May 21, 2015

Key Information and Dates

Funding Opportunity Title	Addendum 1: Community Health Workers Programming Under the Integrating Community Health APS (APS-OAA-15-000004)
Funding Opportunity Number	APS-OAA-15-000005
Addendum Issuance Date	May 21, 2015
Question Due Date	May 31, 2015 by 3pm EST
Pre-Submission Meeting	The anticipated date of meeting is the week of June 15, 2015 in Washington, DC. More information will be provided regarding the pre-submission meeting via an amendment on grants.gov
Concept Papers Due	June 30, 2015 by 5pm EST

Dear Potential Applicants,

Pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended, the United States Government (USG), represented by the U.S. Agency for International Development (USAID), Global Health Bureau (GH), is issuing Addendum #1, Community Health Workers Programming, against the Integrating Community Health (ICH) Annual Program Statement (APS).

USAID/Washington, in collaboration with the United Nations Children's Fund (UNICEF), is requesting concept papers from qualified local and international organizations to support governments and their key partners in accelerating progress by achieving and sustaining effective coverage of high impact health and nutrition interventions at scale. The selected organization(s) will work to strengthen the role of community health workers (CHWs) in reducing barriers to coverage in diverse systems to support and strengthen national policies and implementation plans. The selected organization(s) will address current gaps and work to:

- Scale up and sustain high quality CHW programs, with a focus on strengthening community engagement with health and local systems;
- Strengthen collaboration between governments and non-governmental actors (e.g., civil society, private sector) to improve the performance and harmonization of CHW programs and health outcomes in USAID's priority countries; and,
- Advance evidence-based decision-making for CHW programs and the fields of community health and primary health care globally.

Pursuant to 2 CFR 200.400(g), USAID Standard Provisions for U.S non-governmental organizations (NGOs) and USAID Standard Provisions for Non-U.S. NGOs, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, related to the project and in accordance with applicable cost standards may be paid under the eventual award.

This Addendum consists of this cover letter and the following:

1. Section I – Program Description
2. Section II – Federal Award Information
3. Section III – Eligibility Information
4. Section IV – Application and Submission Information
5. Section V – Application Review Information
6. Section VI – Federal Award and Administration Overview
7. Section VII – Federal Awarding Agency Contacts
8. Section VIII – Other Information

This Addendum and any future amendments can be downloaded from www.grants.gov. Prospective Applicants who are not able to retrieve the Addendum from the Internet can request a copy by contacting ICH-APS@usaid.gov.

The issuance of this Addendum 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 a concept paper or application. In addition, awards cannot be made until funds have been appropriated, allocated, and committed through internal USAID procedures. Potential Applicants are hereby notified that all awards are subject to the availability of funds and agreement of the parties, and USAID reserves the right to make no awards. All preparation and submission costs incurred are at the Applicant's expense. USAID may amend this Addendum as necessary. Amendments will be posted to www.grants.gov.

Please refer to the first page under Key Information and Dates concerning the question due date, pre-submission conference and concept paper due date.

Sincerely,

Christopher Egaas
Agreement Officer
USAID Office of Acquisition and Assistance
M/OAA/GH/GHI

Table of Contents

Section I – Program Description

A. Background

Applicants are encouraged to review the entire Integrating Community Health APS (APS-OAA-15-000004) in addition to the following community health worker specific information included below.

In order to accelerate progress towards achieving universal health coverage, countries are developing and refining existing policies and implementation plans to improve effective coverage of high impact health and nutrition interventions at scale. Strategies are needed to address current gaps to increase impact, such as equity, accountability, demand side interventions, and broader determinants of health to support ambitious goals in health (e.g., ending preventable child and maternal deaths; creating an AIDS free generation; and other health goals, such as protecting communities from infectious diseases and reducing chronic malnutrition). In this shifting policy and program context, community health approaches[1] (including but not restricted to community health workers (CHWs)) are gaining importance in national and global acceleration strategies and plans. Partnerships between governments, communities, and non-state actors (e.g., civil society, private sector) that can leverage resources, coordinate action in local systems, and promote the use of evidence and learning, are critical for advancing community health in national policies and plans.

CHWs[2] are an evidence-based community health approach for reducing barriers to effective coverage of high impact health and nutrition interventions, and are able to promote better health and save lives in the most remote areas[i]. CHWs are an important conduit between health systems and the communities they serve and play a vital role in ensuring equitable access and increased community engagement.

The importance of CHWs and their contribution to health care and health promotion have garnered a resurgence of attention from governments, donors, health systems researchers and planners, and civil society and private sector actors. Many low- and middle-income countries (LMICs) are increasing their investment in CHW programs as a means to strengthen their systems and develop their workforce in order to achieve and sustain effective coverage of high impact health and nutrition interventions at scale.

Consistent oversight of and support for CHWs have been identified as key elements to enhancing their performance. However, oversight of and support for CHWs across programs have been inconsistent and inadequate. CHWs are often not seamlessly integrated into the broader health workforce, or the communities and health systems that they serve.[ii] Although experience has

---

[1] A range of proven or promising community health approaches that can reduce barriers to effective coverage by strengthening community engagement and capacity to collaborate with health and other local systems in the following areas will be supported: service delivery (e.g., equitable access, quality, demand); delivery oversight, governance, and accountability; and, community empowerment and voice for health and development.

[2] Community health workers may be full-time, paid, with formal pre-service training or volunteer, part-time workers

shown that actors within communities and health systems typically support CHWs, this support is not necessarily explicit, strategic, or well-coordinated.[iiiiv] Adding to these challenges, the CHW programming landscape in countries is often fragmented, typically with multiple disparate CHW cadres, and new investments and programs that are not necessarily well aligned with national plans or adequately coordinated across development partners. This fragmentation contributes to ambiguity about ownership and insufficient accountability for performance across state and non-state actors, and other stakeholders.

At the 3rd Global Forum on Human Resources for Health, countries and partners made a commitment to greater harmonization in supporting and strengthening CHW programming to help overcome community and health system barriers to optimal CHW performance.[v]

B. Approach

The focus of this Addendum is to improve population health by increasing effective coverage of high impact health and nutrition interventions through: ***addressing barriers to scaling up and sustaining high quality CHW programming.***

USAID seeks Applicants to play a substantive role in helping foster better harmonization by addressing fragmentation of CHW programming, identifying knowledge gaps in planning and implementation of CHW programs, and translating new knowledge to influence decisions and actions from the community to the national policy and program levels. ***Applicants are strongly encouraged to identify barriers and solutions by applying a joint community-health systems focus. Emphasis should be placed on strengthening community engagement with CHW programs to enhance their performance and impact.***

Applicants are encouraged to utilize this Addendum to:

- Support governments and their partners in identifying the most critical barriers impacting the scale and sustainability of high quality CHW programming;
- Develop local and national capacity and leadership to institutionalize a data-driven problem identification-solution approach in CHW programming; and,
- Document the actions and activities taken to identify and overcome barriers; the impact that these actions had on CHW performance; and, the broader influence and impact on policies, systems, and programs.

C. Country Ownership, Alignment and Influence

Applicants may use a variety of strategies to contribute to one or more of the three objectives (*Figure 1* below) to respond to in-country decision-making and planning needs for CHW programs. Although some Applicants may propose activities for a defined geographic location or on a limited scale, activities must be aligned with the country's envisioned strategy for CHW programming and its role as part of broader health systems, human resources for health, and/or community health policies, plans and reforms.

Applicants are encouraged to strategically integrate this USAID investment with other U.S. Government (USG), USAID, UNICEF, and government, donor, and/or partner investment,

which may be in the context of broader health systems strengthening, a discrete disease control program, or commitments targeted to CHWs.

D. Expected Outcomes

It is expected that activities will result in demonstrated improvements (outputs, outcomes, and impact) in CHW programming and CHW performance[3] that respond to the expressed needs of country decision-makers and in relation to one or more of the three objectives in *Figure 1* below. Applicants are expected to design strategies with a strong potential for achieving influence and impact within a national framework. While some partners may propose activities for a defined geographic location or a limited scale (e.g., activities at the sub-national level that are identified as being a significant barrier to CHW programs), they should engage with relevant stakeholders from the onset of the activity to develop plans for how proposed activities (e.g., operationalizing gaps, generating new knowledge, providing technical assistance to build local and national capacity) will facilitate and inform the strengthening and sustainability of the country's overall CHW programming.

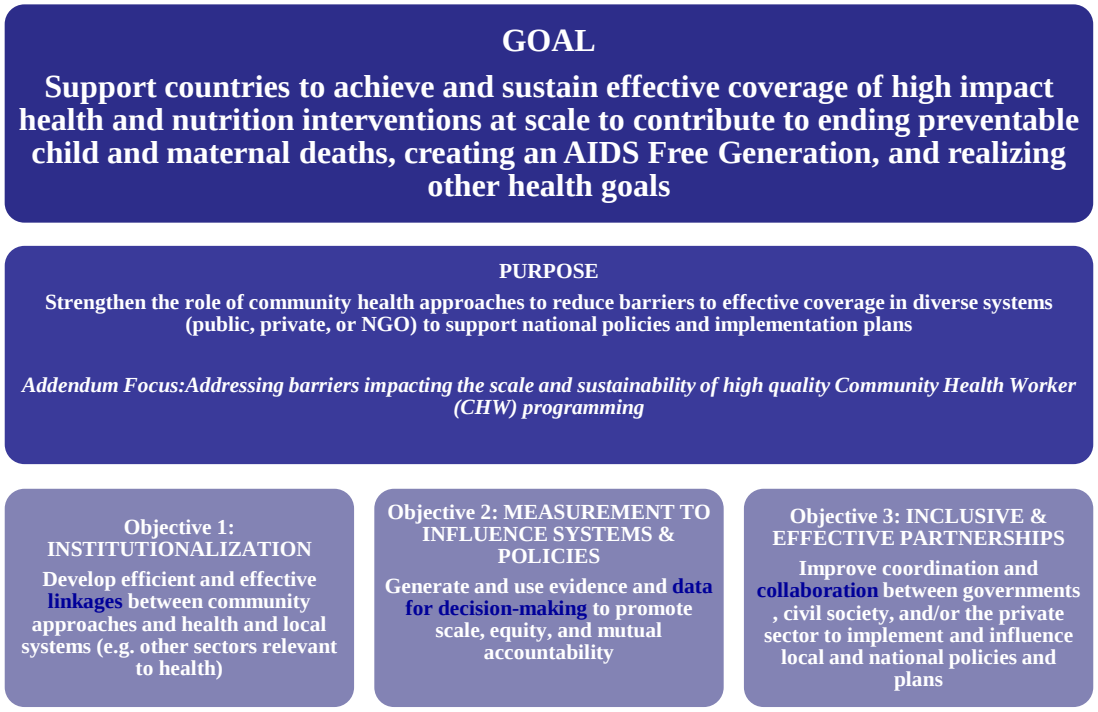
E. Guiding Framework: Addendum Linkage with the Integrating Community Health APS

This Addendum aligns with the goal, purpose and objectives of the broader APS. Applicants should review the broader Integrating Community Health APS *(APS-OAA-15-000004)*, including the following Program Description sections:

- Section 3: Goal, Purpose, and Objectives;
- Section 4: Guiding Principles for Monitoring, Evaluation, and Learning;
- Section 5: Cross-Cutting Priority: Women's Empowerment and Gender Issues;
- Section 6: Context and Collaboration; and,
- Section 7: Strategic Partnerships.

Figure 1: Goal, Purpose and Objectives for the Integrating Community Health APS

[3] Naimoli JF et al. A Community Health Worker "logic model": towards a theory of enhanced performance in low- and middle-income countries. Human Resources for Health, 12:56, 2014.



F. Objectives, Illustrative Activities, and Results Aimed at Strengthening the Role of CHW Programs in National Policies, Systems, and Implementation Plans

Objective 1 (INSTITUTIONALIZATION): Develop Effective and Efficient Linkages of Community Health Approaches in Systems, Policies, and Plans (Health, Other Relevant Sectors; Local & National)

Illustrative Activities:

- Review and synergize performance support for CHWs that includes *better defining of roles and responsibilities for CHWs by health and community system actors* (e.g. training, non-financial/financial incentives, equipment, supplies, supervision, community-based support structures) and increased coordination and alignment across partners supporting CHW programs that guides joint learning and action towards institutionalization and sustainability of CHWs into national and local systems.
- Develop and implement plans that more strongly *integrate CHWs into community development plans and facility/district/national health plans* and better define and strengthen roles and relationships amongst CHW cadres in the community and with their facility-based health worker counterparts as part of the health worker team; develop strategies to enhance synergies in community activities across CHW programs and to strengthen effective communication, community support, and response to demand.

Illustrative Results:

- CHW programming is effectively integrated into routine service delivery (e.g., supervision/oversight, financing, policies, and norms);

- Improved performance of CHW programs with support from functional community structures recognized and supported by the health system;
- Increased community engagement and voice of underserved communities in CHW programs and local systems;
- Policies and plans are strengthened to support and scale up high quality CHW programming in local and national systems; and
- Strengthened CHW programs and systems (within and across sectors) are capable of leveraging community resources for health and responding to community needs.

Objective 2 (MEASUREMENT TO INFLUENCE SYSTEMS & POLICIES): Generation and Use of New Data and Knowledge for Decision Making to Influence Local and National Systems and Policies (e.g. scale, equity, accountability)

Illustrative Activity:

- Strengthened *mechanisms for collecting, reporting, and monitoring CHW program data across relevant stakeholders from national to community levels*, and increased sharing and utilization of data to drive and sustain program improvements and increase ownership and accountability from the community (e.g. village health committee or other community structures) to the national level.

Illustrative Results:

- Improved capacity of CHW programs to generate new data and use it for decision making at community and higher levels of the health system to prioritize community needs and track progress;
- Community information systems are integrated with health information systems and/or district monitoring systems (including scorecards, benchmarks, etc.) to support CHW program performance and accountability;
- Approaches and methodologies are identified to better monitor and target information and services to high-burden populations and extend the reach of CHW programs; and,
- Improved performance of CHWs and household level behaviors through integration of mobile health (mhealth) technology in CHW programs to facilitate health education, monitoring and use of data for supervision, and linkages with higher levels of the system for advice and referrals/counterreferrals.

Objective 3 (INCLUSIVE & EFFECTIVE PARTNERSHIPS): Improved Coordination and Collaboration Between Government and Non-State Actors (Civil Society[4], Private Sector[5])

Illustrative Activity:

- Engage and strengthen established entities (e.g. national technical working groups; country coordination mechanisms involving diverse constituencies; professional associations; civil society coalitions and networks, etc.) that facilitate greater

[4] Civil society may include community groups, non-governmental organizations, labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations.
[5] Private sector may include the following: multi-national, domestic privately/publically held company; private sector providers; and, investors.

coordination, communication, and decision making across government and non-state actors (e.g., civil society, private sector, community representatives and structures) for supporting CHW programs through evidence and learning, skill building, and advocacy.

Illustrative Results:

- Increased participation between government and civil society and/or the private sector for the implementation of national and local health plans;
- Improved coordination and collaboration to leverage assets, resources, and commitments of non-state actors to support high quality CHW programming in national and local implementation plans;
- Increased financial commitments of non-state actors to support and sustain CHW programs coordinated with national and local implementation plans; and
- Stronger advocacy for community and civil society voice and action in national and local systems, policies, and implementation plans focusing on CHWs.

G. High Impact Technical Interventions for Health and Funding Streams

USAID/Washington funds may be used to strengthen community health approaches (with a focus on community engagement in CHW programs in this Addendum) that contribute to improving population level coverage of high impact health interventions for maternal and child health, population and reproductive health, malaria, nutrition, and HIV/AIDS. Please see Annex 1 of this Addendum for information on high impact technical interventions for health. Applicants must align the technical intervention package with the priority country information and guidance for use of specific funds provided in Annex 2 of this Addendum when developing concepts.

Focusing beyond the health sector (e.g., democracy and governance, education, economy, environment) to improve health outcomes is encouraged but must be included as cost share or program leverage (as applicable).

H. Geographic Focus and Funding Parameters

Please see Annex 2 for a list of eligible countries for this Addendum and associated funding parameters.

Applicants must liaise with USAID Missions and UNICEF Country Offices, and other relevant national/sub-national stakeholders, to align their applications and maximize synergies with existing or planned USG/USAID and UNICEF in-country investments aimed at supporting national priorities and implementation plans. Applicants will ensure that they respond to expressed areas of need to strengthen national and local policies, systems, and programs and clearly demonstrate the role and value added of the Applicant's approach. Please note that if a cross-country approach is proposed, Applicants are also expected to liaise with each included USAID Mission and UNICEF Country Office to ensure alignment with USG/USAID and UNICEF strategic initiatives and priorities.

I. Authority

USAID is authorized to initiate this project pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended.

Section II – Federal Award Information

A. Estimated Total Amount

A total of $10 million is available under Addendum #1. Awards will be made up to a maximum of $2 million per the categories below. Cooperative agreements will be awarded in two categories that will be competed separately.

Category 1: Local Applicants only (see definition in Section III, Eligibility Information); Up to $1 million; up to 4 years in project duration; 25% cost share required)

Category 2: All Eligible Applicants; Up to $2 million; up to 4 years in project duration; 25% cost share required and Applicants must leverage non-USG resources on at least a 1:1 basis

B. Period of Performance

Concept papers shall specify a period of performance no longer than four consecutive years.

C. Type of Award

USAID will issue cooperative agreement(s) as the successful result of a two-step process review: 1) concept paper and 2) full application submission.

USAID anticipates making up to 10 awards. The number of awards is dependent upon the number of meritorious applications and available funding. Accordingly, USAID reserves the right to award none, one, or multiple cooperative agreements as a result of its review of concept papers and subsequent full applications.

D. Substantial Involvement

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

1. Annual Implementation/Workplans, including planned activities for the following year and any subsequent revisions, international travel plans, planned expenditures, monitoring, evaluation, learning plans, development of publications, event planning/management, meeting preparation and changes to any activities, locations, or beneficiary population under the cooperative agreement.
2. Key Personnel - Approval of proposed key personnel.
3. Monitoring and Reporting - USAID involvement in monitoring progress toward the achievement of project objectives during the performance of the project, including written guidelines for the content of annual reports and final evaluations in accordance with 2 CFR 200.328.
4. Subawards - All subawards not included and approved in the original cooperative agreement require Agreement Officer approval, per 2 CFR 200.308 for U.S. NGOs or

RAA7, Subawards (December 2014), in USAID's Standard Provisions for Non-U.S. NGOs.

Section III – Eligibility Information

A. Eligible Entities

This Addendum seeks to make awards to organizations and/or partnerships that have concrete assets for advancing community health within national and local policies and implementation plans, including a strong track record in implementation, monitoring & evaluation (M&E), local capacity building with a focus on learning and use of data for decision-making, and credibility in policy engagement processes. Since this Addendum aims to work with experienced organizations to focus on and build local and community capacity, USAID will not provide separate technical assistance to partners. Any anticipated technical assistance needs (i.e., for M&E, knowledge management, etc.) must be built into project design.

Only local Applicants may apply under Category 1.

All eligible Applicants may apply under Category 2.

Local Applicants must meet the following definition:

Non-profit or for-profit that is not affiliated with a foreign government, including universities, professional associations, etc. A non-U.S. local/national NGO must: 1) Be a local non-governmental organization organized under the laws of the country or region of the proposed activity; 2) Have its principal place of business in the country or region of the proposed activity; 3) Be managed by a governing body, the majority of which consists of citizens or lawful permanent residents of the country or region of the proposed activity; 4) Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country; 5) Attach official documentation of its formal legal status as an NGO in the host country or in a country in the region. Local/national NGOs are not required to register with USAID**;** and 6) if a for-profit, profit must be waived per USAID policy.

Individuals and governments are ***not*** eligible to apply.

Regardless of the type of organization, USAID anticipates that the vast majority of funding will be used in the field (or in-country at the local and national level) with efficient levels of support from any headquarters functions or partner organizations based outside of the country of operation.

Responsible Entity Determination

Each Applicant must be found to be a responsible entity. The Agreement Officer 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 Applicant 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 project. Applicants who do not currently meet all USAID requirements for systems and controls may still be eligible under special award considerations and should not be discouraged from applying. Applications from individuals will

not be considered for award. USAID welcomes applications from organizations that have not previously worked with the Agency.

B. Cost Share

All Applicants are required to propose a minimum cost share of 25% of the projected USAID funded amount. Such funds may be mobilized from the Applicant; 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.

Resources that will be treated as cost share may be counted toward the 1:1 leverage requirement that must be met by Applicants under Category 2. For guidance on cost sharing in grants and cooperative agreements, please see 2 CFR 200.306 and the USAID Cost Share Standard Provision for U.S or Non-U.S. NGOs.

Applicants must comply with required cost share application instructions detailed in Section IV, Application and Submission Information. Per Section V, Application Review Information, cost share will be reviewed as part of cost effectiveness.

C. Resource Leveraging Requirements

In an effort to facilitate partnering and significantly increase the scope and quality of outcomes and results achieved under this Addendum, as well as foster greater impact, this Addendum **encourages** Applicants to leverage additional resources (e.g., private sector, other donors and foundations, private citizen resources, etc.) for Category 1 and **requires** resource leveraging for Category 2 Applicants. The concept of leveraging and developing effective interactions between USAID and other in-country investments to strengthen a community health focus also positions partners to influence government policies, strategies, and associated partnerships. Resource leveraging may include program platforms (e.g., health and other sectors), M&E systems and resources, local capacity building and/or policy engagement processes.

Leveraging represents all of the non-USAID resources that are expected to be applied to a project. Leveraging includes resources that third parties bring to the project without necessarily providing them to the Recipient of the USAID assistance award. These parties may include the host government, private foundations, businesses, or individuals. Leverage is not subject to audit.

Illustrative Non-Cash Resource Leveraging Examples:

- Program platforms (e.g., ongoing health systems strengthening activities; integrated or vertical health programs; multi-sectoral programs relevant to health outcomes), partnerships, and local and national policy engagement activities and/or decision-making processes supported with non-USAID funds that are leveraged to support activities under this Addendum.

As indicated above, Category 2 Applicants must propose and leverage at least a 1:1 combination of resources from non-USG partners and sources. Resource leverage is not limited solely to contributions from the Applicant, but may include the total of leverage from all the Applicant's

partners. Applicants are encouraged to develop strategic and complementary partnerships to maximize opportunities for leverage that enhance results and increase impact.

Though resource leveraging is not subject to the requirements of 2 CFR 200.306, entities must be able to demonstrate whether leveraged contributions have been obtained as proposed in order to determine whether the desired impacts are being achieved. USAID retains the right to determine whether proposed resource leveraging contributes to and significantly advances the desired outcomes, and may request that applicants revise proposed resource leveraging. Although the partners are not subject to the guidelines in 2 CFR 200.306 when "resource leveraging" is used, USAID has the ability to revise or withdraw from the agreement when contributions are not forthcoming as originally proposed in the agreement. USAID also has the ability to determine that the resource leveraging is not contributing to the desired outcomes as proposed, and to require that the Recipient make changes to its resource leveraging.

Applicants must comply with required resource leverage application instructions detailed in Section IV, Application and Submission Information. Per Section V, Application Review Information, resource leverage will be reviewed as part of cost effectiveness.

D. Limitations on Submissions

Each Applicant is limited to one concept paper submission in either Category 1 or Category 2, but not both. Applicants may not serve as sub-recipients/sub-awardees on other submissions.

E. Multi-Tiered Review

This Addendum utilizes a two-step process:

(1) Applicants submit concept papers in accordance with the due date. USAID will then conduct a merit review of the concept papers based on the merit review criteria provided in Section V, Application Review Information, below.
(2) After review of the concept papers, full applications will be requested from those Applicants with the most highly rated concept papers. Concept papers not advancing to full application will be provided brief explanation letters detailing USAID's rationale. For the convenience of all Applicants, Section IV, Application and Submission Information, and Section V, Application Review Information, include full application instructions and merit review criteria and are included in the Addendum. All Applicants are encouraged to review these sections to ensure they are able to meet USAID's requirements if their concept papers are selected.

Section IV – Application and Submission Information

A. Addendum Package Distribution

The preferred method of distribution of USAID assistance information is www.grants.gov. This Addendum and the APS contain all necessary information, web links, and materials to submit a complete concept paper and, if invited, a full application. Any additional information regarding this Addendum will be furnished through amendments and will be communicated through Grants.gov. This Addendum and any future amendments can be downloaded from www.grants.gov. For instructions on how to register for Grants.gov, see Appendix A of the APS.

All inquiries and communication, including questions on this Addendum, must be submitted to ICH-APS@usaid.gov.

B. Submission Dates and Times

Please refer to the Key Information and Dates on the Cover Page. Concept papers shall be submitted electronically via ICH-APS@usaid.gov before the due date and time on the Cover Page. Late submissions may NOT be accepted. Hard copies, whether hand delivered or by postal mail, will NOT be accepted.

C. Application Process

Applications received under this Addendum will be reviewed in accordance with the merit review criteria set forth in Section V below. Competition under this Addendum will consist of a two-step process whereby Applicants first submit a concept paper for an initial competitive review, and those successful in the first stage (i.e., selected concept papers) will then be invited by USAID to submit a full application. To be considered for funding under this Addendum, applications must meet all of the requirements for the concept paper and for the full application respectively.

D. Content and Format of Application Submission

Content and format instructions must be followed, or Applicants risk being found non-compliant and eliminated from the review. Regardless of concept paper or full application, the following requirements apply for documents submitted for this Addendum, with the exception of Government-issued forms:

- 8.5”x11” with 1” margins.
- Written in English.
- 12-point Times New Roman font for all narrative and tables.
- Graphics/charts may use 10-point Times New Roman font.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- Budgets should show U.S. Dollars (USD), and if a non-U.S. NGO Applicant, also the local currency and the currency exchange rate used.

D.1 Concept Paper Required Content and Instructions

Concept papers are limited to six (6) total pages, excluding the cover page, visual depiction of health systems, and estimated cost summary. Concept papers must follow the required content and format below.

Cover Page (not included in the 6-page limit)

- Concise title of project;
- Applying under Category 1 or Category 2
- Country(ies) of focus;
- APS and Addendum Solicitation Number;
- Name and address of the Applicant organization;
- Type of organization (e.g., for-profit, non-profit, university, network, etc.);
- DUNS Number;
- Contact point (name, telephone, and e-mail); and
- Names of major sub-recipients and types of organizations.

Note: Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for review purpose, should mark the cover page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to review this application. If, however, a grant is awarded to this Applicant as a result of – or in connection with – the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers} and, mark each sheet of data it wished to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

The concept papers must focus on a clear description of: the country's CHW programming and systems (formal, informal) context, policy and program framework; the proposed technical approach and its potential contribution to national influence and impact; the Applicant's organizational capacity and proposed collaboration, as relevant; and an overall budget.

1. Technical Approach
    i. Present a clear and ***concise situation analysis*** of the national and local context for CHW programming and the prioritization of barriers impacting the scale and sustainability of high quality CHW programming
        a) Discuss the Applicant's knowledge and understanding of policies, programs, partnerships, and systems relevant to improving high quality, harmonized CHW

programming in the selected country(ies). The Applicant must reference existing landscape analyses, needs assessments, or recent evaluations of the country's CHW program context (e.g. programming, formal and informal systems, partnerships, policy, financing, decision making bodies and processes) in addressing its understanding and stating a need for the proposed approach. Identify key, high impact health and nutrition intervention(s) (either at a national level or within sub-groups that have low coverage) and barriers that can be reduced (partially or fully) through community health approaches.[6] The Applicant may use different types of data sources to support this analysis and prioritization (e.g., DHS, UNICEF analysis of barriers in the Acting on the Call Report 2014, MICS, SPA, qualitative work, etc.)

b) Reference the concepts and global commitments for harmonization of CHW programs, as relevant to the national context. A clear typology of CHWs relevant to the project and their roles and responsibilities must also be presented.

c) Barriers to scaling up and sustaining high quality CHW programming; how these were prioritized with key in-country stakeholders and who these stakeholders are; and, how prioritized barriers are within the manageable interest of the Applicant to address and reflect buy-in from clearly identified national stakeholders, including the national and local government leaders or champions. *(Note: National and sub-national Ministry of Health leaders must be included to ensure fit within national framework and directions)*

ii. Describe the proposed approach, its technical and geographic scope and scale[7], and how it aligns with the Program Description goal, purpose and objective(s) prioritized and any adaptations (as necessary) to the country context for high quality CHW programming supported by health systems and communities. Include how the proposed approach is aligned with USG/USAID and UNICEF priorities.

a) Clearly delineate the technical package of high impact health and nutrition interventions and health outcomes that would be improved and feasible endpoints associated with scale and sustainability

b) Clearly identify which barriers would be reduced through community engagement and action in systems.

c) Describe how the selected approach(es) builds on evidence and experience to reduce barriers by engaging communities with CHW programs and strengthen their linkages with health and local systems. Please describe nature of

[6] A range of proven or promising community health approaches that can reduce barriers to effective coverage by strengthening community engagement and capacity to collaborate with health and other local systems in the following areas will be supported: service delivery (e.g., equitable access, quality, demand); delivery oversight, governance, and accountability; and, community empowerment and voice for health and development.

[7] The concept of strengthening systems at scale in this context is defined as deliberate efforts to increase the impact of successfully tested community health approaches so as to equitably benefit more people and to foster policy and program development on a lasting basis [Adapted from http://www.expandnet.net/PDFs/WHO_ExpandNet_Practical_Guide_published.pdf]. This may include strengthening an approach currently implemented at scale or moving to scale. This may include the public sector, private sector (including NGOs), or a combination of the two. It is important for the Applicant to clearly demonstrate which actors the approach seeks to influence to meet health goals as specified in country priorities.

community engagement (e.g., roles of communities) and types of linkages with the existing systems that will be strengthened clearly and concisely. *[Important Note: Evidence and experience for community health approaches may include peer review publications, grey literature and other systematic and credible documentation of program experience (e.g. process documentation, participatory assessments, etc.)]*.

iii. Visual Depiction of the Health System in the Context of the Technical Approach (not included in the 6-page limit, but limited to one page) – The Applicant must include a visual depiction demonstrating the system into which the technical approach is being integrated and the roles of all relevant systems actors (public, private; health system, community; formal, traditional) and the extent to which CHWs are supported by health/local systems and communities. The roles of key partners and stakeholders (at all levels of the system from the community to the national levels) must be highlighted in a clear and concise manner.

2. Potential to Contribute to National Influence and Impact
   i. Describe the potential for the proposed approach to achieve a catalytic effect beyond the bounds of USAID/USG funding, as well as the potential for national influence and impact and the nature of strategic integration and/or alignment of improvements with country-level investments and/or key decision-making processes (e.g. host country program implementation, and/or systems strengthening, and/or partnerships, and/or policy and program decision-making context). Include collaboration with any existing fora at the national level, such as country coordination and facilitation entities and decision-making bodies. The Applicant must demonstrate how the approach aligns with USAID/USG and UNICEF priorities, as relevant to the country context.
   ii. Clearly describe the critical end users of new knowledge in relation to current gaps and information needed to guide specific decisions and actions. The Applicant should demonstrate support for and commitment to the proposed approach to strengthening CHW programs from key decision makers, influencers, and champions at the country level.
   iii. Describe how the concept strengthens leadership and ownership at the local and national levels and facilitates collaboration between governments, communities, and CHWs by relevant systems actors.

3. Organizational Capacity
   i. Describe the capacity, roles and responsibilities and collaboration of the Applicant and any proposed sub-recipients/partners.
   ii. Detail the organizational experience of the Applicant and any proposed sub-recipients/partners with regard to the approach and how it builds on the experience and assets of the organizations and in-country relationships.

4. Estimated Cost Summary (not included in the 6-page limit)
   i. Applicants must submit an estimated cost summary in the format below, containing all of the anticipated elements in the full cost/business application (see D.2.b below), but only showing a summary of the costs rather than cost details. (Note: While USAID understands that the budget summary in the concept phase may differ somewhat from the

full cost/business application, it expects Applicants to present a realistic and reasonable budget summary that will align closely with the full cost/business application, when requested. By doing so, the Applicant will have demonstrated a thoughtful, achievable approach for the concept paper within the proposed funding.)

Cost Element	Y1	Y2	Y3	Y4	Total
Direct Labor					
Salaries – U.S Personnel					
Salaries – Non-U.S. Personnel					
Fringe Benefits – U.S. Personnel					
Fringe Benefits – Non-U.S. Personnel					
Allowances					
Consultants					
Travel					
International Travel					
Domestic/Local Travel					
Equipment					
Supplies					
Sub-Awards					
Sub-Award #1					
Sub-Award #2, etc.					
Other Direct Costs					
Indirect Costs					
Total Cost Contribution Requested from USAID					
Cost Share					
Leverage					
Total Cost					

- Include a narrative that describes the sources for the estimated cost share proposed by the Applicant and sub-recipients.
- If resource leveraging is also proposed, the Applicant must include a narrative on proposed leverage.

D.2 Full Application

If an Applicant is successful at the concept paper stage, USAID will request the Applicant to submit a full application in the format described below and any additional instructions from the Agreement Officer. Additional instructions may include feedback from the Selection Committee on the concept paper. Applicants may not submit a full application unless requested to do so by the Agreement Officer. Instructions from the Agreement Officer will include a deadline for the submission of the full application.

D.2.a Full Technical Application Instructions

The full Technical Application, excluding the cover page, table of contents, past performance references, and annexes, Technical Applications must not exceed 20 pages. The Applicant should paginate pages (except for the cover page) at the bottom and should present the pages in the following order.

1. Cover Page (not included in the page limit)
   - Include the same elements as those required in the concept paper stage
2. Table of Contents (not included in the page limit)
3. Executive Summary (not included in the page limit, but limited to two (2) pages)
4. Body of Application (See below)

1. Technical Approach

i. Provide relevant contextual country information and analysis to develop a solid rationale for the approach to address barriers to scaling up and sustaining high quality CHW performance and improving synergies in the country's CHW programming to reduce barriers to effective coverage, specifically including:
   - Clear description of the country's policies, systems, programming, and partnerships as well as gaps, barriers and opportunities for strengthening CHW policies and/or programming and fragmentation in-country in relation to the prioritized Addendum goal and objectives.

ii. Describe the proposed approach, its technical and geographic scope and scale, and how it aligns with the Program Description goal, purpose and prioritized objective(s) and any necessary adaptations to the country context for high quality CHW programming supported by health systems and communities to reduce barriers to effective coverage. Describe how the proposed approach is aligned with USG/USAID and UNICEF priorities, specifically including:
   - Clearly link contextual analysis to the approach for strengthening stakeholder engagement to improve and synergize programming in-country. Clearly identify who these stakeholders are and their institutional affiliations.
   - Describe the evidence and/or experience of the proven or promising approach(es) to strengthen CHW programs and systems to reduce barriers to effective coverage and buy-in from key stakeholders.
   - Describe how gender affects health outcomes and how the proposed project approach addresses this.

iii. Demonstrate the contribution of the proposed approach to national influence and impact through strategic integration and/or alignment (e.g., broader country investments, program platforms, partnerships, decision-making processes, including but not restricted to USG/USAID and UNICEF investments and priorities; evidence of agreements reached and/or Memorandum of Understanding can be included as annexes). Include details of collaboration with and strengthening of existing fora at the national level, such as country coordination and facilitation entities and decision-making bodies.

iv. Provide a comprehensive description of the proposed approach and include a logic model that provides a clear understanding of the identified barriers and proposed approach(es)/solution(s) to strengthening CHW program performance and harmonization, the strategic fit within the existing policies, program implementation, and systems context, as well as the feasibility (e.g. economic, political, cultural) for integration and expansion in the system at a relevant scale to contribute to national health priorities. *The Applicant should clearly distinguish inputs and processes that are being funded through this APS Addendum from the broader strategic investments or platform or processes with which the inputs are being aligned and/or integrated while demonstrating synergies that will produce expected outcomes.* The logic model should be accompanied by a clear description of the system (formal, traditional; health, community) and key actors who are a part of it and how those actors can be strengthened to promote greater accountability and effectiveness of CHW programs that will contribute to building national, local, and community leadership and ownership.

v. Describe how the approach will be implemented, including timelines and clearly delineated roles of all actors and collaborators in the system and the key phases of the project (e.g. operationalization, knowledge generation, knowledge translation and advocacy, capacity building of national and local actors, etc.), as relevant.

2. Monitoring, Evaluation, and Learning (MEL)

Note: Please also refer to the ICH-APS (APS-OAA-15-000004), Section I.4, Guiding Principles for Monitoring, Evaluation and Learning.

i. Building on the logic model, the Applicant should provide a clear monitoring, evaluation, and learning (MEL) plan that includes appropriate methods, documentation of processes, and indicators (including gender) for tracking the implementation of the proposed approach and changes in health outcomes and clear knowledge management processes for sharing and using project generated learning by stakeholders at multiple levels. Applicants should also describe how the wider influence and impact of their efforts will be documented.

ii. The MEL plan should build on and strengthen existing systems, and strengthen local and national capacity to use data for decision making and promote accountability. Describe the approach for building the capacity of local and national actors and strengthening existing systems based on clearly identified needs.

iii. The MEL plan must describe how the Applicant will support and promote the creation, analysis, and sharing of relevant data and knowledge for scaling up and sustaining effective coverage through community health approaches. Include an explanation of the Applicant's strategy for facilitating use of data for decision making and for collaborating with and meeting the information needs of key decision makers. Define knowledge management processes for sharing, disseminating, and using knowledge with clear roles for stakeholder engagement. Knowledge management processes are not only internal to the project, but should also include external audiences including key in-country stakeholders (e.g., government, donors, other projects and partners supporting a national strategy or plan) as well as global audiences.

3. Key Personnel

i. Provide CVs (Annex A) for the Key Personnel. The Project Coordinator's primary responsibilities will be credible technical leadership, coordination and collaboration with all implementing partners, and strategic and management oversight of all partnerships and activities to achieve project objectives. The required skills, expertise and experience of the Project Coordinator are: in depth experience in strengthening community and health systems; expertise in engaging stakeholders spanning local/community, national and global levels; expertise in managing complex partnerships; skills in implementation of MEL plans; strong skills in knowledge management and translation (implementation to policy); and, strong management, interpersonal, communication, and facilitation skills. The Applicant may propose other Key Personnel, as applicable to the proposed approach.

4. Institutional Capacity

i. Describe the experience and skills of the Applicant (and any relevant partner organizations) proposed staff, as well as the Project Coordinator, to adequately manage and implement the project with high quality and credibility, including dialogue with government leaders and other systems actors.
ii. Provide visual depictions (e.g., organogram) of the proposed organizational/partnership and staffing structures to support the approach. The roles, responsibilities, forms of collaboration and lines of authority on the project team and between any sub-recipients must be clearly articulated. Indicate any anticipated needs for technical assistance (e.g., M&E to generate high quality data, produce peer review publications and other knowledge management and translation) and how those needs have been planned for in the application.
iii. Provide a summary of the staffing plan that describes the position name, number of positions, location of the positions, U.S.-based or local staff, and the level of effort of those positions on an annual basis in relation to the Applicant's approach.

5. Annexes (not included in page count but limited to no more than 20 pages total across all annexes)

Annex A – CV and Letter of Commitment of Key Personnel – While only a Projector Coordinator is required to be Key Personnel, the Applicant may elect to propose additional Key Personnel based on their approach and the Applicant must provide a CV of the proposed Key Personnel. Though USAID is not imposing a page limit, the Applicant is encouraged to limit the CV to two pages maximum. The Applicant must submit a signed letter of commitment from the proposed Key Personnel.

Annex B – Sub-Recipient Letters of Intent and Partner MOUs – The Applicant must provide a signed letter of intent from each sub-recipient proposed (if any). The letter must commit the organization to participation in the project, and briefly state that the sub-recipient understands its role on the project. Though USAID is not imposing a page limit, the Applicant is encouraged to limit each letter to one page maximum. MOUs with partner organizations (non sub-recipients) must also be provided in Annex B.

Annex C - Past Performance References (Must be Submitted in Microsoft Word) – Using the Word attachment included in the APS (APS-OAA-15-000004), the Applicant must provide three past performance references for itself. Past performance references shall be for contracts, grants, and cooperative agreements for recent and relevant projects carried out by the Applicant. If sub-recipients are anticipated, one past performance reference is required for each proposed sub-recipient. Sub-recipient past performance references do not count as part of the three required past performances for the Applicant.

Recent is defined as the last three years. Relevant is defined as projects of similar size, scope, and complexity.

D.2.b Full Cost Application Instructions

The Cost Application is to be submitted under a separate cover from the Technical Application. There is no page limit on the Cost Application. Applicants are encouraged to be as concise as possible, but still provide the necessary details. However, unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this Addendum is not desired. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted. The Cost Application must illustrate the full period of performance using the budget format shown in the SF-424A. Please note that construction is not permitted under this Addendum.

The Cost Application must contain the following sections:

1) Cover Page
2) SF 424 Forms
3) Budget
4) Budget Narrative
5) Dun and Bradstreet and SAM.gov Registration
6) Certifications, Assurances and Other Statements of the Recipient

1. Cover Page

The Cost Application Cover Page must contain the same information as the Technical Application Cover Page.

2. SF 424 Form(s)

The Applicant must submit the application using the SF-424 series:

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
SF-4249	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, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the time required to make award and may result in a rejection of the cost application. Please note that construction is not permitted under this APS.

The Budget must include the following worksheets or tabs and contents, at a minimum:

a) Summary Budget, inclusive of all project costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the Applicant and any potential sub-recipients for the entire period of the project.
b) Detailed Budget, including a breakdown by year, by budget category, by budget line items, and by headquarters, regional and/or country offices (if applicable) for all federal funding (core and field support) and cost share and/or resource leverage for the entire implementation period of the project.
c) Detailed Budgets for each sub-recipient, for all federal funding and cost share and/or resource leverage, broken out by year, by budget category, by budget line items, and by headquarters, regional, and/or country offices (if applicable) for the entire implementation period of the project.

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

   Salaries must be identified by U.S. and non-U.S. personnel and proposed in accordance with the Applicant's personnel policies, if applicable. The Budget Narrative must include as much as possible information about the personnel's name, position, status, salary rate, level of effort, and salary escalation factors. Explain assumptions in the Budget Narrative. If the organization has standing policies across all projects for annual salary escalations that exceed current inflation rates, those policies, their application in the organization (e.g., entire organization, select projects, etc.) and the effective date of those policies must be provided with the application, as well as the personnel policies.

   Fringe Benefits, if applicable, must be applied to the salaries and wages in a manner that allows USAID to ensure proper application of the fringe benefits. Adequate justification for the proposed rate must also be provided. If the Applicant has a fringe benefit rate approved by an agency of the USG, the Applicant must use such rate and provide evidence of its approval. If an Applicant does not have a fringe benefit rate approved, the Applicant must propose a rate and explain how the Applicant determined the rate. In this case, the Budget

Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

Allowances, if provided must be detailed in terms of the type of allowance and its application.

Consultants, if used by the primary Applicant, must contain a line item for each consultant that will be used, including daily or hourly rates as appropriate. The Budget Narrative must detail why the consultant is being used, proposed hours, proposed rate and totals.

Travel must be separated into international and domestic travel. Each category should include the number of trips, the departure and arrival cities, the number of travelers, and the duration of the trips. Per Diem must be based on the Applicant's travel policies, if applicable. When appropriate, provide supporting documentation as an attachment, such as the Applicant's travel policy, and explain assumptions in the Budget Narrative, including details explaining the purpose of the proposed trips.

Equipment must include information on estimated types of equipment, models the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and the basis for the estimates.

Supplies must include information on estimated types of supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the supplies and the basis for the estimates.

Contractual must specify the services or goods provided by the sub-recipients. The sub-recipients must prepare similar Detailed Budgets and Budget Narratives that align with the same requirements as the Applicant. If using a sub-recipient, the sub-recipient must provide its USAID Negotiated Indirect Cost Rate Agreement (NICRA) or an approved letter from a cognizant U.S. Federal audit agency to substantiate fringe or indirect rates. If none exists, the organization must provide two years of audited financial data and a narrative that supports how the fringe and indirect rates were calculated. U.S. organizations must also include a cost element for Allowances, if any are expected.

Other Direct Costs must include programmatic costs not included under any other cost element. This may include meeting costs, training sessions, advertisements, etc. The Budget Narrative must detail the number of meetings/trainings, meeting/training costs such as facility rental, audio visual rental, meals, local travel for participants, etc, as well as the basis for such cost estimates. Meals and local travel must not be duplicated for the Applicant's staff in travel and transportation, but must only cover non-Applicant or non-sub-applicant employees attending the meetings/trainings. It must also include items such as: office rent, utilities, communication equipment service costs, report preparation costs, insurance (other than insurance included in the Applicant's indirect rates), etc. The Budget Narrative must support the unit number, price, and reason for all other direct costs.

As part of ODCs, it is important that the MEL plan receive adequate funding throughout the life of the project and that this is clear in the project budget. It is recommended that adequate resources be dedicated to the MEL plan and associated capacity building and advocacy to use data for decision-making and action.

Indirect Costs must be supported with information to substantiate the calculation of the indirect cost. The Applicant must submit a Negotiated Indirect Cost Rate Agreement (NICRA) if the organization has such an agreement with an agency or department of the U.S. Government. If the Applicant does not have a NICRA, the Applicant should submit the following:

- Reviewed Financial Statements Report: a report issued by a Certified Public Account (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. The account must also state the he or she is not aware of any material modifications that should be made to the financial statements; OR
- Audited Financial Statements Report: An auditor issued report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), the financial statements are the responsibility of management, providing an opinion that the financial statements present fairly, in all material respects, the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issued a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework.

As an alternative, if the Applicant has never received a NICRA, the Applicant may elect to charge indirect rates at a de minimis rate of 10% of modified total direct costs as per ADS 303.3.12.a. If the prospective Applicant chooses the de minimis rate, the AO will incorporate the 10% indirect cost rate in the award budget and the recipient must follow the requirements in 2 CFR 200.414(f). Local organizations may also include indirect costs as fixed costs.

A Cost Share of 25% is required for the Applicant to be eligible. The Applicant must estimate the amount of cost-sharing resources to be mobilized over the life of the agreement and specify the sources of such resources, and the basis of calculation in the budget narrative. The Applicant must also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting Cooperative Agreement.

4. Budget Narrative

The cost elements provided in the Detailed Budget should also be provided in the Budget Narrative, but with text that explains the rationale for the choices and costs. As noted throughout the cost elements above, the Budget Narrative should contain sufficient detail so that USAID can read the Budget Narrative while reviewing the Detailed Budget and understand the proposed costs. The budget narrative must provide information regarding the basis of estimate for each

line item, including reference to sources used to substantiate the cost estimate (e.g. organization's policy, payroll document, and vendor quotes, etc.). If resource leveraging is also proposed, the Applicant must include a narrative on the proposed leverage.

If the Applicant has established a consortium or another legal relationship among its partners, the Cost Application must include a copy of the legal relationship between the parties. The Application will include a full discussion of the relationship between the Applicant and Sub-Applicant(s) including identification of the Applicant with whom USAID will work with for purposes of Agreement administration, identity of the Applicant which will have accounting responsibility, how the effort (work) will be allocated and the express agreement of the principals thereto to be held jointly and severely liable for the acts or omissions of the other.

Applicants must also include evidence of responsibility the Agreement Officer can use to determine that the Applicant:

a. Has adequate financial resources or the ability to obtain such resources as require during the performance of the award;
b. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant;
c. Has a satisfactory record of integrity and business ethics; and
d. Is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations (e.g., EEO).

Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

5. Dun and Bradstreet and SAM.gov Requirements

All Applicants are required to:

(i) Be registered in the System for Award Management (SAM) (www.sam.gov);
(ii) Provide a valid DUNS number; and
(iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

USAID may not make a Federal award to an Applicant until the Applicant has complied with all applicable DUNS and SAM requirements and, if an Applicant has not fully complied with the requirements by the time USAID is ready to make a Federal award, USAID may determine that the Applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another Applicant.

6. Funding Restrictions

Construction is not permitted under this Addendum.

7. Required Certifications, Assurances, and Solicitation Provisions

Applicants must complete the Certifications, Assurances, and Representations and include a PDF with the full application submission:
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

Note: Applicants are not required to complete the past performance section since they will have submitted the Past Performance Forms (see Integrating Community Health APS, Appendix B).

Potential Request for Additional Documentation

Upon consideration of award or during the negotiations leading to an award, Applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to make an affirmative determination of responsibility. Applicants should not submit the information below with their applications. The information in this section is provided so that Applicants may become familiar with additional documentation that may be requested by the Agreement Officer. The information submitted should substantiate:

1. Bylaws, constitution, and articles of incorporation, if applicable.
2. Whether the organizational travel, procurement, financial management, accounting manual and personnel policies and procedures, especially regarding salary, promotion, leave, differentials, etc., submitted under this section have been reviewed and approved by any agency of the Federal Government, and if so, provide the name, address, and phone number of the cognizant reviewing official. The Applicant should provide copies of the same.

Section V – Application Review Information

A Selection Committee (SC) consisting of USAID and UNICEF will conduct a merit review of all Applications (both concept papers and full applications) received in response to this Addendum in accordance with the merit review criteria detailed below.

After a careful and thorough review of all concept papers received by the due date, Applicants whose concept papers are most advantageous to the Government, considering both technical and cost review criteria, will be invited to submit full applications.

After a careful and thorough merit review of all full applications by the USAID SC, the Agreement Officer will make the final determination and awards will be made to the Applicants whose full applications offer the best solution, considering both technical and cost review criteria. Award may be made without additional discussions.

The merit review criteria can help Applicants identify the significant matters that they should address in concept papers/applications, as the same criteria will be the standard against which all applications will be reviewed.

Relative Importance of Merit Review Criteria and Review Plan
The merit review criteria (1, 2, 3, etc.) are listed below in descending order of importance. Elements within the criteria (i, ii, iii, etc.) have equal importance, unless indicated otherwise. Ratings will only be provided at the criteria level. Ratings will only be provided at the criteria level.

A. Merit Review Criteria for Concept Papers

1. Technical Approach
   i. The Applicant demonstrates in-depth knowledge and understanding of the country context (e.g. policies, systems, programs, partnerships) relevant to improving high quality, harmonized CHW programming to reduce barriers to achieving and sustaining effective coverage of high impact health and nutrition interventions at scale in the selected country(ies).
   ii. The approach is feasible, clearly addresses the Program Description goal, purpose, and objective(s), addresses barriers to scaling up and sustaining high quality, harmonized CHW programming and builds on evidence and experience to engage communities in health and local systems to reduce barriers to effective coverage.
   iii. The visual depiction of the health system in the context of the technical approach demonstrates a clear understanding of the policy and systems context and the roles and linkages of community and systems actors in the proposed approach.

2. Potential to Contribute to National Influence and Impact
   i. Strong potential exists to catalyze wider change beyond the USAID/USG investment through this APS. Applicant demonstrates capacity to facilitate change in the country's community health programs and/or systems and/or policies through strategic integration and/or alignment of improvements with country-level investments and/or key decision-

making processes (e.g., host country program implementation, and/or systems strengthening, and/or partnerships, and/or policy and program decision-making context) and buy-in from key national and local stakeholders. The Applicant's approach demonstrates synergies and alignment with USG/USAID and UNICEF priorities, as relevant.

ii. Critical end users of new knowledge are clearly described in relation to current gaps and information needed to guide specific decisions and actions. The Applicant has demonstrated support for and commitment to the proposed approach to strengthening CHW programs from key decision makers, influencers, and champions at the country level.

iii. The approach is feasible for strengthening national and local leadership, ownership, and collaboration towards greater accountability and effectiveness of CHW programs.

3. Organizational Capacity
   i. The Applicant and sub-recipients/partners are well organized and bring resources and expertise to successfully conduct and manage the project.
   ii. The Applicant and any proposed sub-recipients/partners have demonstrated organizational experience that allows them to build on assets and in-country relationships to successfully execute the proposed approach.

4. Estimated Cost Summary
   i. Costs are within the proposed budget and feasible for the proposed approach, including cost share and/or resource leveraging, and how the Applicant will achieve the proposed cost share and resource leverage (as applicable).

B. Merit Review Criteria for the Full Application

If selected and invited to submit a full application, Applicants must organize the application in accordance with the detailed guidelines found in Section IV, Application Submission Information, which aligns with the merit review criteria discussed below.

1. Technical Approach

The Technical Approach section will be reviewed against the following:

i. The Applicant demonstrates exceptional knowledge and understanding through its contextual analysis of CHW programming as well as the gaps and barriers that need to be addressed to harmonize, integrate, and expand high quality CHW programming within a national framework and with relevant in-country stakeholders.

ii. The proposed approach, and its technical and geographic scope and scale, as well as timelines, are feasible and likely to result in improved outcomes that are well defined. The approach clearly aligns with the Program Description goal, purpose and prioritized objective(s) and is adapted to the country context to address barriers to scaling up and sustaining high quality CHW programming to improve effective coverage of high impact health and nutrition interventions within the national framework.

a. The Applicant's approach effectively addresses barriers to scaling up and sustaining high quality, harmonized CHW programming and builds on evidence and experience to engage communities in health and local systems to reduce barriers to effective coverage.
b. Gender effects on health outcomes are thoroughly identified and addressed in the approach.
c. The logic model is realistic and poised to improve performance by clearly delineating inputs and processes at community and higher levels of the system, as necessary, and outcomes that are feasible to achieve within the proposed time frame and resource envelope.
d. The Applicant's approach identifies and strategically engages relevant stakeholders to influence, synergize, and improve CHW programming in-country. Stakeholders and their institutional affiliations are clearly identified and relevant to the proposed approach.

iii. The approach demonstrates how it contributes to national influence and impact through strategic integration and/or alignment of improvements with country-level investments and/or key decision-making processes (e.g. host country program implementation, and/or systems strengthening, and/or partnerships, and/or policy and program decision-making context) and is likely to be successful.

iv. The approach includes a clear plan and logic model that addresses identified barriers with solutions and a clear description for how the roles and responsibilities of all relevant actors (from the community to national level) will be strengthened to promote greater accountability and effectiveness of CHW programs and will contribute to building national, local, and community leadership and ownership.

v. A feasible implementation approach is proposed, including realistic timelines the key phases of the project (e.g. operationalization, knowledge generation, knowledge translation and advocacy, capacity building of national and local actors, etc.), as relevant.

2. Monitoring, Evaluation, and Learning (MEL)

i. Demonstrates a clear MEL plan with specified indicators (incorporating gender); appropriate methods for generating new knowledge and monitoring progress; and, knowledge management processes that respond to the identified needs of specific decision-makers or end-users and facilitates the use of data for decision-making to support the country's overall CHW programming.

ii. Compelling plan for strengthening existing mechanisms for monitoring, reporting, building local capacity and collaboration in systems to generate and use data for decision-making and increasing ownership and accountability from the community to national policy and planning levels.

iii. Well-defined knowledge management approach that collaboratively creates, disseminates and promotes use of knowledge with local, national, and global audiences (including decision makers and other key stakeholders) and contributes to meaningfully expanding the evidence base for CHW programs through publications and other formats for dissemination.

3. Key Personnel

i. The proposed Key Personnel has the experience, expertise and skill sets to effectively execute the roles and responsibilities, which are relevant and appropriate for the proposed approach.

4. Institutional Capacity

i. Applicant and any relevant partner organizations, proposed staffing, and Key Personnel demonstrate adequate experience and skills to manage and implement the project with high quality and credibility, including the ability to dialogue with government leaders and other systems actors.
ii. Visual depictions (e.g., organogram) present clear, lean and responsive organizational/partnership and staffing structures to support the approach. The roles, responsibilities, forms of collaboration and lines of authority on the project team and between any sub-partners are clearly articulated. Technical assistance needs, if any, are identified and planned for in the application to ensure high quality data generation, translation, and use.
iii. The staffing plan demonstrates an appropriately sized and structured staff with the relevant level of effort and skill sets to successfully execute the approach.

5. Cost Effectiveness and Cost Realism

Once the technical review of the full applications is completed, USAID will review the Cost Applications of the apparently successful Applicants for effectiveness and realism.

Cost sharing and/or resource leverage are an important element of the USAID-Recipient relationship and the Applicant's compliance with Section III, Eligibility Information, will be a consideration for award. The Cost Application should clearly demonstrate the Applicant's plan for providing the required cost share and resource leverage (as applicable). The proposed cost share contributions must meet the standards in the "Cost Share" Standard Provision for either U.S. or non-U.S. organizations. Resource leverage, if required, will also be a consideration for award.

Section VI – Federal Award and Administration Overview

Section VI of the APS is in effect for Addendum #1.

Section VII – Federal Awarding Agency Contacts

Section VII of the APS is in effect for Addendum #1.

Section VIII – Other Information

Section VIII of the APS is in effect for Addendum #1.

Please also refer to the following Annexes and Appendices in the APS (APS-OAA-15-000004), in addition to the attached Annexes (below):

Technical Annexes:

- Annex 1 – Varying Context For Developing Plans To Influence Scale And Sustainability Of Community Health Approaches
- Annex 2 – Examples of Integrating Community Health Projects

See the following Appendices:

- Appendix A – Grants.gov Instructions
- Appendix B – Past Performance Form
- Appendix C – Initial Environmental Examination

Annex 1 – Guidance for High Impact Health and Nutrition Technical Interventions to Contribute to Ending Preventable Child and Maternal Deaths

The following provides guidance for acceptable programming to drive progress on high impact health and nutrition technical interventions to contribute to Ending Preventable Child and Maternal Deaths (EPCMD). Applicants are encouraged to use this guidance in combination with Annex 4 of the APS, County-Specific Requirements, and country-level information that is adapted to community health programming. The following are elements and sub-elements that support the Investing in People objective in the Foreign Assistance Framework.

Element: Maternal and Child Health (MCH)

Within the MCH element, Applicants are encouraged to program toward the highest impact interventions identified for their country and project area with a focus on supporting a community health platform within a broader context of health and local systems strengthening. The technical considerations for these sub-elements apply when this particular sub-element has been deemed a priority area within the Applicant's project.

Sub-elements: Birth Preparedness and Maternity Services and Treatment of Obstetric Complications and Disabilities

In alignment with USAID's Maternal Health Vision for Action, Applicants are encouraged to work with stakeholders to:

1. Enable and mobilize individuals and communities to promote healthy behaviors that improve maternal health, activate communities to hold health systems accountable for maternal health outcomes, and improve equity of access to maternal health services for the most vulnerable.
2. Advance quality, respectful care– including scaling up high impact interventions for complications especially postpartum hemorrhage and pre-eclampsia/eclampsia, maternal nutrition, and integrated infection prevention and treatment- including for HIV and AIDS, malaria and tuberculosis.
3. Strengthen health systems for maternal health through promoting public and private resource mobilization, strengthening supply chains for commodities, foster quality of care, expand and strengthen human resources, improve referral systems, and improve monitoring and promote data for decision making.

Sub-element: Newborn Care and Treatment

A strong evidence-based program that will end preventable newborn deaths requires the following three program activities:

1. Support the scale-up of five evidence-based, high-impact interventions: resuscitation, antenatal corticosteroid, kangaroo mother care, injectable antibiotics, and chlorhexidine as part of an integrated package of newborn interventions to address the three major causes of newborn mortality, i.e., preterm birth and low birth weight complications,

asphyxia, and sepsis. Applicants are highly encouraged to integrate newborn and maternal health programs for maximum impact.

2. Strengthen health systems to support the scale-up of these interventions including: referral networks, financial incentives, perinatal death audits, quality improvement approaches (including compliance with standards and team-work in health facilities), community health workers and facility health providers, and logistics management of essential commodities (bag/mask/suction device), injectable antibiotics, and chlorhexidine per national policy.
3. Support national policy change/updates to align with the global Every Newborn Action Plan including development or sharpening of a costed national newborn strategy/plan and intervention-specific policies/operational guidelines for: resuscitation, antenatal corticosteroid, kangaroo mother care, injectable antibiotics, and chlorhexidine

Across these three program activities, Applicants are encouraged to invest in catalyzing activities which leverage others investments and/or support implementation of newborn programs nationally or in focus regions.

Sub-element: Other Immunizations

Applicants are encouraged to work to optimize USAID's global vaccine investment in Gavi (*approximately $200 million annually*) by engaging with country level vaccination programs. GAVI largely supports vaccine purchase and some health systems strengthening. Applicants should work to complement Gavi's investments by strengthening various components of the national immunization program including improving quality of immunization services and coverage at the subnational level, policy (e.g. sustainable vaccine and immunization financing), and health systems strengthening (e.g. cold chain and logistics) to effectively provide all routinely recommended vaccines to all children. Strengthening such systems will enable effective new vaccine introduction.

USAID considers routine immunization activities to include any general vaccine delivery effort through the country led, country owned Expanded Program on Immunization (EPI) that are planned, cost-based and budgeted for, including operational and recurrent costs, regardless of the required method of delivery, as long as it builds a stronger, reliable, sustainable immunization system that can deliver vaccinations in a timely to all children under five who need them. This can include fixed site, regular outreach, and periodic intensification of routine (surge) approach.

Sub-element: Treatment of Child Illness

Strong programs for scaling up treatment of child illness include approaches that ensure correct assessment followed by treatment (minimally for diarrhea, ORS, zinc; for pneumonia, amoxicillin). Use of these treatments may be part of an integrated community case management (iCCM) approach or for primary care (especially) facilities, this may be part of integrated management of childhood illnesses (IMCI). At facility, this may also include more intensive high impact interventions (e.g., IV fluids, injectable antibiotics/anti-malarials, oxygen, etc.). It is anticipated that the platform for malaria treatment in facilities and communities will be the foundation for also including treatment of pneumonia and diarrhea. The Global Action Plan for

Pneumonia and Diarrhea (GAPPD) is a good technical resource when considering these interventions.

Sub-element: Household Level Water, Sanitation, Hygiene (WASH) and Environment

Strong WASH programs are based on the understanding of the contribution of diarrhea to child mortality, particularly in the post-neonatal period from 1-59 months, and support correct, consistent and sustained adoption of evidence-based hygiene behaviors. Achieving sustained impact through WASH programming relies on three pillars: 1) *hardware and technologies*, such as safe and reliable water systems, hygienic sanitation facilities, and water disinfection products, 2) *behavior change* to build demand for services and products and to promote and sustain desired behaviors, and 3) *an enabling environment* to support the sustainability of the other two pillars, including strong institutional capacity, financial access for services and products, supportive policies, effective intersectoral collaboration and a strong private sector role.

Since key hygiene behaviors (handwashing with soap, safe disposal of feces, treatment and safe storage of water and food hygiene) are "product-supported" and "infrastructure-supported", the Applicant may need to identify other stakeholders making investments in water supply and sanitation marketing. Strong programs also broadly leverage activities of other donors and stakeholders to achieve intervention coverage at a scale. This is particularly important for WASH, since the infrastructure investments like water supply required to enable the improved hygiene behaviors typically happen outside the health sector. Any programming related to indoor air-quality should describe the risk analysis used to include (or not) indoor air quality interventions like improved cook stoves associated with pneumonia and low birth weight. The integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD) notes that many of these WASH and household behaviors can be promoted jointly.

Sub-element: Service Delivery

Service delivery interventions are encouraged to emphasize high-quality, highly-effective provider and client approaches that provide a broad range of contraceptive information, products, and services in ways that help clients choose and correctly use the contraceptives that meet their lifestyle and reproductive needs for delaying, spacing, or limiting childbearing. Social and behavior change communications messages should be coordinated with and reinforce service delivery interventions. In countries *where modern contraceptive use is below 30% nationally*, service delivery interventions should focus on expanding access to services broadly. In countries *where modern contraceptive use is at or above 30% nationally* service delivery interventions should focus on reaching underserved groups and reducing inequities to contraceptive access among key underserved populations (e.g., lowest wealth quintile, youth, young married (below age 18) women, post-partum women, post-abortion clients, rural populations). Finding synergies and common service platforms with Maternal, Newborn, and Child Health (MNCH)

interventions is also an essential component. Particular attention should be given to implementing and scaling-up proven and promising FP High Impact Practices[8]:

1. Diversify service delivery channels and expand method choice: Static clinics, mobile outreach*, social marketing*, drug shops and pharmacies*, community health workers*, and non-traditional outlets (beauty parlors, shops, etc.).
2. Identify smart FP/MNCH integration opportunities: FP/immunization contacts*, post abortion FP*, FP/HIV, and FP/Essential Newborn Care.

Element: Family Planning

Family planning interventions are encouraged to emphasize high-quality, highly-effective provider and client approaches that provide a broad range of contraceptive information, methods, and services in ways that help clients choose and correctly use the contraceptives that meet their lifestyle and reproductive needs for delaying, spacing, or limiting childbearing. Social and behavior change communications messages should be coordinated with and reinforce service delivery efforts. Interventions should focus on reaching underserved groups and reducing inequities to contraceptive access. Special target populations could include youth, young married (below age 18) women, post-partum women, post-abortion clients, and rural, urban and peri-urban poor populations). Particular attention should be given to implementing and scaling-up proven and promising service delivery FP High Impact Practices[1]. Programs will:

1 Promote interventions that increase access to high-quality family planning counseling and services. This may include but is not limited to: improved FP in static clinics, mobile outreach*, social marketing*, drug shops and pharmacies*, social franchising, and community based family planning*.

2 Where relevant, integrate FP into existing service delivery platforms. This could include maternal, child and newborn health services such as FP/immunization*, postabortion FP*, and postpartum family planning.

3 Strengthen the enabling environment for service delivery through select interventions including advocacy and policy,* supply chain management*, social and behavior change communication*, and financing*.

* Throughout this FP section, Family Planning High Impact Practices are noted with an asterisk. More information on the Family Planning High Impact Practices can be found on the High Impact Practices Website: http://www.fphighimpactpractices.org/.

Element: Nutrition

Nutrition activities are primarily directed towards pregnant women and children under the age of five with emphasis on the "1,000-day" window from pregnancy to a child's second birthday. Nutrition-specific activities should target populations or geographic areas of the country in Global Health Initiative priority areas and Feed the Future 'zones of influence'.

---

[8] Throughout this FP section, Family Planning High Impact Practices are noted with an asterisk. More information on the Family Planning High Impact Practices can be found on the High Impact Practices Website: http://www.fphighimpactpractices.org/

Sub-Elements: Individual Prevention Programs and Population-based Nutrition Service Delivery (including micronutrient supplementation)

In reaching the goals of the USAID Multi-sectoral Nutrition Strategy, Applicants are encouraged to include: 1) Appropriate infant and young child feeding including immediate breastfeeding within first hour after birth and exclusive breastfeeding through six months, appropriate and timely complementary feeding (as measured by 'minimum acceptable diet') with continued breastfeeding through age two, with promotion of early childhood care and development; and 2) Maternal and child micronutrient supplementation including iron and folic acid supplementation for pregnant women, and vitamin A supplementation for children 6-59 months, and other micronutrients, as appropriate. Population-based service delivery programs should support delivery of nutrition services through existing primary health care systems and community based management of acute malnutrition. In particular, emphasis should be placed on integration of nutrition activities to enhance systems within MNCH, family planning and other platforms supported by USAID.

Sub-Element: Nutrition Enabling Environment and Capacity

Applicants are encouraged to focus on institution and policy strengthening, including advocacy for greater government commitment to nutrition as well as capacity strengthening of government and private institutions in order to effectively assess, plan, design, manage, monitor and evaluate nutrition programs. In many cases, greater political will and multi-sectoral stakeholder engagement (including public and private sector) is essential to increase commitment to nutrition goals.

Annex 2 – Eligible Countries and Funding Parameters

The eligible country list for integrated USAID's core funds for health includes countries with the greatest magnitude and severity of child, neonatal, and maternal mortality; primarily in Asia, Sub-Saharan Africa, and a limited number of countries in the Latin American and Caribbean region. Eligible countries for Applicants to propose against are provided in the table below. These 24 countries account for 70% of maternal and child deaths and half of the unmet need for family planning.

Selected USAID Funded Countries Eligible for Addendum 1								
Country	**MCH**	**Family Planning**	**Malaria/PMI**	**HIV/AIDS PEPFAR**	**Nutrition**	**FFP**	**FtF**	**WASH**
Afghanistan	X	X				X*		X
Bangladesh	X	X		X	X	X	X	X
DR Congo	X	X	X	X	X	X		X
Ethiopia	X	X	X	X	X	X	X	X
Ghana	X	X	X	X	X		X	X
Haiti	X	X		X	X	X	X	X
India	X	X		X				X
Indonesia	X			X				X
Kenya	X	X	X	X	X	X*	X	X
Liberia	X	X	X	X		X	X	X
Madagascar	X	X	X	X		X		
Malawi	X	X	X	X	X	X	X	X
Mali	X	X	X		X	X	X	X
Mozambique	X	X	X	X	X		X	X
Nepal	X	X		X	X		X	X
Nigeria	X	X	X	X				X
Pakistan	X	X				X*		X
Rwanda	X	X	X	X	X		X	X
Senegal	X	X	X	X	X		X	X
South Sudan	X	X	X	X		X*		X
Tanzania	X	X	X	X	X		X	X
Uganda	X	X	X	X	X	X	X	X
Yemen	X	X				X*		X
Zambia	X	X	X	X	X		X	X

*These Food for Peace countries with only emergency programs with World Food Programme and/or UNICEF.

Nutrition and Food for Peace Funding Parameters

Malnutrition is an underlying cause of 45% of under five deaths. In Nutrition and FFP focus countries, concept papers/applications with nutrition components must complement existing nutrition, health or food security and water supply, sanitation and hygiene efforts, as appropriate. Inadequate access to clean water and unsafe sanitation and hygiene practices increase the risk of pathogen exposure and severe infectious diseases, major contributors to child malnutrition. In

FFP countries, proposals for integrating community health approaches and systems strengthening in countries where there are FFP development or emergency programs must be developed and implemented in coordination with FFP's focus on vulnerable populations and in coordination with USAID mission and Washington FFP efforts. In Feed the Future focus (FtF) countries, proposals should emphasize synergies or complementarity with Feed the Future strategies and existing efforts supported by USAID FtF missions. Additional information and technical guidance on which technical interventions and programs to emphasize at the community, policy and private sector level can be found in the USAID Multi-Sectoral Nutrition Strategy and accompanying technical reference materials available at: http://www.usaid.gov/nutrition-strategy.

Malaria Funding Parameters
In PMI countries, proposals with malaria components must be developed and implemented in collaboration with PMI efforts and priorities in country, which are based on close planning with National Malaria Control Programs (NMCPs). See the PMI website at www.pmi.gov for more information, including annual PMI country malaria operational plans for each PMI country. Technical resources on behavior change are available at www.pmi.gov/technical/bcc/index.html. In all countries, projects should be consistent with NMCP strategies and approaches. In addition, in PMI-countries, partners should seek to reinforce local and community-led initiatives that target malaria prevention and control, including promotion of use of bed nets and case management in health facilities and at the community level.

Family Planning Funding Parameters
Voluntary family planning enables a woman to delay, time, space, and limit her pregnancies allowing women to bear children at the healthiest times of their lives and ensuring healthier maternal, newborn, and child outcomes. By reducing the number of unintended pregnancies and births, fewer women, infants, and children are exposed to pregnancy-related health risks, including pregnancies that occur during high risk periods, (e.g. too early or late in age, too closely spaced together, or are too high in parity). All women, including adolescent girls, should have the information and access to services that allow them to choose whether and when to become pregnant. In Family Planning focus countries, proposals with family planning components must abide by all USG FP policy & compliance requirements, complement local government policies & guidelines, and work in collaboration with other donor-funding national family planning efforts. A proposal that integrates family planning must increase access to high-quality voluntary family planning services and information, making referrals where appropriate, and should aim to expand method choice, such as increasing access to long-acting and reversible methods. Technical resources on family planning can be found in the Facts for Family Planning booklet at: http://www.fphandbook.org/factsforfamilyplanning.

HIV/AIDS Funding Parameters
In PEPFAR countries, proposals with HIV components must be aligned with national HIV plans and are complimentary to PEPFAR in-country strategic approaches and programs. Proposals with HIV components must support capacity building and sustainability of community led programs for prevention messages and services that ensure all reached are tested and that all positive persons identified are linked to care and treatment with pro-active follow-up for retention in care and adherence to treatment. Additionally, proposals must be aligned with the

PEPFAR HRH strategy objectives, which, focus on both clinical and community-based workers such as CHWs that are integral for clients HIV continuum of care.

WASH Funding Parameters

In focus countries for the Water Strategy, concept papers/applications with WASH components must complement existing water supply, sanitation and hygiene efforts. The first Strategic Objective (SO1) of the Strategy seeks to improve health outcomes through the provision of sustainable water supply, sanitation, and hygiene (WASH). For countries receiving funds under the water directive, activities must support the achievement of the three intermediate results (IRs) included under SO1:

- IR1.1 – Increase first time and improved access to sustainable water supply
- IR1.2 – Increase first time and improved access to sustainable sanitation
- IR1.3 – Increase adoption of key hygiene behaviors

Additional information and technical guidance on which technical interventions and programs meet the requirements of the water directive can be found in the USAID Water And Development Strategy Implementation Field Guide available at: (http://www.usaid.gov/sites/default/files/documents/1865/Strategy_Implementation_Guide_web.pdf)

Annex 3 – Selected Resources Focusing On Community Health Workers

The following are links that may provide Applicants with additional context:

A Guide for Developing, Expanding, and Strengthening Community Health Worker Programs
Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Mangers and Policy Makers
http://www.mchip.net/node/2140

- *CHW Reference Guide Summary*
  http://www.mchip.net/sites/default/files/mchipfiles/CHW%20Reference%20Guide%20Summaries.pdf
- *Case Studies of Large Scale Programs (Condensed Version): Examples from Afghanistan, Bangladesh, Brazil, Ethiopia, India, Indonesia, Iran, Nepal, Pakistan, Rwanda, Zambia, and Zimbabwe*
  http://www.mchip.net/sites/default/files/mchipfiles/MCSP_CHW_Case%20Study%20Summaries.pdf

A Toolkit for Improving CHW Programs and Services
Community Health Worker Assessment & Improvement Matrix (CHW AIM)
https://www.usaidassist.org/resources/community-health-worker-assessment-and-improvement-matrix-chw-aim-toolkit-improving-chw

CHW Principles of Practice
http://www.coregroup.org/storage/Program_Learning/Community_Health_Workers/CHW_Principles_of_Practice_Final.pdf

Community Health Systems Catalog (focus on population and reproductive health)
https://www.advancingpartners.org/resources/chsc

Community and Formal Health System Support for Enhanced Community Health Worker Performance: A U.S. Government Evidence Summit (Final Report)
http://www.usaid.gov/sites/default/files/documents/1864/CHW-Evidence-Summit-Final-Report.pdf

Global Health Workforce Alliance (GHWA)

- *Joint Commitment to Harmonized Partner Action for Community Health Workers and other Frontline Health Workers*
  http://www.who.int/workforcealliance/knowledge/resources/chw_outcomedocument01052014.pdf?ua=1

- *A Framework for Partners' Harmonized Support*
  http://www.who.int/workforcealliance/knowledge/resources/frame_partner_support/en/

- *Monitoring and Accountability Platform – for National Governments and Global Partners in Developing, Implementing, and Managing CHW Programs*

http://www.who.int/workforcealliance/knowledge/resources/monitoring_account_platform/en/

- *Synthesis Paper: Outcomes of Four Consultations on Community Health Workers and Other Frontline Health Workers*
  http://www.who.int/workforcealliance/knowledge/resources/synthesis_paper/en/

Selected Websites focusing on Community Health Workers

- *1 Million Community Health Workers*: http://1millionhealthworkers.org
- *Frontline Health Workers Coalition*: http://frontlinehealthworkers.org
- *CHW Central (A global resource for and about Community Health Workers)*: http://www.chwcentral.org
- *CCM central (Integrated Community Case Management of Childhood Illness)*: http://ccmcentral.com
- *OPTIMIZEMNH (WHO Recommendations – Optimizing health worker roles for maternal and newborn health)*: http://www.optimizemnh.org

Scale, Sustainability, and Equity Tools

- *Beginning with the End in Mind: Planning Pilot Projects and other Programmatic Research for Successful Scaling Up (ExpandNet)*
  http://www.expandnet.net/PDFs/ExpandNet-WHO%20-%20Beginning%20with%20the%20end%20in%20mind%20-%202011.pdf
- *Taking the Long View: A Practical Guide for Sustainability Planning and Measurement in Community Oriented Health Programming*
  http://www.mchipngo.net/controllers/link.cfc?method=tools_sustain
- *Sustainability Checklist (focus on family planning)*
  http://www.k4health.org/toolkits/communitybasedfp/family-planning-sustainability-checklist-project-assessment-tool-designing
- *Checklist for Health Equity Programming*
  http://www.mchip.net/sites/default/files/Checklist%20for%20MCHIP%20Health%20Equity%20Programming_FINAL_formatted%20_2_.pdf

---

[i] Perry HB, Zulliger R, Rogers MM. Community Health Workers in Low-, Middle-, and High-Income Countries: An Overview of Their History, Recent Evolution, and Current Effectiveness. Annual Review of Public Health, 35: 399-421, 2014.

[ii] http://who.int/bulletin/volumes/91/11/13-118745.pdf

[iii] http://www.usaid.gov/sites/default/files/documents/1864/CHW-Evidence-Summit-Final-Report.pdf
[iv] http://www.human-resources-health.com/content/12/1/56
[v] http://www.who.int/workforcealliance/knowledge/resources/joint_commitment/en/