May 23, 2012

Questions Due Date: Tuesday, May 29, 2012, 5:00 pm Washington, DC Time
Closing Date and Time: Friday, June 22, 2012, 5:00 pm Washington, DC Time
Subject: Request for Application (RFA) # RFA-OAA-12-000019

Dear Prospective Applicant:

Pursuant to the authority granted with the Foreign Assistance Act of 1961, as amended, the United States Government, represented by the Agency for International Development (USAID), Global Health Bureau (GH), Office of Maternal and Child Health (MCH), is seeking applications from eligible institutions for the implementation of the NGO Polio Eradication Project, detailed in Section I of the RFA. USAID expects to issue one Cooperative Agreement by September 30, 2012. The level of funding allocated for this project will total $38 million over a five-year implementation period. A cost share minimum amount of 5% of the cooperative agreement projected value is required under this RFA.

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

This RFA and any future amendments can be downloaded from http://www.grants.gov. Prospective Applicants that are unable to retrieve the RFA from the Internet can request a copy by contacting Boryana Boncheva via email only at bboncheva@usaid.gov.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and/or submission of an application. Applicants who come under consideration for an award that have never received USAID funding will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls, and establish an indirect cost rate (if applicable).

In addition, award of the agreement contemplated by this RFA cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential Applicants are hereby notified of these requirements and conditions for the award. The Agreement Officer is the only

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

DUE DATE: Applications shall be uploaded to www.grants.gov no later than Friday, June 22, 2012, 5:00 pm, Washington, DC time. Applications submitted via fax or email will not be accepted. Applicants who encounter problems with their application submission should email the points of contact, listed below before the submission deadline. Applicants should retain a copy of their application and accompanying enclosures for their records.

Please see SECTION IV: Application and Submission Information for instructions how to submit the application.

QUESTIONS: Prospective Applicants who have questions concerning the contents of this RFA shall submit them in writing no later than Tuesday, May 29, 2012, 5:00 pm, Washington, DC time to Boryana Boncheva by email only at bboncheva@usaid.gov.

POINTS OF CONTACT:

Primary Point of Contact:
Boryana Boncheva, M/OAA/GH
Agreement Specialist
bboncheva@usaid.gov

Alternate Point of Contact:
Amy Wire, M/OAA/GH
Agreement Specialist
awire@usaid.gov

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Thank you for your consideration of this USAID initiative. We look forward to your participation.

Sincerely,

Boryana Boncheva
Agreement Specialist

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TABLE OF ACRONYMS

ADS	Automated Directives System
AFD	Acute Flaccid Paralysis
CBO	Community-Based Organizations
CDC	Center for Disease Control
CFR	Code of Federal Regulations
CGPP	CORE Group Polio Project
EPI	Expanded Programme for Immunization
FAR	Federal Acquisition Regulation
FY	Fiscal Year
GH	Global Health Bureau
HIDN	Office of Health, Infectious Disease and Nutrition
IEAG	India Expert Advisory Group
IEE	Initial Environmental Examination
MCH	Office of Maternal and Child Health
MOH	Ministry of Health
NGO	Non-governmental organization
NIDs	National Immunization Days
OMB	Office of Management and Budget
OPV	Oral Polio Virus
PVO	Private Voluntary Organizations
RED	Reaching Every District
REDSO	Regional Office for East and Southern Africa
RFA	Request for Applications
SIA	Supplemental Immunization Activities
SNIDs	Sub-national Immunization Days
TCG	Technical Consultative Group
TFI	Task Force on Immunization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization
WPV	Wild Polio Virus

SECTION I: Funding Opportunity Description

A. Background

The NGO Polio Eradication Project, is going to provide continuity to a currently operational project, supporting non-governmental organization (NGO) participation in polio eradication in India, Angola and Ethiopia as well as cross-border activities in the Horn of Africa covered by the United States Agency for International Development (USAID) Regional Office for East and Southern Africa (REDSO). At the request of the global polio eradication initiative and based on the success of the project thus far, USAID may consider expanding the program to 2-3 additional countries, if resources are available.

In 1988, the World Health Assembly (WHA) voted to launch a global goal to eradicate polio. Eradication is defined as: "no detected cases of clinical poliomyelitis, associated with wild polio virus, and no wild polio virus found worldwide, despite intensive efforts to do so". As a result of the Global Polio Eradication Initiative, which is considered the largest public health effort to date, the Western Hemisphere was declared polio-free in 1994. At the end of 2011 indigenous polio had been eliminated from all but three countries of the world (Pakistan, Afghanistan and Nigeria; India was removed from the endemic list in March 2012). Worldwide, these efforts resulted in a 99 percent reduction in confirmed polio cases. The total number of confirmed cases for 2011 – 650 as of March 14, 2012 is the lowest in history. There have been significant reductions in the number of cases from the four endemic countries (335 total in Pakistan, Afghanistan, Nigeria, and India) and from sporadic outbreaks and isolated cases (315 total, in twelve re-infected countries.) One of the three types of polio, Type 2, has already been eradicated, and in 2011 there were only 67 cases of Type 3. Type 1, the most virulent, is currently the predominant polio type in remaining cases, but on closer inspection the genetic diversity of the virus is decreasing.

USAID supported all phases of polio eradication efforts, and continues to be a major partner in the global campaign to eradicate polio and achieve a polio-free world. Since 1996, USAID has contributed nearly $550 million to support this massive public health initiative. This contribution has made a significant difference in the eradication of polio. USAID-supported polio campaigns have immunized more than 500 million children under age 5 multiple times in Africa and Asia. No country is without risk until the polio virus is eradicated from all nations. Sustaining population immunity in polio-free countries through high quality immunization activities as well as actively searching for polio cases will be necessary until global certification.
The polio eradication campaign is one of the largest public health initiatives in history and one of the most successful public-private partnerships. The World Health Organization (WHO); the United Nations Children's Fund (UNICEF); Rotary International; the Center for Disease Control (CDC), and the Bill and Melinda Gates Foundation are the spearheading partners, with USAID, other bilateral donors, and foundations such as the United Nation Foundation providing technical assistance, financial, and advocacy support. Private voluntary organizations (PVO), non-governmental organizations (NGO), and private sector corporations also participate in the initiative.

Polio eradication efforts are consistent with Global Health Initiative principles. It is a program that directly benefits the most marginalized and poorest populations; it is non-discriminatory and equitable in its approach to ensure immunization for all children, regardless of social status, religion, age, location, etc. The initiative emphasizes women's empowerment by providing women with information to make educated decisions about their family's health and well-being and by engaging women in social networks and allowing them to take on leadership roles in their communities as vaccinators and surveillance officers. Polio eradication has also been used as a bridge for peace in conflict-ridden areas. Ceasefires for National Immunization Days (NIDs) allow for polio immunization to be conducted in conflict areas. Polio eradication also promotes multi-national cooperation and coordination, demonstrated by synchronized NIDs and an increasing number of cross-border immunization posts to reach migrant, nomadic and in-transit populations.

B. Current Activities

USAID has an annual budget of $39 million as of fiscal year (FY) 12 (the annual budget in prior years was $32 million) for activities that support the Global Polio Eradication Initiative. These funds go to our primary implementing partners who work in support of nationally led and driven programs: WHO, UNICEF and a network of NGOs. WHO has a lead role in establishing the certification standard for Acute Flaccid Paralysis (AFP) surveillance (including the laboratory network), resource mobilization, donor coordination, advocacy and communication of information. WHO is also involved in planning for post-certification activities such as containment certification and policy making certification. WHO and UNICEF are the lead partners responsible for the strengthening of routine immunization. Along with WHO, UNICEF also participates in the implementation of intensified national immunization days (NIDs), sub-national immunization days (SNIDs), and mop-up campaigns at the country level. UNICEF manages the procurement and distribution of polio vaccines for routine and supplementary immunizations and provides technical assistance to national coordinators to develop action plans and secure logistics to access hard-to-reach places, including in countries affected by conflict. Additionally, UNICEF participates in the global process by which eradication policies and plans of action are developed; develops materials for training and public information; strengthens social mobilization efforts through its network of communications officers; and provides cold chain support. UNICEF is an active partner in resource mobilization, advocacy and public information.

USAID also funds an NGO-implemented activity that complements the work of Ministries of Health and UN agencies, often reaching to places the formal system does not. In 1999 the USAID Global Health Bureau, Office of Health, Infectious Disease and Nutrition (HIDN), awarded a $25 million cooperative agreement to the CORE Group Polio Partners Project (CGPP or CORE) for polio eradication efforts. The CORE Group is a network of more than 40 U.S.-based PVOs that have the common goal of improving maternal and child health in underserved populations. A second award, competed in 2007, provided for up to $30 million for activities, managed by the CORE Group Polio Project (CGPP).

The CGPP, via its PVO network and contacts with local community-based organizations (CBOs), contributed to this effort through community-based approaches that build support for primary health care, embrace partnership, and encourage innovation. CGPP focused on community mobilization skills; access to hard-to-reach populations; experience in the capacity-building of Ministry of Health (MOH) and NGO partners; and operations research into feasibility, effectiveness, and cost-effectiveness of various approaches to and aspects of NIDs, routine Expanded Programme for Immunization (EPI), surveillance, and data-for-decision-making. Since 1999, six countries and one sub-region have been supported under these mechanisms. Activities are ongoing in India, Angola, Ethiopia and the Horn of Africa/East Africa. Activities supported directly by USAID have been discontinued in Nepal, Bangladesh and Uganda. These programs were proudly 'graduated' and now function under the support and coordination of their national governments and no longer receive USAID polio assistance, although the functioning networks remain active.

The CGPP has established programs in the most hard-to-reach places in India, Ethiopia and Angola and more recently in cross-border coordination in the Horn of Africa and East Africa. In each of these countries, CGPP has established a network of NGOs and PVOs working together to fight polio. These formal networks are coordinated through polio Secretariats that are staffed by full-time directors and several technical and administrative personnel who organize and harmonize NGO/PVO activities for immunization, supplemental immunization activities, surveillance and other activities. The CORE Polio Secretariats had established two work mechanisms:

1) The Secretariats "bundle" the proposals, workplans and budgets of all partner NGOs working on polio eradication and immunization activities and host regular meetings with the NGO partners to discuss planning activities and provide updates. Through this mechanism, the Secretariats maximize the NGO and PVO contribution to polio eradication and avoid duplication of efforts.

2) The Secretariats have their own budget for activities and coordination, so the full-time Secretariats' directors may employ additional support staff as needed. One important lesson learned from this collaborative effort is that the partnership must have concrete financial backing.

At the national level, under the leadership of MOH, the CORE Secretariat Director is a member of the National Interagency Coordinating Committee (ICC), which manages all policies and activities related to polio eradication and EPI. As a member of the ICC and a national partner in the polio eradication initiative, CORE works in close collaboration with the WHO, UNICEF, Rotary International, USAID, the national EPI program, the MOH and other implementing partners. The Secretariats collaborate with these partners to develop and implement vaccination coverage surveys, campaign monitoring, workshops, meetings, mapping, micro-planning, training, baby-tracking, identifying and revisiting refusal households to convert them to acceptors, conducting community-based surveillance and other critical polio eradication activities. In-country activities are implemented via sub-grants to reliable NGOs. A US-based team of four people consisting of a project director, a deputy director and two technical advisors support the country Secretariats.

The Agency's Polio Eradication results framework has six development objectives that focus on stopping disease transmission and ultimately, documenting eradication in a process called certification:

- Building partnerships;
- Strengthening existing immunization systems as part of the primary purpose of eradication;
- Supporting supplemental immunization efforts;
- Helping improve the timeliness of AFP case detection and reporting;
- Improving documentation and use of information for improving the quality of the polio eradication effort; and
- Participation in either a national and/or regional certification activities.

USAID's Congressional directive limits funding to activities that prevent polio, such as the objectives listed above, and therefore rehabilitation activities for people who may have a disability as a result of polio are usually not included. However, recognizing that communities will be more accepting of immunization and the value of the polio initiative if there is a response to polio cases, USAID has allowed support to people who may have a disability as a result of polio to be included as part of applicant's matching funds, and encourages the applicants to incorporate such rehabilitation activities in their project design. As polio cases decline and the need for surveillance grows, these well-functioning networks that have earned community trust are well placed to integrate other health activities into their efforts with non-polio funds or to expand into countries where an NGO secretariat is needed to complement the efforts of other partners in reaching chronically missed children.

C. Objectives of this Program

The overall goal of this program is to provide continued and uninterrupted support for NGO participation in polio eradication in India, Angola, and Ethiopia and for cross-border coordination efforts in the Horn and East Africa. The number of countries may increase by 2 -3 if there is international demand to expand and if additional, non-USAID funds can be identified. USAID funding could support the initial scale up of new countries and the subsequent establishment of Secretariats, but not the in-country implementation costs. In the long term, activities should contribute to increasing population immunity in these countries, increasing acceptance of immunizations and increasing the sensitivity of surveillance for AFP.

The following are the development objectives and illustrative activities that will contribute to the overall project goal:

1. *Build effective partnerships between PVOs, NGOs, and international, national and regional agencies involved in polio.*

Building partnerships is a key component of this program. Including PVOs and NGOs in existing national and international eradication partnerships will accelerate the eradication of polio. There is an existing collaborative network of PVOs, NGOs, partner communities, and health authorities

that work together, and these existing networks are also poised to expand to other health initiatives while they continue their polio efforts.

Illustrative activities:

- Achieve a functioning collaborative organization of PVO/NGO partners;
- Organize regular meetings with polio partners (MOH, USAID, WHO, Rotary, other ICC members);
- Collaborate and work with local NGOs and CBOs to carry out or support project activities; and
- Participate in all WHO Regional and/or country specific technical advisory or consulting groups, such as the Technical Consultative Group (TCG), Task Force on Immunization (TFI), India Expert Advisory Group (IEAG), etc.

2. *Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication.*

Strengthening immunization systems to support both polio eradication and other vaccine-preventable diseases and strengthening routine immunization by using data from the polio surveillance and campaign monitoring reports to help prioritize the Reaching Every District (RED) approach are the cornerstones of this objective. NGOs have demonstrated capacity to track the immunization status of children, identify those who drop-out and counsel parents on the immunization schedule and need to complete all vaccinations. RED is WHO's key strategy for increasing routine immunization coverage. RED comprises of supportive supervision, regular outreach services, community links with service delivery, monitoring and use of data for action, as well as better planning and management of human and financial resources. Each country focuses its efforts at the district or lower level and harmonizes with the country EPI plans. Increasing the enagement of local leaders and community is essential. CGPP has also particpated in seroprevalence surveys, and assessment of new methods to reduce transmission, e.g. handwashing and zinc supplementation.

Illustrative activities:

- Build capacity through technical and/or management training;
- Support social mobilization to increase demand for routine immunization services;
- Support community participation and planning;
- Improve cold chain and/or vaccine logistics systems; and
- Assess new innovations for linking polio with immunization and other health system interventions

3. *Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations.*

By reaching the traditionally hard-to-reach and the under-reached, a larger fraction of children have been vaccinated in areas, where the CGPP is working, than in areas without current network of NGOs. Careful planning, involvement in networks, complementing and filling in the gaps of the plans, plus use of local partners has significantly contributed to these efforts. In some

parts of India, for example, refusals have declined from 60 percent to 2 percent in CGPP areas reflecting a substantial amount of work to build trust and confidence in these communities.

Illustrative activities:

- Participate in planning, implementation, and evaluations for NIDs, SNIDs or Mop-up campaigns;
- Identify problematic areas and develop plans and strategies to increase coverage in those areas;
- Support social mobilization to increase acceptance and demand for supplemental immunizations and routine immunization;
- Encourage community participation in, or contribution to, supplemental immunizations and other immunization efforts such as child health weeks.

4. *Support PVO/NGO efforts to strengthen AFP case detection and reporting (as well as case detection of other infectious diseases).*

The interruption of wild polio virus (WPV) must be directed by high quality surveillance. Surveillance is essential for evaluating the effectiveness of polio eradication efforts in a country. Good surveillance systems support two critical tasks: (1) to determine where polio continues to be transmitted for purposes of campaigns and increasing coverage; and (2) to provide evidence that polio transmission has been interrupted.

Illustrative activities:

- Expand efforts to support and provide training in detection and reporting of AFP (and related forms of paralysis or other selected diseases);
- Support MOH efforts to conduct active AFP surveillance;
- Support poliovirus outbreak and/or AFP/polio case investigations and/or response; and
- Support logistics network for the transport and testing of stool samples by reference labs.

5. *Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities.*

Information is necessary for maintaining and improving quality of polio eradication activities and sharing lessons across countries and to inform other health programs.

Illustrative activities:

- Count zero-dose children following supplemental activities and use information about distribution of zero-dose children to improve plans to prevent zero-dose children in next round;
- Document the percent of AFP cases with two stool samples taken within 14 days of onset of paralysis;
- Document problems in logistics and/or implementation of supplemental immunizations, including communication and post-campaign monitoring and use this information to improve planning of follow-up supplemental immunization rounds; and
- Support independent monitoring to verify the quality of immunization activities.

6. *Support PVO/NGO participation in either national and/or regional certification activities.*

Activities to certify a country as polio-free vary across countries, especially with new importations and changing epidemiological situation. For this reason, the main interest at this time is for collaborative PVO organizations to begin thinking about an appropriate role for PVOs/NGOs during their countries' certification period.

Activities:

- Secretariat directors should notify the national certification committee as appropriate with respect to how their networks can be used to provide supplemental information to support their deliberative process.

D. Country Specific Activities and Intermediate Results

In all countries, the NGOs are expected to coordinate their work, via the Secretariats, with government and partners, to sustain population immunity in their assigned project areas by improving immunization coverage, monitoring the cold chain, identifying unvaccinated children, addressing parental concerns regarding the safety of the vaccine and other approaches that improve acceptance of immunization. In addition, in all countries, the NGOs are expected to support certification-level AFP surveillance per the national guidelines and in coordination with other implementing partners. When requested, the NGOs will coordinate across international borders, under USAID guidance, to reduce virus transmission by children in-transit Polio continues to circulate in the most hard-to-access areas of Angola and has a likelihood of returning to previously high-risk areas of Ethiopia via large population movements within the Horn and East Africa. India has not recorded a polio case in 12 months, but has a rapidly growing new birth cohort and highly mobile populations requiring that vigilance and population immunity be sustained. These are countries where NGOs are well positioned to assist the national effort.

The following is a country-by-country description of the context and current activities underway in Angola, Ethiopia, and India. The Applicant is expected to direct project activities with a focus on achieving the following results in all countries:

- Minimize the number of zero dose children.
- Increase the proportion of children receiving a birth dose of oral polio vaccine.
- Children up to 12 months should have a minimum of seven doses of vaccines either through immunization campaigns or routine immunization.
- Children up to age 5 should receive polio doses during every round.
- Any cases of AFP that present themselves in project areas are identified and reported to the designated surveillance officer.
- Be active participants on the Interagency Coordinating Committees.

ANGOLA

Angola was declared polio-free in September 2001. However, wild poliovirus was detected in the Angolan capital of Luanda in June 2005 and subsequently spread throughout the country.

Weak leadership from the national government and a lack of strong technical support from WHO and UNICEF have led to Angola becoming a 're-established transmission' country. Other partners responding to the outbreak include: Rotary International, USAID, and the International Committee for the Red Cross and others. CGPP was asked to take on a larger role in independent monitoring of the polio campaigns and has consistently provided good quality evaluation reports with recommendations for improvement. This monitoring needs to continue as a source of objective data, as the government of Angola has decentralized responsibility for polio eradication to the province level. In 2011, Angola had five polio cases.

Illustrative Activities

- Conduct robust independent monitoring in collaboration with local PVOs and the Angolan Army;
- Assess immunization campaign readiness at health posts;
- Identify children with partial or no completion of vaccination schedule;
- Transport mobile immunization teams to hard-to-reach locales;
- Collect information on vaccines, cold chain and material stocks;
- Monitor performance of vaccination posts, providing feedback and support; and
- Include traditional healers in the AFP surveillance process.

ETHIOPIA

Ethiopia initiated Polio Eradication Initiative activities in 1996. Oral Polio Virus (OPV) coverage rates were increased, leading to reduced transmission of the virus. From January 2001 until February 2005 no wild poliovirus had been identified in Ethiopia and the country was categorized as an area with low risk of transmission. Due to the spread of virus originating in Nigeria, Ethiopia began to report importations in February 2006 which were brought under control by 2008. During this time the CGPP took on a larger role in the national program to identify polio cases through a large network of community-based surveillance officers and as a coordinator of cross-border meetings and planning that have been instrumental in getting the outbreak under control. Ethiopia is at high risk of virus importation from neighboring countries especially from South Sudan via Chad (131 cases in 2011 to date) and Kenya (1 case in an insecure area in 2011) and DR Congo (92 cases in 2011).

Difficult access, security problems, migration of nomadic populations, harsh weather conditions, and cross border economic activities remain a big challenge to sustaining OPV coverage and good AFP surveillance in many parts of the country. As long as there continues to be wild poliovirus transmission in Nigeria and a large number of susceptible children in Ethiopia, there will continue to be a risk of importations and supplemental immunization activities (SIAs) should be implemented. Coordination with the Horn of Africa and East Africa is managed by the CGPP Ethiopia Team. In addition, a CORE Group Polio Project supported entirely by the Bill and Melinda Gates Foundation operates in South Sudan and coordinates regularly with the CGPP Ethiopia team. This cross-border coordination continues to enhance eradication efforts.

Illustrative Activities

- Conduct active community-based surveillance;

- Mobilize community involvement in mass oral polio vaccine immunization campaigns in high-risk areas and the hardest-to-reach populations;
- Organize cross-border meetings and follow-up microplanning and advocacy
- Assess readiness of high risk areas for immunization campaigns; and
- Initiate baby tracking and linking polio activities with other health interventions

INDIA

As of February 26, 2012, India was declared a polio-free nation by WHO, having sustained 12 consecutive months without a single reported case of the disease. According to data analysis by the National Polio Surveillance Project, transmission of type 1 poliovirus is now significantly reduced. Population immunity is high (but challenging to sustain) and the country is shifting into an emergency response mode in the event of any new outbreaks. CGPP was asked by the Government of India and UNICEF to shift part of its focus from Western Uttar Pradesh to West Bengal. Sustaining population immunity, surveillance and beginning the process of certification will require nimbleness and flexibility; a strategic and timely plan must be in place in the event of an outbreak. The next five years of polio eradication will be more unpredictable than previous years.

Illustrative Activities

- Carry out social mobilization campaigns;
- Conduct social mapping to identify pockets of unvaccinated children;
- Increase the proportion of children receiving a birth dose;
- Provide health services related to reducing polio transmission e.g. handwashing, zinc
- Provide individual counseling for families who have rejected vaccination;
- Carry out training for partners; and
- Increase community-based surveillance

End of Section I

SECTION II: Award Information

A. Type of Award

The Government intends to award one 5-year cooperative agreement to the responsible Applicant whose application meets the requirements of this RFA and offers the best value, cost and other factors considered.

B. Substantial Involvement

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

1. Annual Workplans, including planned activities for the following year and any subsequent revisions, international travel plans, planned expenditures, knowledge management plans, event planning/management, research studies/protocols, international meeting preparation and changes to any activities, locations, beneficiary population under the cooperative agreement;

2. Key Personnel - Approval of key personnel to include the following positions:
    a. Project Director
    b. Deputy Director

3. Monitoring and Reporting - USAID involvement in monitoring progress toward the achievement of program objectives during the performance of the project, including written guidelines for the content of annual reports and final evaluations in accordance with 22 CFR 226.51.

4. Subawards - All subawards not included and approved in the original Cooperative Agreement require approval **as per 22 CFR 226.25(c)(8).**

C. Total Estimated Cost

The total estimated cost for this RFA is $38 million - approximately 60% Core funding and 40% Field support. Contingent on availability of funds, USAID expects to award one cooperative agreement.

D. Anticipated Award Schedule

It is anticipated that the award will be made by September 30, 2012. The period of performance for this project will start from the date of award and will continue for 5 years, subject to availability of funds.

E. Authorized Geographic Code

The authorized geographic code for the procurement of services and commodities for the NGO Polio Eradication Project, 2012-2017 is 937.

End of Section II

SECTION III: Eligibility Information

A. Eligibility Criteria

To be eligible for the Cooperative Agreement under this RFA, an organization must be a U.S. PVO, a U.S. NGO or a local NGO:

1. **U.S. PVOs** – U.S. non-governmental organizations that meet the Conditions of Registration as outlined in 22 CFR 203.

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

2. **U.S. NGO** – other U.S. non-profit NGOs that do not meet the definition of a U.S. PVO, as well as U.S. commercial organizations.

3. **Non-U.S. NGO** – either non-profit or for profit, that is not affiliated with a foreign government.

The Recipient must be a responsible entity. The Agreement Officer (AO) may determine a Pre-Award survey is required and if so, would establish a formal survey team to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the program. Applications from individuals will not be considered for award.

B. Cost Share

USAID has established a cost share minimum of 5% of the projected total amount ($38 million) for this award. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to the implementation of activities at the country level. All activities related to support for polio survivors must come out of the cost share funds. For guidance on cost sharing in grants and cooperative agreements, please see 22 CFR 226.23 at http://ecfr.gpoaccess.gov.

C. Environmental Compliance Requirements

1. The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in 22 CFR 216 and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (http://www.usaid.gov/policy/ads/200/), which, in

part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The Recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA. See Section VI. Award Administration Information for more information.

2. In addition, the Recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

3. No activity funded under this RFA will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation").

End of Section III

SECTION IV: Application and Submission Information

A. Address to Request Application Package

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

B. Application Submission

1. Applications shall be submitted electronically before Friday, June 22, 2012, 5:00 pm Washington, DC Time to www.grants.gov. Hard copy applications, whether hand delivered or by postal mail, will not be accepted. The Grants.gov system date and time stamp will be used to determine the applications timeliness. Applicants are advised to be cognizant of the time applications are submitted. Applications submitted after the closing date and time of the RFA will be considered untimely. Untimely applications will not be considered for award. Applicants, who encounter any problems with their www.grants.gov submission, should email the points of contact for this RFA before the application submission deadline, explaining the circumstances.

2. Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of applications.

3. To facilitate the competitive review of the applications, USAID will only consider applications conforming to the format prescribed in this RFA. The technical and cost applications must be clearly marked with the RFA No, and appropriately labeled as either Technical or Cost Application.

C. Required Contents of an Application

The following are general instructions for what constitutes a complete, full application. The instructions include the required contents on the application, required format of the application, and the contents of application documents. It is highly recommended that applicant's read the entire RFA before submitting an application. Applications should respond directly to the terms, conditions, specifications and clauses of this RFA (including all portions of the Program Description). Applications not conforming to this RFA may be categorized as non-responsive, thereby eliminating them from further consideration.

A complete application shall consist of the following documents:

1. Technical Application:
    a. Cover Page
    b. Table of Contents
    c. Acronym List
    d. Executive Summary
    e. Organizational Capability Section
    f. Past Performance Section
    g. Situational Analysis Section
    h. Program Strategy and Technically-appropriate Interventions Section
    i. Performance Monitoring and Evaluation Section
    j. Personnel Section
    k. Management Plan Section
    l. Technical Attachments
        i. Past Performance References: three Past Performance Short Forms, for the Applicant and for each sub-partner (see Annex C).
        ii. Signed letters acknowledging intent to collaborate, from any stated partners or sub-awardees
        iii. Personnel Matrix
        iv. Resumes
        v. Letters of Interest to Participate/ Letters of Commitment
        vi. Project Organogram
        vii. Potential Integration Plan

2. Cost Application:
    a. Cover Page
    b. Completed SF 424 Form(s):
        i. SF-424, Application for Federal Assistance,
        ii. SF-424A, Budget Information – Non-construction Programs, and
        iii. SF-424B, Assurances – Non-construction Programs.
    c. Detailed Budget in Excel Format
    d. Budget Narrative in Word Format
    e. Certifications and Representations
    f. Supporting documentation (if applicable)

3. Branding Strategy and Marking Plan (to be submitted by the apparently successful applicants only and is not required by the RFA closing date)

Further specification of the contents that are required in each of these documents is described below.

D. Required Format of Application(s)

1. All information shall be presented in the English language.
2. The Application shall use the Letter Format 8 ½" x 11", 12-point font using fixed pitch spacing per inch and 1" margins.

3. The title page of the application should include: the name and address of the PVO/NGO applicant and the RFA number.
4. It is preferred that the pages of the application are numbered for easy reference.

There are two exceptions to the aforementioned instruction: 1) budgets may be in a slightly smaller font (10 point) with smaller margins, and 2) tables may use smaller fonts and margins, however, must be easily readable.

E. Preparation Guidelines for the Technical Application

USAID requests that applications be kept as concise as possible. Detailed information should be presented only when required by specific RFA instructions. Technical applications are limited to 15 pages not including the cover page, table of contents, table of acronyms, executive summary, attachments, figures and tables. All sections shall be written in 12 point Times New Roman font and single-spaced with one inch margins. USAID requests that applications provide all information required in the format described below. The technical application cannot contain any cost information.

Applicants may use attachments for relevant supplemental information such as key personnel resumes, resumes of other personnel, and a list of previous contracts, grants, and cooperative agreements. Resumes for proposed personnel shall not exceed three pages each. Attachments to the technical application that are not listed on page 19 of this RFA will not be accepted.

A USAID Technical Evaluation Committee (TEC) will evaluate the technical applications in accordance with the evaluation criteria in Section V. USAID may incorporate the technical application as part of the resulting cooperative agreement award.

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

1. Cover page (1 page)

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

2. Executive Summary (1-2 pages)

This section should be a succinct 1-2 page summary and contain information that the Applicant believes best represents its proposed program.

Guidance:

- Program locations, including districts and countries.

- The proposed start and end dates.
- The level of USAID funding requested for the project and proposed cost share amount.
- Estimated number of total population and primary beneficiaries, including newborns, migrant or transitory populations of minority, marginalized groups or refugees, and the poorest of the poor.
- Problem statement, including the rationale for the proposed project and how the project fits within the Polio Eradication Initiative.
- Local partner(s) involved in program implementation.
- Project implementation including transition plan from previous project
- Capacity and timeline to scale up if funds are identified.

3. Organizational Capability of the Applicant (1-2 pages)

This section of the application provides information about the applicant organization and any sub-partners. The section should provide evidence that the Applicant has the ability to carry out a successful program, including demonstrating the organization's and partners' capacity and experience to carry out the program in the proposed geographic area.

Guidance:

- Describe the Applicant – including its general purpose, mission statement, goals, annual budget (including funding sources), major areas of involvement and main methods of operation. Include a description of all proposed sub-partners and how they will work together.

- Describe, as relevant, the organization's operations, current agreements and working relationships with the host country government, local NGOs and communities.

4. Past Performance (1-2 pages)

This section of the application provides information about the Applicant's past performance record in implementing similar programs.

Guidance:

Discuss the organization's experience in designing, implementing, monitoring and evaluating community-level public health programs, specifically organizational successes in polio eradication or other similar activities and approaches. Describe the organization's experience and linkages with the communities with which it will work under this program.

Please provide as an attachment three (3) past performance reference forms for any similar programs implemented by the Applicant and its sub-partners over the past three years. Please note that USAID reserves the right to obtain past performance information from other sources including those not named in this application.

5. Situational Analysis (2 pages)

This section of the application presents a preliminary assessment which provides relevant health data to support polio eradication activities in the focus countries and specific geographic target areas and how this fits within the overall and country-specific Polio Eradication Initiative strategies. Detailed information on the Polio Eradication Initiative can be found at the following websites: http://www.polioeradication.org/; http://www.who.int/topics/poliomyelitis/en/ and http://www.usaid.gov/our_work/global_health/mch/ch/techareas/polio.html. For specific information on activities underway, please refer to the following website: http://www.coregroup.org/our-technical-work/initiatives/polio. The reports prepared for the Independent Monitoring Board, including the CDC Risk Assessment are especially relevant and can be found on the WHO polio website. This situational analysis serves as the basis for the selection of polio eradication interventions in the defined target areas.

Guidance:

- Briefly describe the location of the proposed program and provide a map(s) with scale in an **attachment**. Estimate the total population, breaking out children under five and pregnant women as well as other target groups such as refugees, migrant/nomadic populations or IDPs living in the program site. Estimate the number of villages or other community units that are in the target area. Please cite the sources of data.

- Provide an overview by discussing the current health status of the target population (including current immunization coverage indicators, such as percentage of the children with OPV0 and 12 – 24 months that are fully immunized and OPV3 coverage. Please cite relevant polio vaccine data and provide data for routine polio specific indicators such as break down of polio and non-polio AFP cases by age, vaccination status by age group, gender, urban /rural and other relevant sub-groups e.g. ethnic or religious minorities. Data on the quality of supplemental immunization campaigns in the country and details on the current AFP surveillance indicators should be provided. Data on UNICEF's common communication indicators. Please cite sources of data.

- Clearly identify the links between assessment data and stated priorities of the Polio Eradication Initiative.

- Briefly describe other polio eradication programs and activities that other agencies or the Government are involved with in the same geographic area which may provide an opportunity for partnering and to ensure there is no duplication of effort (e.g., Agency X is vaccinating and NGO Y is conducting education activities).

- Briefly describe the type and background of any C/FBOs and/or other local partner organization(s) with which the applicant organization will work and why they were selected.

- Describe the process used to involve all relevant stakeholders (e.g., C/FBOs, MOH, PVOs/NGOs, National Coordinating Committees, Secretariats, etc.) in the selection of the site, interventions and strategies. A letter of support from the MOH and ICC should be included in all proposals for expansion into new countries.

- This section may also include the following:

  - Socio-economic characteristics of the population (such as economy, religion, gender equity, ethnic groups, literacy or other) that have an impact on health status.

  - Current status of health care services in the target communities, including existing services (i.e., the NGO, U.S. PVOs/NGOs, the Ministry of Health (MOH), local community- and faith-based organizations (C/FBOs), the private commercial sector and traditional health providers), where people currently seek care, the current level of access and barriers to access (e.g., cost for services, distance to facilities, and transportation).

  - Relevant information on pertinent household behaviors and barriers to polio immunization. The Applicant is **not** expected to have conducted a survey, but general knowledge of the local populations and situations should be evident.

  - Identification of any successful innovations from the previous project and plans to replicate and scale up within the country and across the project.

6. Program Strategy and Technically-Appropriate Interventions (4 pages)

This section should provide a clear picture of the proposed program and overall strategies, details on the proposed technical interventions and approaches to implement those interventions, including training. There are four primary issues to address: 1) implementation of activities; 2) country-specific approaches, including the support of local NGOs; 3) a transition plan that minimizes disruption to current activities; and 4) how you will achieve your expected results. It is important to clearly define linkages with other polio eradication programs and activities in-country and describe how synergy between programs will be developed.

Guidance:

- Please address how you will implement the program objectives and relate them directly to the country specific polio eradication strategies. The objectives are:

  1) Build effective partnerships between PVOs, NGOs and international, national and regional agencies involved in polio;
  2) Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication;
  3) Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations;

4) Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases);
5) Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities; and
6) Support PVO/NGO participation in either a national and/or regional certification activities.

- **Country-Specific Approaches.** Please describe how you will operationalize activities in the target countries (Angola, Ethiopia, India and the Horn of Africa/East Africa). Please address your experience and familiarity working in these countries, and your experience and knowledge of the PVO and NGO communities there.

- Describe, briefly, 2 – 3 areas where the current **networks** for polio eradication could be used to strengthen other immunization or health efforts.

- Present your plans for rapid start-up of operations, including a **transition plan** that demonstrates the Applicant's ability to provide continuity of activities in the four countries. Due to the delicate nature of the polio virus and its ability to spread if immunizations are interrupted, as was demonstrated by the one-year hiatus of vaccinations in northern Nigeria, the Awardee of this cooperative agreement must be able to provide uninterrupted support to current CGPP operations. Please include a realistic timeline to reflect how this will be implemented.

- Provide an overview of the proposed program's **strategy**; please link the strategy with the situational analysis and the overall polio eradication strategy and outline why the proposed strategies and approaches are appropriate given the context.

- **Responsiveness to Gender.** The Applicant should explain how its technical approach will promote USAID's strategic goal to promote greater institutionalization of a gender perspective that identifies and addresses the differential impact of development on women, men, boys and girls.

7. Performance Monitoring and Evaluation (1-2 pages)

This section should provide an overview of the monitoring and evaluation activities of the proposed program.

Guidance:

- As mentioned previously, the Applicant is expected to direct project activities with a focus on the below expectations for all countries. Discuss how progress towards program objectives will be measured. Describe how these indicators will be measured and how current data on these indicators will be collected, analyzed and used for program management. In addition, please propose country-specific results that you aim to achieve as a result of your activities.

- Minimize the number of zero dose children and scale up of birth dose.
- Children up to 12 months should have a minimum of seven doses of vaccines either through immunization campaigns or routine immunization.
- Children up to age 5 should receive polio doses during every round.
- Any cases of AFP that present themselves in project areas are identified and reported to the designated surveillance officer.
- Active participants on the Interagency Coordinating Committees.

8. Personnel (maximum 1-2 pages)

The Applicant shall provide readily available, highly competent, technical personnel with the appropriate mix and sufficient depth and breadth of technical, managerial, regional, and language skills to achieve the objective and results of this program. The Applicant should ensure that staff and consultants have demonstrated effectiveness in the implementation of polio eradication or other similar activities in the targeted countries (Angola, Ethiopia, India and coordination in the Horn of Africa/East Africa). The Applicant should use in-country and south-to-south human resources wherever possible. The Applicant should complement these judiciously with external staff and consultants, who should focus on fostering peer-to-peer collaboration.

The Project Director and Deputy Director will be key personnel. Additionally it is expected that the Applicant will have minimum core staff but will be able to add additional technical staff in response to evolving needs. Core staff should be able to serve as senior technical advisors to the secretariats at the country level.

Resumes, letters of commitment and three professional references for all key personnel, as well as Personnel Matrix for all other proposed personnel should be included as an attachment. In each case, at least one of the professional references should be a work contact in a developing country.

The qualifications for the Key personnel positions are described below:

Project Director
The Project Director shall be responsible for oversight, administration, supervision and management of all aspects of program performance. The Director will respond to and interact with the USAID AOR and agreement officer, USAID Mission PHN staff, and host country officials. S/he shall coordinate and collaborate with other USAID-funded cooperating agencies and other donors and their contractors. A successful candidate should have extensive expertise in the management of projects similar or related to the Polio Eradication Initiative, as well as substantial experience and demonstrated success in executive level management of international health programs and a working knowledge of Federal Grants and Cooperative Agreements management. The candidate for the position of Program Director should have, at a minimum, the following qualifications:

- A Master's Degree in Public Health, Health Policy, or related health field (or equivalent: Bachelor's degree plus five years experience in Public Health, Health Policy, or related health field);
- Recognized leadership in the field of international development and/or polio eradication and/or immunization as demonstrated by publications, public appearances, or other evidence the Applicant may present;
- At least eight (8) years experience as a program manager (including four (4) years as a senior manager) or similar position directing a polio eradication program, or other similar activities, in a developing country;
- Proven leadership skills in working and collaborating with other donors, host country institutions, international organizations, and other USAID cooperating agencies;
- Demonstrated competence in providing technical assistance to immunization projects, including polio eradication;
- Demonstrated success managing international development projects of this scope and complexity for at least five (5) years;
- Demonstrated competence supervising professional and support staff;
- Grants and/or contracts management experience;
- Previous NGO experience.

Note: experience in the above areas may be concurrent.

Deputy Director

The Deputy Director should assist the project director in technical direction, budget management, supervision of programs and reporting. The Deputy will report to the Director; he/she shall also serve in the capacity as a Project Director in his/her absence. He/she will interact with the core technical staff, and host country officials. S/he shall coordinate and collaborate with other USAID-funded cooperating agencies and other donors and their contractors. A successful candidate should have extensive expertise in the management of projects related to the Polio Eradication Initiative, as well as substantial experience and demonstrated success in the management of international health programs and working knowledge of Federal Grants and Cooperative Agreements management. The candidate for the position of Deputy Director should have, at a minimum, the following qualifications:

- A Master's Degree in Public Health, Health Policy, or related health field (or equivalent: Bachelor's degree plus five years experience in Public Health, Health Policy, or related health field);
- Demonstrated competence in providing technical assistance to immunization projects, including polio eradication;
- Technical knowledge of the aspects of polio eradication;
- Experience as a deputy or acting director in similar projects;
- Proven leadership skills in working and collaborating with other donors, host country institutions, international organizations, and other USAID cooperating agencies;
- Grants and/or contracts management experience;
- Experience in drafting reports and project summaries;
- Demonstrated competence supervising professional and support staff;
- Previous NGO experience;

Core Technical Staff
The Applicant is requested to identify additional core technical staff, considered essential to achieving the results of the program. They should possess a mix of technical skills necessary for all aspects of project management as described in this RFA. The core technical staff should also demonstrate team leadership, the capacity to liaise and negotiate with key stakeholders in other organizations, as well as to support and supervise staff. Please include a brief narrative in this section of the Technical Application. A more detailed Personnel Matrix and other relevant information should be included as an attachment.

The proposed core technical staff, taken together, should possess technical expertise in each of, but not limited to, the following critical skill areas:

- A Master's Degree in Public Health, Health Policy, or related health field (or equivalent: Bachelor's degree plus five years experience in Public Health, Health Policy, or related health field);
- Technical knowledge of the aspects of polio eradication;
- Experience in implementing community-based health programs;
- Thorough knowledge of the perspectives of the international community on polio eradication,
- Knowledge of establishing grant criteria, work plans , and training curricula;
- Experience in grant management and the development of monitoring systems;
- Knowledge of grant requirements and regulations and working with PVOs and NGOs;
- Excellent communication and reporting skills, including preparation of peer-review journal articles.

9. Management Plan (2-3 pages)

This section provides an overview of the management of the proposed program activities. The Applicant should propose a management plan consistent with this program's technical complexity, that addresses its ability to a) manage overall operations; and b) the country-specific approaches to working in Angola, Ethiopia, India and Horn of Africa/East Africa. USAID will entertain applications for the work described above from a single organization that possesses the breadth, depth, technical and country-specific knowledge and experience required to successfully undertake this activity as well as from partnerships of organizations or groups, each bringing a particular set of experiences and expertise that would contribute to the accomplishment of the activities undertaken within this RFA. Please highlight those areas of program management that were **not** discussed in other sections.

Guidance:

- Organizational Structure and Human Resource Management**:** Describe the proposed management structure for this program and provide a **Project organogram** in the attachments. Include in the narrative a description of the responsibilities of all principal organizations and staff involved, reporting relationships, authority and lines of communication within and between each of these organizations. Include location where key

staff will be based. For any proposed sub-partners, include a clear plan for managing and oversight. Please also explain how the proposed program team will interface with the Offeror's corporate structure to meet the requirements of this RFA.

- Describe how the program will manage a complex set of activities in multiple countries and regions of the world, engaging multiple stakeholders from foreign governments as well as their development partners (PVOs, NGOs, Secretariats, and Community Based Organizations). Please provide a description of your capabilities to monitor all activities, including current access to, or purchase of, vehicles for providing transportation for the monitoring of NIDs and SNIDs in hard to reach areas as required.

- Please provide a **subaward management plan** explaining how the program will respond to and manage subawards. Please expand on your experience and your proposed implementation plan for the solicitation and management of competitive subawards. This should include the criteria you will use to review subaward packages in the context of the local country conditions before seeking AOR/AO concurrence. Please describe your experience in the financial management of subawards.

- Please describe realistic approaches for **knowledge management** and transfer of experiences and lessons learned among staff and each of the projects being implemented in the four countries.

- **Potential Integration Plans**: Describe how the current polio infrastructure could be expanded to address areas such as routine immunization, sanitation and hygiene, breastfeeding or other interventions, with minimal additional non-polio funds (may be included as an attachment).

- **Letters of intent from potential sub-partners** in the targeted countries, **letters of support from the governmental organizations** that are responsible for polio eradication in the target countries (for example the National Program in Immunization, the Expanded Programme on Immunization (EPI), or Ministry of Health depending on the country), as well as **letters of support from WHO and UNICEF country offices**, and other implementing partners are considered a plus and may be included as an attachment.

F. Preparation Guidelines for the Cost Application

USAID will evaluate the cost/business application separately for cost effectiveness and realism. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary details. The cost/business application should illustrate the 5-year period of performance, using the budget format shown in the SF-424A. The anticipated amount of the award is $38 million – approximately 60% Core funding and 40% Field support.

If the Applicant has established a consortium or another legal relationship among its partners, the Cost application must include a copy of the document establishing the parameters of the legal relationship between the parties. The agreement should include a full discussion of the

relationship between the Applicants including identification of the Applicant with which USAID will treat for purposes of Agreement administration, identity of the Applicant which will have accounting responsibility, how Agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

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

The cost application should contain the following sections:

1) Title Page
2) SF 424 Forms
3) Budget
4) Budget Narrative
5) Certifications, Assurances, and Representations
6) Supporting documentation (as applicable)

1) Cover page

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

2) SF 424 Form(s)

Applicant shall submit the application using the SF-424 series:

Instructions for SF-424	http://www.grants.gov/assets/SF424Instructions.pdf
SF424[1]	http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf
Instructions for SF-424A	http://www.grants.gov/assets/InstructionsSF424A.pdf
SF 424A	http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf
Instructions for SF-424B	http://www.grants.gov/assets/InstructionsSF424B.pdf
SF 424B	http://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf

Failure to accurately complete these forms could result in a non-funded application.

3) Budget

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and shall be broken out by project year, demonstrating the activities funded by Core funding and Field support, as well as itemization of the Applicant's non-federal (cost share) amount. The Budget will include the following worksheets or tabs, and contents, at a minimum:

[1] Please disregard the expiration date 03/31/2012 as the form is still valid.

a) **Summary Budget**, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential subrecipients for the entire 5-year period of the program.

b) **Detailed Core Budget** (60% of the total estimated cost), including a breakdown by year, by budget category and budget line items for all Core federal funding and cost share for the entire implementation period of the program.

c) **Detailed Field Support Budget** (40% of the total estimated cost), including a breakdown by year, by budget category and budget line items for all Field support funding and cost share for the entire implementation period of the program.

d) **Subpartners' Detailed Budgets** for core funding, field support and cost share for each subpartner, broken out by budget category and by year, for the entire implementation period of the program.

The Detailed Budgets shall contain the following budget categories and information, at a minimum:

Salaries and Wages should be proposed in accordance with the Applicant's personnel policies and should include as much as possible information about the personnel's name, position, status, salary rate, level of effort and salary escalation factors. If the level of effort for a particular staff position is split between the core and the field budgets, the total level of effort per person should not exceed 100%. Please explain your assumptions in the Budget Narrative.

Fringe Benefits (if applicable). Please provide adequate justification for the proposed rate.

Travel, including information about the number of trips, domestic, regional, and international, the estimated costs, the purpose of the trip, the origin and destination for proposed trips, duration of travel, and number of individuals traveling. Per Diem shall be based on the Applicant's travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain your assumptions in the Budget Narrative.

Equipment, including information on estimated types of equipment, models, cost per unit and quantity.

Supplies related to this activity.

Contractual, identifying any goods and services being procured through a contract mechanism.

Other Direct Costs including but is not limited to: communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the Applicant's indirect rates). The narrative shall support and provide additional information for all other direct costs.

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

4) Budget Narrative Contents

To support proposed costs for the project, all Applicants must provide a detailed Budget Narrative that explains how the costs were estimated and the methodologies used. The Budget Narrative must provide detailed explanation of all costs and the reasoning behind any assumptions:

a) All federal costs associated with the program.
b) All costs proposed by each sub-partner.
c) The costs associated with 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 program.
e) Potential contributions of non-USAID or private commercial donors to this program (cost share) in accordance with 22 CFR 226.23 and/or OMB Circular A-110.
f) Procurement plan for commodities, goods and services (if applicable).

5) Certifications, Assurances, and Representations

Applicants must provide Certifications, Assurances, and Representations using the template provided in Annex B of this RFA.

End of Section IV

SECTION V: Application Review Information

The technical applications will be evaluated in accordance with the technical evaluation criteria set forth below. After that 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. Awards will be made to responsible applicants whose application offers the best value to the US Government, technical, cost and other factors considered. In evaluating the different components of the technical application, the U.S. Government will examine the overall merit and feasibility of the application, as well as examine specific criteria relevant to each component, as elaborated below.

A. Technical Evaluation Criteria (100 points total)

The technical application evaluation criteria are presented below. The relative importance of each criterion is indicated by the points allotted to the assigned score. These criteria have been tailored to the requirements of this particular RFA and serve to (a) identify the significant matters that applicants should address in their applications and (b) set standards against which all applicants will be evaluated. To facilitate the review of applications, applicants should organize the narrative portions of their application in the same order as the broad evaluation criteria and should refer to detailed guidelines found in Section B, Grant Application Instructions, Section II Technical Application Guidelines.

1. Organizational Capability of Applicant Organization (10 points)

- Organization's purpose, mission, major areas of work clearly presented and congruent with proposed program.
- Relevant experience in technical/program areas.
- Demonstrated capability to follow through with program in target countries including a description of existing working relationships with host country government organizations, NGOs , local communities and potential partners.

2. Past Performance (10 points)

Demonstrated relevant past performance as described in Section IV.E.4.

3. Situational Analysis (10 points)

- Clear and comprehensive assessment of the relevant health status / polio burden (including relevant indicators such as AFP cases, OPV3 coverage, campaign quality data, immunity gap in children under age 3 (as determined by the total number of vaccine doses in the non-polio AFP cases) historic rates of refusals and/or conversion to acceptor households etc, of the selected population, including a discussion of existing health care delivery, both formal and informal. Clear links should be identified between assessment and stated priorities of the Polio Eradication Initiative.

- Clear description of key household behaviors of target population, including any gender-specific issues and barriers to polio immunization.
- Clear rationale for the choice of local partners and partners are appropriate for proposed program.
- Clear understanding of other immunization and polio eradication programs and activities underway in the four countries, as well as opportunities for synergies of proposed program interventions and strategies (e.g. Secretariats, Ministry of Health, NGOs, community organizations, etc.)
- Relevant stakeholders appropriately involved in the selection of site, interventions and/or strategies and methodologies that will be implemented.

4. Program Strategy and Technically-Appropriate Interventions (35 points)

- Selected polio eradication strategies and implementation activities clearly support the program objectives in the target countries.
- Selected interventions and strategies demonstrate knowledge of the population, with justification provided for selected interventions linked with the situational analysis and the in-country Polio Eradication Initiative strategy.
- Applicant demonstrates technical expertise in polio eradication, and has experience working on polio eradication committees and with Secretariats and Consortiums, in the four target countries (Angola, Ethiopia, India and Horn of Africa/East Africa).
- The included transition plan and timeline for start-up activities is realistic and minimizes disruption of current operations.
- Applicant should also demonstrate thorough knowledge of the PVO and NGO communities in the select countries, and present a convincing proposal for initiating work with these groups with attention to minimizing disruption of current activities. An endorsement by the host government is considered a plus.
- Clear description of the process that would be used to launch/scale up activities in new countries applying the lessons learned from existing countries.
- The extent to which the application addresses USAID strategic objective for situationally appropriate gender integration.

5. Performance Monitoring and Evaluation (10 points)

- Process to measure progress towards proposed program objectives is clear and realistic.
- Indicators measured are consistent with country specific monitoring plans and approach and information needs. Where possible proposed monitoring plan feed directly into the local data collection systems and processes.

6. Personnel (10 points)

- The extent to which the proposed key personnel meet or exceed the requirements described in Section IV.E.9.
- The degree to which the proposed personnel have clearly defined roles, and the proposed Personnel Matrix represents sufficient, adequate and efficient mix of cadre who will be able to effectively implement the project.

7. Management Plan (15 points)

- Project management plan that clearly demonstrates Applicant's ability to manage and administer the overall project. Clear organizational, human resources and financial management structures in place including clearly identified roles and responsibilities of key staff and project partners. The project organogram is structured in a logical and efficient way.
- Applicant demonstrates the capability to logistically support the monitoring of operations in the four target countries, including access to vehicles and ensuring access to remote areas.
- Applicant fully demonstrates the capability for knowledge management of the project, for the sharing of experiences between the projects being implemented in the four countries, and ensures transparency.
- Applicant demonstrates proficiency and experience in grant management. Grant management plan of operations for each of the countries is logical, and demonstrates capabilities to oversee both the financial aspects and capabilities for working with the Grantees.

B. Cost Effectiveness and Cost Realism

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

End of Section V

SECTION VI: Award and Administration Information

A. Award Notices

1. Applicants will be notified in writing via email of their application status (successful or unsuccessful) upon completion of the application review process.

2. Applicants notified of a successful application status will be requested to provide a Branding and Marking Plan. Notification of successful application status is ***not*** an authorization to begin performing proposed activities or performance in general.

3. Applicants notified of an unsuccessful application will not be considered for an award under this RFA. Applicants with an unsuccessful application are advised that a debriefing may be requested within 10 working days after the applicant receives the notice. The unsuccessful applicant may send a written request for a debriefing to bboncheva@usaid.gov.

B. Authority to Obligate the Government

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

C. Administrative and National Policy Requirements

1. Branding & Marking Requirements

BRANDING & MARKING STRATEGY - ASSISTANCE (December 2005)

(a) Definitions

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

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

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

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

(b) Submission

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

(c) Submission Requirements

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

(1) Positioning

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

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

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

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

(2) Program Communications and Publicity

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

Guidelines: Please include direct beneficiaries and any special target segments or influencers. *For Example: Primary audience: schoolgirls age 8-12, Secondary audience: teachers and parents–specifically mothers.*
What communications or program materials will be used to explain or market the program to beneficiaries?
Guidelines: These include training materials, posters, pamphlets, Public Service Announcements, billboards, websites, and so forth.

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

Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?
Guidelines: These may include media releases, press conferences, public events, and so forth. Note: incorporating the message, "USAID from the American People," and the USAID Identity is required.

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

(3) Acknowledgements

Will there be any direct involvement from a host-country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?
Note: it is perfectly acceptable and often encouraged for USAID to "co-brand" programs with government ministries.

Please indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.
Guidelines: Please indicate if they are also a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

(d) Award Criteria

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

226.91. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

MARKING PLAN – ASSISTANCE (December 2005)

(a) **Definitions**

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

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

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

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

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

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

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

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

Presumptive Exception (v). USAID marking requirements may not apply if they would incur substantial costs or be impractical, such as items too small or otherwise unsuited for individual marking, such as food in bulk (22 C.F.R. 226.91(h)(5)).
Presumptive Exception (vi). USAID marking requirements may not apply if they would offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities (22 C.F.R. 226.91(h)(6)).

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

(b) **Submission**

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

(c) **Submission Requirements**

The Marking Plan will include the following:

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

(i) program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature;
(ii) technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID;

(iii) events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities; and

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

(2) A table specifying:

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

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

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

(3) A table specifying:

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

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

(b) **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.

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

(a) **Award Criteria**

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

MARKING UNDER ASSISTANCE INSTRUMENTS (DEC 2005)

(b) Definitions

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

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

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

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

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

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

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

(c) Marking of Program Deliverables

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

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

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

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

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

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

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

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

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

"As a condition of receipt of this sub award, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient's, sub recipient's, other donor's or third

party's is required. In the event the recipient chooses not to require marking with its own identity or logo by the sub recipient, USAID may, at its discretion, require marking by the sub recipient with the USAID Identity."

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

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

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

(d) Implementation of marking requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) Waivers

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

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID

Identity is removed. The request should also provide a rationale for any use of recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

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

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

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

(f) Non-retroactivity

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

2. Standard Provisions

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

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

3. Environmental Compliance Terms

Environmental Compliance

An Initial Environmental Examination (IEE) has been approved for the NGO Polio Eradication Activity (see Annex D). The IEE covers activities expected to be implemented under cooperative agreements awarded under this RFA. USAID has determined that a **Negative**

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

1. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under cooperative agreements awarded under this RFA to determine if they are within the scope of the approved Regulation 216 environmental documentation.

2. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

3. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the [*contractor/recipient*] shall:
Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
Integrate a completed EMMP or M&M Plan into the initial work plan.
5c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

(End of Provision)

4. Reporting

1. **Reporting Requirements**:

    a. Annual Reports: to be submitted 90 calendar days after the award year which is in accordance with 22 CFR 226.51(b).

    b. Final Evaluation Report: to be submitted 90 calendar days after the expiration or termination of the award which is in accordance with 22 CFR 226.51(b).

c. Financial Reporting: in accordance with 22 CFR 226.52, the SF 425 and SF 272 will be required on a quarterly basis.

End Section VI

SECTION VII: Agency Contacts

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

Primary Point of Contact:
Boryana Boncheva
Office of Acquisition and Assistance
Agreement Specialist
bboncheva@usaid.gov

Alternate Point of Contact:
Amy Wire
Office of Acquisition and Assistance
Agreement Specialist
awire@usaid.gov

End of Section VII

SECTION VIII: Other Information

A. USAID Rights and Funding

The Government may (a) reject any or all applications; (b) accept other than the lowest cost application, and (c) waive informalities and minor irregularities in the applications received.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and/or submission of an application. Applicants who come under consideration for an award that have never received USAID funding will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls, and establish an indirect cost rate (if applicable).

B. Regulations and References

Code of Federal Regulations, Title 22 Foreign Relations, Chapter II - Agency for International Development

USAID Policies and Procedures

Mandatory Standard Provisions for U.S., Nongovernmental Recipients

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

OMB Circular A-122

OMB Circular A-110

FAR Part 31

SF-424 Downloads

End of Section VIII

ANNEX A: Grants.gov Registration Process

Before submitting an application under this RFA, it is highly recommended that applicants read the entire Section IV, Application and Submission Information in this RFA. Reviewing these sections thoroughly will assist an applicant in submitting a complete, full application.

Register Online at Grants.gov

New Applicants Applying to Grants.gov:

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

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

STEP 1: Obtain a Data Universal Number (DUNS)

The Data Universal Number System **(DUNS)** number is a unique nine-character number that identifies your organization. It is a tool of the federal government to track how federal money is distributed. Most large organizations, libraries, colleges and research universities already have DUNS numbers. Ask your grant administrator or chief financial officer to provide your organization's DUNS number or search online by using the DUNS search.

If your organization does *not* have an existing DUNS number, you will need to request one. You can request a DUNS Number here. See the Organization Registration User's Guide for a list of items you must have when requesting a DUNS Number:

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

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

This process alone can take three to five business days if your organization already has an Employer Identification Number (EIN) or up to two weeks if your organization does not

have EIN. You cannot complete the application process without registering in CCR. Applications submitted without a valid or up to date CCR registration will be automatically rejected by the Grants.gov system. If an organization is having difficulties, contact the Agency POC(s) listed in the RFA as soon as possible.

Ask your organization's chief financial officer, grant administrator, or authorizing official if your organization has registered with the CCR or search online by using the online search.

a. *If your organization is already registered*, please ensure that your organization's account information is up-to-date and that your account is not expired (CCR accounts require annual renewals.) To check your CCR account, please visit http://www.ccr.gov. Take note of who is listed as your E-Business Point of Contact **(E-Biz POC).** The E-Biz POC is the person responsible for authorizing members of your organization as Authorized Organization Representatives **(AORs)** to submit applications through Grants.gov.

b. *If your organization is **not** registered*, visit CCR site to register.

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

STEP 3: Username and Password
If your organization's E-Business Point of Contact (E-Biz POC) has assigned you AOR rights, you are authorized to submit grant applications on behalf of your organization. AORs must create a username and password to serve as their "electronic signature" when submitting an application on behalf of their organization. To register as an AOR and create a username and password, go to: https://apply07.grants.gov/apply/OrcRegister

STEP 4: AOR Authorization
Your E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the "MPIN" password obtained in Step 2) and approve the AOR, thereby giving permission to submit applications. When an E-Biz POC approves an AOR, Grants.gov will send the AOR a confirmation email that includes the requesting AOR's name, e-mail address and phone number. In some cases the E-Biz POC can also be the AOR for an organization. If the E-Biz POC wishes to submit applications on behalf of their organization, he or she must also complete a separate AOR profile with username and password (Step 3 of the registration process) using a different email than the one used for their E-Biz POC registration.

STEP 5: Track AOR Status
To verify that your organization's E-Biz POC has approved you as an AOR, please track your status. You cannot apply for grants without E-Biz POC approval.

For questions, please consult:

- Organization Registration User Guide
- Organization Registration Checklist
- Grants.gov Contact Center: 1-800-518-4726 or support@grants.gov. Hours of Operation: 24 hours a day, 7 days a week.

If you are concerned that you will not finish your CCR registration in time to meet the overall application deadline, contact the RFA POC(s) listed in Section VII who will work with you to find a solution. If an organization is having difficulties, contact the Agency POC(s) listed in the RFA in Section VII as soon as possible.

ANNEX B: Certifications, Assurances and Other Statements of the Recipient

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

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

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

Part I Certifications and Assurances
Part II Key Individual Certification Narcotics Offenses and Drug Trafficking
Part III Participant Certification Narcotics Offenses and Drug Trafficking
Part IV Survey on Ensuring Equal Employment Opportunity for Applicants
Part V Other Statements of Recipients

Certifications, Assurances, and Other Statements of the Recipient are to be submitted by the closing date of this RFA. The applicant shall review, comply and fill out all five applicable parts of this section to be considered for award. Any parts or subsections that do not apply to the applicant shall be indicated with “n/a” and a brief explanation of why it does not apply.

PART I - CERTIFICATIONS AND ASSURANCES

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

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

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

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

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

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

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

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

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

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

2. CERTIFICATION REGARDING LOBBYING

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

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

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

4. CERTIFICATION REGARDING TERRORIST FINANCING IMPLEMENTING EXECUTIVE ORDER 13224

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

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

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

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

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

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

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

3. For purposes of this Certification-

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

substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means-

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

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

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

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

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

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

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

5. CERTIFICATION OF RECIPIENT

By signing below the recipient provides certifications and assurances for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206) and (4) the Certification Regarding Terrorist Financing Implementing Executive Order 13224 above.

RFA/APS No. _____

Application No. _____

Date of Application _____

Name of Recipient _____

Typed Name and Title_____

Signature _____

Date _____

PART II - KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

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

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

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

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PART III - PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

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

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

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

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

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

Signature: _____

Name: _____

Date: _____

Address: _____

_____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PART IV - SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Please note that per USAID policy, all RFA's must include the referenced Survey on Ensuring Equal Opportunity for Applicants in the RFA package. While inclusion of the survey by Agreement Officers in RFA packages is required, the Applicant's completion of the survey is voluntary, and it is not a requirement of the RFA. The absence of a completed survey in an application is not a basis upon which the application will be determined incomplete or non-responsive. Applicants who volunteer to complete and submit the survey under a competitive or non-competitive action are instructed within the text of the survey to submit it as part of the application process.

This survey can be found at this website: http://www.usaid.gov/forms/surveyeo.doc

PART V - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

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

Name Title Telephone No. Facsimile No.

_____

_____

_____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

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

TIN: _____

3. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

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

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

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

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

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

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

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

LOC: _____

5. PROCUREMENT INFORMATION

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

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

$_____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

TYPE/DESCRIPTION (Generic)_____
QUANTITY _____
ESTIMATED UNIT COST _____

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

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

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

TYPE/DESCRIPTION _____
QUANTITY _____
ESTIMATED _____
PROBABLE _____

INTENDED USE (Generic) _____
UNIT COST _____
SOURCE _____
ORIGIN _____

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

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

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

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

6. PAST PERFORMANCE REFERENCES

Please provide past performance information requested in the RFA.

7. TYPE OF ORGANIZATION
The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as [ ] a corporation incorporated under the laws of the State of, [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [

] a state or local governmental organization, [ ] a private college or university, [ ] a public college or university, [ ] an international organization, or [ ] a joint venture; or

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

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

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

ANNEX C: Past Performance Short Form

Past Performance Short Form
Please attach additional pages if necessary.

PART I: Award Information (completed by Applicant)

1. Name and Address of Organization for which this Past Performance form is assessing

2. Name and Address of Organization for which the work was performed (State name and address of Organization of awarding entity also, if different)

3. Award Number and Project Name

4. Award Type

5. Award Value (Total Estimated Cost, if Subagreement - subagreement value)

6. Period of Performance

7. Contact(s): (Name, Title, Organization, Telephone Number and E-mail address)

8. Agreement Officer/Contracting Officer Name and Contact information, if applicable

9. Agreement Officer's Representative/ Contracting Officer's Representative Name and Contact Information, or equivalent, if applicable

10. Title/Brief Description of Product/Service Provided

11. Problems: (if problems encountered on this award, explain corrective action taken)

PART II: Performance Assessment – completed by client organization

A. Name and Contact Information of Past Performance Reference (Name, Title, Organization and Contact Information):

B. Brief Description of Product/Service Provided.

C. How well Applicant/Contractor performed:

(1) Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness in fixing problems. Comment:

(2) C2.Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:

(3) C3.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:

(4) C4. 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:

(5) C5. 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:

D. Comment on instances of good performance:

E. Comment on instances of poor performance or significant problems:

F. Comment on significant achievements or indications of excellent or exceptional performance in the most critical areas:

ANNEX D: Initial Environmental Examination

SUMMARY OF PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
For
NGO Polio Eradication Project

PROGRAM/ACTIVITY DATA

IEE Number: **GH-12-019**
Program/Project Number: **GH 936-3080 Health and Emergency Response (HERS)**
Country: **India (ANE), Angola and Ethiopia (AFR), under Global Health Bureau**
Functional Objective: **Investing in People**
Program Area: **Health**
Program Elements: MCH - primarily, with possible contributions from Water and Sanitation, Malaria, TB, and Other Public Health Threats
Funding Period: **2012-2017**
Life of Activity Funding: 5 years
Life of PIEE: Five years from date of signing or at the time of any change/amendment to the Program occurs.

PIEE Amendment: Yes_X____ No_ __ If yes, date of original IEE: _April, 2007_____

PIEE Prepared by: Ellyn Ogden

Current date: March 29, 2012

ENVIRONMENTAL ACTION RECOMMENDED

Categorical Exclusion: _____x___
Negative Determination: _____
Negative Determination w/ Conditions:____x___
Positive Determination: _____

SUMMARY OF FINDINGS

The purpose of this document is to review the overall activities and the potential environmental impact that will be undertaken by the NGO Polio Eradication Project (henceforth called the program). The Program Programmatic Initial Environmental Examination (PIEE) evaluates the potential impacts of the Program activities and has determined that a **Negative Determination with Conditions** is appropriate for the actions described in the document. Other actions not described in the paper, including small scale construction or those activities that use pesticide (including larviciding, indoor residual spraying, fogging, and pesticide impregnated materials etc.) will require supplemental environmental analysis. For subsequent country specific activities not qualifying for a Categorical Exclusion under the recommendations supplied below,

a supplemental IEE (SIEE) will be required. SIEEs will be executed for sub-awards to ensure and document country specific compliance with agreed environmental mitigation.

THRESHOLD ENVIRONMENTAL DETERMINATIONS

The overall environmental determination for the NGO Polio Eradication Project is a **Negative Determination, with conditions**.

Pursuant to 22CFR 216.2(c) a Categorical Exclusion is recommended for all NGO Polio Eradication activities that are not expected to have significant effect on the environment as presented in table 4a:

1. Build capacity through management training; (22 CFR 216.2 (c)(2)(i), for all activities consisting of education, technical assistance or training programs, except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
2. Improve cold chain and/or vaccine logistics systems; (216.2(c)(2)(xiv) for studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, expect to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.)
3. Support poliovirus outbreak and/or AFP/polio case investigations and/or response by assisting with community mobilization, community based surveillance, baby-tracking and linking with routine immunization and other health services; improved planning and mapping of communities; serving as liaisons between the community and government on polio and other social issues. These activities do not include the use or procurement of pesticides, including disinfectants. (22 CFR 216.2 (c)(2)(i), for all activities consisting of education, technical assistance or training programs, except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
4. Support logistics networks for the transport and testing of stool samples by reference labs. (22 CFR 216.2 (c)(2)(i), for all activities consisting of education, technical assistance or training programs, except to the extent such programs include activities directly affecting the environment

Pursuant to 22 CFR216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for any NGO Polio Eradication activities that have potential for negative impact on the environment in the following categories, as presented in Annex 3b in of this document:

1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.
2) Actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste

SUMMARY OF MONITORING AND REPORTING MEASURES

The AOTR of the Program/Project in consultation with the Bureau Environmental Officers and any Mission Environmental Officer, as appropriate and implementing partners will actively

monitor and evaluate whether environmental consequences unforeseen under activities covered by this PIEE arise during implementation, and modify or end activities as appropriate. If additional activities are added to the primary award that are not described in this document, an amended environmental examination must be prepared.

1. **Agreement Officer Responsibilities**: USAID procurement should include consideration of the implementing partner's ability to perform the mandatory environmental compliance requirements as envisioned under the Program/ Project. The Agreements Officer (AO)/Contraction Officer (CO) shall include required environmental compliance and reporting language into each implementation instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.
2. **AOR Responsibilities:** The AOR and/or on-site manager or their representative of the Program/Project will undertake field visits, as possible, and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions
    a. The AOR, in consultation with the mission activity managers and implementing partners, Mission Environmental Officers (MEO), Regional Environmental Officers (REO), and/or Bureau Environmental Officers as appropriate, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this PIEE arise during implementation, and modify or end activities as appropriate. If additional activities are added at the primary award level that are not described in this document, an amended PIEE must be prepared.
3. **Supplemental Initial Environmental Examinations**: It is expected that subsequent funds will either be core or field support funds awarded at the bi-lateral or the core level. For each major core or field support country activity under this program, a Supplemental Initial Environmental Examination (SIEE) will be completed by the implementing partner and submitted to the AOTR, the Global Health Bureau Environmental Officer (BEO), and the Mission Environmental Officer or the Regional Environmental Officer for their approval. The SIEE will be a streamlined document describing the specific country context and the specific activities that will be implemented under the award, and referring back to the conditions of this PIEE. This must be completed prior to the start of activities, to ensure that the activities and conditions in this PIEE still apply. An environmental verification form will be used for minor projects that are sub activities to the primary award. This form will be forwarded to the C/AOTR and the BEO for review and approval. In the event that any new proposed activity differs substantially from the type or nature of activities described here, or requires different or additional mitigation measures beyond those described, an amendment to this PIEE will be prepared and the SIEE will reference the amended PIEE.
4. **Environmental Mitigation and Monitoring Plans**: Implementing partners will provide an Environmental Mitigation and Monitoring Plan (EMMP) for each proposed activity and for the primary award. This EMMP will be a detailed implementation plan for the conditions prescribed in this document. The EMMP will be reviewed and approved by the GH BEO prior to the commencement of activities. The mitigation measures and monitoring criteria found in the EMMP should be incorporated into pertinent Performance Monitoring Plans and Annual Workplans.
    a. The implementing partners' Project Work Plan will identify those activities outlined in this PIEE that have potential impacts to the environment and discuss plans for

environmental management, mitigation approaches, and monitoring measures. Implementing partners will be required to include Environmental Compliance Monitoring in their project work plan and monitoring and evaluation plan

b. An evaluation of the implementation of the EMMP must be part of the mid, and end of project evaluations.
c. Operating Units will ensure that implementing partners have sufficient capacity to complete to implement mitigation and monitoring measures

5. **Environmental Mitigation And Monitoring Report**: Implementing partners under this award will complete an annual environmental mitigation and monitoring report (EMMR) of all activities. The environmental monitoring report should be submitted to the AOTR by November 1 of each year. The EMMR will record the environmental mitigation and monitoring measures outlined in the EMMP and will indicate the activities used to ensure that those measures are implemented. Based on the process outlined in the Project Work Plan, the implementing partners' annual reports to USAID will include brief updates on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures. The EMMR will also identify issues and challenges associated with the implementation of the EMMP.
6. **Sub-Agreements or Funds Transfers**: Any sub-agreements or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:
    a) the completion of an annual environmental monitoring plan and report, and
    b) those activities to be undertaken will be within the scope of the environmental determinations and recommendations of this PIEE. This includes assurance that any mitigating measures required for those activities be followed.
7. Implementation will in all cases adhere to applicable host country environmental laws and policies.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

Recommended By: Kelly Saldana — 5/9/12
Kelly Saldana — Date

Concurrence:
Teresa Bernhard — 5/9/12
Global Health Bureau Environmental Officer — Date

Approved: Y

Disapproved: _____

Filename:

PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)

NGO POLIO ERADICATION PROJECT

TABLE OF CONTENTS

ACRONYM LIST

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

PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
Health and Emergency Response (HERS NGO Polio Eradication Project)

PROGRAM/ACTIVITY DATA

IEE Number:	**GH-12-019**
Program/Project Number:	**GH 936-3080 Health and Emergency Response (HERS)**
Country:	**India (ANE), Angola and Ethiopia (AFR), under Global Health Bureau**
Functional Objective:	**Investing in People**
Program Area:	**Health**
Program Elements:	**MCH - primarily, with possible contributions fromWater and Sanitation, Malaria, TB, and Other Public Health Threats**
Funding Period:	**2012-2017**
Life of Activity Funding:	**5 years**
Life of PIEE:	**Five years from date of signing or at the time of any change/amendment to the Program occurs.**

PIEE Amendment: Yes_X____ No_ __ If yes, date of original IEE: _April, 2007_____

PIEE Prepared by: Ellyn Ogden

Current date: March 29, 2012

SECTION 1: Background and Activity/Program Description

Purpose and Scope of PIEE

The purpose of this document is to review the overall activities undertaken by the **NGO Polio Eradication Project** and provide threshold determinations of environmental impact and conditions for mitigation.

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

Overview of the NGO Polio Eradication Project

Background
In 1988, the World Health Assembly (WHA) voted to launch a global goal to eradicate polio. Eradication is defined as no cases of clinical poliomyelitis associated with wild polio virus, and no wild polio virus found worldwide despite intensive efforts to do so. As a result of the Global Polio Eradication Initiative - the largest public health effort to date - the Western Hemisphere was declared polio-free in 1994, and at the end of 2011, indigenous polio had been eliminated from all but three countries of the world (Pakistan, Afghanistan and Nigeria. India was removed

from the endemic list in March 2012). Worldwide, these efforts resulted in a 99 percent reduction in confirmed polio cases. The total number of confirmed cases for 2011—650 as of 14 March 2012-- is the lowest in history. There have been significant reductions in the number of cases from the four endemic countries (335 total in Pakistan, Afghanistan, Nigeria, and India) and from sporadic outbreaks and isolated cases (307 total, in twelve re-infected countries.) One of the three types of polio has been eradicated (Type 2) and there were only 67 cases of Type 3 in 2011. Type 1, the most virulent, is currently the predominant type in remaining cases but on closer inspection even the genetic diversity of the virus is decreasing.

USAID has supported all phases of polio eradication efforts, and continues to be a major partner in the global campaign to eradicate polio and achieve a polio-free world. Since 1996, USAID has contributed nearly $550 million to support this massive public health initiative. This contribution has made a significant difference in the eradication of polio. USAID-supported polio campaigns have immunized more than 500 million children under age 5 multiple times in Africa and Asia.

No country is without risk until the polio virus is eradicated from all nations. Sustaining population immunity in polio-free countries through high quality immunization activities as well as active searching for polio cases will be necessary until global certification.

The polio eradication campaign is one of the largest public health initiatives in history and one of the most successful public-private partnerships. WHO, UNICEF Rotary International, CDC and the Bill and Melinda Gates Foundation are the spearheading partners, with USAID, other bilateral donors, and foundations such as the United Nation Foundation providing technical assistance, financial, and advocacy support. Private voluntary organizations, non-governmental organizations, and private sector corporations also participate in the initiative.

Polio eradication efforts are consistent with Global Health Initiative principles. It is a program that directly benefits the most marginalized and poorest populations; it is non-discriminatory and equitable in its approach to ensure immunization for all children, regardless of social status, religion, age, location, etc. The initiative emphasizes women's empowerment by equipping women with information to make informed decisions about their family's health and well-being and by engaging women in social networks and as vaccinators and surveillance officers, allowing them to take on leadership roles in their communities. Polio eradication has also been used as a bridge for peace in conflict-ridden areas. Ceasefires for National Immunization Days (NIDs) allow for polio immunization to be conducted in conflict areas. Polio eradication also promotes multi-national cooperation and coordination, demonstrated by synchronized NIDs and an increasing number of cross-border immunization posts to reach migrant, nomadic and in-transit populations.

SECTION 2: Country and Environmental Information

Angola

Angola was declared polio-free in September 2001. However, wild poliovirus was detected in the Angolan capital of Luanda in June 2005 and subsequently spread throughout the country. Weak leadership from the national government and a lack of strong technical support from WHO

and UNICEF have led to Angola becoming a 're-established transmission' country. Other partners responding to the outbreak include: Rotary International, USAID, and the International Committee for the Red Cross and others. CGPP was asked to take on a larger role in independent monitoring of the polio campaigns and has consistently provided good quality evaluation reports with recommendations for improvement. This monitoring needs to continue as a source of objective data, as the government of Angola has decentralized responsibility for polio eradication to the province level. In 2011, Angola had five polio cases.

Illustrative Activities

- Conduct robust independent monitoring in collaboration with local PVOs and the Angolan Army;
- Assess immunization campaign readiness at health posts;
- Identify children with partial or no completion of vaccination schedule;
- Transport mobile immunization teams to hard-to-reach locales;
- Collect information on vaccines, cold chain and material stocks;
- Monitor performance of vaccination posts, providing feedback and support; and
- Include traditional healers in the AFP surveillance process.
- At no time will the activities include the rehabilitation or construction of facilities nor the use or procurement of pesticides

Ethiopia

Ethiopia initiated Polio Eradication Initiative activities in 1996. Oral Polio Virus (OPV) coverage rates were increased, leading to reduced transmission of the virus. From January 2001 until February 2005 no wild poliovirus had been identified in Ethiopia and the country was categorized as an area with low risk of transmission. Due to the spread of virus originating in Nigeria, Ethiopia began to report importations in February 2006 which were brought under control by 2008. During this time the CGPP took on a larger role in the national program to identify polio cases through a large network of community-based surveillance officers and as a coordinator of cross-border meetings and planning that have been instrumental in getting the outbreak under control. Ethiopia is at high risk of virus importation from neighboring countries especially from South Sudan via Chad (131 cases in 2011 to date) and Kenya (1 case in an insecure area in 2011) and DR Congo (92 cases in 2011).

Difficult access, security problems, and migration mainly due to nomadic populations, harsh weather conditions, and cross border economic activities remains a big challenge to sustaining OPV coverage and good AFP surveillance in many parts of the country. As long as there continues to be wild poliovirus transmission in Nigeria and a large number of susceptible children in Ethiopia, there will continue to be a risk of importations; supplemental immunization activities (SIAs) should be implemented. Coordination with the Horn of Africa and East Africa is managed by the CGPP Ethiopia Team. In addition, a CORE Group Polio Project supported entirely by the Bill and Melinda Gates Foundation operates in South Sudan and coordinates regularly with the CGPP Ethiopia team. This cross-border coordination continues to enhance eradication efforts.

Illustrative Activities

- Conduct active community-based surveillance;

- Mobilize community involvement in mass oral polio vaccine immunization campaigns in high-risk areas and the hardest-to-reach populations;
- Organize cross-border meetings and follow-up microplanning and advocacy
- Assess readiness of high risk areas for immunization campaigns; and
- Initiate baby tracking and linking polio activities with other health interventions
- At no time will the activities include the rehabilitation or construction of facilities nor the use or procurement of pesticides

India

As of February 26, 2012, India was declared a polio-free nation by WHO, having sustained 12 consecutive months without a single reported case of the disease. According to data analysis by the National Polio Surveillance Project, transmission of type 1 poliovirus is now significantly reduced. Population immunity is high (but challenging to sustain) and the country is shifting into an emergency response mode in the event of any new outbreaks. CGPP was asked by the Government of India and UNICEF to shift part of its focus from Western Uttar Pradesh to West Bengal. Sustaining population immunity, surveillance and beginning the process of certification will require nimbleness and flexibility; a strategic and timely plan must be in place in the event of an outbreak. The next five years of polio eradication will be more unpredictable than in years past.

Illustrative Activities

- Carry out social mobilization campaigns;
- Conduct social mapping to identify pockets of unvaccinated children;
- Increase the proportion of children receiving a birth dose;
- Provide health services related to reducing polio transmission e.g. handwashing, zinc
- Provide individual counseling for families who have rejected vaccination;
- Carry out training for partners; and
- Increase community-based surveillance
- At no time will the activities include the rehabilitation or construction of facilities nor the use or procurement of pesticides

Locations Affected and Local Environmental Regulations

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

Location conditions

All activities will take place in established clinics, homes and roads. No new construction/rehabilitation of facilities or roads will occur. Applicable host country laws will be

documented in a Supplemental IEE and will be implemented via the Environmental Mitigation and Monitoring Plan.

SECTION 3: Evaluation of Project/Program Issues

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

Certain activities supported by the program will directly or indirectly affect the environment, or have the potential to do so. Based on the analysis conducted by the C/AOTR these activities could affect the environment in five ways:

1. Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.
2. Actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., basic and emergency obstetric care techniques, administration of injectables, HIV or TB testing, disease diagnosis and treatment, and transport of potentially hazardous medical waste etc)

The potential impact is discussed in detail below, and summarized in Table 1 at the end of Section 3.

Each of these potential impacts is discussed in detail below, and summarized in Table 2 at the end of this section.

1) Procurement, Storage, Management and Disposal of Public Health Commodities
This activity includes procurement of pharmaceutical drugs and vaccines,
Pharmaceutical drugs are chemicals used for diagnosis, treatment (cure/mitigation), alteration, or prevention of disease, health condition, or structure/function of the human body. Pharmaceuticals including vaccines, chemotherapies, and radioactive have specific storage time and temperature requirements, and may expire before they are able to be used, particularly in remote areas. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution, and lack of a routine system of disposal.

The effects of pharmaceuticals in the environment are different from conventional pollutants. Drugs are designed to interact within the body at low concentrations to elicit specific biological effects in humans, and which may also cause biological responses in other organisms. There are many drug classes of concern, including antibiotics, antimicrobials, antidepressants, and estrogenic steroids. Their main pathway into the environment is through household use and excretion, and through the disposal of unused or expired pharmaceuticals.

Effects on aquatic life are a major concern in disposal of pharmaceuticals. A wide range of pharmaceuticals have been discovered in fresh and marine waters globally, and even in small quantities some of these compounds have the potential to cause harm to aquatic life. Exposure risks for aquatic organisms are much larger than those for humans, because aquatic organisms have continual (and multi-generational) exposures, explores to higher concentrations, and possible low-dose effects.

Traditional environmental toxicology focuses on acute effects of concentrated exposures rather than chronic effects of low level exposures. Measured toxicities of some tested pharmaceuticals have shown that acute effect of single substances in the aquatic environment is very unlikely. However, effects of pharmaceuticals may be subtle because they occur in the environment in low concentrations. Some tests with combinations of various pharmaceuticals have revealed stronger effects than expected from the effects measured singly. More research is need on combination effects and chronic studies are needed to assess the environmental risk of drug residues. Certainly pollution prevention (e.g., source elimination or minimization) is preferable to remediation or restoration to minimize both public cost and human/ecological exposure.

Antibiotics and undiluted disinfectants should not be disposed of into the sewage system as they may kill bacteria necessary for the treatment of sewage. Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies at low temperatures or in open containers results in release of toxic pollutants into the air, and inefficient and insecure sorting and disposal may allow drugs beyond their expiry date and may be diverted for resale to the general public as well as storage and management of chemotherapies or radio isotope therapies. In some countries scavenging in unprotected insecure landfills is a hazard.

Likewise, the mass procurement and distribution of commodities such as medicines and medical equipment has the potential to contribute to solid waste. Many countries do not have facilities to manage solid wastes other than uncontrolled burns. Plastics and other inorganic materials pose solid waste management issues for some countries.

References for this section include:
http://www.who.int/water_sanitation_health/medicalwaste/pharmaceuticals/en/
Pharmaceuticals In The Environment: Sources, Fate, Effects And Risks (2nd ed). 2004. Klaus Kümmerer, ed (online version).

2) Activities that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste or in techniques that have a direct or indirect environmental impact.

Small-Scale healthcare initiatives, such as rural health posts or clinics, mobile clinics, urban clinics and small hospitals, and community health workers and training in health workers provide important and often critical healthcare services to individuals and communities that would otherwise have little or no access to such services. These health workers working in these underserved contexts are the front line of defense against epidemics such as Polio. HIV, TB and a key component of any comprehensive health development program. The medical and health

services they provide improve newborn, child and maternal health, prevent disease, cure debilitating illnesses, and alleviate the suffering of the dying.

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

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

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

- ***General*** healthcare waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special handling; 75–90% of waste generated by healthcare facilities falls into this category, and it can be burned or taken to the landfill without any additional treatment.
- ***Hazardous*** healthcare wastes including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers. All blood and body fluids are potentially infectious.
- ***Highly hazardous*** healthcare wastes, which should be given special attention, includes sharps (especially hypodermic needles), highly infectious non-sharp waste such as laboratory supplies, highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases such as TB and HIV. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.

<u>If a project's training activities for professional health workers or community health workers involve techniques that would generate and require disposal of hazardous or highly hazardous</u>

waste, the Implementing Partners shall be required to include training in or ensure that the training curriculum covers best management practices concerning the proper handling, use, and disposal of medical waste, including blood, and sputum, .

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

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

Section Table 3a:
Activities Potential Negative Environmental Impacts

Investing in People: Health Program Areas	Procurement, Storage, Management and Disposal of Public Health Commodities	Direct or Indirect generation, and need for disposal of hazardous and highly hazardous medical waste (as defined in Section 3 of this IEE)
Polio Eradication Project	The generation of waste and expired drugs that have the potential to impact groundwater, surface water and human health and generate hazardous waste that requires specific and unique disposal such as: Laboratory reagents and supplies Micronutrient supplements Antibiotics Vaccines Other pharmaceuticals Nutritional supplements Packing materials for products	Generation of hazardous and highly hazardous medical waste,. Generation of sputum, bodily fluids

Section 3b: CONDITIONS FOR IMPLEMENTATION OF CATEGORIES OF NGO Polio Eradication ACTIVITIES	
Key Elements of Program/Activities	**Mitigation Conditions and/or Proactive Interventions**
NGO Polio Eradication Project Activities that involve: Procurement, Storage, Management and Disposal of Public Health Commodities	Conditions: Consignees for all pharmaceutical drugs and other public health commodities procured under this funding will be advised to store the product according to the information provided on the manufacturer's Materials Safety Data Sheet (MSDS). These are supplied by the manufacturer, and can also be found on the internet by using the active ingredient and MSDS as search terms. If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. If this is not possible (for example if the expired or spoiled pharmaceuticals are considered hazardous and as such, if transferred across frontiers, become regulated and subject to the Basel Convention an the transfrontier shipment of hazardous wastes) then follow the guidelines in the WHO document *Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies*, found at www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf. At the request of the Mission, subject to available funding, the implementing partner will make all reasonable attempts to facilitate the disposal of expired drugs under this activity to mitigate the impact of medical waste. Implementing partners will work with the host country, as appropriate, on aspects of essential medicine supply chain management, including estimating demand, distribution, and storage issues of time and temperature. Commodities that, during use, become hazardous or highly hazardous waste are managed under the conditions in the following section "Activities that involve the collection, safe handling and disposal of hazardous and highly hazardous medical waste" Packaging and disposal of all other public health commodities will be treated using the guidelines provided in Environmental Guidelines for Small-Scale Activities in Africa (EGSSAA) 2nd Edition, Chapter 15: Solid Waste (http://www.encapafrica.org/EGSSAA/Word_English/solidwaste.doc)
NGO Polio Eradication Project Activities that involve:	Conditions: For activities entailing training of professional and para-professional health workers in methods that result in the

Direct or indirect generation, storage, handling and disposal of hazardous or highly hazardous medical waste (as defined in Section 3 of this PIEE)	generation and disposal of hazardous or highly hazardous medical waste, including blood or sputum testing, basic and emergency obstetric care techniques, and laboratory support, the implementing partner will include training in or ensure the training curriculum covers procedures to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste, as applicable, and follows either WHO guidelines, in Environmental Guidelines for Small Scale Activities in Africa Chapter 8, "Healthcare Waste: Generation, Handling, Treatment and Disposal," and is consistent with national policy and procedure for medical waste. For all USAID-supported activities entailing service delivery, including blood testing and laboratory support, A/CORs will work with its implementing partners to assure, to the extent possible, that the medical facilities and operations involved have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps and other medical waste. This includes **annual completion of the Healthcare Waste Management Minimum Program Checklist and Action Plan (Attachment 1)** for all facilities where implementing partners are directly providing services. Completion of this checklist should be included in the annual workplan. Healthcare waste is most appropriately identified by color-coding bags and containers. In addition, the following are well-established practices in the safe handling, storage, and transportation of health-care waste: • Sharps should be collected together (regardless of whether or not they are contaminated), and stored in puncture-proof, impermeable, and tamper-proof containers with fitted covers. If plastic or metal containers are unavailable, then containers made of dense cardboard are recommended. • Highly infectious waste should be immediately sterilized by autoclaving. • On-site collection of waste should be handled at frequent intervals to avoid accumulation, and an adequate supply of fresh collection bags/containers should be available for replacement. • Waste should be stored in an accessible room with adequate space and protection from sunlight. • In any area that produces hazardous waste - hospital wards, treatment rooms, operating theatres, laboratories, etc., three bins plus a separate sharps container will be needed to separate these types of waste. (If hazardous and highly hazardous waste will be disposed of in the same manner, they should not be collected separately.) • For hazardous waste and highly hazardous waste the use of double packaging, e.g. a plastic bag inside a holder or container is recommended for ease of cleaning. • To make separate collection possible, hospital personnel at all levels, especially nurses, support staff, and cleaners, should be trained to sort the waste they produce. • Staff should be vaccinated The implementing partners will follow the following references in designing and implementing a Hazardous Medical

	Waste Management Plan: See EGSSAA Chapter 8, “Healthcare Waste: Generation, Handling, Treatment and Disposal” (http://www.encapafrica.org/EGSSAA/Word_English/medwaste.doc) for additional condtitions on proper handling and disposal of medical waste. Other important references to consult are “WHO’s Safe Management of Wastes from Healthcare Activities” http://www.who.int/water_sanitation_health/medicalwaste/wastemanag/en/

SECTION 4: Recommended Determinations and Conditions for Implementation

4a. Determination and monitoring conditions

The environmental impact of the NGO Polio Eradication Project is minimal due to exclusive use of the oral form of vaccine envisioned. There are two kinds of polio vaccine: Inactivated Polio Virus (IPV), which is administered via injection to the arm or leg, and a live, oral polio vaccine (OPV), which is drops that are swallowed. OPV is used in many parts of the world, although IPV is the recommended form in the United States. Both vaccines give immunity to polio, but OPV is better at keeping the disease from spreading to other people. OPV does carry a small risk of causing polio, estimated at about one case in 2.4 million vaccinations. Since the risk of getting polio in the United States is extremely low, experts believe that using live polio vaccine is no longer worth the slight risk here. It is not possible for IPV to cause a case of polio in the vaccinated individual. However, the syringes used for IPV create a burden on the waste management system where this method is used.

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

The overall threshold determination for the Program/Project is a **Negative Determination, with conditions**. However, various classes of activities have been grouped into two different determinations: a Categorical Exclusion and a Negative Determination with Conditions. The conditions for implementation of the activities follow in Table 4a. If the Program activities are similar to the activities in Section 3, the conditions established must be implemented as part of the program design and implementation.

The following activities and pursuant to 22CFR 216.2(c) are recommended for a Categorical Exclusion for all NGO Polio Eradication activities that are not expected to have significant effect on the environment and meet the criteria established in 22CFR 216 (c)(2)(2) as presented in table 4a:

1. Build capacity through management training; (22 CFR 216.2 (c)(2)(i), for all activities consisting of education, technical assistance or training programs, except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
2. Improve cold chain and/or vaccine logistics systems which are not in the direct control of USAID or the implementing partner or the implementing partner subgrant or agreement; (216.2(c)(2)(xiv) for studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, expect to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.). Should the program begin assisting in the procurement or use of vaccinations/cold chain activities this Categorical Exclusion no longer applies.
3. Support poliovirus outbreak and/or AFP/polio case investigations and/or response by assisting with community mobilization, community based surveillance, baby-tracking and linking with routine immunization and other health services; improved planning and mapping of communities;

serving as liaisons between the community and government on polio and other social issues. These activities do not include the use or procurement of pesticides, including disinfectants. (22 CFR 216.2 (c)(2)(i), for all activities consisting of education, technical assistance or training programs, except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); Should the program begin responding to the outbreak in any way outside those described above, to include the use or procurement of disinfectants, this Categorical Exclusion no longer applies and the program must develop a supplemental IEE that fulfills the pesticide procedures in 22CFR 216.3(b)(1).

4. Support logistics networks (excluding the handling of, or any other exposure pathway to the stool samples) for the transport and testing of stool samples by reference labs. (22 CFR 216.2 (c)(2)(i), for all activities consisting of education, technical assistance or training programs, except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.)

Activities presented in Section 4. Table 4a of this document

Pursuant to 22 CFR216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for any Program activities that have potential for negative impact on the environment in the following categories, as presented in Table 2 in Section 3 of this document:

1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.
2) Actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., basic and emergency obstetric care techniques, administration of injectables, HIV or TB testing, disease diagnosis and treatment, and transport of potentially hazardous medical waste etc.)

Table 4a: Determinations for Activities Executed Under This Program

Activities	**Recommended Threshold Determination and 22 CFR Part 216 citation**
Activities not involving any biophysical interventions : o Build capacity through management training; o Improve cold chain and/or vaccine logistics systems; o Support poliovirus outbreak and/or AFP/polio case investigations and/or response by assisting with community mobilization, community based surveillance, baby-tracking and linking with routine immunization and other health services; improved planning and mapping of communities; serving as liaisons between the community and government on polio and other social issues. These activities will not include the use or procurement of pesticides, including disinfectants. o Support logistics networks (excluding the handling of, or any other exposure pathway to the stool samples) for the transport and testing of stool samples by reference labs.	Categorical Exclusion, per o 22 CFR 216.2 (c)(2)(i), for all activities consisting of education, technical assistance or training programs, except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); o 216.2(c)(2)(xiv) for studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, expect to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.)
Support to the procurement, storage and disposal of public health commodities e.g. ARV's, and treatment for opportunistic infections, condoms, nutritional supplements, etc.	Negative Determination with Conditions, 22 CFR 216.3 (a) (2) (iii) for activities involving procurement, storage, management and disposal of public health commodities
Actions that directly or indirectly (including training) result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., basic and emergency obstetric care techniques, administration of injectables, HIV or TB testing, disease diagnosis and treatment, and transport of potentially hazardous medical waste etc)	Negative Determination with Conditions, 22 CFR 216.3 (a) (2) (iii) for all the health activities likely to involve blood testing or have the potential to generate hazardous medical waste.
Provision of Equipment and supplies to health and education facilities	Negative Determination with Conditions, 22 CFR 216.3 (a) (2) (iii) for activities involving procurement, storage, management and disposal of public health commodities

Monitoring Conditions

The implementing partner must complete an Environmental Mitigation and Monitoring Plan that outlines conditions that will be implemented throughout the program. An Environmental Mitigation and Monitoring Report is required at the end of each Fiscal Year. The Environmental Mitigation and Monitoring Report combines the EMMP details and a description of the activities over the last year that ensure compliance with mitigations within this document. Additional conditions include:

8. **Agreement Officer Responsibilities**: USAID procurement should include consideration of the implementing partner's ability to perform the mandatory environmental compliance requirements as envisioned under the Program/ Project. The Agreements Officer (AO)/Contraction Officer (CO) shall include required environmental compliance and reporting language into each implementation instrument, and ensure that appropriate resources (budget), qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.
9. **AOR Responsibilities:** The AOR and/or on-site manager or their representative of the Program/Project will undertake field visits, as possible, and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions
    a. The AOR, in consultation with the mission activity managers and implementing partners, Mission Environmental Officers (MEO), Regional Environmental Officers (REO), and/or Bureau Environmental Officers as appropriate, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this PIEE arise during implementation, and modify or end activities as appropriate. If additional activities are added at the primary award level that are not described in this document, an amended PIEE must be prepared.
10. **Supplemental Initial Environmental Examinations**: It is expected that subsequent funds will either be core or field support funds awarded at the bi-lateral or the core level. For each major core or field support country activity under this program, a Supplemental Initial Environmental Examination (SIEE) will be completed by the implementing partner and submitted to the AOTR, the Global Health Bureau Environmental Officer (BEO), and the Mission Environmental Officer or the Regional Environmental Officer for their approval. The SIEE will be a streamlined document describing the specific country context and the specific activities that will be implemented under the award, and referring back to the conditions of this PIEE. This must be completed prior to the start of activities, to ensure that the activities and conditions in this PIEE still apply. An environmental verification form will be used for minor projects that are sub activities to the primary award. This form will be forwarded to the C/AOTR and the BEO for review and approval. In the event that any new proposed activity differs substantially from the type or nature of activities described here, or requires different or additional mitigation measures beyond those described, an amendment to this PIEE will be prepared and the SIEE will reference the amended PIEE.
    a. Activities qualifying for a Categorical Exclusions do not require SIEEs.
11. **Environmental Mitigation and Monitoring Plans**: Implementing partners will provide an Environmental Mitigation and Monitoring Plan (EMMP) for each proposed activity and for the primary award. This EMMP will be a detailed implementation plan for the conditions prescribed in this document. The EMMP will be reviewed and approved by the GH BEO prior to the

commencement of activities. The mitigation measures and monitoring criteria found in the EMMP should be incorporated into pertinent Performance Monitoring Plans and Annual Workplans.

a. The implementing partners' Project Work Plan will identify those activities outlined in this PIEE that have potential impacts to the environment and discuss plans for environmental management, mitigation approaches, and monitoring measures. Implementing partners will be required to include Environmental Compliance Monitoring in their project work plan and monitoring and evaluation plan
b. An evaluation of the implementation of the EMMP must be part of the mid, and end of project evaluations.
c. Operating Units will ensure that implementing partners have sufficient capacity to complete to implement mitigation and monitoring measures Operating Units for awards will use an annual Environmental Mitigation and Monitoring Reports (EMMR) to ensure programmatic compliance with 22 CFR 216 and ADS 204.5.4 by documenting that the conditions specified in this PIEE and its associated SIEE have been met for all activities carried out under the Program/Project. The EMMR must be completed by each recipient carrying out activities under the Program/Project.
d. In all cases the EMMP must be retained by the A/COR for the record.

12. **Environmental Mitigation And Monitoring Report**: Implementing partners under this award will complete an annual environmental mitigation and monitoring report (EMMR) of all activities. The environmental monitoring report should be submitted to the AOTR by November 1 of each year. The EMMR will record the environmental mitigation and monitoring measures outlined in the EMMP and will indicate the activities used to ensure that those measures are implemented. Based on the process outlined in the Project Work Plan, the implementing partners' annual reports to USAID will include brief updates on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures. The EMMR will also identify issues and challenges associated with the implementation of the EMMP.
    a. The EMMRs are reviewed and approved by AOTR and the Global Health Bureau Environmental Officer.
    b. In all cases the EMMR must be retained by the A/COR for the record.
13. **Sub-Agreements or Funds Transfers**: Any sub-agreements or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:
    c) the completion of an annual environmental monitoring plan and report, and
    d) those activities to be undertaken will be within the scope of the environmental determinations and recommendations of this PIEE. This includes assurance that any mitigating measures required for those activities be followed.
14. Implementation will in all cases adhere to applicable host country environmental laws and policies.

4b. The Environmental Mitigation And Monitoring Plan And Report (EMMP/R) and Environmental Verification Form.

The EMMP must be completed by each organization carrying out activities under the Program/Project prior to the implementation of activities. Expertise from outside the implementing partner personnel may be used to complete the EMMP. At the end of the year (November 1) the

partner will create a report called an Environmental Mitigation and Monitoring Report. It will include the organization's EMMP and any resulting activities taken as a result of the mitigation and monitoring measures. An Environmental Verification Form (EVF) should have been used for sub projects/awards and will be submitted to the local MEO and GH BEO for review and approval.

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

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

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

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

Environmental Verification Form

Name: NGO Polio Eradication Project

Name of Prime Implementing Organization: _____

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

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

Date of Screening: _____

Funding Period for this award: FY _____ FY _____

This report prepared by:

Name/ Title_____ Date:_____

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

Project Description, Location and Potential Impacts:

Indicate which activities your organization is implementing under this funding.

Environmental Verification Form:

Activity Description	Potential Impacts	Is the impact high/medium /low	Procurement of medical commodities	Potential Medical Waste Generation	Construction/ Rehabilitation	Small Scale Water/ Sanitation	Small Scale Gardening/ Nutrition	Activity may involve the use, advocacy or procurement of pesticides

The NGO Polio Eradication Project
Environmental Mitigation and Monitoring Plan

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Specific Activity	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Frequency of Monitoring	Budget
Describe activity	Describe impacts	Describe specific mitigation and monitoring measures to be implemented to avoid, offset or mitigate the potential impacts	Describe the person (by title) who is responsible for ensuring the implementation of the mitigation measure	Determine how the success or failure of the mitigation measure will be monitored.	Document how often the measure will be monitored	Indicate the amount of funding to be used for this mitigation measure.
EXAMPLE: Education, technical assistance, training for those activities that do not directly or indirectly generate hazardous medical waste, etc.	No environmental impacts anticipated as a result of these activities.	Education, technical assistance and training activities that inherently affect the environment include discussion of prevention and mitigation of potential negative environmental effects.	A/COR	Discussion of environmental impact included in education, technical assistance, training and other materials	Annual	

NGO Polio Eradication Project

Environmental Mitigation and Monitoring Report (EMMR)

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

Certification for EMMP

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

_____ _____
Signature Date

_____
Print Name

_____
Organization

_____
BELOW THIS LINE FOR USAID USE ONLY

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

Mission Environmental Officer: _____ Date: _____

Bureau Environmental Officer: _____ Date: _____

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

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

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

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

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

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

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

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

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

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

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