USAID
FROM THE AMERICAN PEOPLE

Issuance Date: July 9, 2009
Closing Date: August 20, 2009
Closing Time: 11:00 a.m. EST

Subject: Request for Applications (RFA) Number – M/OAA/GH/POP-09-0709
Strengthening Health Outcomes through the Private Sector (SHOPS)

The United States Agency for International Development (USAID) is seeking applications for a Leader with Associates Cooperative Agreement from eligible U.S. for-profit, non-profit, or private voluntary organizations, or an Institution of Higher Education for a program titled, "Strengthening Health Outcomes through the Private Sector (SHOPS)." The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended. USAID strongly encourages Applicants to develop consortiums with other responsible organizations (U.S. or Non-U.S. Organizations).

Any questions concerning this RFA must be submitted in writing to Ms. Alicia Harris, Agreement Specialist, via email at aharris@usaid.gov by July 23, 2009 at 2:00PM EST. Responses to questions will be furnished to all prospective Applicants as an amendment to this RFA.

With this RFA, USAID's objective is to build upon its decades of support for and leadership in private health sector programming and its extensive work in expanding contraceptive choices and Family Planning (FP) and Reproductive Health (RH) programs. The purpose of the agreement is to increase the role of the private sector in the sustainable provision and use of quality FP/RH, HIV/AIDS and other health information, products, and services. Specifically, USAID is seeking assistance to:

- Strengthen global support for state-of-the-art private sector FP/RH and other health models, approaches and tools;
- Advance knowledge about and understanding of private sector provision of FP/RH and other health information, products and services; and
- Strengthen key private health sector systems and initiate, implement and scale-up innovative, effective and sustainable private sector FP/RH and other health programs.

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

Subject to the availability of funds, USAID seeks to competitively award the Strengthening Health Outcomes through the Private Sector (SHOPS) Leader with Associates (LWA) Cooperative Agreement. USAID reserves the right to fund any or none of the applications submitted.

This RFA provides an estimate of the dollar amount for the Leader of $95 million over five years. The estimated dollar amount of anticipated Associate Awards is $105 million for a combined ceiling of $200 million. Each Associated Award has its own ceiling that is not included in the Leader Ceiling. Each Associate Award shall specify the Total Estimated Award (TEA) amount for that Cooperative Agreement. Leader Awards and Associate Awards are separately obligated instruments. There is no guarantee regarding the magnitude of Associate Awards in dollars or number of awards. Associate Award estimates included in the Leader Award do not suggest that funds obligated under a Leader Award can be moved to an Associate Award without a deobligation of those funds.

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

1. Section I Cooperative Agreement Application Format
2. Section II Evaluation Criteria
3. Section III Program Description
4. Section IV Implementation Arrangements
5. Section V Certifications, Assurances, and Other Statements of Applicant
6. Section VI Annexes

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

If you decide to submit an application, it must be received by the closing date and time indicated at the top of this cover letter at the place designated in the General Instructions for receipt of applications. Applications and modifications thereof shall be submitted in envelopes with the name and address of the Applicant and RFA No.

Applicants are requested to submit both technical and cost portions of their applications in separate volumes. Award will be made to that responsible Applicant(s) whose application(s) offers the greatest value.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant application(s) cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential Applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the Applicant; if circumstances prevent award of a Cooperative Agreement, all preparation and submission costs are at the Applicant's expense.

The preferred method of distribution of USAID procurement information is via internet at www.grants.gov. This RFA and any future amendments can be downloaded from http://www.grants.gov. Click on "Search for Grant Opportunity," then click on "Browse by Agency" and choose U.S. Agency for International Development, then click on the Opportunity titled, "Strengthening Health Outcomes through the Private Sector (SHOPS) RFA". If you have difficulty accessing the RFA, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via e-mail at support@grants.gov for technical assistance. Receipt of this RFA through grants.gov must be confirmed by written notification to the contact person noted below. It is the responsibility of the recipient of the grant document to ensure that it has been received from Grants.gov in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

(a) Section II Evaluation Criteria
(b) Section I Application Format
(c) Section III Program Description
(d) This Cover Letter

Sincerely,

Cynthia D. Barzey
Agreement Officer
M/OAA/GH/POP

SHOPS RFA

Table of Contents

ACRONYMS

ADS	Automated Directives System
AIDS	Acquired Immune Deficiency Syndrome
AO	Agreement Officer
AOTR	Agreement Officer's Technical Representative
BEO	Bureau Environmental Officer
BoH	Banking on Health Project
BOP	Base of the [economic] Pyramid
CFR	Combined Federal Regulations
CSH	Child Survival and Health
DA	Development Assistance
DCA	Development Credit Authority
ECS	Environmental Capability Statement
EMP	Environmental Monitoring and Management Plan
EMMP	Environmental Mitigation and Monitoring Plan
ESF	Economic Support Fund
ESR	Environmental Status Report
FICA	Federal Insurance Contributions Act
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
FSA	Freedom Support Act
GH	Global Health Bureau
GHAI	Global HIV/AIDS Initiative (funds)
GLP/TP	Global Leadership Priority/Technical Priority
IEE	Initial Environmental Examination
IFC	International Finance Corporation
IQC	Indefinite Quantity Contract
HIV	Human Immunodeficiency Virus
IIP	Investing in People
LAPM	Long Acting and Permanent Method
LWA	Leader with Associates
M&E	Monitoring and Evaluation
M&M	Project Mitigation and Monitoring Plan
MNCH	Maternal, Neonatal and Child Health
NGO	Non-government Organization
NICRA	Negotiated Indirect Cost Rate Agreement
OAA	Office of Acquisition and Assistance
OMB	Office of Management and Budget
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PRH	Office of Population and Reproductive Health
PSP	Private Sector Program
PSP-*One*	Private Sector Partnerships-*One* Project
R&D	Research and Development

RFA	Request for Applications
RH	Reproductive Health
SDI	Service Delivery Improvement Division
SEED	Support for East European Democracy Act
SHOPS	Strengthening Health Outcomes through the Private Sector
STI	Sexually Transmitted Infection
TEA	Total Estimated Award
USAID	United States Agency for International Development
USG	United States Government

SECTION I – COOPERATIVE AGREEMENT APPLICATION FORMAT

A. General Instructions

Applicants are expected to review, understand, and comply with all aspects of this Request for Applications (RFA). Failure to do so will be at the Applicant's risk.

The successful Applicant for this RFA will be awarded a Leader with Associates (LWA) Agreement with USAID. Applications in response to this RFA should respond directly to the terms, conditions, specifications, and provisions of this RFA. Applications not conforming to this RFA may be categorized as non-responsive, thereby eliminating them from further consideration.

Applicants should submit one (1) original plus five (5) copies of a technical application and one (1) original plus two (2) copies of the cost/business application, in English. Applications should reference the total proposed funding level and the estimated cost share on the cover page. In addition to the hard copies described above, technical and cost/business applications should be submitted on one (1) CD ROM each in Microsoft Word 2003 and Excel 2003.

All copies of the technical and cost/business applications must be separately placed in sealed envelopes clearly marked on the outside with the following words "RFA No. M/OAA/GH/POP-09-0709 with the contents indicated: e.g. Technical, and/ or Cost/Business (as appropriate) Application".

Any application with data not to be disclosed should be marked with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate this application. If, however, a Cooperative Agreement is awarded to this Applicant as a result of or in connection with the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting Cooperative Agreement. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets [insert numbers or other identification of sheets]."

Mark each sheet of data you wish 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."

Eligibility Criteria

To be eligible to receive this Cooperative Agreement, an organization must:

- Be a U.S. based, non-profit, or private voluntary organization or an Institution of Higher Education (as defined in 22 CFR part 145);

- Have managerial, technical and institutional capacities to achieve the results outlined in this program description; and

- Propose to contribute from their own, private or local sources no less than 20 percent of the amount of funds obligated by USAID for the implementation of this program over the course of the Agreement.

Address for Submission of Applications

Applications should be submitted in either of the following manners:

Via U.S. Mail
Alicia Harris
Agreement Specialist
USAID, M/OAA/GH/POP
1300 Pennsylvania Avenue, NW
Ronald Reagan Building (RRB), Room 7.09-144
Washington, DC 20523-7900

or

Via Hand or Courier Service *
USAID Ronald Reagan Building
14th Street Entrance (only)
1300 Pennsylvania Avenue, NW
Washington, DC 20523

* Check in at Visitor's Desk and call Alicia Harris at (202) 712-1798.

B. Preparation Guidelines for the Technical Application

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Section II, "Evaluation Criteria," addresses the technical evaluation procedures for the applications. Applications that are submitted late or are incomplete will not be considered for award.

Applications shall be submitted in two separate parts: (a) technical and (b) cost or business application, following the instructions listed in the first part of this section.

The application will be prepared according to the structural format set forth below. Applications must be submitted to the location indicated in the cover letter accompanying this RFA by the date and time specified.

Technical applications should be specific, complete and concise. The application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The technical application should fully respond to the technical evaluation criteria found in Section II.

Applicants should retain for their records one copy of the application and all enclosures that accompany their application. Erasures or other changes must be initialed by the person signing the application. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

USAID requests that applications be kept as concise as possible. Detailed information should be presented only when required by specific RFA instructions. Technical applications are limited to 35 pages (12 point single-spaced type, 1 inch margins), not including the cover page, executive summary, appendices, figures and tables. Shorter applications are encouraged. USAID requests that applications provide all information required by following the general format described below.

The technical evaluation criteria, with the possible points allocated to each, are described in Section II. The maximum number of points available is 100. A USAID Technical Evaluation Panel will evaluate the technical applications in accordance with the evaluation criteria in Section II. The format of the technical application should follow the outline and order of the technical scoring criteria according to the guidelines provided below.

The suggested format for the technical application is:

B1. Cover Page

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

B2. Executive Summary (1-3 pages)

Briefly describe how the Applicant(s) proposes to meet the requirements, carry out the activity functions, and achieve the anticipated results. Briefly describe the technical and managerial resources of the Applicant's organization and describe how the overall program will be managed.

B3. Technical Application Format (maximum 35 pages)

This section represents the technical portion of the RFA. Applications should be kept as concise and specific as possible. The technical portion of the application shall be no more

than 35 pages, excluding attachments. The technical application should be organized in the order of the evaluation criteria found in Section II.

Content of the Technical Application – Instructions

B3A. Technical Approach

B3A1. Overall quality of proposed strategies, approaches, and interventions

Applicants should describe how they propose to achieve the purpose of this Activity— to increase the role of the private sector in the sustainable provision and use of quality family planning (FP)/ reproductive health (RH), HIV/AIDS and other health information, products, and services. Applicant should describe how this will contribute to higher level outcomes.

For each of the three results described in the RFA, Applicants should present an overview of how they will accomplish each result, with specific illustrative activities they would use to accomplish specific sub-results and each of the anticipated outcomes under the Leader Award. Applicants are encouraged to propose additional or modified anticipated outcomes, with corresponding proposed activities to accomplish these outcomes.

For the purpose of this application, Applicants should assume they will receive principally population core and population field support funds (both from the Child Survival and Health account), with possible funding from other sources, such as HIV/AIDS, Maternal and Child Health Initiative or President's Malaria Initiative (also from the CSH account), as well as funding from other accounts such as Development Assistance (DA), Economic Support Fund (ESF), Freedom Support Act/Support for East European Democracy Act (FSA/SEED), and Global HIV/AIDS Initiative (GHAI).

In this section, Applicants should describe strategies for building on and strengthening local partners, networks and institutions and collaborating with other USAID Cooperating Agencies and projects. Specifically, Applicants should describe how they will involve local partners in program implementation and ensure capacity building within in-country organizations and institutions that will allow them to assume responsibility for interventions, thereby increasing transfer and sustainability.

Applicants should also describe how they will be responsive to USAID Missions that provide field support funding or issue Associate Awards, including how their responses will address the challenges as described in this RFA.

B3A2. Case Studies:
Applicants' responses to the case study questions should be no more than 8 pages for Case Study 1 and 5 pages for Case Study 2 (a total of 13 pages) as part of the 35 page limit.

Case Study 1: Choose a country in Africa and present the relevant health and family planning data for that country including the contraceptive security situation. Describe the different public and private sector health actors and other key stakeholders. Identify the key barriers to private sector market entry, growth and expansion. Present a comprehensive 5-year strategy and program that will address these barriers and move this country towards a "whole market approach," focusing on family planning and reproductive health services. Differentiate between how you would use core and field support funding. Assume an annual budget of $300,000 of field support and $200,000 of core population funding. Discuss which of PRH's Global Leadership and Technical Priority initiatives will be addressed and how this will be done. Discuss the data and information gaps and the research you would conduct to fill those gaps for purposes of advocacy, policy development/reform and program design and implementation. Show how you will monitor and evaluate these interventions over time to determine effectiveness and how you would determine and document lessons learned and disseminate this information to a wider global community. Limit your response to no more than 8 pages.

Case Study 2: Describe the strategic approach you would use for conducting programmatic and operations research on the private health sector, for monitoring and evaluating the project's work, for contributing to the global body of knowledge and research on the private health sector and for compiling, organizing and sharing this information. Proposals should include the following:

- A list of 10 key research questions which when answered, will advance the state of the art in private and commercial programming in health. Describe the proposed research methods for answering these key questions.
- A list of illustrative indicators for monitoring and evaluating private health sector programming and for measuring the private and commercial sectors' contributions to FP/RH and other health service and product delivery, program sustainability, and market segmentation.
- The Applicant's plan for monitoring compliance with USAID family planning legal and policy requirements that deal with voluntarism and informed choice, a target free approach, quality counseling with comprehensible information, and restrictions to funding abortion related activities.
- An illustrative performance monitoring plan (PMP) to track progress in achievement of the SHOPS Activity Objective and each of the three results under the Leader Award, that includes milestones, indicators and targets for achievement of activity objectives and results as well as the time frame for data collection, the method, type and source of information that will be collected, how frequently data will be collected and how the data will be used.
- A description of the Applicant's approach to identifying promising private sector practices, approaches, models and tools from Associate Awards issued under this agreement as well as examples external to the Award, for researching them and/or documenting and disseminating lessons learned and best practices.

Limit your response to no more than 5 pages.

B3B. Staffing, including Key Personnel

Applicants should propose a staffing plan that demonstrates an appropriate balance of skills and accountability. They should present a plan that enables achievement of the three results expected of SHOPS.

Applicants should provide the following information which may be included in an annex:

- A complete staffing plan including key personnel and core technical staff, with underlying rationale, including an organizational chart demonstrating lines of authority and staff responsibility accompanied by position descriptions. Staffing plans are expected to include non-program staff, core technical staff and an explanation of how additional technical expertise will be obtained with attention to cost-containment and avoiding unnecessary staffing;

- A matrix of relevant programmatic and technical skills and experience necessary to implement the Applicant's plan, that shows how all proposed staff (including short-term consultants) in the staffing plan meet these requirements (matrix will not count against page limit);

- An annex including letters of commitment and resumes (three pages maximum for each person) including a half page summary of qualifications for all candidates for key positions.

- Summary biographical statements (no more than one page each) of personnel other than those designated for key positions that are considered important to implementation of the project. It is not necessary to include biographical statements or resumes of part-time staff, support staff, or potential consultants.

- Documentation that demonstrates organizational capabilities including past performance.

In an annex to the technical proposal, Applicants shall provide the names of the key individuals responsible for preparing the technical application, the specific sections of the proposal to which each contributed, and the approximate percentage of the final document that each individual contributed.

B3C. Management and Institutional Capacity

Applicants should provide a management plan for project implementation showing how responsibility and lines of authority will be managed within the project and across any proposed partnerships. The management plan should describe how the project will relate to and respond to USAID Washington and to Missions in the field. The Applicant should describe plans for rapid start-up of the project, including plans for rapidly accessing and deploying key personnel and essential technical staff to support the implementation of the technical program

and meet Washington and Missions' needs on the ground while avoiding excess staffing.

The Applicant should describe their proposed management and administrative structure, policies and practices for overall implementation of the program including personnel, financial and logistical support, and coordination.

The plan should also explain how the Applicant will address Missions' priorities. Applicants should specifically describe how they will be responsive in a timely manner to Missions requesting support from SHOPS across a range of technical areas, including those outlined in the program description.

USAID expects that all key personnel and core technical staff be located at the SHOPS headquarters; key personnel should be full time with the project. Further, USAID strongly recommends that the headquarters of the project be located in the Washington D.C. metropolitan area. If a Washington, D.C. headquarters is not planned, a strong rationale for such a decision must be given and a set of standing practices and procedures described for maintaining a close and regular working relationship with the USAID/Washington team.

In an annex to the technical proposal, Applicants should demonstrate that their past performance meets or exceeds the Eligibility Criteria provided in the RFA.

B3D. Performance Monitoring and Evaluation

As part of Case Study 2, the Applicant is requested to develop an illustrative PMP to track progress in achievement of the SHOPS Activity Objective and each of the three results under the Leader Award. Applicants should describe how the PMP indicators will be regularly collected and reported to facilitate results reporting to USAID Washington and USAID Missions.

Applicants should describe how overall impact of SHOPS activities will be assessed, including how baselines will be established and how changes in status will be measured and attributed to SHOPS activities. Applicants should also describe how the data provided by the PMP, and any other proposed specific studies to monitor particular aspects of activities, would be used to make mid-term corrections or other changes.

B3E. Cost Share

Applicants will be evaluated on their ability to maximize their cost share. At a minimum the cost share requirement for the Leader Award is 20 percent. Applicants shall be evaluated on the effectiveness, cost efficiency and matching resources that the Leader Award and its partners bring to the implementation of the Leader Award.

Applications that do not meet at least the minimum cost-share requirement are not eligible for award consideration.

B3F. Environmental Compliance

The Foreign Assistance Act of 1961, as amended in Section 117, requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216 http://www.usaid.gov/our_work/environment/compliance/22cfr216.htm) and in USAID's Automated Directives System (ADS), Parts 201.5.10g and 204 (http://www.usaid.gov/policy/ads/200/), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.

To demonstrate their capability to meet all environmental compliance requirements, in an annex to the technical proposal, Applicants will submit an Environmental Capability Statement (ECS) presenting their approach to achieving environmental compliance and management. This statement, which should be limited to ½ -1 page, must include:

- the Applicant's approach to developing and implementing any 216 documentation including provisions for an Environmental Monitoring and Management Plan (EMP) to be updated and revised throughout the life of the award as detailed in the annual Environmental Status Report (ESR); and
- the Applicant's approach to environmental management and the staff that will provide necessary environmental management expertise. This will include:
    - examples of past experience of environmental management of similar activities, and
    - technical expertise of identified individuals.

The Applicant must include anticipated costs for implementing and monitoring these environmental compliance activities in the budget and to the degree possible, must describe these costs in the budget narrative.

B3G. Marking and Branding

Based on ADS 320.3.3 AND 22 CFR 226.91, the applicant shall prepare a Branding Strategy and Marking Plan for this RFA. A sample template for the Branding Strategy and Marking Plan is attached in Annex VI. The applicant shall respond to the questions in italics under the Branding Strategy template and prepare a Marking Plan containing information similar to the sample provided in order to comply with the ADS and CFR requirements.

C. Cost/Business Application

The following sections describe the documentation that Applicants for an assistance award must submit to USAID prior to award in order for an Agreement Officer (AO) to make a determination of responsibility. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following.

Applicants must include a detailed five-year budget with accompanying budget narratives for the **Leader Award only**, which provides in detail the total costs for implementation of the program your organization is proposing. For the purposes of developing an illustrative budget, it should be assumed that the award will be funded at an estimated $3 million in core funds and an estimated $5 million in field support for the first year. The information from the detailed budget must be then included on the Standard Form 424, which can be downloaded from the following link http://www.usaid.gov/forms/sf424.pdf (Standard Form 424). The Applicant should submit the cost/business application on a CD ROM, formatted in Word 2003 and Excel 2003.

If the Applicant has established a consortium or another legal relationship among its partners, the Cost/Business application must include a copy of the legal relationship between the parties. The Agreement should include a full discussion of the relationship between the Applicants including: identification of the Applicant with which USAID will treat for purposes of Agreement administration; identity of the Applicant that will have accounting responsibility; how Agreement effort will be allocated; and the express agreement of the principals to be held jointly and severally liable for the acts or omissions of the other.

Over the course of the Agreement, in addition to USAID funds, Applicants are expected to contribute from their other sources, no less than 20 percent of the amount obligated by USAID for the implementation of this program, over the life of the project. Contributions can be either cash or in-kind and can include contributions from US non-governmental organizations (NGOs), local counterpart organizations, project clients, and other donors (not other U.S. Government funding sources). Information regarding the proposed cost-share should be included in the SF 424 and the Cost Matrix as indicated on those documents. The cost-share should be discussed in the budget narratives to the extent necessary to realistically access these sources and funds and the feasibility of the cost-sharing plan. Applications that do not meet the minimum cost-share requirement are not eligible for award consideration. It should be noted that there is no separate/additional evaluation criteria category for cost share because cost-share is included within cost-effectiveness.

Additionally, if an Applicant proposes a higher than minimum cost share, this may be considered with the "cost effectiveness" evaluation. If the cost share is less than 20 percent, then the proposal shall not be reviewed and will be deemed non-responsive.

To support the proposed costs, please provide detailed budget notes/narrative for all costs that explain how the costs were derived. The following provides guidance on what is needed.

a) The breakdown of all costs associated with the program according to the costs of, if applicable, headquarters, regional, and/or country offices; project management and administrative costs will be shared equitably across all funding sources.

b) The breakdown of all costs according to each partner organization involved in the program.

c) The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.

d) The breakdown of any financial and in-kind contributions of all organizations involved in implementing this Cooperative Agreement.

e) Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement.

f) Procurement plan for commodities (if applicable).

The cost application should contain the following budget categories:

- Salary and Wages: Direct salaries and wages should be proposed in accordance with the Applicant's personnel policies;

- Fringe Benefits: If the Applicant has a fringe benefit rate that has been approved by an agency of the U.S. Government (USG), such rate should be used and evidence of its approval should be provided. If a fringe benefit rate has not been so approved, the application should propose a rate and explain how the rate was determined. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries;

- Travel and Transportation: The application should indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per Diem should be based on the Applicant's normal travel policies and the U.S. Department of State per diem rates: http://aoprals.a.state.gov/content.asp?content_id=102&menu_id=74;

- Equipment: Estimated types of equipment (i.e., model #, cost per unit, quantity);

- Supplies: Office supplies and other related supply items related to this activity;

- Contractual: Any goods and services being procured through a contract mechanism;

- Other Direct Costs: This includes communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the Applicant's fringe benefits), equipment, office rent abroad, etc. The narrative should provide a breakdown and support for all other direct costs;

- Indirect Costs: The Applicant should include a current negotiated indirect cost rate (NICRA) from a cognizant government audit agency. Applicants who do not currently have a NICRA from any agency of the U.S. Government shall submit the following information:

  - Copies of the Applicant's financial reports for the past three years, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
  - Projected budget, cash flow and organizational chart;
  - A copy of the organization's accounting manual.

ADDITIONAL DOCUMENTATION

Please include information on the organization's financial status and management, including:

a) Copies of the Applicant's financial reports for the previous 3-year period, which have been audited by a reputable certified public accounting firm;

b) Organizational chart;

c) If the Applicant has made a certification to USAID that its personnel, procurement and travel policies are compliant with applicable OMB circular and other applicable USAID and Federal regulations, a copy of the certification should be included with the application. If the certification has not been made to USAID/Washington, the Applicant should submit a copy of its personnel (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel and procurement policies, and indicate whether personnel and travel policies and procedures have been reviewed and approved by any agency of the Federal Government. If so, provide the name, address, and phone number of the cognizant reviewing official.

d) 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. If a copy has already been submitted to the U.S. Government, the Applicant should advise which Federal Office has a copy.

Applicants must submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted must substantiate that the Applicant:

- Has adequate financial resources or the ability to obtain such resources as required during the performance of the Cooperative Agreement;

- Has the ability to comply with the Cooperative Agreement conditions, taking into account all existing and currently prospective commitments of the Applicant, non-governmental and governmental;

- Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance;

- Has a satisfactory record of integrity and business ethics;

- Is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations (e.g., Equal Employment Opportunity laws); and

- Completed copy of certifications and representations.

In addition to the aforementioned guidelines, the Applicant is requested to take note of the following:

1. Unnecessarily Elaborate Applications

Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the Applicant's lack of cost consciousness. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

2. Acknowledgement of Amendment to the RFA

Applicants shall acknowledge receipt of any amendments to this RFA by signing and returning the amendment. The Government must receive the acknowledgement by the time specified for receipt of applications.

3. Receipt of Applications

Applications must be received at the place designated in the General Instructions and by the date and time specified in the Cover Letter of this RFA.

4. Submission of Applications

Applications and modifications thereof shall be submitted in sealed envelopes or packages (1) addressed to the office specified in the General Instructions of this RFA,

and (2) showing the time specified for receipt, the RFA number, and the name and address of the Applicant.

5. Preparation of Applications

- Applicants are expected to review, understand, and comply with all aspects of this RFA. Failure to do so will be at the Applicant's risk.

- Each Applicant shall furnish the information required by this RFA. The Applicant shall sign the application and print or type its name on the Cover Page of the technical and cost application. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

- Applicants that include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes, must:

  - Mark the title page with the following legend:

    "This application includes data that shall not be disclosed outside of the U.S. Government and shall not be duplicated, used, or disclosed – in whole or part – for any purpose other than to evaluate this application. If, however, a Cooperative Agreement is awarded to this Applicant as a result of, or in connection with, the submission of this data, the U.S. government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting Agreement. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets"; and

  - Mark each sheet of data it wishes to restrict with the following legend:

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

6. Explanation to Prospective Applicants

Any prospective Applicant desiring an explanation or interpretation of this RFA must request it in writing. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to a prospective Applicant concerning this RFA will be furnished promptly to all other prospective Applicants as an amendment of this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

7. Cooperative Agreement Award

The Government may, without discussions or negotiations, award an Agreement resulting from this RFA to the responsible Applicant, whose application conforming to this RFA offers the best proposal, including a calculation of costs that are reasonable and clearly explained. Therefore, the initial application should contain the Applicant's best effort from a technical standpoint, with reasonable allocation of costs. The Government may reject any or all applications, accept other than the lowest cost application, and waive informalities and minor irregularities in applications received.

Although technical evaluation factors are significantly more important than cost factors, the closer the technical evaluations of the various applications are to one another, the more important cost considerations become. The Agreement Officer may determine what a highly ranked application based on the technical evaluation factors would mean in terms of performance and what it would cost the Government to take advantage of it in determining the best overall value to the Government.

8. Authority to Obligate the Government

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

9. Terrorism

The Applicant is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/sub-awards issued under this Agreement.

10. Foreign Government Delegations to International Conferences

Funds in this Agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" [http://www.info.usaid.gov/pubs/ads/300/refindx3.htm] or as approved by the Agreement Officer.

11. LWA Cooperative Agreement

It is USAID's intent to award a five year Leader with Associates Cooperative Agreement to build upon its decades of support for and leadership in private health

sector programming and its extensive work in expanding contraceptive choices and family planning and reproductive health programs. This RFA is issued for a Cooperative Agreement covering a specified worldwide activity (Leader Award) as described in the Program Description, Section III of this RFA under which Missions or other offices are authorized to fund Associate assistance activities under separate non-competitive assistance awards that are subject to the provisions of the Leader Agreement. A worldwide activity is an activity or a series of linked activities identified at the business/development sector's strategic objective level that is intended to provide results in multiple regions and countries. An Associate Award is a separate assistance Agreement funded by a Mission or other office and awarded to the Leader recipient to support a distinct local or regional activity that fits within the scope of the broad worldwide program description in the Leader Agreement. The Associate Award can be a Grant or Cooperative Agreement notwithstanding the type of assistance instrument issued as the Leader Agreement.

Each Associate Award shall contain a separate activity description that fits within the broader program requirements, but will otherwise be considered to be covered by the terms and conditions of the Leader Agreement.

The benefits of this mechanism include: (1) no further competition required for Missions or other USAID offices awards under the Leader/Associate Cooperative Agreement, (2) simplified Missions or other USAID Offices award documents, (3) simplified certification by the recipient of the Leader Award and (4) reporting directly to the Missions or other USAID Offices on the use of Missions or other USAID Offices funds.

12. Competition

Once a recipient is selected for the Leader Award pursuant to this RFA, no further competition or waiver of competition is required for any Associate Cooperative Agreements/Grants awarded within the terms of the LWA. The competition under this RFA covers the initial Leader Award, which will provide leadership for regional and/or worldwide activities and for subsequent Associate Awards providing support to Missions and other USAID Offices. In this manner, Missions or other USAID offices may fund specific activities of the Leader recipient that fit within the RFA/Leader program description through field support or Associate Awards without further competition.

13. Issuance of Associate Awards

Prior to issuance of an Associate Agreement, the requesting office or Strategic Objective Team in the Mission or other USAID Office shall consult with the Agreement Officer's Technical Representative (AOTR) at USAID/Washington. This will help ensure the technical leadership role of global program and the appropriate use of the mechanism. After receiving the AOTR's concurrence, the appropriate Mission or other USAID Office personnel shall request the recipient of the Leader

Award provide an application (specific Program Description and budget - SF-424 is not required) to the Mission or other USAID Office. The application shall be reviewed by the appropriate technical personnel, and the Agreement Officer shall be responsible for cost analysis and negotiation of the final Agreement.

The Mission or other USAID Office has the discretion to decide whether or not to award the Associate Agreement. When the Mission or other USAID Office and recipient of the Leader Award are in agreement on the program description, budget and substantial involvement anticipated, the Agreement Officer for the Mission or other USAID Office may award the Associate Agreement. The Mission or other USAID Office activity manager is the Agreement Officer's Technical Representative for the Associate Agreement.

14. Certifications

The required certifications, including validation of the umbrella organization as a single entity with a single accounting system, shall be obtained from the Applicant prior to award of the Leader Cooperative Agreement. Prior to award of an Associate Grant/Cooperative Agreement, the recipient of the Leader must affirm that certifications remain valid, or provide new certifications (see attachment). After the Leader is awarded, a copy of the award will be sent to all Missions or other USAID Offices along with any necessary guidance or instructions regarding issuance of Associate awards.

15. Grant vs. Cooperative Agreement

Regardless of whether the Leader instrument is a Grant or Cooperative Agreement, Missions and other USAID Offices may issue an Associate instrument of either type; i.e., an Associate Cooperative Agreement may be issued under a Leader Grant and vice versa.

16. Period of Performance

The Leader Award will be issued for a performance period of five (5) years. Associate awards may be issued until the Leader Award expires and can be for a period of performance up to 5 years past the expiration date of the Leader Award.

17. Estimated Dollar Value

This RFA provides an estimate of the dollar amount for the Leader of $95 million over five years. The estimated dollar amount of anticipated Associate Awards is $105 million for a combined ceiling of $200 million. Each Associate Award has its own ceiling that is not included in the Leader ceiling. Each Associate Award shall specify the Total Estimated Award (TEA) amount for that Cooperative Agreement. Leader Awards and Associate Awards are separately obligated instruments. There is no guarantee regarding the magnitude of Associate Awards in dollars or number of awards. Associate Award

estimates included in the Leader Award do not suggest that funds obligated under a Leader Award can be moved to an Associate Award without a deobligation of those funds.

SECTION II –EVALUATION CRITERIA

A. Overview

Each technical application submitted in response to this RFA will be evaluated in relation to the evaluation factors set forth in this solicitation and which have been tailored to the requirements of this RFA to allow USAID to choose the highest quality application.

The Government intends to evaluate applications and award an Agreement without discussions with Applicants. However, the Government reserves the right to conduct discussions if later determined by the Agreement Officer as necessary. Therefore, each initial offer should contain the Applicant's best terms from a cost or price and technical standpoint.

B. Acceptability of Proposed Non-Price Terms and Conditions

An offer is acceptable when it manifests the Applicant's assent, without exception, to the terms and conditions of the RFA, including attachments and provides a complete and responsive application without taking exception to the terms and conditions of the RFA. If an Applicant takes exception to any of the terms and conditions of the RFA, then USAID will consider its offer to be unacceptable. Applicants who wish to take exception to the terms and conditions stated within this RFA are strongly encouraged to contact the Agreement Officer before doing so. USAID reserves the right to change the terms and conditions of the RFA by amendment at any time prior to the Applicant selection decision.

The criteria presented below have been tailored to the requirements of this RFA. Applicants should note that these criteria serve to: (a) identify the significant areas that Applicants should address in their applications and (b) serve as the standard against which all applications will be evaluated. To facilitate the review of applications, Applicants should organize the narrative sections of their applications in the same order as the selection criteria.

The technical applications will be evaluated in accordance with the Technical Evaluation Criteria set forth below. The cost application of all Applicants submitting a technically acceptable application will be evaluated for general reasonableness, allowability, and allocability. To the extent that they are necessary (if award is made based on initial applications), negotiations will be conducted with all Applicants, whose application after discussion and negotiation, has a reasonable chance of being selected for award. An award will be made to responsible Applicants whose applications offer the greatest value, cost reasonableness and other factors considered.

Award will be made based on the ranking of applications according to the technical selection criteria identified below.

C. Evaluation Criteria

USAID will make an award to the one Applicant whose application best meets the program description and represents the best value to the U.S. Government, all factors considered. Technical proposals for SHOPS will be evaluated and scored based on the following percentages.

C1. Technical Approach (45/100 points)

The application reflects excellent understanding of the overall program description and its objective, and the ability to synthesize and apply the lessons learned from past and current USAID agreements and other critical sources. The technical approach will be evaluated on the overall merit (creativity, clarity, analytical depth, state-of-the-art technical knowledge, and responsiveness) and feasibility of the program approach and strategies proposed to achieve the program's objective, results and sub-results. Responsiveness to each of the bullets provided below will be taken into consideration by the technical evaluation panel in determining the overall score, but will not be individually scored.

1. Overall quality of proposed strategies, approaches, and interventions (25/45 points)

- The proposal reflects an understanding of, and a proposed approach for achieving the overall goal of increasing the role of the private sector in the sustainable provision and use of quality FP/RH, HIV/AIDS and other health information, products, and services. Illustrative activities are relevant and likely to achieve the anticipated outcomes for each result.

- The proposal reflects a thorough understanding of current issues and challenges in private health sector product and service delivery and sustainability, innovations in communications and targeted consumer-marketing strategies, private health sector policy and legislation, and research, monitoring and evaluation (M&E).

- The proposal reflects an understanding of and a proposed approach for actively engaging a variety of stakeholders. A description of how these partnerships will advance an environment that is supportive of the private health sector, raise awareness of state-of-the-art private health sector models, approaches and tools and, ultimately, generate measurable increases in knowledge about, and supply and use of quality FP/RH, HIV/AIDS and other health products and services through the private sector and contribute to the achievement of contraceptive security.

- The proposal reflects technical leadership, creativity, innovation and soundness in advancing evidence-based best practices and state-of-the-art approaches for private sector health programming.

- The proposed approaches are feasible, efficient, sustainable, and have potential to be scaled-up.

2. Case Studies **(20/45 points: 12 pts for Case Study #1 & 8 pts for Case Study #2)**

The responses to the case study questions will be evaluated according to the following criteria. Responsiveness to each of the bullets below will be taken into account by the technical evaluation panel in determining the score for each case study, but will not be individually scored.

- Case study responses reflect a thorough understanding of the private health sector.
- Case study responses reflect a careful review, understanding and analysis of the information presented for each case study.
- Proposed approaches are state-of-the-art and evidence-based.
- Proposed activities are appropriate to the specific setting and efficient in use of technical and financial resources.
- Proposed activities reflect understanding of the diverse nature of relationships and partnerships that need to be fostered.
- Proposed activities demonstrate a thorough understanding of and address gender issues in health.
- Adequate emphasis is placed on scaling-up and achieving broad-based impact.
- Appropriate M&E strategies are proposed.

C2. Staffing including Key Personnel (37/100 points)

Responsiveness to each of the criteria below will be taken into account by the technical evaluation panel in determining the score for each category, but will not be individually scored. Consideration will also be given to the complementarity of the team of key personnel that are proposed.

2. Qualifications for the proposed Project Director: (10/37 points)

The proposed Project Director must have strong leadership qualities and depth and breadth of technical and management expertise, as demonstrated by at least 12 years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least seven years has been spent addressing the private health sector. Experience with FP/RH programs is highly desirable. S/he must also have demonstrated international credibility as a leader on matters of the private health sector in developing countries. S/he must have experience interacting with government agencies, host country governments and counterparts, and international donor agencies. Strong interpersonal, writing, and oral presentation skills in English are also required. S/he must have a Master's Degree or higher in public health, business administration, international development, or a related advanced degree. Two years

experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context are desirable. The proposed candidate's experience and education should be complementary to those of the proposed candidate for the Deputy Project Director position.

3. Qualifications for the proposed Deputy Project Director: (6/37 points)

The proposed Deputy Project Director must be experienced in addressing the special challenges of private sector health programming, as demonstrated by at least 8 years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least seven years has been spent addressing the private health sector. Experience with FP/RH programs is highly desirable. Strong interpersonal, writing, and oral presentation skills in English are also required. S/he must have a Master's Degree or higher in public health, business administration, international development, or a related advanced degree. Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context are desirable. The proposed candidate's experience and education should be complementary to those of the proposed candidate for the Project Director

4. Qualifications for the proposed Health Finance and Access to Credit Technical Director: (6/37 points)

The proposed Health Finance and Access to Credit Technical Director will oversee and advocate SHOPS activities related to increasing access to credit and financing for the private health sector, working closely with USAID Missions and Office of Development Credit to identify and structure credit-related interventions for reproductive health impact. S/he must have at least 8 years of experience implementing or managing projects addressing issues of financing and credit for the health sector in/for developing countries and at least 3 years experience working in a commercial financial institution on credit-related issues. Experience with FP/RH programs is highly desirable. S/he must have demonstrated leadership qualities, depth and breadth of technical and management expertise and experience, and strong interpersonal, writing, and oral presentation skills. S/he must have a Master's Degree in business administration, finance, health economics, marketing, public health, and/or health administration or a related advanced degree. Knowledge of and experience with FP/RH programs in developing countries is highly desirable. Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context are also desirable.

5. Qualifications for the proposed Reproductive Health Technical Director: (5/37 points)

The proposed Reproductive Health Technical Director will provide technical expertise and guidance on SHOPS' provision of clinical and non-clinical FP/RH and other health services. The RH Director will ensure that project staffs are educated about and project

interventions adhere to current, internationally accepted health service delivery norms and standards. S/he must have at least 8 years of experience with voluntary family planning and reproductive health projects. The candidate must have demonstrated leadership qualities, depth and breadth of technical and management expertise and experience, and strong interpersonal, writing, and oral presentation skills. S/he must have a Master's Degree or higher in public health, a clinical discipline, population studies, or a related advanced degree. The candidate should demonstrate in-depth knowledge of such issues as training in FP/RH-related norms and standards, contraceptive technology, infection control, and information, communication and counseling skills. Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context are also desirable.

6. The complement of other financial management/administration and technical staff and organizational structure (10/37 points)

The staffing pattern and the number and type of positions proposed are responsive to the financial management/administration and technical requirements and Applicant's approach, with an optimal configuration for efficiency and cost containment. The proposed financial management/administration and technical specialists have demonstrated financial, administrative, technical and operational experience in the subject areas for which they are proposed. The proposed technical specialists cover the technical areas needed to achieve the main results of SHOPS. This includes an M&E specialist, who must have a firm command of M&E issues with respect to FP/RH programs, preferably with a focus on the private health sector, and significant experience designing, implementing and supervising M&E efforts for multi-country, multi-faceted programs. Regarding the organizational arrangements (e.g., consortium, recipient/subrecipients), the staffing pattern and the number and type of positions proposed reflect the specific expertise of each organization, are not duplicative and represent an efficient use of resources.

C3. Management and Institutional Capacity (10/100 points)

The management and institutional capacity will be evaluated according to the following criteria. Responsiveness to each of the bullets will be taken into consideration by the technical evaluation panel, but will not be individually scored.

- The application includes a management and administrative structure, policies and practices for overall implementation of the program including personnel, financial and logistical support; the role and level of effort for staff supporting these functions; and a realistic plan for monitoring technical and financial activities and reporting on results.

- The application describes plans for rapid start up of the project, including the first year plan of activities and timeline; and plans for rapid response to requests from USAID/Washington and/or USAID Missions, including how the program will manage a complex set of activities in multiple countries and regions of the world,

and balance the competing demands from USAID/Washington and USAID Missions, including reporting requirements;

- The application describes how Applicants will divide responsibilities and funding among partners to manage and implement activities; how the Applicant will work with local partners, other USAID programs, and other implementing organizations to achieve results; and how management is structured in a way that is mutually reinforcing, optimally efficient and effective in its use of technical and financial resources, and not duplicative.

- The application demonstrates the Applicant's institutional capacity, organizational systems and competence to creatively plan, implement, monitor, and report on the range of activities outlined in this RFA in both global and country-specific contexts.

C4. Monitoring and Evaluation (8/100 points)

The M&E Plan will be evaluated according to the following criteria. Responsiveness to each of the bullets provided below will be taken into account by the technical evaluation panel in determining the overall score for this category, but will not be individually scored.

- The application presents a comprehensive Performance Monitoring Plan that clearly outlines its approach to M&E. The plan delineates ambitious but achievable performance targets and benchmarks for achieving the results outlined in the program description. It includes a plan for the oversight of compliance with USAID family planning legal and policy requirements.
- The plan should demonstrate what will be achieved by year three and by the end of the project. There should be at least a minimal set of indicators for targets, and benchmarks should show how they lead to the achievement of results.
- The plan should describe the methodology to be used for data collection that is cost effective and timely.

Summary:

Technical Approach	45 points
Staffing/Key Personnel	37 points
Management/Institutional Capacity	10 points
Monitoring and Evaluation	8 points
TOTAL	**100 points**

SECTION III – PROGRAM DESCRIPTION

A. Introduction

The U.S. Agency for International Development (USAID) Bureau for Global Health (GH) is issuing this Request for Applications for a five-year, $200 million (the estimate of the dollar amount for the Leader is $95 million over five years; the estimated dollar amount of anticipated Associate Awards is $105 million), Leader with Associates Cooperative Agreement to build upon its decades of support for and leadership in private health sector programming and its extensive work in expanding contraceptive choices and FP and RH programs. The name SHOPS stands for Strengthening Health Outcomes through the Private Sector and is used throughout this document to refer to this activity.

The concept for the SHOPS activity was developed in the Office of Population and Reproductive Health (PRH), Service Delivery Improvement (SDI) Division in consultation with other PRH divisions and other USAID offices and bureaus, including the Office of HIV/AIDS, the Office Health, Infectious Diseases and Nutrition (both within GH), the Office of Development Credit (in the Economic Growth, Agriculture and Trade Bureau) and the Global Development Alliance. The design also benefited from the findings of independent mid-term evaluations of the Private Sector Partnerships-One (PSP-*One*) and Banking on Health (BoH) Task Orders under the Private Sector Program (PSP) Indefinite Quantity Contract (IQC), a survey of Mission priorities, and recent private health sector-related research, reports, and analyses including those issued by the World Bank/IFC, the Rockefeller Foundation, and other leading international agencies.

B. Purpose

The purpose of this agreement is to **increase the role of the private sector in the sustainable provision and use of quality FP/RH, HIV/AIDS and other health[1] information, products, and services**. The private health sector includes individual private providers and larger clinics and hospitals; for-profit companies including large multinationals; non-profit organizations; manufacturers, wholesalers and distributors; pharmacies, shops and other retail outlets; advertising, marketing and market research agencies; microfinance institutions and banks; and health insurance schemes.

Engaging and supporting the growing private health sector in developing countries will complement and augment public sector health services by increasing access to and quality of FP/RH and other health products and services. Doing so will result in measurable increases in knowledge about, supply and use of quality FP/RH, HIV/AIDS and other health products and services, improved conditions for private sector involvement in health product and services delivery and better contraceptive security.

[1] Including child survival, maternal health, infectious diseases, nutrition, and environmental and other health.

SHOPS' activity objective will be accomplished through the achievement of the three results listed below. The detailed results framework, with sub-results and expected outcomes is provided in paragraph F, the "Detailed Results Framework."

Result 1: Strengthened global support for state-of-the-art private sector FP/RH and other health models, approaches and tools

Building on USAID's many years of support for private health sector programming and the lessons learned to date, SHOPS will use a robust evidence base to promote a stronger and expanded role for the private sector in health. This will be achieved by establishing partnering relationships with key global agencies and organizations, by raising awareness of state-of-the-art private FP/RH and other health sector models, approaches and tools among USAID Missions, governments, the donor community and other key stakeholders, and by advancing an environment that is supportive of the private health sector.

Result 2: Knowledge about and understanding of private sector provision of FP/RH and other health information, products and services advanced

A strong evidence base is critical for successfully advocating an increased private sector role in health as well as for designing effective programs. Activities under this result will generate, analyze and disseminate essential information related to strengthening commitment to and support and programming for the private health sector. This includes rigorous monitoring and evaluation of the project's own work as well as contributing to the global body of knowledge and research on the private health sector.

Result 3: Key private health sector systems strengthened and innovative, effective and sustainable private sector FP/RH and other health programs initiated, implemented, and scaled-up

This result focuses on increasing information about, demand for, access to and use of private sector FP/RH and other health information, products and services. Activities implemented under this result will include strengthening key health systems (including the key functions of the health system defined by the World Health Organization, namely, service provision, stewardship, financing, and human and physical resources) and developing and implementing innovative strategies to improve the quality and quantity of private health sector information, products and services while working towards the sustainability and financial viability of private health providers and programs. Project interventions will strive towards a "whole market approach" in which a range of partners including the public, non-governmental and commercial for-profit sectors, coordinate to serve different segments of the population, from the poor who require free supplies to the more affluent who can and will pay for commercial products, thus reducing overlap of efforts and increasing efficiency in the use of resources. SHOPS will make every effort to continuously identify, adapt and employ new and innovative technologies and to dialogue on an ongoing basis with a broad and diverse community to

surface new private sector partnering opportunities and pioneering approaches for reaching consumers and for segmenting the market.

USAID Missions have fairly limited experience and expertise with engaging the private sector and integrating it into a country's health system. SHOPS will provide technical assistance and implementation support to Missions in the development of private sector health strategies and the design of new private sector health initiatives. Such support might include country-level private sector health assessments to identify opportunities for private sector investment and engagement, including potential public-private partnerships.

C. Programmatic and Geographic Emphases

SHOPS will play a leading role in advancing knowledge and best practices for private sector involvement in FP/RH, HIV/AIDS and other health areas, while providing a comprehensive approach to private sector programming that can be tailored to the needs of individual countries. While SHOPS will be primarily focused on FP/RH, it will have the authority to respond to other GH programmatic needs such as HIV/AIDS, child survival, maternal health, infectious diseases, nutrition, and environmental and other health. It may receive funds from a variety of accounts including Child Survival and Health (CSH), Development Assistance (DA), Economic Support Fund (ESF), Freedom Support Act/Support for East European Democracy Act (FSA/SEED), and Global HIV/AIDS Initiative (GHAI).

Missions will have the opportunity to access the program either through field support buy-in to the Leader Agreement or *via* their own Associate Awards. GH core funds will support global and technical leadership, advance research and innovation, and transfer new technologies to the field. Core funds also will support Missions in their efforts to integrate private sector approaches into their bilateral programming and the implementation of catalytic and/or pilot demonstration projects. Field support funds will be used to assess opportunities for, initiate, implement, and scale up in-country private sector health programs and activities. There are important synergies between the project's core and field funded mandates. SHOPS will apply core funds to test innovative models and approaches and incorporate lessons from field programs into core-funded activities.

This award will focus on countries that are the highest priority for PRH and that also demonstrate significant potential for private sector market entry and growth. PRH has identified 13 countries as priorities for global family planning efforts.[2] These countries have a high unmet need for family planning and show some of the greatest potential for increasing their contraceptive prevalence rates. Although USAID's work is not limited to these countries, a concerted effort will be made to work with Missions in these priority countries to advance FP programs. Many of these countries are also President's

[2] The 13 countries are: Democratic Republic of Congo, Ethiopia, Kenya, Madagascar, Malawi, Angola, Rwanda, Tanzania, Uganda, Zambia, India, Pakistan and Haiti. Note that many of these are also PEPFAR focus countries.

Emergency Plan for AIDS Relief (PEPFAR) focus countries, and/or priority countries for the Maternal and Child Health Initiative and/or the President's Malaria Initiative (PMI).[3] The extensive overlap in the priority countries for these four key areas of health investment make them ideal choices for increasing the private sector's role under this project. The choice of countries will, however, largely depend on Mission interest and buy-in to SHOPS, either through field support or Mission-issued awards.

SHOPS will fill a unique niche in GH by serving as USAID's primary vehicle to support core-funded private sector FP/RH and other health activities. Unless another project is designed and awarded, this project will be GH's sole comprehensive and broad-reaching private sector project. In June 2007 PRH conducted a visioning exercise to guide programming for the next five to ten years and identified a set of twelve Global Leadership and Technical Priority initiatives:

- Contributing to **Contraceptive Security**, when people are able to choose, obtain and use high quality contraceptives and condoms whenever they want them for FP and HIV/AIDS and sexually transmitted infection (STI) prevention;
- **Repositioning Family Planning** to ensure it remains a priority for donors, policy makers and providers in sub-Saharan Africa;
- Identifying the links between **Poverty and Health Equity** to improve access to and use of FP/RH programs;
- Providing **Youth** and their communities the knowledge, skills and services they need to prevent unintended pregnancy;
- Increasing access to and use of **Long Acting and Permanent Methods of Contraception (LAPMs)**, including IUDs, implants, female sterilization and vasectomy;
- **FP/HIV Integration**: Strengthening and supporting FP/RH systems and services to reduce HIV transmission and mitigate the impact of AIDS by reducing unintended pregnancy and improving pregnancy outcomes for those who want to continue childbearing or space their births;
- **FP/MNCH Integration**: Reducing unmet need for FP and consequently unintended pregnancy among postpartum women by integrating FP and maternal/newborn and child health services and meeting the FP needs of women in the year following delivery;
- Reinvigorating **Community-Based Family Planning** and developing and testing new strategies to successfully serve rural populations;
- Advancing the **Healthy Timing and Spacing of Pregnancy** so that all pregnancies are timed and spaced to contribute to improved health and quality of life;
- Addressing **Population, Health, and Environment** linkages in biodiversity hotspots (the most species-rich and endangered ecoregions on Earth), often in national parks and protected areas;

[3] A complete list of health program priority countries for Presidential and other USG global health initiatives can be found in an Annex to this RFA.

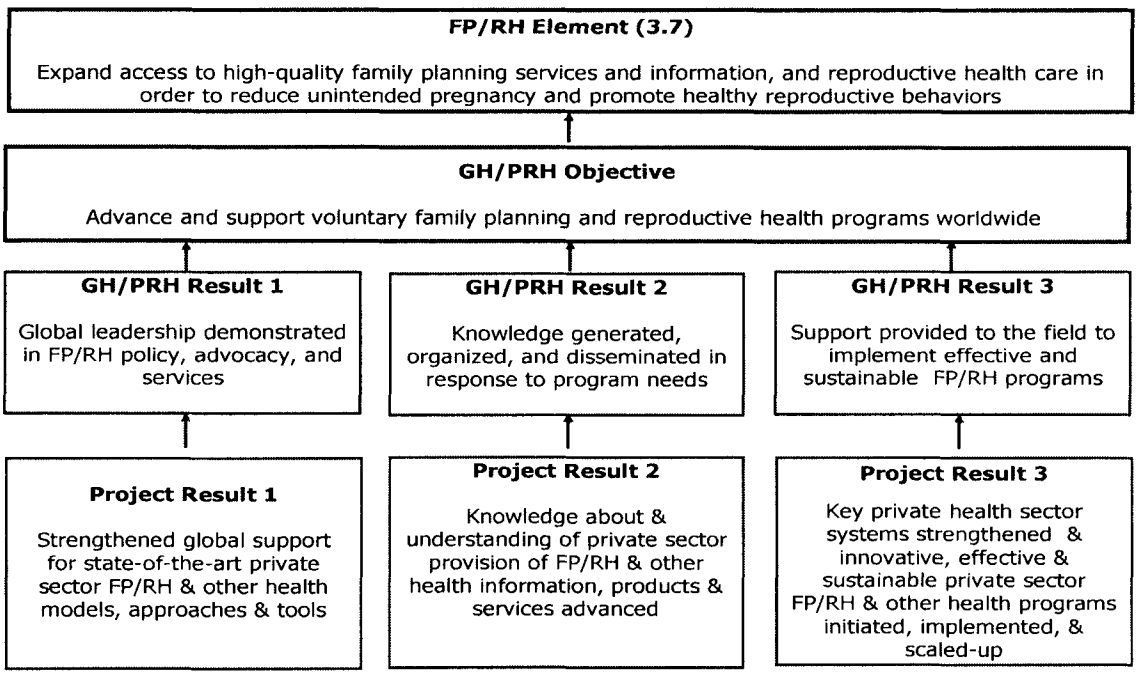
- Advancing and supporting **Reproductive Health in Refugee and Displaced Populations**; and
- Promoting **Gender Equity** within population, health and nutrition programs.

As appropriate and whenever possible, these priority areas will be addressed by and integrated into the project's activities to enable key strategies, methodologies, approaches and tools to be developed or adapted for the private sector, tested and taken to scale. Other GH projects that focus on research, communications, or policy change may provide complementary evidence-based information that can be applied to private sector programming and vice versa. This new award will work collaboratively with other GH projects to ensure that the best expertise is accessible and that new learning is shared to advance the field in support of private sector health approaches.

Gender discrimination and inequities and other gender-based factors can impact women and men's access to RH/FP and other health information and services. These factors include access to and control of household resources, female education and literacy, harmful practices such as female genital cutting, freedom of movement and decision-making authority, communication/negotiation skills related to discussion of fertility, contraceptive preferences and protection from infection, and gender-based violence. SHOPS' interventions will address gender-based obstacles to use of FP/RH and other health products and services, addresses women's empowerment (including decision-making, participation, and access to resources) and the constructive engagement of men (as clients, supportive partners, decision makers and in their role as agents of change within communities) while critically examining gender norms and socialization. Communication messages, in particular, will be carefully crafted to avoid perpetuating gender discrimination and inequity.

D. Relationship of SHOPS to PRH and Foreign Assistance Frameworks

The results framework for SHOPS is aligned with the PRH results framework, with its three results focusing on global leadership, knowledge generated, and support to the field. Within the Foreign Assistance framework, this award corresponds to Investing in People, Health Area, Element 3.7 Family Planning, and sub-element 3.7.1 Service Delivery. This award will also include program approaches that link these key interventions to other Health Elements, especially 3.1 HIV/AIDS and 3.6 Maternal and Child Health. The relationship of SHOPS to both the PRH and Foreign Assistance frameworks is illustrated below.



E. Programmatic Background

Plagued by inadequate financial resources, poor infrastructure and facilities and severe shortages of trained medical personnel, governments in developing countries struggle to provide the most basic quality, affordable and accessible health products and services to their populations. These essential services, including reproductive health care and family planning, maternal and child health care, prevention and treatment of HIV/AIDS and other infectious diseases and nutrition improvement are central to achieving the United Nation's Millennium Development Goals and to attaining development objectives, including poverty reduction and economic growth.

In many developing countries, the private health sector is an important and rapidly growing source of health care for many people, including the poor.[4] As much of the population is already seeking care through private providers, it is critical that developing countries' Ministries of Health and the donors and technical experts that support them, address both the public and private sectors. Engaging the private sector to serve those who can and will pay for private health services, and commercial drugs and commodities frees up public sector resources to make free or subsidized health products and services more accessible and affordable to low-income clients. This market segmentation results in less overlap of efforts and more efficient use of resources. If properly harnessed, the private sector presents significant opportunities to address health challenges through the infusion of new skills that may be lacking in government, to tap into market-based

[4] In Ethiopia, Nigeria, Kenya, and Uganda, for example, the World Bank found that more than 40 percent of people in the lowest economic quintile receive health care from private, for-profit providers (The Business of Health in Africa, International Finance Corporation (IFC), 2008).

potential to focus on quality and results, to extend the reach of the public sector to underserved and more remote populations and to increase people's choice of and access to service delivery points and commodity and drug outlets. In contrast, when not monitored, the private sector can exploit poor and sick people with low quality services, sometimes provided at high prices.

The private sector is broad and diverse, including non-profit, non-governmental organizations, faith-based and community-based organizations; formally trained and licensed private providers (private doctors, nurses, midwives, clinical officers, etc.) operating from individual practices to large state-of-the art clinics and hospitals; and informal providers such as traditional healers and birth attendants. The private sector also includes those entities involved in the manufacture, distribution and sale of health commodities including drugs, contraceptives and non-pharmaceutical products. These vary from large international research and development ("R&D") pharmaceutical manufacturers to emerging developing-country based manufacturers that produce generic drugs. Wholesalers, distributors, and detailers complete the supply chain, delivering commodities to retailers and educating providers on their administration and use. Retail outlets cover a broad spectrum from those that are formally licensed and regulated to the informal and often illicit. They include pharmacies, drug sellers, medicine and chemist shops, and kiosks. Private pharmacies are frequently the first line of health care for developing country populations, commonly selling drugs without adequate training and supervision. Supporting product distribution and sales are advertising and public relations agencies and market research firms. Private companies who provide health services to their employees and communities are other important actors as are those private entities that provide financing to providers and consumers, including banks, microcredit and microfinance institutions and private and community-based insurance schemes.

E1. USAID's Support for Private Sector Health Programs

USAID has long recognized the potential of the private sector to expand access to and further population and health goals though its resources, expertise, and infrastructure. Over the past two decades, USAID has supported a series of centrally-managed projects that have helped make voluntary FP/RH and other health products and services available though private and commercial channels. These projects have included the Social Marketing for Change (SOMARC) Projects (1984-1998), the Technical Information on Population for the Private Sector (TIPPS) Project (1985-1991), the Family Planning Enterprise (ENTERPRISE) Project (1985-1991), the Promoting Financial Investments and Transfers to Involve the Commercial Sector in Family Planning (PROFIT) Project (1991-1997), the AIDSMark Project (1997-2007), and the Commercial Market Strategies (CMS) Project (1998-2004).

Most recently, the Private Sector Partnerships One (PSP-*One*) Project (a $59.1 million Task Order which started in September 2004 and ends in September 2009) has worked to increase the private and commercial sectors' sustainable provision of high-quality FP/RH and other health products and services by advancing private sector programming, knowledge and practice; facilitating commercial alliances and pharmaceutical

partnerships; building and strengthening private provider networks and social franchises; pursuing optimal market segmentation and social marketing strategies; upgrading private provider performance and ensuring high-quality products and services; improving policy and regulatory environments for private sector delivery of health products and services; conducting research, monitoring, and evaluation to evaluate the effectiveness of private sector health strategies; and scaling-up proven private sector strategies and approaches.

The BoH Project (an $8.6 million project which commenced in September 2004 and will end in September 2009) works to improve the ability of private health sector businesses to obtain financing by providing technical assistance and training to improve private providers' business planning skills and financial management, and assists banks and microfinance institutions to understand the health sector and its credit needs and works with them to facilitate lending.

Under these two projects, significant advances have been made in understanding and addressing the constraints to engaging the private sector. PSP-*One* will have worked in 26 countries across all five regions (Africa, Asia, Europe and Eurasia, Latin America and the Caribbean and the Middle East) by the end of the project. The evaluation of the PSP-*One* project cited among the project's accomplishments high-quality research that generated strong and compelling evidence-based rationales for the potential of the private sector to contribute to FP/RH and other health objectives, the creative use of assessments to identify a wide range of private sector programming options, expanded policy dialogue and awareness of a broader array of private sector health policy issues, increased number and range of private sector outlets for services, new and innovative private sector partnerships including with generic drug manufacturers to expand affordable private sector options for country programs and planners, and the use of cutting edge internet-based tools and e-Learning techniques.

By the project's end, BoH will have worked in nine countries across the five regions. The countries include those that are graduating from population funding and US development assistance to low-resource countries that face significant development challenges. BoH "primed the market" and played a catalytic role in informing the financial sector and private practitioners about each other. The BoH assessment cited numerous project accomplishments and innovations including training financial institutions in lending to the health sector, advancing business training to respond to the needs of private health providers, introducing trade fairs to break the isolation of the private sector, using market research to expand health sector lending and as a policy tool to advocate for change and support to existing health-sector DCA guarantees as well as to develop new ones. The project leveraged more than $191 million in loans from local financial institutions for the private health sector through June 2009.

For future private sector initiatives, the mid-term evaluations of the PSP-*One* and BoH projects recommended continuation of and investment in project activities that have demonstrated success and potential for scale-up as well as the initiation of other private sector initiatives and approaches not covered by these predecessor projects, but which

would likely contribute to improving access to, use, and quality of FP/RH and other health products and services.

F. Detailed Results Framework

The purpose of this global mechanism is to increase the role of the private sector in the sustainable provision and use of quality FP/RH, HIV/AIDS and other health information, products, and services. The table below presents the results framework that this award will work toward achieving with both core and field funds. SHOPS is expected to make major progress toward the activity objective, through substantial, tangible achievements in each of the three result areas. Ultimately, SHOPS is expected to generate measurable increases in knowledge about, and supply and use of quality FP/RH, HIV/AIDS and other health products and services, to improve conditions for private sector involvement in health service delivery and to increase contraceptive security.

Project Results Framework

Project Objective: Increase the Role of the Private Sector in the Sustainable Provision and Use of Quality Family Planning, Reproductive Health, HIV/AIDS and other Health Information, Products, and Services

Result 1: Strengthened global support for state-of-the-art private sector FP/RH and other health models, approaches and tools

1.1 Partnerships established with key global agencies/organizations to provide leadership in private sector programming for health

1.2 Policy dialogue, collaboration and partnerships between the public and private health sectors enhanced

1.3 An environment supportive of the private health sector promoted

Result 2: Knowledge about and understanding of private sector provision of FP/RH and other health information, products and services advanced

2.1 Programmatic and operations research conducted to evaluate and/or validate promising private health sector models, approaches and tools and the findings widely disseminated

2.2 Key topics related to the private health sector identified and global data compiled, analyzed and disseminated

2.3 Effective monitoring and evaluation conducted to support accomplishment of project goals

Result 3: Key private health sector systems strengthened and innovative, effective and sustainable private sector FP/RH and other health programs initiated, implemented, and scaled-up

3.1 Effective private sector service delivery and distribution models to increase access to and use of FP/RH and other health products and services strengthened, demonstrated and/or scaled-up

3.2 Targeted private sector behavior change, communications and marketing strategies to increase access to and use of FP/RH and other health products and services implemented

3.3 Strategies to improve market segmentation, viability and sustainability identified and employed

Result 1: Strengthened global support for state-of-the-art private sector FP/RH and other health models, approaches and tools

Building on USAID's many years of support for private health sector programming and the lessons learned to date, SHOPS will use a robust evidence base to promote a stronger and expanded role for the private sector in health. This will be achieved by establishing partnering relationships with key global agencies and organizations, by raising awareness of state-of-the-art private health sector models, approaches and tools among USAID Missions, governments, the donor community and other key stakeholders, and by advancing an environment that is supportive of the private health sector.

1.1 Partnerships established with key global agencies/organizations to provide leadership in private sector programming for health

Over the past few years, there has been increased interest and engagement in the private health sector among USAID's leadership and field Missions, host-country governments, donors and multilateral agencies (such as the World Bank, the International Finance Corporation, the Bill and Melinda Gates Foundation, the World Health Organization, the Rockefeller Foundation, the Center for Global Development, and the Brookings Institute). SHOPS will form partnerships with key stakeholders and organizations with the aim of establishing a coherent and ordered approach to private sector programming for health. SHOPS will ensure that USAID plays an appropriate role in these partnering efforts and has a seat at the table for relevant meetings and consultations. Regular consultative meetings of technical experts, program implementers, donors and private and commercial sector partners will allow for sharing of best practices and lessons learned and the identification of critical issues and gaps in private sector programming for health that require operations research, pilot testing, advocacy support, and donor funding. These fora also will provide SHOPS the opportunity to solicit feedback on its strategic direction, activities and products, therefore helping define and tailor the project's (and by extension USAID's) niche. SHOPS will continually seek and foster new strategic relationships with emerging and additional organizations.

Anticipated Outcomes:

- Established partnerships with global agencies/organizations as demonstrated by regular meetings, memoranda of understanding, ongoing dialogue, or other evidence of a serious, substantive, relationship.
- Approaches, models, and tools of the project incorporated into the programs of, or endorsed by, key global private health sector agencies/organizations.
- Resources leveraged for private health sector activities from these partners at the global and/or country level.

1.2 Policy dialogue, collaboration and partnerships between the public and private health sectors enhanced

The public sector plays a critical role in facilitating private sector growth and stewarding quality private sector services. To do so effectively, governments must engage the private sector as partners in health policy development, planning and service delivery. SHOPS will facilitate dialogue between the public and private sectors, help in the establishment of public-private partnerships, build mutual trust, encourage market segmentation, and promote a regulatory and legislative environment that is supportive of the private sector. SHOPS will work with the public sector to strengthen its stewardship, regulation and oversight of the private sector and to build its capacity in specific areas such as contract, design, negotiation and oversight, quality assurance and supervision, data collection and recordkeeping, and licensing and accreditation.

Anticipated outcomes:

- Host country governments' health sector strategies and plans include the private sector as key players in the delivery of health information, products and services.

1.3 An environment supportive of the private health sector promoted

Despite the increased global interest in the private health sector, misinformation and misconceptions regarding the nature, scope, breadth and role of the private health sector, as well as what motivates it to become involved in health, prevail. Globally there is limited experience and expertise with engaging the private sector and integrating it into a country's health system. As a result, host country governments and the international health community can be skeptical of and express unease at the private sector playing a role in the provision of FP/RH and other health products and services. SHOPS will work with key stakeholders to advocate the private sector's involvement in health, stimulate greater acceptance of its role and increase the visibility and inclusion of private sector activities in donor and public sector policy, planning and implementation.

An enabling environment is essential for ensuring private health sector market entry, establishment and growth. Restrictive policies and laws can limit the private sector's potential or result in the private sector operating outside the existing legal framework. SHOPS will work towards creating such a facilitating environment by increasing dialogue between the public and private sectors, creating incentives for and streamlining

processes that hinder market entry and expansion, and tackling policy, legal and regulatory issues that impact the private sector, including reducing tariffs and import barriers on contraceptives and other health products.

Anticipated outcomes:

- Barriers to private sector market entry and expansion are identified and reduced.
- Host country governments, other donors, Missions, centrally managed and bilateral projects understand, support, and are committed to private sector approaches and actively engage the private sector in the provision of FP/RH and other health information, products and services.
- Strategy developed for advocacy with Missions, governments and private sectors entities regarding private health sector systems strengthening and effective technical approaches.

Result 2: Knowledge about and understanding of private sector provision of FP/RH and other health information, products and services advanced

A strong evidence base is critical for successfully advocating an increased private sector role in health as well as for designing effective programs. Activities under this result will generate, analyze and disseminate essential information related to strengthening commitment to and support and programming for the private health sector. This includes rigorous monitoring and evaluation of the project's own work as well as contributing to the global body of knowledge and research on the private health sector.

2.1 Programmatic and operations research conducted to evaluate and/or validate promising private FP/RH and other health sector models, approaches and tools and the findings widely disseminated

Globally, there are numerous innovative private sector health interventions underway, however their effectiveness, efficiency, impact and sustainability has often been neither measured nor documented. SHOPS will identify promising private sector practices, approaches, models and tools, research them, and document lessons learned and best practices for adapting, strengthening and scaling them up.

SHOPS will disseminate new and existing programmatic data and operations research findings through presentations, print publications, the project website, targeted emails, online communities and e-conferences, and strategic participation in conferences to advance knowledge about and understanding of private sector health models and approaches.

Anticipated outcomes:

- Successful private health sector practices and approaches identified and researched and findings, lessons learned and evidence-based best practices disseminated.
- Results of programmatic research applied to country programs, and their results documented, shared and transferred to other programs, as applicable.

- Strategy to disseminate private health sector knowledge and information developed and implemented

2.2 Key topics related to the private health sector identified and global data compiled, analyzed and disseminated

Beyond studies on promising private sector interventions, there is a larger body of knowledge and research on private health sector issues that needs to be conducted, compiled, organized and shared widely to allow for its more complete and thorough use. The PSP-*One* project developed a highly utilized, searchable, web-based central repository of private health sector resources (research papers, case studies, reports, tools, etc.) for this purpose. This database will be continued and strengthened under the new project. In addition, SHOPS will consult with key stakeholders to identify topics for new global studies around the private health sector, conducting such research (or recommending that others do) as appropriate to fill existing information gaps. SHOPS will compile, synthesize and disseminate these new and existing global data and research findings.

Anticipated outcomes:

- Key topics for global analyses identified, studies implemented, and new and existing findings disseminated to increase understanding of and build support for the private health sector.
- Collaboration among GH projects as well as the broader FP/RH community results in sharing of best practices, lessons learned, and formation of communities of practice to utilize state of the art knowledge.
- A strategic plan for sharing private health sector-related information and transferring knowledge to others is developed and implemented throughout the life of the project.
- The web-based resource center is continued, expanded, strengthened to make it more user friendly, and publicized, resulting in increasing "hits" and document downloads.

2.3 Effective monitoring and evaluation conducted to support accomplishment of project goals

Strong M&E is critical for the ability of a project to design strong programs; manage them; determine their effectiveness, impact and sustainability; adapt them; take them to scale; and to replicate them. SHOPS will develop and implement an M&E and operations research plan for its interventions, a critical component of which will be a Project Monitoring Plan that includes milestones, indicators and targets for achievement of activity objectives and results.

There currently is a dearth of regional and national level standardized data to measure the private and commercial sectors' contributions to FP/RH and other health service and product delivery, program sustainability, and market segmentation. Private sector contributions to health objectives need to be measured and defined in terms that are

relevant to and recognized by public sector health planners. The current use of indicators such as product sales, number of services provided, and/or funds leveraged is inadequate for capturing impact. SHOPS thus will work with relevant stakeholders to develop new, globally acceptable indicators that define and measure health sector success from private sector contributions and partnerships and advocate for the adoption and use of these indicators. SHOPS will advocate and advance quality M&E to provide consistent, comparable data on private and commercial sector contributions to FP/RH and other health programs. Towards this end, the project will work to strengthen local/field capacity to collect and analyze data, and support the analysis, reporting and dissemination of findings. In addition, the project will identify, adapt and apply state of the art research methodologies, such as "Client Centered Market Segmentation" to the health sector and assess and document their usefulness and applicability.

An important aspect of monitoring, particularly for service delivery projects, is the monitoring of compliance with USAID family planning legal and policy requirements. These legislative and policy requirements deal with voluntarism and informed choice, a target free approach, quality counseling with comprehensible information, and restrictions to funding abortion related activities.

For any Associate Award issued under this award, the recipient will reach agreement with the Mission AOTR on a Performance Monitoring Plan, including indicators and performance targets. The Recipient will be expected to describe expected outcomes under each result in annual work plans, and to report on progress according to agreed indicators on a semi-annual basis.

Anticipated Outcomes

- A Performance Monitoring Plan that identifies key indicators and research activities is developed, reviewed and updated annually.
- Strategy for participating in working groups, meetings, and other fora on M&E articulated
- 2-3 standard indicators that define and measure health sector success from private sector contributions and partnerships are adopted and used by key global entities.

Result 3: Key private health sector systems strengthened and innovative, effective and sustainable private sector FP/RH and other health programs initiated, implemented, and scaled-up

This result focuses on increasing information about, demand for, access to and use of private sector FP/RH and other health information, products and services. Activities implemented under this result will include strengthening key health systems (including the key functions of the health system defined by the World Health Organization, namely, service provision, stewardship, financing, and human and physical resources) and developing and implementing innovative strategies to improve the quality and quantity of private health sector information, products and services while working towards the sustainability and financial viability of private health providers and programs.

Project interventions will strive towards a "whole market approach" in which a range of partners including the public, non-governmental and commercial for-profit sectors, coordinate to serve different segments of the population, from the poor who require free supplies to the more affluent who can and will pay for commercial products, thus reducing overlap of efforts and increasing efficiency in the use of resources.

SHOPS will make every effort to continuously identify, adapt and employ new and innovative technologies and to dialogue on an ongoing basis with a broad and diverse community to surface new private sector partnering opportunities and pioneering approaches for reaching consumers and for segmenting the market.

3.1 Effective private sector service delivery and distribution models to increase access to and use of FP/RH and other health products and services strengthened, demonstrated and/or scaled-up

To increase access to and use of FP/RH and other health products and services, SHOPS will develop and identify state of the art private sector health service delivery and product distribution models, test these models, adapt them as necessary and replicate and scale-up those that are proven, while documenting the process and results for others to use. The project's activities will be diverse and could include:

- Developing innovative models to increase access to and use of LAPMs (including IUDs, implants, female sterilization and vasectomy) through the private sector.
- Increasing the private sector's access to financing while improving credit-readiness of private providers in a financially sustainable manner.
- Supporting existing health-sector DCA guarantees, expanding them to include key services such as FP/RH, as well as recommending and developing new ones.
- Piloting and strengthening the quality and sustainability of service delivery mechanisms and models to increase access to FP/RH and other health products and services.
- Partnering with different private provider networks and developing innovative linking mechanisms to access and work with private providers to scale up FP/RH and other health service provision.
- Developing, testing and applying techniques to improve the quality of private health sector products, services and entities.
- Brokering public-private partnerships to improve the efficiency of the health system in increasing access to and quality of FP/RH and other health products and services.

- Establishing partnerships with the commercial sector, including with pharmaceutical manufacturers, to increase access to affordable contraceptives and other health commodities and putting together multi-country partnerships for USAID.

- Piloting financing mechanisms and models (including employer-based insurance, other risk-pooling mechanisms, targeted voucher schemes, exemptions, user-fees and prepayment schemes) to increase access and decrease financial barriers to FP/RH and other health products and services; improve equity; and to reduce the risk to and motivate and strengthen private providers.

- Leveraging commercial sector resources, expertise and infrastructure in developing, expanding and testing effective, sustainable, and profitable models that reach the underserved (including rural populations) with FP/RH and other health products and services. This may involve partnering with multi-national corporations on Base of the Pyramid (BOP) partnerships that target this largest, but poorest socio-economic group – the four billion people who live on less than $2 per day – in ways that are profit-driven and fit within the companies' business strategy, yet that are responsive to these populations' needs.

- Testing new social marketing models and providing technical assistance to increase the effectiveness and build the sustainability of existing ones.

Anticipated Outcomes

- Needs identified and models developed and tested to increase access to and use of FP/RH and other health products and services.
- The process of model development/adaptation and application is tested and documented, results are monitored and findings are widely disseminated.
- Proven interventions and evidence-based best practices are scaled-up and/or integrated into ongoing programs.
- Use of the private health sector and equity in access to health services increases in developing countries.
- New DCA guarantee programs are established that support health sector lending to private providers who currently provide, or intend to begin providing RH/FP services.
- An increased number of loans to FP/RH providers are successfully made and managed though microfinance and other institutions.

3.2 Targeted private sector behavior change, communications and marketing strategies to increase access to and use of FP/RH and other health products and services implemented

In many countries, low contraceptive prevalence rates are in large part a reflection of low demand for FP commodities and services. SHOPS will develop, test and apply innovative, evidence based communications and marketing models that focus on provider and consumer education and behavior change to increase healthy behaviors. Campaigns

and messages will help individuals and couples make informed decisions about using contraception and other health products and services and to understand the options available to them; address barriers to contraception and other health product adoption and use; and increase the market share of private sector goods and services.

Marketing and communications messages will be targeted at, among other groups, the underserved including those at the base-of-the economic pyramid and rural populations and those in leadership positions (including government leaders, program managers, health care providers and supervisors, civil society organizations, and religious leaders) to develop them as champions to inform, advocate and facilitate greater use of the private health sector. Specific communications and/or marketing campaigns will be targeted at building interest in, informing and educating about, and generating action for the use of FP, especially LAPMs, in the private sector.

SHOPS is expected to build local private sector capacity for implementing behavior change, communications and marketing interventions, provide technical assistance in their design, testing, modification and implementation, and evaluate and document their effectiveness.

Anticipated Outcomes

- Communication strategies increase healthy behaviors including use of FP/RH and other health services, address barriers to contraception and other health product adoption and use, and increase the market share of private sector goods and services.
- Increased numbers of leaders understand, support, and are committed to private sector approaches.
- Providers appropriately counsel individuals and couples in response to their fertility and broader health desires and provide accurate information about contraception and other health options.
- Increased demand for and use of FP/RH services, especially private health sector.
- Local organizations gain experience and capacity for planning, implementing and evaluating behavior change communications for health.

3.3 Strategies to improve market segmentation, viability and sustainability identified and implemented

Improperly targeted free public sector and subsidized private sector health products and services, although often necessary in lower-income countries, can limit commercial and non-subsidized NGO sector participation and growth and can result in overlap of efforts and inefficient use of resources. SHOPS will assist stakeholders to develop overall FP/RH and broader health service and product delivery plans and strategies that consider the total market and define roles for multiple players based on their comparative advantages in reaching specific population segments. Specifically, SHOPS will help in identifying market segments and their characteristics and health service and information needs, effectively designing and targeting services, messages, and subsidies to these

segments, and finally learning from, documenting and disseminating this experience for purposes of advocacy/replication.

Changing donor priorities and shifting and/or diminishing resources mean that donor subsidized programs and organizations, including many social marketing organizations, need to take measures to ensure their long-term viability. Purely commercial entities that do not rely on donor subsidies may also have structural weaknesses that threaten their existence and their ability to thrive. SHOPS will provide technical assistance to improve the institutional, financial and programmatic sustainability of private sector organizations and programs and make them more competitive in the market.

The costs and risks of market entry can pose a significant barrier to private sector participation in the health sector. SHOPS will develop strategies to make the financial benefits of providing health services worth the associated risks, while at the same time implementing approaches that reduce/offset these risks.

Anticipated Outcomes

- Country health strategies reflect a coordinated, "whole market" approach with agreed upon and clearly defined roles for all public and private stakeholders.
- Private sector programs and organizations demonstrate improved institutional, financial and programmatic sustainability.
- An increased number of private sector entities enter developing country health markets.

G. Performance Monitoring and Evaluation

Monitoring of results is a key element of USAID programs. USAID seeks data and information to improve performance and effectiveness as well as to inform planning and management decisions. Accurate and timely monitoring will enable SHOPS to adapt to changing conditions and make mid-course corrections as necessary. Data also must be available to demonstrate program impact. Specific indicators and targets for achievement of the activity objective and each of the three results will be developed by the implementing agency for SHOPS and submitted as part of the overall PMP for this activity. The PMP submitted by the implementing agency will be subject to approval of the USAID AOTR.

Indicators and targets for each result should illustrate how SHOPS will contribute to increasing the role of the private sector in the sustainable provision and use of quality FP/RH, HIV/AIDS and other health information, products, and services. Measurement of achievements under the Leader Award should directly relate to the technical leadership and support provided under this project, including the identification, development and application of best practices. They should also demonstrate how SHOPS will leverage results not only through partnering under this Agreement but also by spreading practices through other Cooperating Agencies and bilateral agreements. Indicators should have

widely shared definitions and allow aggregation of results across countries, regions and/or the entire program.

For each Associate Agreement, a key early activity of the recipient will be to reach agreement with the Mission's AOTR on a Performance Monitoring Plan, including indicators and performance targets. The Recipient will be expected to describe the expected outcomes under each result in annual work plans, and to report on progress according to agreed indicators on a semi-annual basis.

H. Substantial Involvement

USAID shall be substantially involved during the implementation of this Leader with Associates Agreement in the following ways:

1) Approval of annual work plans, and all modifications, which describe the specific activities to be carried out under the Agreement;

2) Review of annual or semi-annual technical progress reports and financial reports;

3) Approval of key personnel and any changes;

4) Approval of M&E plans. USAID will be involved in monitoring progress toward achievement of the Objective and Expected Results during the course of the Agreement and in monitoring financial expenditures;

5) Review and approval of all Associate Award program descriptions by the GH AOTR to ensure that they fall within the LWA program description; and

6) As appropriate, other monitoring as described in 22 CFR 226.

The Leader Award for SHOPS will be managed by the Service Delivery Improvement Division, Office of Population and Reproductive Health within the USAID Bureau for Global Health (GH/PRH/SDI).

I. Reporting Requirements

The recipient will adhere to all reporting requirements listed below. All reports as required under Substantial Involvement shall be submitted by the due date for approval of the USAID AOTR designated by the Office of Assistance and Acquisition. Additional reports requiring review and clearances, when necessary, are listed under each requirement. Recipient will consult with the AOTR on the format and expected content of reports prior to submission.

1) Financial Reporting

Financial reporting requirements will be in accordance with 22 CFR 226.

2) Performance Monitoring and Reporting

The recipient will submit reports to the USAID AOTR as described below. The exact format for preparation of and timing for, submission of all reports will be determined in collaboration with the AOTR.

a) Annual Work Plan (2 copies)

SHOPS will prepare annual work plans for the Leader Award on a schedule and according to a format established by USAID, to be submitted to the GH/PRH/SDI AOTR for approval. The work plans for the Associate Awards will be submitted to Missions' AOTRs. For the Leader Award, the Recipient will follow the work plan year as defined by the AOTR and the Office of Population and Reproductive Health. The first work plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending on the start date of the Agreement.

b) Performance Monitoring Report (2 copies)

The recipient shall submit an updated report on progress toward agreed performance targets every three (3) months for the first year and every six (6) months thereafter, based on the Performance Monitoring Plan to be developed by the recipient in collaboration with USAID. This will include information on activities in all countries and regions. The reports must also include the following: 1) explanation of quantifiable output of the programs or projects, if appropriate and applicable; 2) reasons why established goals were not met, if appropriate; and 3) analysis and explanation of cost overruns or high unit costs (recipients must immediately notify USAID of developments that have a significant impact on award-supported activities). Further, notification must be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

c) Final Report (2 Copies)

USAID requires, 90 days after the completion date of this Cooperative Agreement, that the Recipient shall submit a final report which includes an executive summary of the Recipient's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the recipient's activities and attainment of results by country or region, as appropriate during the life of the Cooperative Agreement; an assessment of the progress made toward accomplishing the objective and expected results, significance of these activities; important research findings, comments and recommendations, and a

fiscal report that describes how the recipient's funds were used. See 22 CFR 226.51.

d) Environmental Compliance Planning and Reporting (2 copies)

The Recipient must develop and secure USAID clearance of the Initial Environmental Examination (IEE) prior to funding any country level activities.

- All planned and ongoing country level activities must be included in initial and annual work plans under this Cooperative Agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.
- This evaluation will be made in collaboration with the USAID AOTR, Mission Environmental Officer and Bureau Environmental Officer (BEO).
- A complete environmental mitigation and monitoring plan (EMMP) or project mitigation and monitoring (M&M) plan shall be prepared by the recipient as part of the program work plan and integrated into each annual work plan.
    a. This plan shall describe 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.
    b. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.
    c. The results of the EMMP will be reported to the AOTR and the BEO annually, no later than October 1st of each year.

3) Distribution of Reports

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

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

J. USAID Management

The Leader Award will have one GH/PRH/SDI AOTR and one Technical Advisor (TA). The AOTR and TA will work in collaboration with AOTRs and COTRs for other projects that overlap or feed into private sector health programming, including other centrally managed projects and Mission bilaterals to provide technical assistance to the field. The USAID/Washington management team will handle day-to-day oversight of the Leader Agreement. The Leader AOTR will retain substantial involvement for activities

conducted directly under the Leader Award and under field support funds. S/he will regularly meet with Project senior leadership and staff to track program and activity design, implementation, progress, and evaluation; and conduct semi-annual and annual management reviews and budgetary analyses. Management of funds and technical content related to GH Global Leadership and Technical priorities or directly related to HIV/AIDS, MNCH, malaria, or TB will include technical input from those offices as appropriate.

If Missions opt to use the Leader mechanism, they will access it through the field support system. Mission funds will be obligated directly into the Leader Award as incremental funding. If a Mission or Bureau operating unit opts to develop its own Associate Award, the Mission or Bureau will designate an AOTR.

K. Management Reviews and Evaluations

The Annual Work Plan will form the basis for a joint annual management review by USAID and program staff to review program directions, achievement of the prior year work plan objectives, and major management and implementation issues, and to make recommendations for any changes as appropriate. A semi-annual management review will also be held to review progress.

At any time during program implementation, USAID may conduct one or more evaluation(s) to review overall progress, assess the continuing appropriateness of the project design, and identify any factors impeding effective implementation. USAID will utilize the results of the evaluations to recommend any mid-course changes in strategy if needed and to help determine appropriate future directions. Site visits may occur anytime after the initial six month period.

SECTION IV - IMPLEMENTATION ARRANGEMENTS

A. Anticipated Award Schedule

SHOPS is expected to be awarded on or about September 30, 2009.

B. Eligibility Criteria

To be eligible to receive this Cooperative Agreement, an organization must:

- Be a US based-non-profit, or private voluntary organization or an Institution of Higher Education registered with USAID (as defined in 22 CFR part 228);
- Have managerial, technical, and institutional capacities to achieve the results outlined in this program description; and
- Propose to contribute from their own, private or local sources no less than 20 percent of the amount of funds obligated by USAID for the implementation of this program over the course of the Agreement.

C. Implementation Mechanisms

SHOPS is a Leader with Associates Cooperative Agreement with a five-year term. The Service Delivery Improvement Division, of the Office of Population and Reproductive Health within the Global Health Bureau will manage the Leader Award. The Leader Award covers all core-funded activities under this Agreement, but may receive both USAID core and field support funds, from a variety of accounts and earmarks. Applicants are encouraged to propose creative collaborative partnerships with other U.S. and/or international organizations, NGOs, private voluntary organizations, and firms to implement activities under this program. Inclusion of at least one for-profit, commercial partner is highly desirable. Proposing at least one new partner in response to this RFA is also desirable. "New partners" are defined as organizations that have never received Global Health Bureau funding as either a direct or sub-recipient. Under this definition, organizations that have been directly funded by a USAID Mission bilateral project or have received USAID Regional Bureau funding will be considered a new partner. Partnerships should be of manageable size with relationships and responsibilities clearly defined. Partnering with a small business is also desirable. Small business concerns include those that are veteran-owned, service-disabled veteran-owned, HUBZone, small, socially, and economically-disadvantaged, and women-owned.

USAID anticipates allocating up to $95 million in total funding for the Leader activity over the five year performance period. USAID further anticipates that up to $105 million may be allocated for Associate Awards, however there is no guarantee regarding the magnitude of Associate Awards in dollars or number of awards. Indirect costs, if any, are to be included in these totals. It is the intent of the U.S. government to make one award

for this five year period. The Government, however, reserves the right to fund more than one application, depending on the relative technical merit, relative cost of proposals received, and availability of funds, etc., or to make no award. The Agreement Officer is the ONLY USAID official or representative of the Government authorized to change any terms and conditions of the Cooperative Agreement.

D. Staffing

The Recipient is expected to develop and fill a comprehensive staffing plan that enables achievement of all results under SHOPS and demonstrates an appropriate balance of skills and accountability. The professional staff proposed should possess complementary experience that reflects a combination of strong management as well as specific technical expertise. The staffing level and pattern may be increased or modified over time if needed to provide effective support to field programs as they come on stream, rather than from the onset of the award.

Key personnel: The following are designated key positions under SHOPS: Project Director, Deputy Project Director, Health Finance and Access to Credit Technical Director, and Reproductive Health Technical Director. All proposed Key Personnel must have the demonstrated ability to address the conceptual framework of SHOPS and advance the state-of-the art in private sector health programming.

1. Qualifications for the proposed Project Director

The proposed Project Director has the leadership qualities, depth and breadth of technical expertise and experience, professional reputation, management experience, interpersonal skills and professional relationships to fulfill the diverse managerial and technical requirements of the program description. The Project Director shall have:

- At least 12 years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least seven years has been spent addressing the private health sector.
- Experience with FP/RH programs (highly desirable).
- Demonstrated international credibility as a leader on matters of the private health sector in developing countries.
- Experience interacting with government agencies, host country governments and counterparts, and international donor agencies.
- Strong interpersonal, writing, and oral presentation skills in English.
- A Master's Degree or higher in public health, business administration, international development, or a related advanced degree.
- Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context (desirable).
- Experience and education that is complementary to those of the proposed candidate for the Deputy Project Director position.

2. Qualifications for the proposed Deputy Project Director

The proposed Deputy Project Director must be experienced in addressing the special challenges of private sector health programming described in the program description, as well as management experience. The Project Director shall have:

- At least 8 years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least seven years has been spent addressing the private health sector.
- Experience with FP/RH programs (highly desirable).
- Strong interpersonal, writing, and oral presentation skills in English.
- A Master's Degree or higher in public health, business administration, international development, or a related advanced degree.
- Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context (desirable).
- Experience and education should be complementary to those of the proposed candidate for the Project Director position.

3. Qualifications for the proposed Health Finance and Access to Credit Technical Director

The proposed Deputy Director for Health Finance and Access to Credit will oversee and advocate SHOPS activities related to increasing access to credit and financing for the private health sector, working closely with USAID Missions and Office of Development Credit to identify and structure credit-related interventions for reproductive health impact. S/he shall have:

- At least 8 years of experience implementing or managing projects addressing issues of financing and credit for the health sector in/for developing countries.
- At least 3 years experience working in a commercial financial institution on credit-related issues.
- Experience with FP/RH programs (highly desirable).
- Demonstrated leadership qualities and depth and breadth of technical and management expertise and experience.
- Strong interpersonal, writing, and oral presentation skills.
- A Master's Degree or higher in business administration, finance, health economics, marketing, public health, and/or health administration or a related advanced degree.
- Knowledge of and experience with FP/RH programs in developing countries (highly desirable).
- Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context (desirable).

4. Qualifications for the proposed Reproductive Health Director

The proposed Reproductive Health Director will provide technical expertise and guidance on SHOPS' provision of clinical and non-clinical FP/RH and other health services. The RH Director will ensure that project staffs are educated about and project interventions adhere to current, internationally accepted norms and standards. S/he will have:

- At least 8 years of experience with voluntary family planning and reproductive health projects.
- Demonstrated leadership qualities, and depth and breadth of technical and management expertise and experience.
- Strong interpersonal, writing, and oral presentation skills.
- A Master's Degree or higher in public health, a clinical discipline, population studies, or a related advanced degree.
- In-depth knowledge of such issues as training in FP/RH-related norms and standards, contraceptive technology, infection control, and information, communication and counseling skills.
- Two years experience living or working in a developing country and fluency/proficiency in a second language relevant to a developing country context (desirable).

E. Financial Plan

USAID funding for the SHOPS Cooperative Agreement will have a $200,000,000 ceiling over the five-year implementation period. The estimate of the dollar amount for the Leader is $95 million over five years; the estimated dollar amount of anticipated Associate Awards is $105 million, however there is no guarantee regarding the magnitude of Associate Awards in dollars or number of awards. An estimated thirteen percent (13%) of the Leader will be funded through core funds, with eighty-seven percent (87%) of funding for the Leader provided through field support. The project can accept funds from any earmark or account, though it will be funded mainly from the USAID Child Survival and Health (CSH) Population Account and HIV/AIDS Accounts (both CSH and GHAI). Activities under this Agreement will conform to relevant guidance on use of these funds, including USAID guidance on the use of PRH and other funds.

There is a 20 percent cost sharing requirement for the Leader Award. Such funds may be mobilized from the prime recipient; other multilateral, bilateral and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially, and in-kind to implementation of activities at the county level.

SECTION V – CERTIFICATIONS AND ASSURANCE

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

SECTION VI – ANNEXES

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

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

Branding Strategy and Marking Plan Template

"USAID BRANDING STRATEGY"
AWARD TITLE
AWARD NUMBER
DATE OF PLAN

1) Positioning

What is the intended name of this program, project, or activity?

Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo.

2) Program Communications and Publicity

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

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

What is the main program message?

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

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

3) Acknowledgements

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

"USAID MARKING PLAN"
AWARD TITLE
AWARD NUMBER
DATE OF PLAN

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

(2) Table of Supplies and Equipment to be used in a visible manner in the fulfillment of the goals of the _____ project and an indication of how and where they will be tagged with the USAID identity.

Supply/Equipment	Type of Marking	Where Marking Placed
Computers?	USAID Identifying vinyl label	On front of monitor
Printers?	USAID Identifying vinyl label	On top of printer
Field Backpacks?	USAID Identifying vinyl label	On outside of backpack

(3) Table of Deliverables expected to be produced in the conduct of this program: All deliverables will be marked in a visible manner with the USAID identity; below is an indication of what type of marking will be used and where on the deliverable the USAID identity will be placed.

Deliverable	Type of Marking	Where Marking Placed

Reports?	USAID printed identity	Front cover
Publications (brochures)?	USAID printed identity	Front cover
Website?	USAID web identity	Front page

(4) Sub-recipient: As specified in the standard provisions, the marking requirements will "flow down" to sub-recipients or sub-awards, and will include the USAID-approved marking provision in all USAID funded sub-awards, as follows: "As a condition of receipt of this sub-award, marking with USAID identity of a size and prominence equivalent to or greater that the recipient's, sub-recipient's, other donor's or third party's is required."

(5) Any "public communications," as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has been approved by USAID, will contain the following disclaimer: "*This study/report/audio-visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient's name] and do not necessarily reflect the views of USAID or the United States Government.*"

(6) As specified in the standard provisions, _____ will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, _____ will submit one electronic or one hard copy of all final documents to USAID's Development Experience Clearinghouse.

KEY DOCUMENTS

Matrix of priority countries (below)

Mid-Term Assessment of the PSP-*One* Project:
http://www.ghtechproject.com/Attachment.axd?ID=8d511e5c-91e4-4278-a720-ac5e1b1af8be

Mid-Term Assessment Summary: The Banking on Health Project:
http://www.ghtechproject.com/Attachment.axd?ID=9789d923-a497-4e3d-a6eb-c55c3258f885

Health Program Priority Countries for Presidential and Other USG Global Health Initiatives

	FP/RH Tier One	FP/RH Tier two	HIV/AIDS-PEPFAR	MCH Initiative	Malaria-PMI	TB
AFR						
Angola		X	X		X	X
Benin		X		X	X	
Botswana			X			
Côte d'Ivoire			X			
DRC	X*		X	X		X*
Ethiopia	X*		X	X	X	X*
Ghana	X		X	X	X	X
Guinea		X				
Kenya	X*		X	X	X	X*
Lesotho			X			
Liberia	X			X	X	
Madagascar	X*			X	X	
Malawi	X*		X	X	X	X
Mali	X			X	X	
Mozambique	X		X	X	X	X*
Namibia			X			X
Nigeria	X*		X	X		X*
Rwanda	X*		X	X	X	
Senegal	X		X	X	X	X
South Africa		X	X			
Sudan		X	X	X		X
Swaziland			X			
Tanzania	X*		X	X	X	X*
Uganda	X*		X	X	X	X*
Zambia	X*		X	X	X	X*
Zimbabwe		X	X			X*

	FP/RH Tier One	FP/RH Tier two	HIV/AIDS-PEPFAR	MCH Initiative	Malaria-PMI	TB
E&E						
Albania	X					
Armenia	X					
Azerbaijan	X			X		
Georgia	X					X
Kazakhstan		X				X
Kyrgyzstan		X				X
Moldova						X
Russia	X		X			X*
Tajikistan		X		X		X
Turkmenistan		X				X
Ukraine	X		X			X*
Uzbekistan		X				X
ANE						
Afghanistan	X			X		X*
Bangladesh	X			X		X*
Cambodia		X	X	X		X*
China			X			
Egypt		X				
India	X*		X	X		X*
Indonesia			X	X		X*
Jordan		X				
Nepal		X		X		
Pakistan	X*			X		X*
Philippines	X			X		X*
Thailand			X			
Vietnam			X			
Yemen	X					
LAC						
Bolivia	X			X		X
Brazil						X*
Dom. Republic			X			X
El Salvador		X				
Guatemala	X			X		
Guyana			X			
Haiti	X*		X	X		X
Honduras		X				X
Mexico						X
Nicaragua		X				

Peru						X

AFR: Africa
ANE: Asia and Near East
E&E: Europe and Eurasia
LAC: Latin America and the Caribbean

FP/RH: Family Planning/Reproductive Health
* indicates one of the 13 FP/RH priority countries
MCH: Maternal and Child Health
TB: Tuberculosis * indicates a focus country