USAID
FROM THE AMERICAN PEOPLE

January 25, 2016

Amendment No.: 1
Request for Application No.: RFA-OAA-17-000003

The purpose of this amendment is to answer questions received and provide an updated copy of the RFA to reflect clarifications provided in the responses to questions. The RFA is amended as follows:

1. In Section IV, E.1, Technical Application Format, remove the first paragraph in its entirety and replace with:

"The technical application will be the most important factor for consideration in selection for award of the proposed cooperative agreement. The technical application must be specific, complete, and demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program in all of the focus countries. The application must also take into account the requirements of the program and evaluation criteria found in this RFA."

2. In Section IV, E.2(4), Budget Narrative(s), add the following:

"Applicants may choose not to submit policy and procedure documentation described above under Section IV.E.2(3) *Budget(s)* for those systems and processes identified in and certified by the applicant's current Certificate of Compliance, provided the Certificate is submitted per the RFA's requirements."

3. In Section VIII, B, Regulations and References, remove the following: "FAR 31"

List of Attachments:
1. Questions submitted by interested parties regarding the subject RFA and USAID's responses.
2. Revised RFA No.: RFA-OAA-17-000003

Boryana Boncheva
Agreement Officer

Attachment 1
Questions & Responses

Question #1: Can this funding support the further rollout of the Polio Information System (POLIS) in the five countries to improve surveillance and data quality?

> ***USAID RESPONSE:*** *WHO and the host-government are responsible for the polio information system, not the project. The project does not have direct access to the countries surveillance database. The role of the project in surveillance is to identify any possible cases or polio/acute flaccid paralysis and refer the child to the district surveillance officer for inclusion in the existing system or what is generally referred to as community-based case detection or community-based surveillance. The project helps improve rapid case identification and data quality by: Training community mobilizers and key community-informants to identify AFP and know the referral process. This reduces the time between disease onset and stool collection. The project can transport AFP cases and their caregivers to the closest health facility for follow-up. The project can also transport stool samples, appropriately packaged, if needed.*

Question #2: Does the applicant need to cover all countries referenced in Section C on page 11?

> ***USAID RESPONSE:*** *Yes.*

Question #3: Is it possible to use resources to cover high risk border areas that have high migration and have historically been reservoirs for polio?

> ***USAID RESPONSE:*** *Yes, provided all partners agree that this is the appropriate role for the project.*

Question #4: Can this funding be used to expand new technological solutions such as environmental surveillance for polio and needleless devices and fractional dose use for IPV?

> ***USAID RESPONSE:*** *The project is encouraged to expand the use of new technologies, however, the role of the project is vis a vis other partners to be respected and agreed to by the government, WHO and other partners. At this point, we don't envision the project conducting environmental surveillance as this is generally the job of the surveillance officer but could be considered in certain circumstances. For fractional dosing of IPV, the project would follow the national guidelines. If needleless devices were introduced, the project would be expected to understand it and be able to explain it during their social mobilization outreach and training to assure families accept the new technology.*

Question #5: Can we apply to implement the polio project only in one country i.e India?

USAID RESPONSE: *No. Please see the response to question #2.*

Question #6: The RFA references FAR 31 on pg. 51, which is Contract Cost Principles and Procedures, yet this solicitation is for a Cooperative Agreement. Please clarify?

USAID RESPONSE: *This is a Cooperative Agreement governed by 2 CFR 200 cost principles and other applicable resources, including but not limited to the Procurement Standards starting from 2 CFR 200.317 and under Appendix II.*

Question #7: Do sub-recipients need to be registered in SAM in order to participate in this application? (This is noted as a requirement for applicants at pg. 19 but the RFA does not mention this for sub-recipients.)

USAID RESPONSE: *Only the prime applicant must be registered in SAM.*

Question #8: If an applicant has a Certificate of Compliance for the organization's systems with USAID, as referenced on pg. 37 of the RFA, would this eliminate the need to provide any organizational policies such as Travel Policy or Acquisition Policy as referenced at pg. 35 of the RFA under Travel and Equipment?

USAID RESPONSE: *Applicants may choose not to submit policy and procedure documentation for those systems and processes identified in and certified by the applicant's current Certificate of Compliance, provided the Certificate is submitted per the RFA's requirements.*

Question #9: Can USAID provide the projected value of the cooperative agreement so that we may be able to estimate the cost share minimum amount of 10 percent?

USAID RESPONSE: *The applicant's proposed federal funding will not exceed $74,000,000.*

[End of Amendment No.: 01]

Attachment 2
Revised RFA No. RFA-OAA-17-000003

January 5th, 2017

Questions Due Date:	**Friday, January 13, 2017, 5:00 pm Washington, DC Time**
Closing Date and Time:	**Friday, February 17, 2017, 5:00 pm Washington, DC Time**
Subject:	**Request for Application (RFA) # RFA-OAA-17-000003**

Dear Potential Applicants,

Pursuant to the authority granted with the Foreign Assistance Act of 1961, as amended, the United States Government, represented by the Agency for International Development (USAID), Global Health Bureau (GH), Office of Maternal Child Health and Nutrition (MCHN), is seeking applications from eligible institutions for the implementation of the NGO Polio Eradication Project, detailed in Section I of the RFA. USAID expects to issue one cooperative agreement by May 1st, 2017. The level of funding allocated for this project will not exceed **$74 million** over a five-year implementation period. A cost share minimum amount of **10%** of the cooperative agreement projected value is required under this RFA.

Pursuant to 2 CFR 200.400(g), it is USAID's policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are allocable to the program activities and in accordance with applicable cost standards may be paid under the eventual award.

This RFA and any future amendments can be downloaded from www.grants.gov. Prospective applicants who are not able to retrieve the funding opportunity from the Internet can request a copy at PolioRFA@usaid.gov.

QUESTIONS: Prospective applicants who have questions concerning the contents of this RFA shall submit them in writing by email only to PolioRFA@usaid.gov no later than the date and time indicated above.

APPLICATION SUBMISSION: Please see Section IV - Application and Submission

Information for instructions how to submit the application. **Only applications submitted electronically via www.grants.gov will be accepted.** Applicants who encounter problems with their application submission should email PolioRFA@usaid.gov before the submission deadline. Applicants should retain a copy of their application with all attachments for their records.

POINTS OF CONTACT:

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The issuance of this funding opportunity does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, awards cannot be made until funds have been appropriated, allocated, and committed through internal USAID procedures. While USAID expects that these procedures will be successfully completed, potential successful applicants are considered notified of these requirements and conditions for the award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. The successful applicant may not incur any costs, related to this program, before receipt of a fully executed Cooperative Agreement. Potential applicants are hereby notified that all awards are subject to the availability of funds and agreement of the parties. USAID reserves the right to make no awards. All preparation and submission costs incurred are at the applicant's expense.

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

Sincerely,

Boryana Boncheva
Agreement Officer
USAID Office of Acquisition and Assistance, M/OAA/GHI

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ABBREVIATIONS AND ACRONYMS

ADS	Automated Directives System
AFD	Acute Flaccid Paralysis
AO	Agreement Officer
AOR	Agreement Officer's Representative
CA	Cooperative Agreement
CBO	Community-Based Organizations
CDC	Center for Disease Control
CFR	Code of Federal Regulations
CGPP	CORE Group Polio Project
EPI	Expanded Programme on Immunization
FY	Fiscal Year
GH	Global Health Bureau
ID	Office of Infectious Diseases
IEAG	India Expert Advisory Group
IEE	Initial Environmental Examination
MCHN	Office of Maternal and Child Health and Nutrition
MEL	Monitoring, Evaluation, and Learning
MOH	Ministry of Health
NGO	Non-governmental organization
NICRA	Negotiated Indirect Cost Rate Agreement
NIDs	National Immunization Days
OMB	Office of Management and Budget
OPV	Oral Polio Virus
PVO	Private Voluntary Organizations
RED	Reaching Every District
RFA	Request for Applications
SIA	Supplemental Immunization Activities
SNIDs	Sub-national Immunization Days
TCG	Technical Consultative Group
TFI	Task Force on Immunization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization
WPV	Wild Polio Virus

SECTION I – PROGRAM DESCRIPTION

A. Background

In 1988, the World Health Assembly (WHA) launched a global goal to eradicate polio. Eradication is defined as no cases of clinical poliomyelitis associated with wild poliovirus, and no wild poliovirus found worldwide despite intensive efforts to do so. As a result of the Global Polio Eradication Initiative (GPEI), the Western Hemisphere was declared polio-free in 1994, and at the end of 2011, indigenous polio had been eliminated from all but three countries of the world (Pakistan, Afghanistan and Nigeria). Worldwide, these efforts have resulted in a 99 percent reduction in confirmed polio cases. However, no country is without risk until the poliovirus is eradicated from all nations. Recently, conflict and migration have heightened the threat of polio being reintroduced into some countries. Until global certification is achieved, sustaining population immunity in polio-free countries through high quality immunization activities as well as active searching for remaining polio cases will be necessary.

The polio eradication campaign is one of the largest public health initiatives in history and one of the most successful public-private partnerships. The World Health Organization (WHO), United Nations Children's Fund (UNICEF), Rotary International, Centers for Disease Control and Prevention (CDC) and the Bill and Melinda Gates Foundation (BMGF) are the spearheading partners, with USAID, other bilateral donors, and foundations such as the United Nations Foundation, providing technical assistance, resources, and advocacy support. Private voluntary organizations (PVOs), non-governmental organizations (NGOs), and private sector corporations also participate in the initiative.

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

USAID has supported all phases of polio eradication efforts, and continues to be a major partner in the global campaign to eradicate polio. USAID-supported polio campaigns have immunized more than 500 million children under age five. USAID's existing NGO Polio Eradication Project began in 1999 working in Angola, Ethiopia, India, and the Horn of Africa. Activities supported directly by USAID's NGO mechanism have been proudly "graduated" in Nepal, Bangladesh, Uganda and most recently, Angola. These programs now function under the support and

coordination of their national governments and no longer receive USAID polio assistance; however functioning coordination networks from the previous NGO Polio Eradication Project still remain active.

USAID has supported the establishment of programs in some of the hardest places to reach through the NGO approach. In each country or region, the project has established a network of NGOs and PVOs working together to fight polio. These formal networks are coordinated through polio secretariats that are staffed by full-time directors and several technical and administrative personnel who organize and harmonize NGO/PVO activities for immunization, supplemental immunization activities, surveillance and other activities. These secretariats, formed by the previous NGO awards, work through two mechanisms:

1. The secretariat "bundles" the work plans and budgets of all NGO partners working on polio eradication and immunization activities. Regular meetings are held between NGO partners for planning and updating activities. Through this bundling, the secretariats maximize the NGO contribution to polio eradication and avoid duplication of efforts.

2. Full-time directors lead the secretariats and engage support staff as needed. The secretariats are provided their own budget for activities and coordination. One important lesson learned from this collaborative effort is that partnership coordination must have concrete financial backing.

At the country-level, each director of the national polio secretariat is a member of the National Interagency Coordinating Committee (ICC), which manages all polio eradication and Expanded Programme on Immunization (EPI) policies and activities, under the leadership of the Ministry of Health (MOH). As a member of the ICC and a national partner in the GPEI, the previous USAID supported implementers of this project worked in close collaboration with USAID, WHO, UNICEF, Rotary International, the national EPI program, the MOH and other implementing partners. The secretariats collaborate with these partners to develop and implement vaccination coverage surveys, campaign monitoring, workshops, meetings, mapping, micro-planning, training, baby-tracking, identifying and revisiting refusal households to encourage immunization acceptance, conducting community-based surveillance and other critical polio eradication activities. In the current project, in-country activities were implemented via sub-grants to reliable NGOs and supported by a US-based team.

As polio cases have declined and the need for surveillance grows, well-functioning networks are critical for building community trust and continuation of polio eradication activities, integrating other child health activities using non-polio funds as appropriate, and expansion into countries where an NGO secretariat is needed to complement the efforts of other partners in reaching chronically missed children. Recognizing that communities are more supportive of immunization and the value of the GPEI if there is a response to polio cases, USAID allows support to people with disabilities caused by polio to be included as part of their matching funds. However, USAID's Congressional directive limits polio funding to prevention activities, excluding rehabilitative activities for people who may have disabilities caused by polio.

B. Current Activities

In line with the Agency's mission and that of the GPEI, USAID aims to support achieving and sustaining global polio eradication in selected countries and regions. USAID's support for polio programs also contributes to the development of sustainable immunization and disease control programs. Since 1996, USAID has contributed over $550 million to support global polio eradication. In FY 2016, USAID's annual budget was $59 million for polio eradication activities.

USAID funds polio eradication through three primary implementing partners who work in support of nationally-led and driven programs: WHO, UNICEF, and a NGO mechanism. WHO plays a lead role in coordinating donors, establishing certification standards for Acute Flaccid Paralysis (AFP) surveillance, containing potentially infectious materials, policymaking, certifying regions as polio free, mobilizing resources, and advocating and communicating information. UNICEF is an active partner in mobilizing resources, and advocating and disseminating public information. UNICEF plays a lead role in the procuring and distributing polio vaccines and strengthening routine and supplementary immunization programs. UNICEF participates in setting global eradication policies and provides technical assistance to national coordinators to develop action plans, national immunization days, and mop-up campaigns. Finally UNICEF also provides cold chain support and secures logistics for hard-to-reach places, including countries affected by conflict.

The NGO Polio Eradication Project complements the work of UN agencies and MOHs by focusing on reaching places the formal system does not. The USAID Global Health Bureau first awarded a $25 million cooperative agreement in 1999 for polio eradication efforts. The project funded a network of more than 40 U.S.-based PVOs. Subsequent awards were competed in 2007 and 2012, for $30 million and $39 million, respectively.

The proposed mechanism, the NGO Polio Eradication Project, will provide continuity to USAID's current polio portfolio which supports NGO participation in polio eradication in Ethiopia, India, Nigeria, South Sudan, as well as cross-border efforts in the Horn of Africa (Kenya and Somalia). There is potential to expand into additional countries based on epidemiological need, at the request of the GPEI.

The Agency's *Polio Eradication Results Framework* contains six objectives focused on stopping polio transmission and ultimately, documenting eradication in a process called certification. The NGO Polio Eradication Project will contribute to these efforts through the following development objectives:

1. Building effective partnerships;
2. Strengthening selected immunization systems;
3. Supporting supplemental immunization efforts;
4. Improving surveillance;
5. Supporting certification and containment post-certification; and
6. Improving information collection and use.

Through PVO networks and contacts with local community-based organizations (CBOs), the current USAID supported project has implemented community-based approaches that build support for primary health care, embrace partnerships, and encourage innovation. Results achieved include: developed unique approaches to community mobilization; accessed hard-to-reach populations; built capacity of MOH and NGO partners; and conducted operations research on feasibility, effectiveness, and cost-effectiveness of various approaches for NIDs, routine EPI, surveillance, and data-for-decision-making. Through all its work, USAID also aims to help promote greater institutionalization of its policy on Gender Equality and Women's Empowerment.

Country-level Activities Supported by the Current NGO Project:
The following is a country-by-country description of the context and current activities underway in Ethiopia, India, Nigeria, South Sudan, and the Horn of Africa region (specific to Kenya and Somalia). Descriptions are for contextual and background purposes only. Applicants are expected to propose their own activities to achieve the stated program objectives:

ETHIOPIA
Ethiopia initiated GPEI activities in 1996. Oral Polio Vaccine (OPV) coverage rates were increased, leading to reduced transmission of the virus. From January 2001 until February 2005 no wild poliovirus was identified in Ethiopia and the country was categorized as an area with low risk of transmission. Due to the spread of virus originating in Nigeria, Ethiopia began to report importations of the virus in February 2006 which were brought under control by 2008. During this time the USAID project took on a larger role in the national program to identify polio cases through a large network of community-based surveillance officers and as a coordinator of cross-border meetings and planning that were instrumental in getting the outbreak under control. Difficult access, security issues, and migration due to nomadic populations, harsh weather conditions, and cross border economic activities remain large challenges to sustaining OPV coverage and quality AFP surveillance in many parts of the country.

Current Activities:

- Conduct active community-based surveillance;
- Mobilize community involvement in mass oral polio vaccine immunization campaigns in high-risk areas and the hardest-to-reach populations;
- Organize cross-border meetings and follow-up micro-planning and advocacy;
- Assess readiness of high risk areas for immunization campaigns; and
- Initiate baby tracking and linking polio activities with other health interventions, such as health camps and food services.

INDIA
As of February 26, 2012, India was declared a polio-free nation by WHO, having sustained 12 consecutive months without a single reported case of the disease. Population immunity is high and the country is shifting into an emergency response mode in the event of any new outbreaks. The past project was asked by the Government of India and UNICEF to shift part of its focus from Western Uttar Pradesh to West Bengal. Sustaining population immunity, surveillance and

beginning the process of certification will require nimbleness and flexibility; a strategic and timely plan must be in place in the event of an outbreak.

Current Activities:

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

NIGERIA

As one of the three polio endemic countries, Nigeria has a history of cyclical outbreaks of polio. Insecurity in the Northeastern region of Nigeria, Borno and Yobe states has resulted in the deterioration of routine health services as well as poor performing Immunization Plus Days. Early in 2013, there were targeted killings of polio workers which emphasized insecurities, highlighted operational challenges and increased the need for adjustments to conditions and local approaches. As of December 2016, Nigeria had 4 cases of WPV. There have been many immunization rounds since the recent 2016 outbreaks and many partners are involved in the efforts. The USAID NGO mechanism is very important in this geographic area, relying on approaches with local communities to vaccinate unreached children and maintain quality community-based surveillance.

Current Activities:

- Link polio to routine immunization programs;
- Improve community demand for immunization (OPV);
- Reduce missed and zero-dose children;
- Improve community-based case detection of AFP;
- Design people-to-people approaches;
- Develop capacity of local health facilities and appropriate villages/ ward development committees;
- Implement social mobilization campaigns;
- Use social mapping to identify pockets of unvaccinated children;
- Increase the proportion of children receiving a birth dose; and
- Provide health services related to reducing polio transmission e.g. handwashing, zinc.

SOUTH SUDAN

South Sudan's health system has weakened considerably since the latest humanitarian crisis started in 2013. More than 1.5 million internally displaced persons (IDP) and more than half a million refugees have fled insecurity and violence. This leaves children in the worst-affected areas little access to health services or vaccination campaigns. In the past USAID project, efforts in eight southern border counties were made to improve the demand and access to routine and

supplemental vaccination services, support AFP surveillance efforts at the grassroots level, take a leadership role in strengthening polio eradication activities along international borders through the project-facilitated Cross-Border Initiative (CBI) and advance independent monitoring of polio Supplemental Immunization Activities (SIAs) at the national level.

Current Activities:

- Conduct independent campaign monitoring;
- Increase community-based surveillance;
- Support the Horn of Africa Cross-Border Initiative.

HORN OF AFRICA (Kenya and Somalia)
After a polio outbreak in Kenya in 2013, originating from a cross-border case from Somalia, countries in the Horn of Africa increased their polio eradication activities. Outbreaks in this area tend to spread across borders that share similar culture, language and epidemiology as well as health services, education and trade. There are many areas in the Horn with high insecurity, poor infrastructure and nomadic lifestyles that make implementation challenging. Sustaining population immunity and enhancing surveillance for Acute Flaccid Paralysis (AFP) can significantly contribute to polio eradication in this region.

KENYA
Over the last 10 years, Kenya has experienced polio outbreaks in 2006, 2009, 2011 and 2013. There has been resistance and controversy surrounding polio vaccinations in Kenya that have raised challenges during vaccination rounds. Faith-based groups have been critical in hard to reach areas where the government has limited staff. Under past USAID projects, 901,000 children under the age of 15 were targeted for AFP surveillance, SIA quality and routine immunizations. Kenya has promoted community-focused health strategies that have adopted the approaches of the current USAID project.

Current Activities:

- Conduct SIA quality and independent monitoring of SIAs;
- Conduct AFP surveillance;
- Support routine immunization;
- Implement Household Surveys on Immunization Indicators;
- Increase polio campaigns for vaccination;
- Consult with ministry of health and other partners (WHO, UNICEF);
- Introduce Inactivated Polio Vaccine (IPV);
- Train service providers on EPI service delivery, monitoring of vaccines and reporting using cold chain monitoring forms;
- Conduct social mapping to identify pockets of unvaccinated children;
- Increase the proportion of children receiving a birth dose;
- Provide health services related to reducing polio transmission e.g. handwashing, zinc; and
- Improve community-based surveillance.

SOMALIA
With an unstable national government and ban on polio vaccination by Al Shabab in the southern and central parts of the country, Somalia is difficult to work in and highly vulnerable to poliovirus importation. The border regions are socio-economically disadvantaged and have poor health services, leaving them at high risk for polio and other infectious diseases. Under past USAID projects, 202,000 children under the age of 15 benefited from surveillance and routine immunization services.

Current Activities:

- Support routine immunization;
- Conduct Household Surveys on Immunization indicators;
- Collaborate with ministry of health and other partners (WHO, UNICEF);
- Conduct vaccination campaigns;
- Participate in polio eradication committees in country;
- Use social mapping to identify pockets of unvaccinated children;
- Increase the proportion of children receiving a birth dose;
- Provide health services related to reducing polio transmission e.g. handwashing, zinc
- Provide individual counseling for families who have rejected vaccination;
- Provide training for partners; and
- Improve community-based surveillance

C. Program Objectives and Illustrative Activities

The overall objective of this program is to provide continued and uninterrupted support for NGO efforts to eradicate polio in Ethiopia, India, Nigeria, and South Sudan and for cross-border coordination efforts in the Horn, including Kenya and Somalia. In the long-term, activities should contribute to increasing population immunity in these countries, increasing acceptance of immunizations and improving the sensitivity of surveillance for Acute Flaccid Paralysis (AFP). The objectives are in line with the USAID's polio eradication framework development objectives in Section I.B. Listed below are illustrative activities for each objective. Applicants are expected to propose their own activities in support of the objectives.

Objective 1: *Build effective partnerships between PVOs, NGOs, and international, national and regional organizations involved in polio.*
Building partnerships is a key component of this program. Including PVOs and NGOs in existing national and international eradication partnerships will accelerate the eradication of polio.

Illustrative Activities: The above objective may be addressed through activities including the following, but not limited to:

- Build a functioning collaborative organization of PVO/NGO partners;
- Hold regular meetings with polio partners (e.g. MOH, USAID, WHO, Rotary, other ICC members);
- Collaborate and work with local NGOs and Community Based Organizations (CBOs) to

carry out or support project activities; and
- Participate in all WHO Regional and/or country specific technical advisory or consulting groups, such as the Technical Consultative Group (TCG), Task Force on Immunization (TFI), India Expert Advisory Group (IEAG), etc.

Objective 2: ***Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication.***
The cornerstones of this objective are: 1) strengthening immunization systems to support both polio eradication and other vaccine-preventable diseases; and 2) strengthening routine immunization by using data from the polio surveillance and campaign monitoring reports. This objective helps prioritize the Reaching Every District (RED) approach that includes activities such as baby-tracking. RED is WHO's key strategy for increasing routine immunization coverage and comprises supportive supervision, regular outreach services, community links with service delivery, monitoring and use of data for action, and better planning and management of human and financial resources. Each country focuses its efforts at the district or lower level and harmonizes with the country EPI plans. Increasing the engagement of local leaders and the community is essential.

Illustrative Activities: The above objective may be addressed through activities including the following, but not limited to:

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

Objective 3: ***Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations.***
By reaching the traditionally 'hard-to-reach' and the 'under-reached,' a larger fraction of children have been vaccinated with assistance of a network of NGOs. Careful planning, involvement in networks, complementing and filling in the gaps of the plans, building trust and confidence and the use of local partners has significantly contributed to these efforts.

Illustrative Activities: The above objective may be addressed through activities including the following, but not limited to:

- Participate in planning, implementation, and evaluations for NIDs, Sub-national Immunization Days (SNIDs) or Mop-up campaigns;
- Identify problematic areas and develop plans and strategies to increase coverage in those areas;
- Support social mobilization to increase acceptance and demand for supplemental immunizations and routine immunization; and
- Encourage community participation in, or contribution to, supplemental

immunizations and other immunization efforts such as child health weeks.

Objective 4: ***Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases).***
The interruption of WPV must be directed by high quality surveillance. Surveillance is essential for evaluating the effectiveness of polio eradication efforts in a country. Quality surveillance systems support two critical tasks: 1) to determine where polio continues to be transmitted for purposes of campaigns and increasing coverage; and 2) to provide evidence that polio transmission has been interrupted.

Illustrative Activities: The above objective may be addressed through activities including the following, but not limited to:

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

Objective 5: ***Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities.***
Information is necessary for maintaining and improving the quality of polio eradication activities, sharing lessons across countries and to inform other health programs.

Illustrative Activities: The above objective may be addressed through activities including the following, but not limited to:

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

Objective 6: ***Support PVO/NGO participation in either national and/or regional certification activities.***
Activities to certify a country as polio-free vary, especially with new importations and changing epidemiological situations. NGOs are in a good place to begin thinking about an appropriate role

for PVOs/NGOs during country certification periods.

Illustrative Activities: The above objective may be addressed through activities including the following, but not limited to:

- Lead efforts by secretariat directors to inform the national certification committee as appropriate about how NGO networks can be used to provide additional information to support their deliberative process.

E. Performance Indicators

In past projects, the following set of indicators has been reported by country:

- The proportion of zero dose children and the proportion of children receiving a birth dose of Oral Polio vaccine (OPV)
- Number of children up to 12 months who have a minimum of seven doses of vaccines either through immunization campaigns or routine immunization
- Number of children up to age 5 that receive polio doses during every round
- Number of AFP cases reported to a surveillance officer by the project disaggregated by gender
- Number of active NGO participants on the Interagency Coordinating Committees
- Number of Wild poliovirus cases disaggregated by gender

Applicants should discuss how progress towards these indicators will be measured, and their data can be collected, analyzed and used for program management. Applicants may propose alternate indicators.

SECTION II - FEDERAL AWARD INFORMATION

A. Estimated Total Amount, Type of Award, and Number of Awards Contemplated

USAID intends to issue one cooperative agreement to the responsible applicant who offers the best application in response to the requirements in this RFA, and that includes a calculation of costs that are reasonable and clearly explained. However, USAID may: (a) reject any or all applications; and (b) waive informalities and minor irregularities in applications received. USAID also reserves the right to fund any one or none of the applications submitted.

Subject to funding availability, USAID intends to provide up to $74 million in total USAID funding over a five-year period. This total funding amount is inclusive of both core and mission field support. Funding will be provided on an incremental basis subject to the availability of funds and successful performance. USAID reserves the right to change the funding amounts, cycle, and terms of the agreement as a result of availability of funding, U.S. Government requirements or recipient performance. Should such changes occur, the recipient will be notified appropriately.

USAID provides funding for global health work through two sources of funding: core funding provided from USAID/Washington Offices and field support provided from USAID Missions. USAID Missions can use field support funds sources to “buy-in” to centrally- based projects to implement country-level activities. Activities funded by field support are expected to support and be aligned with that country’s public health priorities as part of the USAID mission portfolio of work. Field support funding provides Missions with the opportunity to access state-of-the-art services and take advantage of technical leadership and oversight that centrally-managed USAID/W programs offer. USAID/W projects also serve as a mechanism to respond to urgent and rapidly evolving public health and development needs. USAID Mission staff and the AOR will be involved with the development of work plans in response to field support.

B. Period of Performance

The period of performance for the award will be five years in duration from the date of award, subject to availability of funds.

C. Authorized Geographic Code

The geographic code for the procurement of commodities and services is 937.

D. Substantial Involvement

The overarching goal of the project and project purpose are best achieved through the award of a CA as the assistance instrument for this RFA. As per guidance in Automated Directive System (ADS) 303.3.11, to ensure achievement of the program's objectives, the AO requires substantial

involvement during the administration of this award. To assist in the substantial involvement, the AO will appoint an AOR, who will serve as the main point of contact between USAID and the project. The AOR will help connect the project to other USAID projects, Mission bilateral projects, and other necessary USAID partners.

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

a. Approval of the Recipient's Implementation Plans: Implementation plans include, but are not limited to, annual work plans, including planned activities for the following year and any subsequent revisions, international travel plans, annual reports, data management plan; planned expenditures, event planning/management, and research studies/protocols.

USAID requires the approval of implementation plans annually to ensure alignment with stated goals, milestones and outputs. The implementation plan communicates how and when the Recipient will complete project activities and is drafted annually to describe new activities. Additionally, the project data management plan promotes efficient progress and financial monitoring, and ensures compliance with USAID's Open Data Policy. This plan will be developed in partnership between the Recipient and the AOR team.

b. Approval of Specified Key Personnel: the key personnel will include the following positions (requires concurrence from the AOR and approval from the AO):

1. Project Director
2. Deputy Director

c. Agency and Recipient Collaboration or Joint Participation

USAID's involvement will include:

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

(2) *Concurrence on the substantive provisions of sub-awards.* 2 CFR 200.308 already requires the recipient to obtain the AO prior approval for the sub-award, transfer, or contracting out of technical work under an award. The term 'sub-awards' includes both sub-agreements and contracts under assistance. Some of the sub-award approval responsibilities may be delegated to the AOR. Please note that any sub-awards (sub-agreements or contracts) to foreign governmental organizations or parastatals of any amount must be approved by the AO, and possibly go through additional clearances.

(3) *Approval of the recipient's monitoring, evaluation and learning (MEL) plans*. This describes USAID involvement in monitoring progress toward the achievement of program objectives during the performance of the project, including written guidelines

for the content of annual reports and final evaluations in accordance with 2 CFR 200.328 and guidance conforming with reporting requirements at country level. The MEL plan will be developed in consultation with USAID. During the initial project planning period, the applicant shall work closely with USAID to establish major milestones, program monitoring indicators, as well as baseline data and performance targets which will demonstrate successful achievement of the results addressed in the cooperative agreement. The MEL plan shall be finalized within 90 calendar days of the award. The recipient and USAID will jointly review progress on a periodic basis.

(4) *Monitoring and authorization of specified direction or redirection because of interrelationships with other projects.* These activities include facilitating partnerships with other key organizations, approval of external meetings and meeting agendas related to this project and its partnerships. All such activities must be included in the program description, negotiated in the budget, and made part of the award. Note: the AOR will provide review of the proposed change, and the AO is the only individual who can provide approval for this element of substantial involvement.

E. Title to Property

Property title under the resultant agreement shall vest with the recipient in accordance with the requirements of 2 CFR 200.310 through 2 CFR 200.316 regarding use, accountability, and disposition of such property.

F. Authority to Obligate the Government

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

G. Purpose of the Award

The recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award. The recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

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

Post-award, all key personnel will meet with the NGO Polio Eradication Project's USAID management team in Washington, DC to review the proposed start-up and transition plan for the first three months of the project (see Section D of this RFA). Prior to the end of the three-month

period, key personnel will meet with the USAID management team to discuss and agree on the work plan to be implemented for the first year. This work plan will be updated annually based on the project year schedule and implementation schedule. The USAID work plan period is October - September; depending on the date of award, the first and last year work plans for the project may cover more or less than twelve calendar months.

In drafting the annual work plans, the NGO Polio Eradication Project team will be expected to identify strategic objectives and intermediate results per activity that have been determined in consultation with the USAID Mission, Office, or Bureau. Targets, indicators, and data sources must be identified for each project result and align with the project's MEL plan. Strategic objectives in each country must flow logically from the Mission, Office or Bureau strategic framework as well as the NGO Polio Eradication Project's results framework to be proposed by the applicant.

I. Coordination with USAID

The CA will have one AOR and an alternate AOR as well as support from technical advisors. The AOR will retain substantial involvement for activities conducted under this award, funded both through core and field support funds. The recipient will keep the AOR apprised of the status of technical services provided by the recipient and will be prepared to travel to USAID offices in Washington, DC or be available by phone/video conference to review the annual work plan, planned core activities, and to debrief USAID on specific country activities of Mission buy-in to the project.

The AOR will assist the recipient by liaising with other offices in the Global Health Bureau, Regional Bureaus, and USAID Missions.

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

USAID may commission one or more external evaluations to assess specific aspects of the project in its entirety at a time to be determined by the AOR team. The evaluation will adhere to the principles outlined in USAID's Evaluation Policy. Its methodology and questions will be determined by the USAID Management Team in consultation with GH colleagues and evaluation specialists.

SECTION III - ELIGIBILITY INFORMATION

A. Eligible Entities

USAID welcomes applications from organizations that have not previously worked with the Agency. To be eligible for a cooperative agreement under this funding opportunity, an organization must be any of the following types of organizations:

1. **PVOs** - Organizations that meet the Conditions of Registration as Private voluntary organizations. To register with USAID as a PVO, please refer to USAID's website at www.usaid.gov/pvo for complete information and guidance.
2. **Nonprofit organizations** - Organizations that meet the definition of 2 CFR 200.70
3. **For-profit organizations** – NGOs that are not non-profit organizations. While for-profit firms may participate, pursuant to 2 CFR 200.400(g) it is USAID policy not to award profit to prime recipients and subrecipients under assistance instruments. This is discussed more specifically in ADS 303sai "Profit under USAID Assistance Instruments," which can be found at this link: http://www.usaid.gov/ads/policy/300/303sai.pdf.
4. **U.S. and non-U.S. Universities**
5. **Foreign Organizations (referred to as non-U.S. NGOs)** – either nonprofit or for-profit organizations that meet the definition in 2 CFR 200.47.

Individuals and governments are NOT eligible to apply. Each eligible organization may submit only one application.

Responsible Entity Determination

Each applicant must be found to be a responsible entity. Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations.

The Agreement Officer (AO) may determine a pre-award survey is required and if so, would establish a formal survey team to conduct an examination that will determine whether the 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.

The applicant is required to:

(i) Be registered in SAM before submitting an application;

(ii) Provide a valid DUNS number in its application; 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 will 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 an 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.

DUNS number: http://www.dnb.com/get-a-duns-number.html
SAM registration: http://www.sam.gov

Completion of an early registration does not constitute any commitment on the part of USAID to make an award.

B. Cost Share

All applicants are required to include a minimum cost share of **10%** 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. Applications that do not meet the minimum cost share requirement will not be eligible for award consideration. Mobilization of funds from outside sources through cost share of project activities is highly encouraged.

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. Profit and Program Income

While for-profit firms may participate, pursuant to 2 CFR 200.400(g) it is USAID policy not to award profit to prime recipients and sub-recipients under assistance instruments. However, while profit is not allowed for sub-awards, the restriction does not apply when the recipient acquires goods and services in accordance with 2 CFR 200.317 -326, “Procurement Standards.” This is discussed more specifically in ADS 303sai “Profit Under USAID Assistance Instruments,” which can be found at this link: http://www.usaid.gov/ads/policy/300/303sai.pdf.

Program income may be generated as pursuant to 2 CFR 200.307. Please note that 2 CFR 200

Subpart E applies to both US and non-US organizations. Additional guidance could be found in the Standard Provision "Program Income".

D. Environmental Compliance Requirements

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in 22 CFR 216 and in USAID's Automated Directives System (ADS) Parts 201.3.3.12 and 204, which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The Recipient's environmental compliance obligations under these regulations and procedures are specified in the follow paragraphs of this RFA. See Section VI – Award and Administration Information for more information.

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

No activity will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in the Initial Environmental Examination (IEE). Applicants must review Section VI.G as well as the IEE provided in Annex B to this RFA.

SECTION IV - APPLICATION AND SUBMISSION INFORMATION

A. Funding Opportunity Distribution

The preferred method of distribution of USAID assistance information is www.grants.gov. For instructions on how to register for Grants.gov, please see: http://www.grants.gov/web/grants/applicants/organization-registration.html. This RFA contains all necessary information, web links, and materials to submit a complete application. Any additional information regarding this funding opportunity will be furnished through amendments and will be communicated through www.grants.gov.

If you experience technical difficulties when submitting an application electronically on Grants.gov, please immediately contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

All inquiries and communication, including questions on this funding opportunity, must be submitted to the points of contact with "NGO Polio Eradication" in the subject line.

B. Application Submission Procedures

Please refer to the deadlines listed on the Cover Page. Applications must be submitted electronically to www.grants.gov before the due date and time. Applicants are advised to be cognizant of the time applications are submitted. Late submissions will NOT be accepted. The Grants.gov system date and time stamp will be used to determine the applications timeliness. Please include "Organization Name – RFA-OAA-17-000003 - Polio" in the filename of "Other Attachments" submitted on grants.gov. The technical and cost application files must be separate and clearly marked with the RFA No, and labeled as either Technical or Cost Application.

For an application submitted in multiple attachments/files, please indicate in the attachment's/file name whether the attachment/file relates to the technical or cost application, and the desired sequence of multiple attachments/files (if more than one is uploaded - e.g. "Attachment No. 1 of 4", etc.). It is the applicant's responsibility to ensure that all necessary documentation is complete and received on time.

Applications submitted after the closing date and time of the RFA will be deemed late. Late applications will not be considered for award. Applicants, who encounter any problems with their www.grants.gov submission, should email the points of contact for this RFA before the application submission deadline, explaining the circumstances. All applications received by the submission deadline will be reviewed for responsiveness to the funding opportunity and the application format. Additional information in the application not requested by the RFA may be removed and may adversely affect an applicant's evaluation/review. No additions or modifications will be accepted after the submission date. USAID bears no responsibility for data

errors resulting from transmission or conversion processes associated with electronic submissions.

Hard copies, whether hand delivered or by postal mail, and email will NOT be accepted.

C. General Application Process

To facilitate the competitive review of the applications, USAID will only consider applications conforming to the format prescribed in this RFA. Applicants must review, understand, and comply with all aspects of this RFA. Applications not conforming to this RFA may be categorized as non-responsive, thereby eliminating them from further consideration.

The application must include only one prime applicant, and may include sub-awards with partnering organizations. In this case, the prime applicant will be responsible for establishing and maintaining sub-awards with proposed partners. For the purposes of this RFA, the term "applicant" is used to refer to the prime and any proposed partners.

Applicants must set forth full, accurate and complete information as required by this RFA. The penalty for making false statements to the U.S. Government is prescribed in 18 U.S.C. 1001.

D. Content and Form of Application Submission

This RFA contains all the necessary information, web links, and materials to submit a complete, full application. A complete application consists of the following documents:

1) Technical Application:
    a) Cover Page
    b) Table of Contents
    c) Acronym List
    d) Executive Summary
    e) Situational Analysis and Program Strategy Section
    f) Gender Analysis and Strategy Section
    g) Personnel and Management Plan Section
    h) Organizational Capability Section
    i) Monitoring, Evaluation, and Learning Section
    j) Technical Attachments
        i) Past Performance References for key personnel: three Past Performance Short Forms, for the applicant and for each sub-partner (see Annex A).
        ii) Signed letters of support acknowledging intent to collaborate, from any stated partners or sub-awardees
        iii) Map(s) with scale of the proposed program locations
        iv) Level of effort table
        v) Personnel Matrix
        vi) Resumes
        vii) Letters of Interest to Participate/ Letters of Commitment

viii) Project Organogram
ix) Potential Integration Plan

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

3) Branding Strategy and Marking Plan (will be requested before award from the apparently successful applicant only and is not required by the RFA closing date).

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

E. Preparation of Applications:

Each applicant shall furnish the information required by this RFA. Applications shall be submitted in two separate parts: (a) Technical Application; and (b) Cost/Business Application.

All information must be presented in the English language. The application must use the letter format 8 ½" x 11", 12-point font, fixed pitch spacing, and 1" margins. However, budgets may be in a slightly smaller font (10 point) with smaller margins, and tables may use smaller fonts and margins as long as they remain easily readable. The pages of the technical application must be numbered for easy reference.

Applications signed by an agent on behalf of the applicant shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purpose, must mark the title 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 evaluate 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."

Applicants should retain a copy of the application for their records.

1. Technical Application Format

The technical application will be the most important factor for consideration in selection for award of the proposed cooperative agreement. The technical application must be specific, complete, and demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program in all of the focus countries. The application must also take into account the requirements of the program and evaluation criteria found in this RFA.

USAID requests that applications be kept as concise as possible. Detailed information must be presented only when required by specific RFA instructions. Technical applications are limited to **18** pages, **not including** the cover page, table of contents, table of acronyms, executive summary, attachments, figures, and tables. USAID requests that applications provide all information required in the format described below. The technical application cannot contain any cost information.

Applicants may use attachments for relevant supplemental information such as key personnel resumes, resumes of other personnel, letters of support from government and other implementing partners, and past performance information from projects similar in scope contracts, grants, and cooperative agreements. Resumes for proposed personnel shall not exceed three pages each. Attachments to the technical application that are not listed in Section D of this RFA will not be accepted.

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

USAID will only consider applications conforming to the format prescribed below.

Cover Page (1 page)

Include proposed program title; RFA reference number; proposed alternative title; name of organizations(s) applying for the agreement; any partnerships; and contact person, telephone and fax numbers, email, and address.

Table of Contents (1 page)

This section must follow the technical application format outlined in this RFA, Section IV.D.

Acronym List (1 page)

This section must define all acronyms used in the application.

Executive Summary (1-2 pages)

This section must be a page summary and contain information that the applicant believes best represents its proposed program.

Guidance:

- Program locations, including districts and countries.
- The proposed start and end dates.
- Estimated total population number and primary beneficiaries, including newborns, under age 5 and under age 15 children, and migrant or transitory populations including IDPs and refugees. Problem statement, including the rationale for the proposed project and how the project fits within the Global Polio Eradication Initiative (GPEI).
- Local partner(s) involved in program implementation.
- Project implementation plan including transition plan from previous project.
- Capacity and timeline to scale up if funds are identified in response to an outbreak situation or if a new country is added.

Situational Analysis and Program Strategy (7-8 pages)

Situational Analysis
This section of the application must first present a preliminary assessment of relevant health data to support polio eradication activities in the focus countries and specific geographic target areas and how this fits within the overall and country-specific GPEI strategies. Detailed information on the GPEI can be found at the following websites: http://www.polioeradication.org/; http://www.who.int/topics/poliomyelitis/en/ For specific information on activities underway, please refer to the following website: http://www.coregroup.org/our-technical-work/initiatives/polio. The reports prepared for the Independent Monitoring Board, including the CDC Risk Assessment, can be found on the WHO polio website. This situational analysis serves as the basis for the selection of polio eradication interventions in the defined target areas under the "Program Strategy" section below.

Guidance:

- Briefly describe the locations of the proposed program and provide a map(s) with scale in an **attachment**. Estimate the total population, breaking out children under five and pregnant women as well as other target groups such as refugees, migrant/nomadic

populations or IDPs living in the program site. Estimate the number of villages or other community units that are in the target area. Please cite the sources of data.

- Provide an overview of the current health status of the target population (including current immunization coverage indicators, such as percentage of the children with OPV and 12 – 24 months that are fully immunized and OPV3 coverage). Please cite relevant polio vaccine data and provide data for routine polio specific indicators such as break down of polio and non-polio AFP cases by age, vaccination status by age group, gender, urban /rural and other relevant sub-groups e.g. ethnic or religious minorities. Data on the quality of supplemental immunization campaigns in the country, on UNICEF's common communication indicators, and details on the current AFP surveillance indicators must be provided. Please cite sources of data. This must include also:
    - Socio-economic characteristics of the population (such as economy, religion, gender equity, ethnic groups, literacy or other) that have an impact on health status;
    - Current status of health care services in the target communities, including existing services (i.e., the NGO, MOH, local community and faith-based organizations (C/FBOs), the private commercial sector and traditional health providers), where people currently seek care, the current level of access and barriers to access (e.g., cost for services, distance to facilities, and transportation); and
    - Relevant information on pertinent household behaviors and barriers to polio immunization. The applicant is not expected to have conducted a survey, but any additional general knowledge of the local populations and situations is relevant.
- Clearly identify the links between assessment data and stated priorities of the GPEI.
- Briefly describe other polio eradication programs and activities that other agencies or the Government are involved with in the same geographic area which may provide an opportunity for partnering and to ensure there is no duplication of effort (e.g., Agency X is vaccinating and NGO Y is conducting education activities).
- Describe the process used to involve all relevant stakeholders (e.g., community and faith-based organizations, MOH, PVOs/NGOs, National Coordinating Committees, Secretariats, etc.) in the selection of the site, interventions and strategies; discuss possible synergies with these stakeholders that would strengthen your proposed intervention(s). Briefly describe the type and background of any local partner or NGO organization(s) with which the applicant organization will work and why they were selected.
- Given the GPEI architecture, the project must coordinate with WHO, the lead organization on surveillance, and UNICEF, the lead organization on social mobilization. **A signed letter of support must be provided from each of the following entities: (1) the governmental organizations** that are responsible for polio eradication in the target countries (for example the National Program in Immunization, the EPI, or MOH depending on the country); **(2) WHO country offices; and (3) UNICEF country offices**. **Letters of intent from potential sub-partners in the targeted countries** and other implementing partners are considered a plus and may be

included as an attachment. In the event that USAID/Washington and USAID/Mission(s) agree to expansion into another country, and the applicant wishes to propose expanding activities into another country, a concept note with letters of support from the MOH and ICC must be included.

- Given that many of the innovations developed by the NGOs involved in polio eradication have been documented in peer review and other literature, a discussion of how these best practices can be replicated and scaled up.
- **Potential Integration Plans:** Describe how the current polio infrastructure of NGOs, WHO, UNICEF, and country governments all working from joint plans and sharing resources could be expanded to address areas such as routine immunization, sanitation and hygiene, breastfeeding or other interventions, with minimal additional non-polio funds (may be included as an attachment).

Program Strategy

After the situational analysis, this section must then provide a clear picture of the proposed program and overall strategies, details on the proposed technical interventions, and approaches to implement those interventions, including training. There are four primary issues to address: 1) implementation of activities; 2) country-specific approaches, including how polio eradication efforts could be leveraged to boost other immunization or health efforts; 3) a transition plan that minimizes disruption to current activities; and 4) how the expected results will be achieved. It is important to clearly define linkages with other polio eradication programs and activities in-country and describe how synergy between programs will be developed.

Guidance:

- Please address how you will implement the program objectives in Section I and relate them directly to the country-specific polio eradication strategies. Provide an overview of the proposed program's **strategy**; please link the strategy with the situational analysis and the overall polio eradication strategy and outline why the proposed strategies and approaches are appropriate given the context.
- Describe how you would launch/scale up activities in new countries, applying the lessons learned from existing countries.
- **Country-specific approaches -** Please describe how you will operationalize activities in Ethiopia, India, Nigeria, and South Sudan, as well as cross-border efforts in the Horn of Africa (specifically Kenya and Somalia). Please address your experience and familiarity working in these countries, and your experience and knowledge of the PVO and NGO communities there.
- Describe 2–3 areas where the current **networks** for polio eradication could be used to strengthen other immunization or health efforts, given the trust and relationships that now exist among communities that used to be opposed to immunization.
- Present your plans for rapid start-up of operations, including a **transition plan with detailed timeline** that demonstrates the applicant's ability to provide continuity of activities in Ethiopia, India, Nigeria, and South Sudan, as well as cross-border efforts in the Horn of Africa (specifically Kenya and Somalia). USAID anticipates that the

successful applicant will start up before close out of the current NGO project. Please include a timeline to reflect how this will be implemented assuming a five-month transition period. The actual transition period may deviate from this assumed period.

Personnel and Management Plan (3-5 pages)

The applicant shall provide readily available, highly competent, technical personnel with the appropriate mix and sufficient depth and breadth of technical, managerial, regional, and language skills to achieve the objective and results of this program. USAID prefers that proposed staff and consultants have demonstrated effectiveness in the implementation of polio eradication or other similar activities in the targeted countries (Ethiopia, India, Nigeria, and South Sudan, as well as cross-border efforts in the Horn of Africa, specifically Kenya and Somalia). In-country and south-to-south human resources are preferred, including peer-to-peer collaboration.

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

Resumes, letters of commitment and three professional references for all key personnel, as well as a level of effort table and a personnel matrix for all other proposed personnel must be included as an attachment. In each case, at least one of the professional references must be a work contact from one of the target countries. The qualifications for the key personnel positions are described below:

Project Director
The Project Director shall be responsible for oversight, administration, supervision and management of all aspects of program performance. The Director will respond to and interact with the USAID AO and the Agreement Officer's Representative (AOR), USAID Mission Population Health and Nutrition staff, and host country officials. S/he shall coordinate and collaborate with other USAID-funded cooperating agencies and other donors and their contractors. A successful candidate must have extensive expertise in the management of projects similar or related to the GPEI, as well as substantial experience and demonstrated success in executive level management of international health programs and a working knowledge of federal grants and cooperative agreements management. The candidate for the position of Program Director must have, at a minimum, the following qualifications (note: experience in the areas may be concurrent):

- A Master's Degree in Public Health, Health Policy, or related health field (or equivalent: Bachelor's degree plus five years of experience in Public Health, Health Policy, or related health field);
- Recognized leadership in the field of international development and/or polio eradication and/or immunization as demonstrated by publications, public

appearances, or other evidence the applicant may present;
- At least eight (8) years of experience as a program manager (including four (4) years as a senior manager and 4 years managing a complex multi-country program) or similar position directing a polio eradication program, or other similar activities, in a developing country;
- Proven leadership skills in working and collaborating with other donors, host country institutions, international organizations, and other USAID cooperating agencies;
- Demonstrated competence in providing technical assistance to immunization projects, including but not limited to polio eradication;
- Demonstrated competence supervising professional and support staff; and
- Previous NGO experience.

Deputy Director

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

- A Master's Degree in Public Health, Health Policy, or related health field (or equivalent: Bachelor's degree plus five years of experience in Public Health, Health Policy, or related health field);
- Demonstrated competence in providing technical assistance to immunization projects, including but not limited to polio eradication;
- Experience as a deputy or acting director in similar projects;
- Proven leadership skills in working and collaborating with other donors, host country institutions, international organizations, and other USAID cooperating agencies;
- Grants and/or contracts management experience;
- Experience in drafting reports and project summaries;
- Demonstrated competence supervising professional and support staff; and
- Previous NGO experience.

Core Technical Staff

The applicant is requested to identify additional core technical staff, considered essential to achieving the results of the program. They must possess a mix of technical skills necessary for all aspects of project management as described in this RFA. The core technical staff must also demonstrate team leadership, the capacity to liaise and negotiate with key stakeholders in other

organizations, as well as to support and supervise staff. Please include a brief narrative of the key personnel in this section of the Technical Application. A more detailed personnel matrix and other relevant information must be included as an attachment. The proposed core technical staff, taken together, must possess technical expertise in each of, but not limited to, the following critical skill areas:

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

Management Plan
In addition to the narrative regarding personnel, this section must also provide an overview of the management of the proposed program activities. The applicant must propose a management plan consistent with this program's technical complexity, that addresses its ability to a) manage overall operations; and b) the country-specific approaches to working in Ethiopia, India, Nigeria, and South Sudan, as well as cross-border efforts in the Horn of Africa (Kenya and Somalia).

Guidance:

- Describe the proposed management structure for this program and provide a **project organogram** in the attachments. Include in the narrative a description of the responsibilities of all principal organizations and staff involved, reporting relationships, authority and lines of communication within and between each of these organizations. Include location where key staff will be based. For any proposed sub-partners, include a clear plan for managing and oversight. Please also explain how the proposed program team will interface with the applicant's corporate structure to meet the requirements of this RFA.
- Describe how the program will manage a complex set of activities in multiple countries and regions of the world, engaging multiple stakeholders from foreign governments as well as their development partners (e.g. PVOs, NGOs, Secretariats, and Community Based Organizations or similar organizations). Please provide a description of your capacity to monitor all activities, including current access to, or purchase of, vehicles for providing transportation for the monitoring of NIDs and SNIDs in hard to reach areas as required.

- Please provide a **subaward management plan** explaining how the program will respond to and manage subawards. Please expand on your experience and your proposed implementation plan for the solicitation and management of competitive subawards. This must include the criteria you will use to review subaward packages in the context of the local country conditions before seeking AOR/AO concurrence. Please describe your experience in the financial management of subawards.
- Please describe realistic approaches for **knowledge management** and transfer of experiences and lessons learned among staff and each of the projects being implemented in the target countries.
- In support of the GPEI, the Interagency Coordinating Committees (ICC) mobilize resources and coordinate partners involved in global polio eradication and broader immunization efforts. Discuss how you will actively participate in the ICC as part of the management of this project.

Organizational Capability of the Applicant (1-2 pages)

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

Guidance:

- Describe the applicant – including its general purpose, mission statement, goals, annual budget (including funding sources), major areas of involvement and main methods of operation. Include a description of all proposed sub-partners and how they will work together.
- Describe, as relevant, the organization's operations, current agreements and working relationships with the host country government, local NGOs and communities.

Monitoring, Evaluation, and Learning (MEL) (1-2 pages)

This section must provide an overview of the monitoring and evaluation activities of the proposed program. Discuss how progress towards program objectives will be measured. Describe how the indicators in Section I.E. will be measured and how current data on these indicators will be collected, analyzed and used for program management. Given that each country has a slightly different emphasis or innovation in the GPEI, please describe how customization for each country would capture the unique efforts happening there. To ensure integration, please also describe how the proposed monitoring plan would link with existing local data collection systems and processes.

Guidance:

- Discuss how progress towards program objectives will be measured. Describe how

these indicators will be measured and how current data on these indicators will be collected, analyzed and used for program management. In addition, please propose country-specific results that you aim to achieve as a result of your activities.
- The objectives under the global polio eradication framework list general illustrative activities.

Please note that MEL should 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 the associated capacity building and advocacy to use data for decision-making and action.

Gender Analysis and Strategy (1 page)

The applicant must explain if and why polio vaccination coverage differs by gender, and discuss how its technical approach will promote USAID's strategic goal to promote greater institutionalization of a gender perspective that identifies and addresses the differential impact of development on women, men, boys and girls.

Guidance:

- Address the gender variations in polio vaccination data that were identified in the situational analysis.
- Illustrate how your organization will ensure that gender disparities will be deliberately and adequately addressed in your proposed programming.

2. Cost Application Format

USAID will evaluate the cost/business application separately for cost effectiveness and realism. The applicant must sign and submit the cost application standard form number SF-424 and SF-424A. Standard Forms can be accessed electronically at www.grants.gov. While there is no page limit for this portion, applicants are encouraged to be as concise as possible while still providing the necessary details. The cost/business application must illustrate the required period of performance, using the budget format shown in the SF-424A. The anticipated amount of the award is $74 million – approximately 60% Core funding and 40% Field support – with a minimum cost share of 10%.

The applicants 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. Applicants must also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting cooperative agreement.

If the applicant has established a consortium or other legal relationship among its partners, the Cost Application must include a copy of the document establishing the parameters of the legal

relationship between the parties. The agreement must include a full discussion of the relationship between the applicant and its sub-partners 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 efforts will be allocated and the express agreement of the principals to be held jointly and severely liable for the acts or omissions of the other.

The cost application must contain the following sections:

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

1) Title page

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

2) SF 424 Form(s)

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-424	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(s)

The budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions)

with visible formulas and references and shall be broken out by project year, demonstrating the activities funded by core funding and field support, as well as itemization of the applicant's non-federal (cost share) amount. The budget will include the following worksheets or tabs, and contents, at a minimum:

A. Summary Budget; inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential subrecipients for the entire period of performance.
B. Detailed Budget; including a breakdown by year, by budget category and budget line items for all federal funding and cost share for the entire period of performance.
C. Subpartners' Detailed Budgets for core funding, field support and cost share for each sub partner, broken out by budget category and by year, for the entire period of performance.

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

Salaries and Wages must be identified by U.S. and non-U.S. personnel 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 (i.e., entire organization, select projects, etc.) and the effective date of those policies must be provided with the application, as well as the personnel policies. A copy of applicant's Human Resources policy must be included as attachment.

Fringe Benefits, if applicable, must be applied to the salaries and wages in a manner that allows USAID to review the proper application of the fringe benefits. Adequate justification for the fringe 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 an approved fringe rate, the applicant must explain how the rate was calculated and provide supporting documentation or alternatively include the direct charges for the fringe benefits. The budget narrative must include a detailed breakdown comprised of all items of fringe benefits (i.e., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries (if applicable).

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, the billable time and 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. 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 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. A copy of applicant's acquisition policy should be included as an attachment.

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, cost, and reason for all other direct costs.

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 Accountant (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.

Cost Share of at least **10%** of total federal funding 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 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 including the sources for each partner over the life of the project.

4) Budget Narrative(s)

The cost elements provided in the detailed budget should also be detailed 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 information so that USAID can read the Budget Narrative while reviewing the detailed budget and understand the estimated 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 included, the applicant must provide a narrative explaining the leveraged resources.
If the applicant has established a consortium or another form of legal partnership, the Cost Application must include a copy of the founding documents of the legal relationship between the parties. The application must explain the relationship between the applicant and its sub-partners including identification of the applicant with whom USAID will work with for purposes of Agreement administration, and the applicant which will have accounting responsibility, how the effort (work) will be allocated and the express agreement of the principals to be held jointly and severely liable for the acts or omissions of the other.
Applicants must also include evidence of responsibility the AO can use to determine that the applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award;
2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant;
3. Has a satisfactory record of integrity and business ethics; and

4. 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). Applicants may choose not to submit policy and procedure documentation described above under Section IV.E.2(3) Budget(s) for those systems and processes identified in and certified by the applicant's current Certificate of Compliance, provided the Certificate is submitted per the RFA's requirements.

5) Certifications, Assurances, and Representations

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

Dun & Bradstreet (DUNS) and System for Award Management

All applicants are required to:

1. Be registered in the System for Award Management (SAM) (www.sam.gov); (ii) Provide a valid DUNS number; and
2. 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) 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 AO to make an affirmative determination of responsibility. Applicants must 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 AO:

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 must provide copies of the same.

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

Funding Restrictions

USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principle under 2 CFR 200 Subpart E. of the Uniform Administrative Requirements may be paid under the anticipated award. While integrated health system approaches are encouraged, funding from this agreement can only be used for polio activities.

Construction is not permitted under this RFA.

Prohibition on Providing Federal Assistance to Entities That Require Certain Internal Confidentiality Agreements – Representation (April 2015)

a) In accordance with section 743 of Division E, Title VII, of the Consolidated and further Continuing Resolution Appropriations Act, 2015 (Pub. L. 113-235), Government agencies are not permitted to use funds appropriated (or otherwise made available) under that or any other Act for providing federal assistance to an entity that requires employees, subawardees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees, subawardees, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

b) The prohibition in paragraph (a) of this provision does not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

c) By submission of its application, the prospective recipient represents that it does not require employees, subawardees, or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees, subawardees, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(END OF PROVISION)

SECTION V - APPLICATION REVIEW INFORMATION

A USAID Selection Committee (SC) will conduct a merit review of all applications received in response to this RFA in accordance with the merit review criteria detailed below.

After a careful and thorough merit review of all full applications by the USAID SC, the AO will make the final determination and an award will be made to the applicant, whose full application offers the best solution, considering both technical and cost review criteria. The cooperative agreement may be awarded without additional discussions.

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

A. Criteria

i) Technical Evaluation Criteria

The technical application evaluation criteria below are listed in a descending order of importance, with the last three criteria being of equal weight. These criteria have been tailored to the requirements of this particular RFA and serve to a) identify the significant matters that applicants should address in their applications; and b) set standards against which all applicants will be evaluated. In addition to addressing each criterion overall, applicants should also ensure they discuss each of the sub-bullets within each category. To facilitate the review of applications, applicants should organize the narrative portions of their application in the same order as the broad evaluation criteria and should refer to the detailed guidelines found in Section D: Application and Submission Information and Section 4: Technical Application Format.

Situational Analysis and Program Strategy

- Clear and comprehensive assessment of the relevant health status/polio burden, historic rates of refusals and/or conversion to acceptor households, etc. of the selected population, and a discussion of existing formal and informal health care delivery. Clear links should be identified between assessment and stated priorities of the GPEI. Demonstrates an understanding of other immunization and polio eradication programs and activities underway in Ethiopia, India, Nigeria, and South Sudan, and the Horn of Africa (Kenya and Somalia), as well as opportunities for synergies of proposed program interventions and strategies (e.g. WHO, Secretariats, Consortiums, MOH, NGOs, community organizations, etc).
- Selected polio eradication strategies and implementation activities clearly support the program objectives in the target countries. Selected interventions and strategies demonstrate knowledge of the population, barriers to polio immunization, and justification is provided that links the selected interventions with the situational

analysis and the in-country Polio Eradication Initiative strategy.
- Demonstrates thorough knowledge of the PVO and NGO communities in the select countries.
- Presents a convincing approach for initiating work with these groups and minimizing disruption of current activities. The included transition plan and timeline for start-up activities should be realistic and minimize disruption of current operations.
- Clear description of the process that would be used to launch/scale up activities in current countries, applying the lessons learned from existing countries.

Personnel and Management Plan
- The extent to which the proposed key personnel meet or exceed the requirements described in Section D: Application and Submission Information, Section 4: Technical Application Format, part 6.
- The degree to which the proposed personnel have clearly defined roles; the proposed personnel matrix represents sufficient, adequate and efficient mix of cadre of who will be able to effectively implement the project; and the project management plan narrative and organogram are structured in a logical and efficient way that demonstrates applicant's ability to administer the overall project.
- The degree to which the applicant plans to actively participate in the national ICC.
- Applicant demonstrates the capability to logistically support the monitoring of operations in all the target countries, including access to vehicles and ensuring access to remote areas.
- Applicant fully demonstrates the capability for knowledge management of the project, for the sharing of experience between the projects being implemented in the various target countries, and ensures transparency.

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

Monitoring, Evaluation, and Learning (MEL)
- Process to measure progress towards proposed program objectives is clear and realistic.
- Indicators measured are consistent with country-specific monitoring plans and approach and information needs and the MEL approach utilizes the local data collection systems and processes.

Gender Analysis and Strategy
- Clear description of gender-specific issues affecting household behaviors of target population and barriers to polio immunization.
- The extent to which the application addresses USAID's strategic objective for situationally appropriate gender integration.

ii) Cost-Effectiveness and Cost Realism

Although cost is less important than the technical components, the cost application of the apparently successful applicant will be evaluated for cost-effectiveness, including the level of proposed cost share. The overall proposed costs are expected to be allowable, allocable to the project, fair and reasonable, and cost effective. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. Moreover, the organization must demonstrate adequate financial management capability, to be measured for a responsibility determination. In addition, all cost applications are subject to a cost realism analysis. Information gathered from such considerations may clarify the evaluators' understanding of various application details and lend itself to an adjustment of scores.

B. Review and Selection Process

Each application received by the RFA deadline will be reviewed against the eligibility criteria outlined in "Section III - Eligibility Information." Applications that do not meet the eligibility criteria will not be considered for award. This includes meeting the minimum cost share requirement - any application that does not meet this requirement is not eligible for award consideration.

Eligible applications will be reviewed for responsiveness in accordance with the merit review criteria, the application and Submission Information in Section IV, and the program description information in Section I. An adjectival approach will be used to evaluate the applications against the merit review criteria. Sub-criteria will not be assigned individual ratings but will be considered in the evaluation of each criterion. Applications that do not address the evaluation criteria in this RFA will be deemed non-responsive will not be considered for award.

The Technical Application will be reviewed in accordance with the Technical Merit Review Criteria set forth above. Applicants should note that the technical merit review criteria serve to: (a) identify the significant issues which applicants should address in their applications; and (b) set the standard against which all applications will be reviewed.

Following review of the Technical Applications, the Cost Application of the apparently successful applicant(s) will be reviewed for reasonableness, realism, allowability, and allocability. If an application is recommended for award following this review, technical and cost clarification questions may or may not be issued to the apparently successful applicant(s).

SECTION VI – FEDERAL AWARD AND ADMINISTRATION OVERVIEW

A. Federal Award Notices

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

2. Applicants notified of a successful application status will be requested to provide a Branding and Marking Plan that complies with ADS 320. Notification of successful application status is ***not*** an authorization to begin performing proposed activities or performance in general.

3. Applicants who are notified that their full application was unsuccessful are advised that they are able to request additional information within 10 working days following receipt of the notice. The unsuccessful applicant may send a written request for additional information to the points of contact.

B. Standard Provisions

Please see:

Standard Provisions for U.S. Non-governmental Organizations at:
https://www.usaid.gov/ads/policy/300/303maa
Standard Provisions for Non-U.S. Non-governmental Organizations at:
https://www.usaid.gov/ads/policy/300/303mab

C. Reporting Requirements

1. Workplan: To be submitted within 30 calendar days after the award. The recipient must provide a workplan describing the activities to be undertaken. A corresponding revised line item budget should also be provided.

2. Annual Reports: To be submitted 90 calendar days after the award year which is in accordance with 2 CFR 200.328(b).

3. Final Report: To be submitted 60 calendar days after the expiration or termination of the award which is in accordance with 2 CFR 200.328(b).

4. Financial Reporting: In accordance with 2 CFR 200.327, the SF 425 and SF 272 will be required on a quarterly basis.

D. Development Experience Clearinghouse Requirements

The assistance provisions required in AAPD 04-06, Submission of Development Experience Documents, in award documents to ensure that contracts and grants/CAs require the implementing partners to submit reports or deliverables they produce under the award to the

DEC. AORs or other individuals who are the most familiar with the award will monitor the recipient's compliance with this requirement.

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

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

For detailed guidance on the submission of copies of reports and other information to USAID's DEC, please review ADS 540.

E. Environmental Compliance

An Initial Environmental Examination (IEE) has been approved for this activity (see Annex B). The IEE covers activities expected to be implemented under a cooperative agreement awarded under this RFA. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this RFA.

1. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under the cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation. The IEE (see Annex B) contains an Environmental Screening Form to assist in identification of applicable conditions.

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

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

4. When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an Environmental

Assessment (EA), the recipient shall:

a) Prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness. Note this is not required if the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan.

b) Integrate a completed EMMP or M&M Plan into the initial work plan.

c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

F. Branding & Marking Requirements

It is a Federal statutory and regulatory requirement that all overseas programs, projects, activities, public communications, and commodities that USAID partially or fully funds under an assistance award or sub-award must be appropriately marked with the USAID identity. Under 2 CFR 700.16, USAID requires the submission of a Branding Strategy and Marking Plan from only the apparently successful applicant; therefore, **applicants do not need to submit a draft Branding Strategy and Marking Plan in the initial applications**. More information on Branding Strategy and Marking Plan are available at http://www.usaid.gov/branding/assistance.html.

Branding Strategy – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.

a. The request for a Branding Strategy, by the AO from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

b. Failure to submit and negotiate a Branding Strategy within the time frame specified by the AO will make the applicant ineligible for an award.

c. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and clarifications with the AO and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

a. The Branding Strategy must include, at a minimum, all of the following:

(1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

(1) The intended name of the program, project, or activity.

(i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brand mark, with the tagline "from the American people" as found on the USAID Web site at https://www.usaid.gov/branding, unless Section F of the RFA states that the USAID Administrator has approved the use of an additional or substitute logo, seal or tagline.

(i) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.

(ii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(iii) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.

(iv) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. Section F of the RFA will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

(1) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

(2) Planned communication or program materials used to explain or market the program to beneficiaries.

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.

(iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, "USAID is from the American People."

(iv) Provide any additional ideas to increase awareness that the American people support this project or program.

(2) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.

(3) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

f. The AO will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

(END OF PROVISION)

Marking Plan – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Marking Plan," detailing the public communications, commodities, and program materials, and other items that will visibly bear the "USAID Identity," which comprises of the USAID logo and brand mark, with the tagline "from the American people." The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at http:///www.usaid.gov/branding. Section F of the RFA will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

a. The request for a Marking Plan, by the AO from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

b. Failure to submit and negotiate a Marking Plan within the time frame specified by the AO will make the applicant ineligible for an award.

a. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and clarifications with the AO and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

a. The Marking Plan must include all of the following:

(1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:

(i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;

(ii) Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;

(i) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and

(ii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(i) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

(1) A table on the program deliverables with the following details:

(i) The program deliverables that the applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the applicant will use to mark the program deliverables;

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

(i) What program deliverables the applicant does not plan to mark with the USAID Identity, and

(i) The rationale for not marking program deliverables.

(1) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.

(iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.

(iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.

(i) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.

(ii) Offend local cultural or social norms, or be considered inappropriate. The applicant must identify the relevant norm, and explain why marking would violate that norm or otherwise be inappropriate.

(iii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

a. The AO will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

b. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PROVISION)

SECTION VII – FEDERAL AWARDING AGENCY CONTACTS

The applicant may contact the following USAID personnel in writing via email regarding this funding opportunity. Applicants must use the below email addresses in contacting the points of contact.

Primary Point of Contact:
Boryana Boncheva
Agreement Officer
M/OAA/GH/GHI
PolioRFA@usaid.gov

Alternate Point of Contact:
Carter Saunders
Agreement Specialist
M/OAA/GH/GHI
PolioRFA@usaid.gov

Applications should be submitted via Grants.gov. Please see Section D Application and Submission Information for more instructions on how to submit an application to this RFA.

SECTION VIII – OTHER INFORMATION

A. USAID Rights and Funding

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

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

B. Regulations and References

2 CFR 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards

USAID Policies and Procedures

Mandatory Standard Provisions for U.S., Nongovernmental Recipients

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

See the following annexes:

- Annex A – Past Performance Form
- Annex B – Initial Environmental Examination

ANNEX A: Past Performance Report Short Form

PERFORMANCE REPORT - SHORT FORM
PART I: Award Information (to be completed by applicant)
1. Name of Awarding Entity:
2. Award Number:
3. Award Type:
4. Award Value (TEC): (if subagreement, subagreement value)
5. Problems: (if problems encountered on this award, explain corrective action taken)
6. Contacts: (Name, Telephone Number and E-mail address)
6a. Agreement/Contract Officer:
6b. Technical Officer (AOR/COR):
6c. Other:
7. Recipient:
8. Title/Brief Description of Product/Service Provided:
9. Information Provided in Response to RFA/RFP No. :
10. Does a PPIRS/CPARS Record Exist (Yes/No):
PART II: Performance Assessment (USAID will ask the Reference to Complete)
1. How well Recipient/Contractor performed:
1a. Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness in fixing problems. Comment:
1b. Timeliness of performance, including adherence to schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:
1c. Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:

1d. Management, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, management of personnel, coordination among subawardees and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:
1e. Regulatory compliance. Comment:
2. Specify instances of good or poor performance, especially in the most critical areas. Comment:
3. List significant achievements and/or problems. Comment:

ANNEX B: Initial Environmental Examination

INITIAL ENVIRONMENTAL EXAMINATION

NGO Polio Eradication Project

1. EXECUTIVE SUMMARY

11. PROGRAM/ACTIVITY DATA

Program/Activity Number	REQ-GH-17-000046
Program/Activity Title	NGO Polio Eradication Project
Country/Region	Ethiopia, India, Nigeria, Horn of Africa (Kenya and Somalia)
USG Foreign Assistance Framework	GH936 3080 Health and Emergency Response (HERS) Objective A3: Investing in People Program Area: A11 Health Program Elements: MCH, Nutrition, Health and Emergency Response, Immunization
Period Covered	5 years 2017-2022
Life of Project Amount	$50 - $74 million
IEE Amendment	Yes, original IEE 2012-2017
IEE Prepared By	Amanda Quintana
Management Unit Contact Point	Ellyn Ogden

12. ENVIRONMENTAL ACTION RECOMMENDED

Categorical Exclusion X	Negative Determination X (with Conditions)
Positive Determination	

Project does not cover the following activities	Procurement of large scale incineration services or international exportation of hazardous waste. Construction or renovation of facilities.

13. THRESHOLD ENVIRONMENTAL DETERMINATIONS

Activity or Activity Category	Recommended Determination
Build capacity through management training	Categorical exclusion ,per 22 CFR 216.2{c){2){i) for activities of education, technical assistance, training programs, except to the extent such programs include activities directly affecting the environment

Improve cold chain and/or vaccine logistics systems through cold chain monitoring forms and reporting any issues.	**Categorical exclusion , per 22 CFR 216.2(c)(2)(i)** The action does not have an effect on the natural or physical environment;
Support poliovirus outbreak and/or AFP/ polio case investigation and/or response for activities of community mobilization, community based surveillance, baby-tracking and linking with routine immunization and other health services, improved planning and mapping of communities, serving as liaisons between the community and government on polio and other social issues, except to the extent designed to result in activities directly affecting the environment	**Categorical exclusion , per 22 CFR 216.2(c)(2)(i)** The action does not have an effect on the natural or physical environment;
Support logistics networks for the transport and testing of stool samples by reference labs	**Negative Determination**, subject to the **conditions, per 22 CFR 216.3(a)(2)(iii)** for procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents, that will have potential for negative impact on the environment
Support management of immunizations	**Negative Determination**, subject to the **conditions, per 22 CFR 216.3(a)(2)(iii)** for procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents, that will have potential for negative impact on the environment
Support proper disposal of hazardous medical waste	**Negative Determination**, subject to the **conditions, per 22 CFR 216.3(a)(2)(iii)** for actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste, that will have potential for negative impact on the environment

1.4. SUMMARY OF IMPLEMENTATION, MONITORING, AND REPORTING MEASURES

1. **Environmental Management Training.** The GH AOR/COR and Activity Manager(s) assigned to this program are to enroll in and successfully complete the Bureau for Global Health Environmental Management Process Training course. The course is offered

through GHPOD.

2. **Climate Change.** GH projects awarded after October 1, 2016 are required to follow USAID/GH guidelines for the screening of activities for climate resiliency to comply with EO 13677.

3. **Provision of the IEE.** The AOR/COR shall provide the Implementing Partner with a copy of this IEE and brief the Implementing Partner on their environmental compliance responsibilities.

4. **AOR/COR monitoring responsibilities.** As required by the ADS 204, the AOR will actively monitor and evaluate whether the conditions of this IEE are being implemented effectively and whether new or unforeseen consequences arise during implementation not identified and reviewed in this IEE. If new or unforeseen consequences arise, the team will suspend the activity and initiate appropriate, further review, in accordance with 22 CFR 216.

5. **Annual compliance documentation and reporting.** The Implementing Partner is responsible for the preparation of an Environmental Mitigation and Monitoring Plan (EMMP) and submitting the completed plan to the AOR/COR for review and approval with the project workplan and prior to initiating work on the activity. The EMMP template is included with the IEE. The EMMP will outline the environmental impacts that can be reasonably anticipated from the implementation of the program activities, the mitigation measures to address the impacts, monitoring measures, and frequency of inspection. The AOR/COR is responsible for reviewing and approving the EMMP and providing a copy to the Global Health BEO for review and concurrence.

   The Implementing Partner is responsible for annually preparing and submitting to the AOR/COR an Environmental Mitigation and Monitoring Report (EMMR) to document compliance with the conditions of this IEE. The EMMR must be submitted to the AOR/COR within 45 days after the end of each fiscal year. The EMMR template is attached to the IEE.

6. **Integration of compliance responsibilities in prime and subcontracts, agreements, and grants.** The AOR/COR shall ensure that the cooperative agreement document references and requires compliance with the conditions set out in this IEE, as required by ADS 2014.3.4(a)(6) and ADS 303.3.6(3)(e). The Implementing Partner shall assure that subcontracts, agreements, and grants reference and require compliance with relevant elements of these conditions.

7. **Assurance of sub-awardee, -grantee, -contractor capacity and compliance.** The Implementing Partner shall assure that sub-awardees, grantees, contractors have the capability to implement the relevant requirements of this IEE. The Implementing Partner shall, if appropriate, provide training to sub-awardees, -grantees, and -contractors in their environmental compliance responsibilities.

8. **Pesticides or pesticide products.** Any program activities conducted under this Agreement involving the procurement, use, research or disposal of pesticides or pesticide products will require a supplemental IEE or PEA amendment based on consultations with the Bureau Environmental Officer for Global Health, unless there is a discussion of bed nets.

9. **Compliance with human subject research requirements.** The AOR/COR in consultation with the BEO for the Global Health Bureau shall assure that the Implementing Partner and sub-awardees demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this agreement. The BEO for Global Health may request copies of documentation from the AOR/COR to demonstrate compliance with applicable requirements of human subject trials. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.

10. **New or modified activities.** As part of its workplan, the implementing partner in collaboration with the AOR shall review all on-going and planned activities to determine if they are within the scope of this IEE. The Implementing Partner shall complete the screening questionnaire (Part 1 of the EMMR) with the workplan.
    a. If activities outside the scope of this IEE are planned, the AOR/COR shall assure that an amendment to this IEE addressing these activities is prepared and approved prior to implementation of any such activities.
    b. Any ongoing activities found to be outside the scope of this IEE shall be modified to comply or halted until an amendment to this IEE is submitted and approved.

11. **Compliance with Host Country requirements.** Nothing in this IEE substitutes for or supersedes Implementing Partner, sub-awardees/-grantee/-contractor's responsibility for compliance with all applicable host country laws and regulations. The Implementing Partner and sub-awardee, -grantee, -contractor must comply with host country environmental regulations unless otherwise directed in writing by USAID. However, in the case of a conflict between host country and USAID regulations, the latter shall govern.

1.5. APPROVAL OF ENVIRONMENTAL DETERMINATION AND MEASURES

1.5.1. Clearance:

	12/6/2016
Barbara Hughes **Office Director, Global Health, Office of Maternal Child Health and Nutrition**	**Date**

__cleared via email_____	**_____12/5/2016_____**
Ellyn Ogden **AOR/COR, Global Health, Office of Maternal Child Health and Nutrition, Child Health and Immunization Division**	**Date**

1.5.2. Concurrence:

Rachel Dagovitz	12/6/2016
Rachel Dagovitz **Global Health Bureau Environmental Officer**	**Date**

1.5.3. Distribution List:

AOR/COR or designee is responsible for distributing the approved IEE to stakeholders on the distribution list below. Stakeholders may include Regional BEOs and REAs, among others.

1) Brian Hirsch, Africa BEO
2) Will Gibson, Asia BEO
3) John Wilson, Office of Afghanistan and Pakistan Affairs

SECTION 2: IEE SUPPORTING INFORMATION

2.1. PROGRAM/ACTIVITY DATA

Program/Activity Number	REQ-GH-17-000046
Program/Activity Title	NGO Polio Eradication Project
Country/Region	Ethiopia, India, Nigeria, Horn of Africa (Kenya and Somalia)
USG Foreign Assistance Framework	Objective A3: Investing in People Program Area: A11 Health Program Elements: MCH, Nutrition, Health and Emergency Response, Immunization
Period Covered	5 years 2017-2022
Life of Project Amount	$50 - $74 million
IEE Amendment	Yes, original IEE 2012-2017
IEE Prepared By	Amanda Quintana
Management Unit Contact Point	Ellyn Ogden

2.2. PURPOSE AND SCOPE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22 CFR 216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of polio eradication activities such as; building partnerships, improving cold chain vaccine logistics, supporting AFP surveillance and outbreak response, and testing of samples under the NGO Polio Eradication Project, and on this basis, to recommend determinations and, as appropriate, attendant conditions, for these activities. Upon final approval of this IEE, these recommended determinations are affirmed as 22 CFR 216 Threshold Decisions and Categorical Exclusions, and conditions become mandatory elements of the NGO Polio Eradication Project implementation.

The nature of the project is to provide continued and uninterrupted support for NGO participation in polio eradication in Ethiopia, India, Nigeria and for cross-border coordination efforts in the Horn of Africa, including Kenya and Somalia. In the long term, activities should contribute to increasing population immunity in these countries, increasing acceptance of immunizations and increasing the sensitivity of surveillance for Acute Flaccid Paralysis (AFP). The objectives of this program are the *Agency's Polio Eradication Framework* objectives and each lists illustrative activities. These activities, in line with the USAID funding priorities per PEACE Concept Paper under the GH HERS AAD are: 1) community mobilization, community-based surveillance, baby-tracking, linking with routine immunization and other health services; 2) improved planning and mapping of communities; and 3) serving as liaisons between the community and government on polio and other social issues. This is an IEE amendment because an IEE with continuing activities exists for the current NGO mechanism award, Core Group Polio Project, ending on September 30, 2017. Activities have threshold determinations of both categorical exclusion and negative with conditions. There are Categorical exclusions, compliance and reporting by the current awardee. This IEE is to amend the current IEE ending on September 30, 2017 and update activities in new countries so the new awardee can adhere

to CFR 216 Federal regulations of environmental compliance and reporting.

This IEE is a critical element of a mandatory environmental review and compliance process meant to achieve environmentally sound activity design and implementation.

2.3. PROGRAM OVERVIEW

2.3.1. Background

Polio eradication efforts are consistent with Global Health principles. This project directly benefits the most marginalized and poorest populations. It is non-discriminatory and equitable in its approach to ensure immunization for all children, regardless of social status, religion, age, location, etc. The initiative emphasizes women's empowerment by equipping women with information to make informed decisions about their family's health and well-being and by engaging women in social networks and as vaccinators and surveillance officers, allowing them to take on leadership roles in their communities. Polio eradication is used as a bridge for peace in conflict-ridden areas, promoting coordination through synchronized National Immunization Days (NIDs). This helps to reach cross-border immunization posts to reach migrant, nomadic and in-transit populations, including across countries.

2.3.2. Description of Activities

The purpose of this activity with NGO elements, according to the most recent version of Concept paper GH 936-3080 Health and Emergency Response (HERS), is to achieve polio eradication in a manner that strengthens routine immunizations and health systems. In line with the results framework, activities to be supported through this mechanism that are under Categorical Exclusion include: community mobilization, community-based surveillance, baby-tracking and linking with routine immunization and other health services; improved planning and mapping of communities; serving as liaisons between the community and government on polio and other social issues. The activities categorized under Negative Determination with Conditions are supporting management of immunization and supporting proper disposal of hazardous medical waste.

2.4. BASELINE INFORMATION AND APPLICABLE HOST COUNTRY REQUIREMENTS

2.4.1. Locations Affected

Activities under the NGO Polio Eradication Project may take place in any of the USAID Mission countries or in countries covered by USAID Regional missions. Environmental procedures are detailed in national policies. Applicable country and environmental information will be detailed for each country activity in the Request for Application document. All activities, listed below by country, will take place in established rural clinics and family homes. Transportation will use existing roads and new construction/rehabilitation of facilities or roads will not occur. The Environmental Mitigation Monitoring Plan will ensure the project's activities comply with all applicable country laws.

The following is a country-by-country description of the context and current activities underway in Ethiopia, India, Nigeria, South Sudan, and the Horn of Africa region specific to Kenya and Somalia:

ETHIOPIA

Ethiopia initiated Polio Eradication Initiative activities in 1996. Oral Polio Vaccine (OPV) coverage rates were increased, leading to reduced transmission of the virus. From January 2001 until February 2005, no wild poliovirus had been identified in Ethiopia and the country was categorized as an area with low risk of transmission. Due to the spread of virus originating in Nigeria, Ethiopia began to report importations in February 2006 which were brought under control by 2008. During this time, the past project under this NGO mechanism, Core Group Polio Project (CGPP), took on a larger role in the national program to identify polio cases through a large network of community-based surveillance officers and as a coordinator of cross-border meetings and planning that were instrumental in getting the outbreak under control. Difficult access, security issues, migration mainly due to nomadic populations, harsh weather conditions, and cross border economic activities remain large challenges to sustaining OPV coverage and quality Acute Flaccid Paralysis (AFP) surveillance in many parts of the country.

Activities in Country:

- Conduct active community-based surveillance;
- Mobilize community involvement in mass oral polio vaccine immunization campaigns in high-risk areas and the hardest-to-reach populations;
- Organize cross-border meetings and follow-up micro-planning and advocacy
- Assess readiness of high risk areas for immunization campaigns; and
- Initiate baby tracking and linking polio activities with other health interventions, such as health camps and food services.

INDIA

As of February 26, 2012, India was declared a polio-free nation by WHO, having sustained 12 consecutive months without a single reported case of the disease. Population immunity is high and the country is shifting into an emergency response mode in the event of any new outbreaks. The past project, CGPP, was asked by the Government of India and UNICEF to shift part of its focus from Western Uttar Pradesh to West Bengal. Sustaining population immunity, surveillance and beginning the process of certification will require nimbleness and flexibility; a strategic and timely plan must be in place in the event of an outbreak.

Activities in Country:

- Carry out social mobilization campaigns in support of national immunization activities;

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

NIGERIA

As one of the three polio endemic countries, Nigeria has a history of cyclical outbreaks of polio. Insecurity in the Northeastern region of Nigeria, Borno and Yobe states, has resulted in the deterioration of routine health services as well as poor performing IPDs[QAV(4)]. Early in 2013, there were targeted killings of polio workers which emphasizes insecurities, highlights operational challenges and increases the need for adjustments to conditions and local approaches. To date, Nigeria has 34 cases of wild poliovirus (WPV). There have been many immunization rounds since the recent 2016 outbreaks and many partners are involved in the efforts. This NGO mechanism is most important in this geographic area, relying on approaches with local communities to vaccinate unreached children as possible and maintain quality community-based surveillance. The overall project in Nigeria will primarily be a community-based project, targeting children at the grassroots level.

Activities in Country:

- Provide support to routine immunization programs;
- Improve community demand for immunization (OPV);
- Reduce missed and zero-dose children;
- Improve community-based case detection of AFP;
- Capacity development with local health facilities and appropriate villages/ ward development committees;
- Carry out social mobilization campaigns;
- Conduct social mapping to identify pockets of unvaccinated children;
- Increase the proportion of children receiving a birth dose of OPV;
- Provide health services related to reducing polio transmission, e.g. handwashing, zinc.

SOUTH SUDAN

In recent years, South Sudan has had a weak health system due to the humanitarian crisis that began in late 2013. More than 1.5 million internally displaced persons (IDP) and more than half a million refugees have fled insecurity and violence. This leaves children in the worst-affected areas little access to health services or vaccination campaigns. In the past CGPP project, efforts in eight southern border counties were made to improve the demand and access to routine and supplemental vaccination services, support AFP surveillance efforts at the grassroots level, take a leadership role in strengthening polio eradication activities along international borders through the CGPP-facilitated Cross-Border Initiative (CBI) and

advance independent monitoring of polio Supplementary Immunization Activities (SIAs) at the national level.

Activities in Country:

- Independent campaign monitoring;
- Increase community-based surveillance; and
- Continued role in Horn of Africa Cross-Border Initiative.

HORN OF AFRICA

After a polio outbreak in Kenya in 2013 originating a cross-border case from Somalia, countries in the Horn of Africa have increased their polio eradication activities. Outbreaks in this area tend to spread across borders that share similar culture, language and epidemiology as well as trade, health services and education. There are many areas in the Horn with high insecurity, poor infrastructure and nomadic lifestyles that make implementation of the project challenging. Sustaining population immunity and enhancing surveillance for (AFP) can significantly contribute to polio eradication in this region.

KENYA

In the last 10 years, there have been outbreaks in Kenya in the years 2006, 2009, 2011 and 2013. There are controversies surrounding polio vaccinations in Kenya that have raised challenges during vaccination rounds. Religious groups tend to play a role as health providers in varied areas where government has limited involvement in hard to reach areas. Under past USAID projects, 901,000 children under the age of 15 were targeted for AFP surveillance, SIA quality and routine immunizations. Kenya has promoted community-focused health strategies that have adopted the approaches of CGPP.

Activities in Country:

- SIA quality and independent monitoring of SIAs;
- AFP surveillance;
- Routine immunization;
- Household surveys on immunization indicators;
- Increase polio campaigns for vaccination;
- Consultation with Ministry of Health and other partners (WHO, UNICEF);
- Introduction of Inactivated Polio Vaccine (IPV);
- Train service providers on EPI service delivery, monitoring of vaccines and reporting using cold chain monitoring forms;
- Conduct social mapping to identify pockets of unvaccinated children;
- Increase the proportion of children receiving a birth dose of OPV;
- Provide health services related to reducing polio transmission, e.g. handwashing, zinc;
- Increase community-based surveillance.

SOMALIA

With an unstable national government and ban on polio vaccination by Al Shabab in the southern and central parts of the country, Somalia is difficult to work in and an area vulnerable to poliovirus importation. The border regions are socio-economically disadvantaged and have poor health services, leaving them at high risk for polio and other infectious diseases. Under past USAID projects, 202,000 children under the age of 15 benefited from surveillance and routine immunization services.

Activities in Country:

- Routine immunization;
- Household Surveys on immunization indicators;
- Consultation with Ministry of Health and other partners (WHO, UNICEF);
- Carry out Vaccination campaigns;
- Conduct social mapping to identify pockets of unvaccinated children;
- Increase the proportion of children receiving a birth dose;
- Provide health services related to reducing polio transmission, e.g. handwashing, zinc;
- Provide individual counseling for families who have rejected vaccination;
- Carry out training for partners; and
- Increase community-based surveillance

All activities in the Horn of Africa will take place in established clinics, homes and roads. No new construction/rehabilitation of facilities or roads will occur. Applicable country laws will be documented in a Supplemental IEE and will be implemented via the Environmental Mitigation Monitoring Plan.

2.4.2. Applicable Laws, Regulations and Policies

The project will follow the World Health Organization, Safe Management of Wastes from Health-care Activities, Second Edition. 2013. Additionally, the Project is required to follow host country laws and regulations. USAID Environmental Sector Guidelines may be used as supplementary information source as well implementing partner operating procedures, once approved by the AOR.

A climate risk screening (CRM) will be conducted for this project and the result are summarized in section 2.4.3 The complete CRM screening is attached to the IEE in the Appendix. This project involves outreach to local communities and regional and national governments for conducting local host country environmental impact assessment processes.

2.4.3. Climate Risk Screening Results

The Climate Risk Screening showed that the activities for the NGO Polio Eradication Project have low and moderate climate risks. None of the activities were rated as high. The NGO Polio Eradication

Project will incorporate climate change into monitoring and evaluation activities at intervals appropriate for the project and risk level. At a minimum, Projects with medium and high risk levels will conduct a closeout evaluation at the 5-year interval to determine if any climate affects were identified for the project or anticipated for follow on work, if applicable.

2.5. EVALUATION OF POTENTIAL ENVIRONMENTAL IMPACTS

The activities under this project are numerous and complex. Many activities do not have direct adverse environmental impacts, including those related to information, education, communication, community mobilization, planning, management, leadership, sustainability and outreach activities. However, in the course of implementing these activities, the awardee should take advantage of opportunities to incorporate and improve means of addressing environmental health issues into health service delivery systems, such as hazardous and infectious waste management.

Specific activities supported by the project that will directly or indirectly affect the environment or heave the potential to do so have been categorized as Negative Determination with Conditions. Based on the analysis conducted by the AOR, these activities could affect the environment through:

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

1) Procurement, Storage, Management and Disposal of Public Health Commodities

This activity includes procurement of pharmaceutical drugs and vaccines. Pharmaceutical drugs are chemicals used for diagnosis, treatment (cure/mitigation), alteration or prevention of diseases, health conditions, or structure/ function of the human body. Pharmaceuticals have specific storage time and temperature requirements and may expire before ever being used, especially in remote areas. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution, and lack of a routine system of disposal.

Unlike conventional pollutants, the effects of pharmaceuticals in the environment can range in impact. There are many drug classes of concern, such as antibiotics, antimicrobials, antidepressants and estrogenic steroids. The main pathways into the environment are through household use, disposal of unused or expired pharmaceuticals and excretion. Exposure risks for aquatic organisms are much larger than for humans because aquatic organisms have continual and multi-generational exposures to higher concentrations and possible low-dose effects.

Traditional environmental toxicology focuses on acute effects of concentrated exposures rather than chronic effects of low-level exposures. Measured toxicities of some tested pharmaceuticals

have shown that acute effects of single substances in the aquatic environment are very unlikely. However, effects of pharmaceuticals may be subtle because they may persist in low concentrations. Pollution prevention or source elimination and minimization are preferable to remediation of restoration to minimize both public cost and human/ecological exposure.

Antibiotics and undiluted disinfectants should not be disposed of into the sewage system as they may kill bacteria necessary for the treatment of sewage. Additional health risks related to disposal include burning pharmaceutical and plastic medical supplies at low temperatures or in open containers that can release toxic pollutants into the air. Inefficient and insecure sorting and disposal may allow drugs beyond their expiry date and may be diverted for resale to the public. The mass procurement and distribution of commodities such as medicines and medical equipment has the potential to contribute to solid waste. Many countries do not have facilities to manage solid wastes other than uncontrolled burns.

Reference: Kuemmerer, Klaus, WHO, "Pharmaceuticals In The Environment: Source, Fate And Risks". 2004 (online)

2) Actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste

Small scale healthcare initiatives, such as rural health posts or clinics, mobile clinics, urban clinics, small hospitals, community health workers and training health workers provide important and often critical healthcare services to individuals and communities that would otherwise have little or no access to such services. Improper training, handling, storage and disposal of the waste generated in these facilities or specific activities can spread disease through several mechanisms.

Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, microscopic disease-causing agents such as viruses, bacteria, parasites or fungi will be present in the waste. These agents can enter the body through breaks or lesions in the skin, mucous membranes in the mouth and nose, the nose in aerosolized particles and so on.

Contamination of water supply from untreated healthcare waste can also have devastating effects. If infectious stools or bodily fluids are not treated before disposal, they can create and extend epidemics. The absence of proper sterilization procedures is believed to have increased the severity and size of cholera epidemics in Africa and contributed to the expansion of the most recent Ebola outbreak.

References: Giroult, Pruess, E. and Rushbrook, P., WHO, "Safe management of wastes from health-care activities", 1999.

2.6. RECOMMENDED DETERMINATIONS AND CONDITIONS

Following from the analysis, the following determinations and conditions are recommended.

2.6.1. Recommended Determinations

Activity or Activity Category	Recommended Determination
Build capacity through management training	**Categorical exclusion , per 22 CFR 216.2(c)(2)(i)** for activities of education, technical assistance, training programs, except to the extent such programs include activities directly affecting the environment
Improve cold chain and/or vaccine logistics systems through cold chain monitoring forms and reporting any issues.	**Categorical exclusion , per 22 CFR 216.2(c)(2)(i)** The action does not have an effect on the natural or physical environment;
Support poliovirus outbreak and/or AFP/ polio case investigation and/or response for activities of community mobilization, community based surveillance, baby-tracking and linking with routine immunization and other health services, improved planning and mapping of communities, serving as liaisons between the community and government on polio and other social issues, except to the extent designed to result in activities directly affecting the environment	**Categorical exclusion , per 22 CFR 216.2(c)(2)(i)** The action does not have an effect on the natural or physical environment;
Support logistics networks for the transport and testing of stool samples by reference labs	**Negative Determination**, subject to the **conditions, per 22 CFR 216.3(a)(2)(iii)** for procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents, that will have potential for negative impact on the environment
Support management of immunizations	**Negative Determination**, subject to the **conditions, per 22 CFR 216.3(a)(2)(iii)** for procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents, that will have potential for negative impact on the environment
Support proper disposal of hazardous medical waste	**Negative Determination**, subject to the **conditions, per 22 CFR 216.3(a)(2)(iii)** for actions that directly or indirectly result in the generation and disposal of hazardous or highly

	hazardous medical waste, that will have potential for negative impact on the environment

2.6.2. Recommended Conditions

The conditions that apply to this IEE include the following:

1. **Environmental Management Training.** The GH AOR/COR and Activity Manager(s) assigned to this program are to enroll in and successfully complete the Bureau for Global Health Environmental Management Process Training course. The course is offered through GHPOD.

2. **Climate Change.** GH projects awarded after October 1, 2016 are required to follow USAID/GH guidelines for the screening of activities for climate resiliency to comply with EO 13677.

3. **Provision of the IEE.** The AOR/COR shall provide the Implementing Partner with a copy of this IEE and brief the Implementing Partner on their environmental compliance responsibilities.

4. **AOR/COR monitoring responsibilities.** As required by the ADS 204, the AOR will actively monitor and evaluate whether the conditions of this IEE are being implemented effectively and whether new or unforeseen consequences arise during implementation not identified and reviewed in this IEE. If new or unforeseen consequences arise, the team will suspend the activity and initiate appropriate, further review, in accordance with 22 CFR 216.

5. **Annual compliance documentation and reporting.** The Implementing Partner is responsible for the preparation of an Environmental Mitigation and Monitoring Plan (EMMP) and submitting the completed plan to the AOR/COR for review and approval with the project workplan and prior to initiating work on the activity. The EMMP template is included with the IEE. The EMMP will outline the environmental impacts that can be reasonably anticipated from the implementation of the program activities, the mitigation measures to address the impacts, monitoring measures and frequency of inspection. The AOR/COR is responsible for reviewing and approving the EMMP and providing a copy to the Global Health BEO for review and concurrence.

   The Implementing Partner is responsible for annually preparing and submitting to the AOR/COR an Environmental Mitigation and Monitoring Report (EMMR) to document compliance with the conditions of this IEE. The EMMR must be submitted to the AOR/COR within 45 days after the end of each fiscal year. The EMMR template is attached to the IEE.

6. **Integration of compliance responsibilities in prime and subcontracts, agreements, and grants.** The AOR/COR shall ensure that the cooperative agreement document references

and requires compliance with the conditions set out in this IEE, as required by ADS 2014.3.4(a)(6) and ADS 303.3.6(3)(e). The Implementing Partner shall assure that subcontracts, agreements, and grants reference and require compliance with relevant elements of these conditions.

7. **Assurance of sub-awardee, -grantee, -contractor capacity and compliance.** The Implementing Partner shall assure that sub-awardees, grantees, contractors have the capability to implement the relevant requirements of this IEE. The Implementing Partner shall, if appropriate, provide training to sub-awardees, -grantees, and -contractors in their environmental compliance responsibilities.

8. **Pesticides or pesticide products.** Any program activities conducted under this Agreement involving the procurement, use, research or disposal of pesticides or pesticide products will require a supplemental IEE or PEA amendment based on consultations with the Bureau Environmental Officer for Global Health, unless there is a discussion of bed nets.

9. **Compliance with human subject research requirements.** The AOR/COR in consultation with the BEO for the Global Health Bureau shall assure that the Implementing Partner and sub-awardees demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this agreement. The BEO for Global Health may request copies of documentation from the AOR/COR to demonstrate compliance with applicable requirements of human subject trials. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.

10. **New or modified activities.** As part of its workplan, the implementing partner in collaboration with the AOR shall review all on-going and planned activities to determine if they are within the scope of this IEE. The Implementing Partner shall complete the screening questionnaire (Part 1 of the EMMR) with the workplan.
    a. If activities outside the scope of this IEE are planned, the AOR/COR shall assure that an amendment to this IEE addressing these activities is prepared and approved prior to implementation of any such activities.
    b. Any ongoing activities found to be outside the scope of this IEE shall be modified to comply or halted until an amendment to this IEE is submitted and approved.

11. **Compliance with Host Country Requirements.** Nothing in this IEE substitutes for or supersedes Implementing Partner, sub-awardees/-grantee/-contractor's responsibility for compliance with all applicable host country laws and regulations. The Implementing Partner and sub-awardee, -grantee, -contractor must comply with host country environmental regulations unless otherwise directed in writing by USAID. However, in the case of a conflict between host country and USAID regulations, the latter shall govern.

2.7. MONITORING AND REPORTING

The Implementing Partner and the AOR/COR, in consultation with the BEO, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this IEE arise during implementation and modify or end activities as appropriate. Monitoring and reporting will be documented via the Environmental Mitigation and Monitoring Template (EMMT).

The EMMT consists of three parts:

- ***The Environmental Screening Form***

  The AOR/COR conducts annual screenings of their projects using the Environmental Screening Form to determine whether project activities and annual workplans remain within the scope of the activities reviewed during the IEE process. For sub- projects, sub-grants, and sub-activities, Implementing Partners must annually screen their activities and submit the completed form to the AOR/COR. If an activity does not fall within the scope of this IEE, a supplemental or amended environmental document must be prepared.

- ***The Environmental Mitigation and Monitoring Plan (EMMP)***

  The Implementing Partner is responsible for submitting the Environmental Mitigation and Monitoring Plan (EMMP) to the AOR/COR for review and approval. The GH BEO concurs on the EMMP. The EMMP is submitted with the workplan, after clearance of this IEE and prior to initiating project work. Implementing Partners will use the EMMP to describe the specific actions they will undertake under each category of activity when screening reveals potential environmental impacts as outlined in Section 2.5 of this IEE. The EMMP also identifies the person responsible for monitoring compliance with mitigation measures and the indicator, method, and frequency of monitoring.
  Refer to the attached GH EMMP Template.

- ***The Environmental Mitigation and Monitoring Reporting (EMMR)***

  Annually, the Implementing Partner is responsible for completing the Environmental Mitigation and Monitoring Report (EMMR) and submitting it to the AOR/COR. The EMMRs are reviewed by the AOR/COR and the BEO (and/or MEO, as appropriate). The EMMRs ensure compliance with 22 CFR 216 and ADS 204.5 by documenting that the conditions specified in this IEE have been met for all activities carried out under the NGO Polio Eradication Project by reporting on the results of applying the mitigation measures described in the EMMP and identifying outstanding issues with respect to required conditions. Verification may require digital photos and/or site visits.

  The Implementing Partner for the NGO Polio Eradication Project will submit the EMMR on all activities within 60 days after the end of each fiscal year for the life of the project, using the guidance and forms contained in the GH IEE BOP. Any sub- awards, sub-grants, and sub-activities must incorporate provisions stipulating a) the completion of an annual environmental monitoring report and b) that activities to be undertaken will be within the scope of the environmental determinations and recommendations of this IEE. This includes assurances that any mitigating measures required for those activities will be followed.
  Refer to the attached GH EMMR Template.

NGO POLIO ERADICATION PROJECT

Part 1 of 3: Environmental Screening Form

Project Name: _____	**Original IEE File #/DCN:** _____
Name of Prime Implementing Organization: _____	**Date of Screening:**
Name of Sub-awardee Organization (if this EMMT is for a sub): _____	**Funding Period for this award:** FY_____- FY_____
Geographic location of USAID-funded activities (Province, District): _____	**Current FY Resource Levels:** FY_____
This report prepared by: Name:_____ Date: _____	**Date of Previous EMMT for this organization (if any):** _____

Indicate which activities your organization is implementing.

	Key Elements of Program/Activities Implemented	Yes	No
1	Education, Technical Assistance, or Training Includes: strategic planning, data analysis, technical consultation, surveys, knowledge and information transfer, meetings, technical material development, outreach programs, and training services.		
2	Research and Development Includes: health-related research and development activities aimed at advancing knowledge and technology, including research and evaluation, monitoring and surveillance, programs, pilot studies, case studies, and assessments.		

3	Public Health Commodities Includes: procurement, storage, transportation, distribution, and disposal of public health commodities, including pharmaceuticals, nutritional supplements, chemicals (e.g., disinfectants, solvents, laboratory reagents, etc.), medical supplies, and family planning commodities (e.g., contraceptives, condoms, etc.).		
4	Small-Scale Construction or Rehabilitation Includes: hospitals, clinics, laboratories, voluntary and counseling testing centers, or training centers. Total surface area of the disturbed environment is under 10,000 square feet and less than $200,000 total cost.		
5	Small-Scale Water and Sanitation Includes: pond and spring improvements and installation of hand-dug wells, individual or community latrines, hand-washing stations, and small-scale septic and leach field systems.		
6	Nutrition Includes: small-scale food production, procurement and distribution of supplements, preventing undernutrition, providing nutritional care and support, and improving nutritional outcomes in programs.		
7	Vector Control Includes: procurement, distribution, or use of pesticide products such as insecticide-treated bednets, larviciding agents, and fumigants. NOTE: USAID uses USEPA's definition of pesticides, which includes "any substance intended for: preventing, destroying, repelling, or mitigating any pest. This includes herbicides, fungicides, plant regulators, and desiccants."		
8	Emergency Response Includes: coordination with outside organizations and technical experts, deployment of resources and response teams, and development of technical materials.		

DESCRIPTION OF ACTIVITIES:

The purpose of this activity with NGO elements, according to the most recent version of Concept paper GH 936-3080 Health and Emergency Response (HERS), is to achieve polio eradication in a manner that strengthens routine immunizations and health systems. In line with the results framework, activities to be supported through this mechanism that are under Categorical Exclusion include: community mobilization, community-based surveillance, baby-tracking and linking with routine immunization and other health services; improved planning and mapping of communities; serving as liaisons between the community and government on polio and other social issues. The activities categorized under Negative Determination with Conditions are supporting management of immunization and supporting proper disposal of hazardous medical waste.

Part 2 of 3: Environmental Mitigation and Monitoring Plan
NGO Polio Eradication Project

Category of Activity from Section 2.6 of ____ IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 2.5 of the ____ IEE)	Description of Mitigation Measures for these activities as required in Section 2.6 of ____ IEE	Who is responsible for monitoring?	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, Technical Assistance, Training						
2. Research and Development						
3. Public Health Commodities						
4. Small-Scale Construction						
5. Small-Scale Water and Sanitation						
6. Nutrition						

7. Vector Control						
8. Emergency Response						

Prepared by:

_____ Date:_____

_____

Reviewed and Approved by:

_____ Date:_____

Agreement Officer's Representative/Contracting Officer's Representative

Concur:

_____ Date:_____

GH Bureau Environmental Officer

Part 2 of 3: Environmental Mitigation and Monitoring Report
NGO Polio Eradication Project

List each Mitigation Measure from column 3 in the EMMP (EMMT Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
1. Education, Technical Assistance, Training			
2. Research and Development			
3. Public Health Commodities			
4. Small-Scale Construction			
5. Small-Scale Water and Sanitation			
6. Nutrition			
7. Vector Control			
8. Emergency Response			

Prepared by: _____ Date: _____

_____

A. References and Resources

22 CFR 216: http://www.usaid.gov/our_work/environment/compliance/22cfr216

ADS 200: Introduction to Programming Policy:
http://www.usaid.gov/sites/default/files/documents/1870/200.pdf

ADS 204: Environmental Procedures:
http://www.usaid.gov/sites/default/files/documents/1865/204.pdf

ADS 300: Agency Acquisition and Assistance (A&A) Planning:
http://www.usaid.gov/sites/default/files/documents/1868/300.pdf

ADS 302: USAID Direct Contracting: http://www.usaid.gov/sites/default/files/documents/1868/302.pdf

ADS 308: Awards to Public International Organizations:
http://www.usaid.gov/sites/default/files/documents/1868/308.pdf

ADS 502: USAID Records Management Program:
http://www.usaid.gov/sites/default/files/documents/1868/502.pdf

Bureau for Global Health Project Design and Approval Guidance

Environmental Compliance: Language for Use in Solicitations and Awards, An Additional Help to ADS 204: http://www.usaid.gov/sites/default/files/documents/1865/204sac.pdf

Executive Order 12114: Environmental Effects Abroad of Major Federal Actions:
http://www.archives.gov/federal-register/codification/executive-order/12114.html

Executive Order 13677: Climate-Resilient International Development: https://www.whitehouse.gov/the-press-office/2014/09/23/executive-order-climate-resilient-international-development

Foreign Assistance Act: http://www.usaidgems.org/lawsRegsPolicies/faa.htm

National Environmental Policy Act:
https://ceq.doe.gov/laws_and_executive_orders/the_nepa_statute.html

USAID Sector Environmental Guidelines: http://www.usaidgems.org/sectorGuidelines.htm

Appendix A
BUREAU FOR GLOBAL HEALTH

CLIMATE RISK MANAGEMENT SCREENING TEMPLATE
NGO Polio Eradication Project

1. Program/Activity Data

Program/Activity Number	REQ-GH-17-000046
Program/Activity Title	NGO Polio Eradication Project
Country/Region	Ethiopia, India, Nigeria, Horn of Africa (Kenya and Somalia)
USG Foreign Assistance Framework	GH936 3080 Health and Emergency Response (HERS) Objective A3: Investing in People Program Area: A11 Health Program Elements: MCH, Nutrition, Health and Emergency Response, Immunization
Period Covered	2017- 2022
Life of Project Amount	$50- $74 million
Screening prepared By	Amanda Quintana
Management Unit Contact Person	Ellyn Ogden
Current Date	December 2, 2016

2. Climate Risk Ratings

This document serves to document the results of the Climate Resiliency Screening conducted to evaluate the potential climate risks of the described activities. In accordance with Executive Order (EO) 13677 and Mandatory Reference for ADS Chapter 201 on Climate Change in USAID Strategies, USAID must conduct climate risk management screening for all new strategies, projects, and activities, as of October 1st, 2016.

CLIMATE RISK MANAGEMENT SUMMARY TABLE

NGO Polio Eradication Project

Project Elements	Potential Climate Risks	Climate Risk Rating	How Risks are Addressed	Climate Risk Acceptable (Include Justification)	Further Analysis or Actions for Activity Design or Implementation
Task 1: Build effective partnerships between PVOs, NGOs, and international, national and regional agencies involved in polio.	Damaging infrastructure where meetings are held can limit access to events if roads or other infrastructure is damaged or impaired	LOW	Flexibility built in schedule/ virtual meetings/ record events	Acceptable	Climate change can be discussed in meetings
Task 2: Support PVO/NGO efforts to strengthen national and regional immunization systems to achieve polio eradication.	Vaccinators may experience inability to reach hard-to-reach areas due to flooding and poor roads	MODERATE	Community mobilization used to have actors in the community assist in national and regional immunization campaigns	Acceptable	Collaborate with other donors and local partners to assist in immunization campaigns and assist in events/ trainings
	Trainings may be delayed due to extreme weather events	LOW	Flexibility built in schedule/ virtual meetings/ record events	Acceptable	
	Cold chain may be impacted by poor energy supply	MODERATE	Address logistics network and vulnerability to climate	Acceptable	Have back-up power be renewable energy to

Project Elements	Potential Climate Risks	Climate Risk Rating	How Risks are Addressed	Climate Risk Acceptable (Include Justification)	Further Analysis or Actions for Activity Design or Implementation
			Suggesting back-up sources be used (to sustain cold chain)		mitigate climate change
Task 3: Support PVO/NGO involvement in national and regional planning and implementation of supplemental polio immunizations.	Climate induced migration Climate dependent diseases can arise in areas that turn attention away from polio	LOW	Suggest early warning surveillance systems to watch for and monitor climate-induced migration and climate-induced diseases	Acceptable	Integrate system with other systems by collaborating with an existing effort by the government or another donor to work on early warning surveillance Raise awareness with PVO/NGOs on the potential risk of migration and shifting diseases
Task 4: Support PVO/NGO efforts to strengthen AFP case detection and reporting (and case detection of other infectious diseases).	Climate issues such as flooding exacerbating the risk of poor fecal sludge management leading to spread in the polio virus	MODERATE	Support PVO/NGO efforts to leverage sanitation catchment points to strengthen environmental surveillance	Acceptable	Collaborate with other donors in-country or the government on strengthening environmental

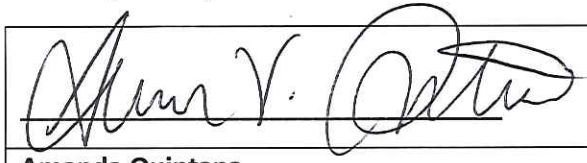
Project Elements	Potential Climate Risks	Climate Risk Rating	How Risks are Addressed	Climate Risk Acceptable (Include Justification)	Further Analysis or Actions for Activity Design or Implementation
	Trainings may be delayed due to extreme weather events	LOW	Flexibility built in schedule/ virtual meetings/ record events	Acceptable	surveillance
Task 5: Support timely documentation and use of information to continuously improve the quality of polio eradication (and other related health) activities.	Diagnostics (collection, storage, testing of stool samples) may be affected by logistics networks and/or extreme climate events Information systems may be vulnerable to unreliable energy supplies and/or extreme climate events	MODERATE	Address logistics network and vulnerability to climate Suggesting backup power sources be used	Acceptable	Backup power to be renewable energy to mitigate climate change
Task 6: Support PVO/NGO participation in either national and/or regional certification activities.	None identified	LOW	None identified	Acceptable	None identified

NOTE: Low climate risk does not require the development of specific plans to address climate risk. However, moderate to high climate risk requires appropriate consideration and response to the potential risk. In some cases, the program may decide to accept the risk and will document the justification.

3. Monitoring and Evaluation

NGO Polio Eradication Project will incorporate climate change into monitoring and evaluation activities at intervals appropriate for the project and risk level. At a minimum, Projects with medium and high risk levels will conduct a closeout evaluation at the 5-year interval to determine if any climate affects were identified for the project or anticipated for follow on work, if applicable.

4. Prepared by:

	12/13/2016
Amanda Quintana **Global Health Bureau, Office of Maternal Child Health and Nutrition**	**Date**

5. Approved by:

	12/13/2016
Rachel Dagovitz **GH Climate Integration Liaison/GH Bureau Environmental Officer**	**Date**