incorporate such social media practices into K4Health-II products and services. The application includes a discussion of barriers that could hinder progress, suggested solutions, relevant cross-cutting issues, and expected results and indicators at the end of 2.5 years and 5 years.

Intermediate Result 4: (5 points)
Degree to which the Applicant's local capacity building strategy is feasible and technically sound,

while demonstrating innovation and promoting sustainability. Methods for assessing and identifying capacity building needs, responding to those needs, and measuring the impact of proposed capacity strengthening approaches are well-described, feasible, technically sound, and creative. Proposed utilization of technological innovations is feasible, realistic, and responsive to audience needs and preferences. The application includes a discussion of barriers that could hinder progress, suggested solutions, relevant cross-cutting issues, and expected results and indicators at the end of 2.5 years and 5 years.

Challenges: (5 points)
Degree to which the Applicant demonstrates understanding of the challenges of KM programming, and the Applicant's proposed activities to address each of the four challenges described in Section I, Program Description are feasible, technically sound, and likely to be successful. The application includes a discussion of barriers that could hinder progress and suggested solutions.

Technical Scenarios: (10 points)
Degree to which the Applicant's response to each of the scenarios is feasible, complete, and appropriate, and demonstrates technical strength and innovative merit. Each strategy includes discussion of relevant challenges, programmatic approaches, expected inputs, outputs, and outcomes, and evaluation plan (5 points per scenario).

C2) Monitoring and Evaluation Plan (10 points)
Degree to which 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, with at least two (2) examples of potential impact evaluations described, including evaluation question, methodology, indicators of interest, and justification.

C3) Management Structure (5 points)
Degree to which technical capacity of the prime and partner organization(s) is described and plans for utilizing capacity across partners(s) are elucidated, including management patterns within and between prime and partner(s) and expected level of effort of each partner. The application demonstrates collaborative engagement among the prime and partner(s) that takes advantage of each partner's unique strengths. The Applicant also describes how it will interact with collaborative partners who are not official sub-partners. The proposed management and administrative arrangements for implementation, including logistical support, personnel management, and procurement of goods and services are streamlined, complete, and appropriate. Financial management plans for assurance of timely and accurate management, disbursing, and reporting of multiple funding streams are provided. The proposed management structure and management plans are likely to result in ability of Applicant to manage activities in multiple countries and appropriately respond to field support requests. The Applicant's plan for rapid start-up, including timely transfer of relevant resources from K4Health, is feasible, technically sound, and likely to truly be rapid (i.e. three (3) months or fewer). Applicant proposes to develop all durable outputs under the K4Health brand.

C4) Staffing and Key Personnel (40 points)

Overall Staffing Plan: (20 points)
Degree to which the Applicant's proposed staffing plan is comprehensive, appropriate, effective, and efficient. The roles and responsibilities of the two (2) Key Personnel are delineated as are the

roles and responsibilities of other proposed senior staff members, including individuals with expertise in KM, social media, information technology, monitoring and evaluation, impact evaluation, FP/RH, and country programming. The overall balance and mix of roles, responsibilities, skills, technical expertise, and developing country experience of the complete team effectively support the full achievement of the strategic objective and intermediate results with a high level of quality. Resumes for proposed non-Key Personnel senior staff members are provided, as are letters of intent to participate for at least two (2) years post award for those senior staff members who are not already employed by the Applicant.

Key Personnel: (20 points)
Degree to which the proposed candidates meet or exceed the minimum qualifications as specified in Section I, Program Description, with skills, experience, and expertise that align with the position functions. Resumes for Key Personnel are provided as are letters of commitment. (10 points each)

C5) Past Performance (5 points)
The application demonstrates the successful past performance capabilities of the prime and any partners in implementation of previous work similar in scope that occurred within the past ten (10) years. Specifically, the past performance references reflect (1) Quality of Product or Service, (2) Ability to provide or acquire technical accomplishment in KM, (3) Ability to form collaborative relationships, (4) Cost Control, (5) Timeliness of Performance, (6) Customer Satisfaction, (7) Relevancy of Work Performed.

SECTION VI – CERTIFICATIONS AND ASSURANCE

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

SECTION VII - ANNEXES

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

Annex B: Mandatory Standard Provisions for U.S. Nongovernmental Recipients: http://www.usaid.gov/policy/ads/300/303maa.pdf

Annex C: 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.]

INITIAL ENVIRONMENTAL EXAMINATION
AND
REQUEST FOR CATEGORICAL EXCLUSION

PROGRAM/ACTIVITY DATA:
IEE Number: GH-12-61

Program/Activity Number: (TBD)

Country/Region: Global

Program/Activity Title: Knowledge for Health Phase II (K4Health-II)

Funding Begin: FY 2013 **Funding End:** FY 2017 **LOP Amount:** $32 Million

IEE Prepared By: Monica Bautista, USAID Bureau for Global Health

Current Date: 10 August 2012

IEE Amendment (Y/N):N If "yes", Filename & date of original IEE _____ ; __/__/__

ENVIRONMENTAL ACTION RECOMMENDED: (Place X where applicable)

Categorical Exclusion:	X	Negative Determination:	_____
Positive Determination:	_____	Deferral:	_____

ADDITIONAL ELEMENTS: (Place X where applicable)
CONDITIONS _____ PVO/NGO: _____

This document serves to evaluate the potential environmental impacts of the described activities. In accordance with 22CFR216, a threshold determination of a categorical exclusion is recommended for the Knowledge for Health Phase II (K4Health-II) project.

Background:

K4Health-II will be implemented through a cooperative agreement designed to facilitate knowledge and information use among key audiences—health program managers and service providers—by developing, improving, and using robust knowledge management (KM) practices and services. Specifically, K4Health-II's activities will aim to achieve these three sub-results: Knowledge and information needs, preferences, and best practices are identified, monitored, and incorporated; Comprehensive repository of health information is managed, updated, and improved; and Collaborative relationships are harnessed and services are created, adapted, and provided to facilitate knowledge and information exchange and use.

K4Health-II will provide global KM leadership as well as support for country specific KM needs. It will also respond to emerging KM needs and gaps, many of which were identified by the recent external evaluation of predecessor project, K4Health. K4Health-II will build upon

USAID's unique KM strengths, including USAID's global network of partners, support for expert resources, focus on quality, usability, and reliability of information, and historical support to KM projects, all of which have resulted in well-developed platforms and audiences. Specific activities will include:

- K4Health.org: Comprehensive, open source online repository of health information
- Toolkits: Technological tool that has supported the development of more than 50 online, publically available, expertly vetted, topic-specific mini-websites
- Global Health eLearning (GHeL): Platform and 53 courses providing learning opportunities to over 60,000 registered users
- Popline.org: Database of health research, containing 346,000 peer reviewed and grey literature resources, delivering 4,000 documents/year to developing country professionals
- Family Planning Handbook: Comprehensive, reliable guidance for service providers on contraceptive methods and eligibility developed in collaboration with the World Health Organization (WHO), with over 500,000 copies distributed globally in the past five years.
- Global Health: Science & Practice: GH's new journal developed to support USAID's efforts to encourage publication of implementation science.

K4Health-II's activities will contribute to the achievement of global health priorities identified in the Global Health Strategic Framework through accelerating the development and application of innovation, science, and technology. Accordingly, K4Health-II will accept funding from all health element accounts, though it is expected that the majority of core funding will come from the family planning and reproductive health element.

As required by ADS 204.3.4, the Agreement Officer's Representative (AOR) will actively monitor and evaluate whether environmental consequences unforeseen by this Request for Categorical Exclusion arise during implementation of this project, and modify or end activities as appropriate. If additional activities not described in this document are added to the project, an environmental examination must be prepared and approved.

Threshold Determination:
Categorical Exclusion is recommended for the K4Health-II pursuant to 22CFR216.2(c)(1) and:

a) 2CFR216(c)(2)(i), for activities involving education, training, technical assistance or training programs;
b) 22CFR216.2(c)(2)(iii), for activities involving analyses, studies, academic or research workshops and meetings;
c) 22CFR216.2(c)(2)(v), for activities involving document and information transfers;
e) 22CFR216.2(c)(2)(xiv), for studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:
Activity Title: Knowledge for Health Phase II (K4Health-II)

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

Recommended By: _____ 9/13/2012
Scott Radloff **Date**
Office Director, PRH

Concurrence: _____ 9/14/12
Teresa Bernhard **Date**
Global Health Bureau Environmental Officer

Approved: P
Disapproved: _____

Filename: P:\GH.Shared\PEC\K4Health\Follow On Project Design\Initial Environmental Examination