Issuance Date:	***July 24, 2017***
Questions Due:	***July 31, 2017 (7:00 a.m. Guatemala time)***
Key Personnel Annex Due:	***August 21, 2017 (7:00 a.m. Guatemala time)***
Past Performance Annex Due:	***August 21, 2017 (7:00 a.m. Guatemala time)***
Closing Date:	***September 7, 2017 (7:00 a.m. Guatemala time).***

Subject: Notice of Funding Opportunity Number (NOFO): RFA-596-17-000003

Program Title: PASCA 3.0 - Central American Project for Sustaining and Championing the Human Rights Response to Human Immunodeficiency Virus (HIV)

The United States Agency for International Development Mission in Guatemala is seeking applications to fund one organization for a five-year Cooperative Agreement, PASCA 3.0 - Central American Project for Sustaining and Championing the Human Rights Response to Human Immunodeficiency Virus (HIV) described in Section I of this NOFO. The authority of the NOFO is found in the Foreign Assistance Act of 1961, as amended.

Subject to the availability of funds, USAID/Guatemala intends to award one five (5) year Cooperative Agreement in the amount of US$10,000,000. USAID/Guatemala reserves the right to reduce, revise, or increase application budgets in accordance with the needs of the program and the availability of funds.

USAID encourages competition in order to identify and fund the best possible application(s) to achieve program objectives.

For the purpose of this program, this NOFO is being issued and consists of this cover letter and the following:

A – Program Description
B – Federal Award Information
C – Eligibility Information
D – Application and Submission Information
E – Application Review Information
F – Federal Award and Administration Information
G – Federal Awarding Agency Contacts
H – Other Information

In addition, final award 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, the potential applicant is hereby notified of these requirements and conditions for award. The Application is submitted at the risk of the applicant; should

circumstances prevent award of a Cooperative Agreement, all preparation and submission costs are at the applicant's expense.

It is the responsibility of the recipient of this NOFO document to ensure that it has been received in its entirety.

Questions regarding this NOFO must be submitted by e-mail to guatemalaproposals@usaid.gov. If you decide to submit an application, it should be received by the closing date and time indicated at the top of this cover letter via email to guatemalaproposals@usaid.gov.

Best Regards,

Dion L. Glisan
Agreement Officer

TABLE OF CONTENTS

Contents

ABREVIATIONS AND ACCROYNMS USED IN THIS NFO

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral treatment
ARV	Anti-retroviral
BSS	Behavioral Surveillance Survey
CA	Cooperative Agreement
C.A.	Central America
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
COMISCA	Council of Central American Ministers of Health (Spanish Acronym)
CS	Civil society
CoC	Continuum of Care
CSO	Civil society organization
FBO	Faith-based organization
FSW	Female sex workers
FOIT	Focused Outcome and Impact Table
GARPR	Global AIDS Response Progress Reporting
GBV	Gender-based violence
GFATM	Global Fund to Fight AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
HR	Human resources
HSS	Health System Strengthening
HTS	HIV Testing Services
KP	Key population
MP	Monitoring Plan
MOH	Ministry of Health
MSM	Men who have sex with men
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NFO	New Funding Opportunity
OGAC	Office of the Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
PAHO	Pan American Health Organization
PASCA	Program for Strengthening the Central American Response to HIV (Spanish Acronym)
PEPFAR	President's Emergency Plan for AIDS Relief
PF	Partnership Framework
PLHIV	People living with HIV
PMTCT	Prevention of Mother-to-Child transmission
PP	Priority population
PR	Principal Recipient

RCM	Regional Coordinating Mechanism
RDCS	Regional Development Cooperation Strategy
REDCA+	Central American Network for People Living with HIV (Spanish acronym)
SDG	Sustainable Development Goal
SDS	Strategic Direction Summary
SI	Strategic Information
SID	Sustainability Index and Dashboard
TB	Tuberculosis
TGW	Transgender women
TX	Treatment
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

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SECTION A: PROGRAM DESCRIPTION

1. INTRODUCTION

Based on full and open competition, USAID/Guatemala intends to award one five-year Cooperative Agreement for **PASCA 3.0 - Central American Project for Sustaining and Championing the Human Rights Response to Human Immunodeficiency Virus (HIV)**. Subject to the availability of funds, USAID intends to provide up to $10 million in total USAID funding to be allocated over five years. Given the complexity of this Project and the wide range of expertise required to achieve the objectives, USAID anticipates making one award.

This Activity will contribute to the achievement of Development Objective (CO) 4, HIV prevalence in Central America contained, of the Regional Development Cooperation Strategy (RDCS) 2015-2019; it will also support the Intermediate Result (IR) 3.2, Human Rights Standards and Protection Systems Strengthened, of DO 3 Regional human rights and Citizen Security Improved.

2. BACKGROUND

Guiding Frameworks

The President's Emergency Plan for HIV/AIDS Relief (PEPFAR) has evolved from an emergency response during the first phase from 2003-2007 to a move towards sustainability during the second phase from 2008-2012. Starting in 2013, PEPFAR has entered phase 3.0 with a strong focus on sustainable epidemic control. PEPFAR represents a U.S. government inter-agency effort, and as a part of PEPFAR, the USAID Central America Regional HIV/AIDS program aligns its technical assistance efforts with broader PEPFAR program strategies and in response to the needs of the Central American context. For the second phase of PEPFAR, the Regional HIV/AIDS Program operated under the Central America Regional Partnership Framework, a five-year strategy between the U.S. Government (USG) and the seven countries of Central America represented by the Council of Central American Ministers of Health (COMISCA, Spanish acronym).[1] The current work of the Regional HIV/AIDS Program builds on the solid foundation provided by the Partnership Framework for coordination and cooperation between the USG and partner governments around shared technical priorities and a focus on the sustainability of the national and regional HIV responses.

PEPFAR 3.0 has represented a pivot in terms of priorities and areas of work as the Regional HIV/AIDS program operates within the framework of the PEPFAR 3.0 strategy, in

[1] COMISCA also includes the Dominican Republic, which is not included in the PEPFAR Central America program.

particular the five PEPFAR action agendas: Impact, Efficiency, Sustainability, Partnership, and Human Rights[2].

PEPFAR's Impact Action Agenda prioritizes the importance of doing the right things, in the right places, at the right time. In Central America, this has led to analysis of the epidemic at a more granular municipality-level and a resulting focus on a smaller number of high PEPFAR's Impact Action Agenda prioritizes the importance of doing the right things, in the right places, at the right time. In Central America, this has led to analysis of the epidemic at a more granular municipality-level and a resulting focus on a smaller number of high burden municipalities. This geographic prioritization is nested within an ongoing process of monitoring and evaluating all program activities to ensure impact and a focus on the key and priority populations driving the region's epidemic. This pivot also corresponds to the Efficiency Action Agenda, which emphasizes that resources are used transparently for the greatest possible impact. In Central America, this also means that the USG works with host country governments to analyze expenditures and look together for ways to increase the cost-effectiveness of HIV service delivery. Economic analysis also contributes to the Sustainability Action Agenda, and in Central America the Regional HIV/AIDS Program continues to work together with all stakeholders towards ensuring a sustainable response which includes not only economic resources, but building local capacity, especially of civil society, and institutionalizing processes and policies to guarantee quality services for key and priority populations.

With the Partnership Action Agenda, PEPFAR recognizes that working together with all key stakeholders is essential for sustainable epidemic control calling for ever stronger coordination with multilateral partners such as the Joint United Nations Program on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, TB and Malaria (GFATM). In Central America, the USG sees partnership with all key stakeholders as central to its work, from multi-lateral partners and Ministries of Health to civil society and other non-health sector entities such as Ministries of Finance, human rights institutions, and private sector, among others. Stigma and discrimination continue to be among the most significant barriers impacting KPs' (KPs) access to HIV prevention, care, and treatment, a programmatic priority highlighted within PEPFAR's Human Rights Action Agenda. PEPFAR is committed to addressing all the social, cultural, economic, and legal barriers that inhibit equal access to health services. In Central America, the Regional HIV/AIDS Program is focused on reducing stigma and discrimination at all levels as an important pillar in its work to improve identification of HIV-infected key and priority populations and their subsequent uptake of HIV treatment.

90-90-90 and Sustainable Development Goals

[2] The Office of the Global AIDS Coordinator (2014). *PEPFAR 3.0 – Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation*. Washington, D.C. (http://www.pepfar.gov/documents/organization/234744.pdf)

All countries in Central America are publically in support of the UNAIDS 90-90-90 targets that by 2020, 90% of people living with HIV will know their status, 90% of people who know their HIV-positive status will access treatment, and 90% of people on treatment will have suppressed viral loads[3]. The Central America Regional HIV/AIDS Program is committed to supporting partner governments to achieve these ambitious goals and USAID's activities are now oriented to the 90-90-90 targets with the important recognition that these goals can only be met by national programs through a shift of focus towards sustainable epidemic control among key and priority populations most affected by HIV in the region. UNAIDS is also promoting the end of stigma and discrimination through the Zero Discrimination campaign which includes stigma and discrimination related targets for Latin America.

The countries in the region have also all signed on to the United Nations' (UN) Sustainable Development Goals (SDGs), which include the target of eliminating AIDS by 2030 under the SDG 3: Good Health and Well-Being. While the other 16 SDGs are not explicitly about health, PEPFAR also contributes directly to at least four of them on a global level and in Central America, PEPFAR programs impact the SDGs on reducing inequalities (SDG 10), promoting peaceful and inclusive societies (SDG 16) and partnerships (SDG 17).[4]

World Health Organization (WHO) 2015 Guidelines

In 2015, the WHO issued updated guidelines[5] advocating for initiation of anti-retroviral treatment (ART) for all HIV positive individuals upon diagnosis, also known as Test and Start. Additionally, global guidance also recommends the differentiation of service delivery models to improve access and facilitate Test and Start. The Regional HIV/AIDS Program is working to support host-country governments as they adopt and roll out global best practices related to HIV/AIDS from the development of new national policies, guidelines, and processes to the implementation at the site level with training and monitoring and evaluation. The USG is supporting countries to make Test and Start the official policy and explore different service delivery models such as task shifting and going from quarterly to biannual ART pickups for stable patients.

In June 2016, COMISCA sent a Letter to United Nations Global AIDS Special Session (UNGASS), ratifying its commitment to implement the WHO 2015 Guidance and adopting Test and Start strategy.

PEPFAR Central America Regional Strategic Approach

USAID's Regional HIV/AIDS Program follows the Interagency PEPFAR Central America

(http://www.pepfar.gov/documents/organization/234744.pdf)

[3] UNAIDS (2014). *90-90-90 – An Ambitious Treatment Target to Help End the AIDS Epidemic*. Geneva. (http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf)

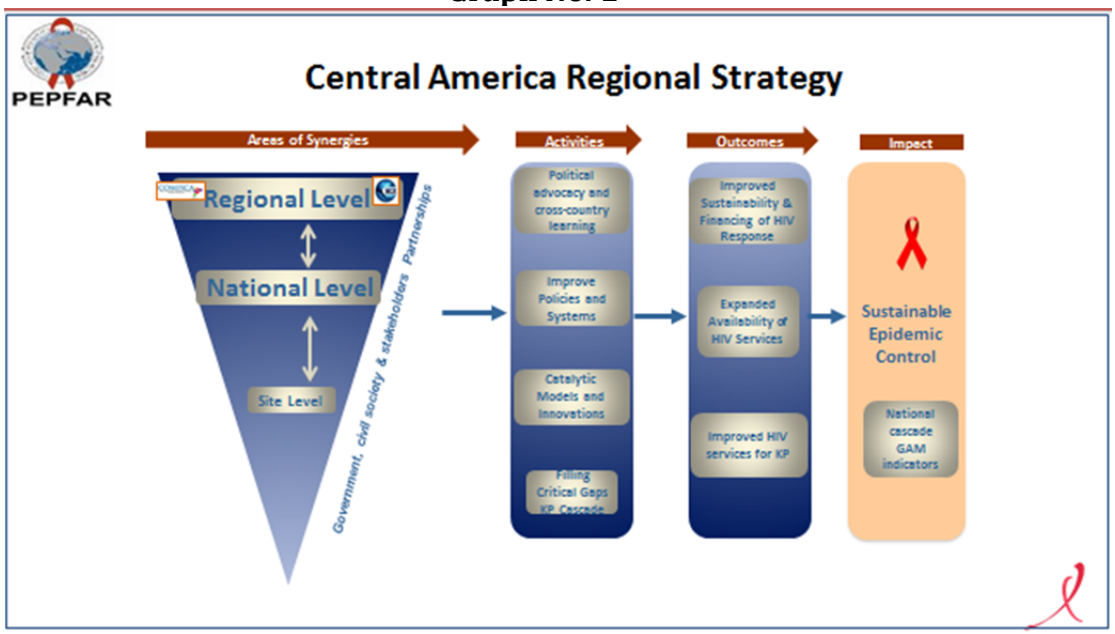
[4] http://www.un.org/sustainabledevelopment/sustainable-development-goals/

[5] WHO (2015). Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva. (http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/)

strategic approach as outlined in the FY 2016 Regional Operational Plan[6] (see Graph No. 1) working at the regional, national and site levels to support the regional HIV response and help countries achieve the 90-90-90 goals. At the highest level, USAID engages with the regional platforms represented by COMISCA and their technical advisory group for HIV/AIDS and the Regional Coordinating Mechanism (RCM) for political advocacy and regional strategic planning and coordination. At the national level, USAID works with national stakeholders including government, non-governmental entities, civil society, and multi-lateral organizations to improve policies and systems. At the site level, USAID

focuses on improving access to HIV prevention and testing for KPs at the community level, and increasing demand for HIV services among the same KPs. At health care facilities, USAID provides technical assistance with a focus on increasing adherence rates and improving quality of services.

Graph No. 1

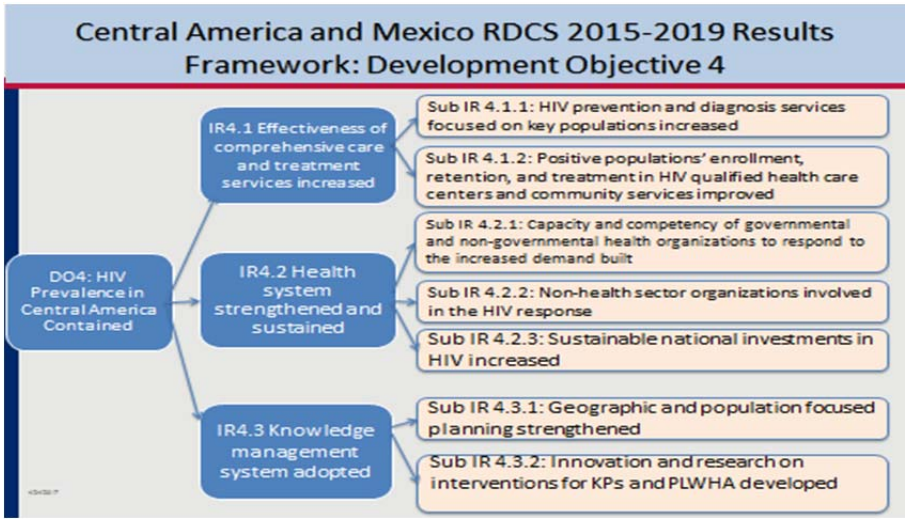


USAID Regional Development Cooperation Strategy

The Regional HIV/AIDS Program also works within the context of the USAID RDCS contributing to the achievements of DO 4 as stated before.

[6] FY2016 Regional Operational Plan – Central America Region Strategic Direction Summary (http://www.pepfar.gov/documents/organization/257655.pdf)

Graph No. 2



The RDCS also lays out other non-HIV related regional priorities for USAID and emphasizes the commitment to complement bilateral activities implemented by USAID Missions in the region. See the RDCS Result Framework in above in Graph 2.

USAID Human Rights Approach

In 2013, USAID released a strategy on democracy, human rights and governance[7], which elevated human rights to the level of an important USAID development objective. This strategy focuses on the participation and inclusion of all citizens, especially historically marginalized populations, and more accountable institutions and leaders. For Central America, human rights are included in the RDCS as a specific objective but are also an important cross-cutting area that is particularly relevant to the Regional HIV/AIDS Program.

USAID Missions and Other USG Agencies

The Regional HIV/AIDS Program is managed by USAID/Guatemala. The Program coordinates its interventions with other USAID Missions in the region (i.e., El Salvador, Honduras, and Nicaragua), specifically with the health and democracy and governance teams. The latter also includes human rights related issues.

The Regional HIV/AIDS Program operates within the interagency context of PEPFAR, which is led by the Office of the Global AIDS Coordinator (OGAC) at the Department of State based in Washington D.C. and the Central America Regional PEPFAR Coordinator in Guatemala. USAID works closely with the other PEPFAR implementing agencies in the region, including the Centers for Disease Control and Prevention (CDC) and the Department of Defense (DoD).

[7] USAID (June 2013). *USAID Strategy on Democracy, Human Rights and Governance.* Washington, D.C.

Regional & National Strategic Plans

All USAID activities are aligned with regional and national strategic HIV/AIDS plans[8] [9] [10] [11] [12] [13]. While regional and national stakeholders lead the strategic planning process, USAID supports the development, implementation, monitoring and evaluation of these plans and strategies, and consequently, this Activity will be expected to build on previous work in this area (see below).

Regional Sustainability Strategy

In 2012, COMISCA tasked the RCM with the development of a Regional Sustainability Plan to assure the long-term sustainability of universal access to HIV prevention, care and treatment services in the Central American region. With USG support, the RCM presented the plan in 2013 and it was subsequently adopted and ratified by COMISCA with the overall purpose of accelerating the progress towards achieving the goals of Universal Access and Millennium Development Goals (now SDGs) in HIV prevention, care, treatment and support by focusing efforts and dedicating additional resources to the most effective interventions in the countries of Central America and the Dominican Republic. The plan's objectives include: a) Increase the effectiveness of prevention activities; b) Improve access to and quality and equity of care and treatment for people living with HIV in a sustainable manner; c) Strengthen the management and optimum use of resources for the national HIV response; and d) Reduce dependence on external resources for financing activities to reduce the number of new HIV infections through greater national ownership of the response[14]. In February 2016, COMISCA updated this strategy to introduce critical

[8] Regional Coordinating Mechanism (March 2010). *Plan Estratégico Regional de VIH y sida de Centroamérica y República Dominicana 2010-2015.*

[9] Ministerio de Salud de El Salvador *Plan Estratégico Nacional Multisectorial de la Respuesta de VIH-Sida e ITS 2016 -2010, San Salvador 23 de septiembre, 2016.*

[10] Ministerio de Salud y Asistencia Social de Guatemala (June 2011) *Plan Estratégico Nacional para la Prevención, Atención y Control de ITS, VIH y Sida: Guatemala 2011-2015*

[11] Secretaria de Salud de Honduras *IV Plan Estratégico Nacional de Respuesta al VIH y Sida en Honduras* (PENSIDA IV) 2015-2019, *Honduras, Centro América, Diciembre 2014*

[12]CONISIDA (November 2012). *Plan Estratégico Nacional de ITS, VIH y sida 2011-2015*

[13] Ministerio de Salud de Panamá (February 2014) *Plan Estratégico Nacional Multisectorial de VIH/Sida 2014-2019.*

[14] Regional Coordinating Mechanism (April 2013). *Estrategia de sostenibilidad de la Repuesta al VIH en Centroamérica y República Dominicana.*

(http://mcrcomisca.org/sites/all/modules/ckeditor/ckfinder/userfiles/files/3_%20Estrategia%20de%20Sostenibilidad%20Regional.pdf)

adjustments in response to the WHO Guidance launched in December 2015, such as the reformulation of the objectives, reflecting the following transitions:

- From the concept of prevention to the continuum of prevention, diagnosis, treatment and care for anyone in need in the region;
- The general concept of access and quality of services for people with HIV, the refocus on KPs and places with higher HIV prevalence and transmission (time, person, place);
- Evidence-based and results-oriented response management, strategic management and resource allocation according to sustainability priorities; and
- The reduction of dependence on external resources aimed at reducing new infections, towards the integrated concept of the investment framework based on strategic information and the strengthening of systems.

USAID will continue to support the implementation of this plan and use it as a guiding framework for all activities related to sustainability.

Joint Approach

Within the context of the aforementioned guiding frameworks, the Global Fund, the Pan

American Health Organization (PAHO), UNAIDS, and the agencies implementing PEPFAR came together in 2014 in coordination with the RCM to formally document a Joint Approach for HIV/AIDS activities in Central America and the Dominican Republic. [15] The purpose of the Joint Approach is to optimize resources for the HIV response and move towards financial and programmatic sustainability as defined by the requirements and qualifying factors for Global Fund grant recipients in the region. While the Joint Approach document is currently being updated to reflect the WHO 2015 Guidelines and consequently, Global AIDS Measurement indicators, the guiding principles remain the same and include sustainable epidemic control as the overall development goal with a focus on KPs and prioritizing geographic areas with the highest prevalence, universal access to care and treatment, the provision of a minimum prevention package and other key activities such as human rights related activities and strengthening civil society and community groups. The Joint Approach ensures a coordinated, consistent and coherent approach in all countries of the region from all multilateral and bilateral stakeholders in support of common goals.

[15] Enfoque Conjunto Para Aplicaciones de VIH/Sida en la Región de Centroamérica y la República Dominicana. Antes El Fondo Mundial De Lucha Contra El Sida, la Tuberculosis y la Malaria 2014-2020 (Abril 2014). (http://countryoffice.unfpa.org/dominicanrepublic/drive/EnfoqueconjuntoparaVIH.pdf)

Partnership Framework Evaluation Recommendations

In 2013, an independent qualitative evaluation was undertaken to assess how well the Central America Partnership Framework was supporting the sustainability of the national HIV responses with a focus on KPs[16]. Key recommendations from the evaluation continue to be relevant and include:

- Focus on what makes KP vulnerable such as stigma and discrimination and related human rights barriers that affect KP access to services.
- Promote financial sustainability of KP oriented programs with increased government funding and identification of other sources such as the private sector.
- Build institutional capacity with specific mention of the need to focus on health service provider behavior change to improve the quality of care for KPs.
- Support strengthening information systems and research capacity, including a broadening to more sociological and anthropological studies.
- Address governance and accountability, including gaps in the legal and policy frameworks for KP human rights.
- Strengthen KP engagement in the response and continue to ensure KP focus of HIV activities.

All of these recommendations are in-line with current priorities for the region and with the PEPFAR 3.0 strategy.

Multi-sectoral Consultation Results[17]

The Regional HIV/AIDS Program works closely with all key stakeholders who are part of the regional and national HIV/AIDS response and considers their perspectives when planning future activities. In June 2016, over 120 key stakeholders across relevant sectors (government, civil society, international donors, private sector and academia) from all five countries participated in an on-line survey that included questions about how best to address stigma and discrimination and sustainability and their responses were used to guide the components of this and other future USAID activities.

Building on Previous Work

Since 1995, the USAID Regional HIV/AIDS Program has invested in improving the HIV-related policy environment and strengthening national and regional responses through the Program for Strengthening the Central American Response to HIV (PASCA, Spanish acronym). PASCA has not only worked with regional and national stakeholders for the development, adoption, implementation, and monitoring of HIV policies, but has also strengthened regional and national level strategic planning and worked with civil society to build its capacity in advocacy and engagement. This new Activity will be expected to build

[16] *Evaluation of the United States Government Central America Regional Partnership Framework* (October 2013). (http://pdf.usaid.gov/pdf_docs/PA00JRW5.pdf)

[17] http://www.pasca.org/content/reporte-sobre-consulta-multisectorial-de-usaid

on the important work of PASCA and other previous USAID activities though with a much stronger emphasis on sustainability and the reduction of stigma and discrimination in line with PEPFAR 3.0.

The increasing importance of the role of civil society and community groups is recognized by PEPFAR, and in particular as related to the value of peer networks for linking KPs to HIV prevention and testing and then to health services. The power of KP networks are also well known to implement advocacy activities at both the national and regional levels. This Activity will work with civil society organizations at the national and regional levels to support their engagement in efforts to achieve the 90-90-90 goals and improve access to services for populations most affected by HIV. The Recipient will be expected to identify new and innovative approaches to ongoing challenges faced for all two programmatic components of this project.

The PASCA name is an important point of reference in the region and is recognized and respected by key stakeholders from different sectors. To continue to leverage this name recognition, USAID will maintain the PASCA name. To reflect the shift in focus to align with PEPFAR 3.0, the Activity will be referred to as PASCA 3.0.

HIV Context in Central America

Epidemiology

The HIV epidemic in Central America continues to be concentrated among certain KPs and low among the general population as reflected in Table 1 below. The KPs with the highest prevalence rates include transgender women (TGW), men who have sex with men (MSM), and female sex workers (FSW).

Table 1 Central America Demographic and Epidemiological Data

Indicator	ELS	GUA	HON	NIC	PAN	Total
Total Population (2018)	6,643,359	17,302,084	8,075,060	6,386,596	3,929,141	42,336,240
# Estimated People living with HIV (PLHIV) (year?)	20,874	47,800	23,000	11,130	15,423	118,227
HIV prevalence (%)	0.5	0.6	0.4	0.3	0.7	----
HIV incidence among adults (15-49)	0.02	0.04	0.01	0.02	0.05	-----
Estimated Population Size of MSM	54,140	122,000	43,439	57,742	15,842	293,163
MSM HIV Prevalence (%)	6-13.8	6.6-14.6	6.9-11.7	9.76	7.7	-----
Estimated Population Size of FSW	44,972	25,800	22,573	17,047	5,217	115,609
FSW HIV Prevalence	3.9-12.0	1.0-2.5	3.5-15.6	2.0-3.0	1.0	----
Estimated Population Size of TG	2,011	4,167	2,975	5,489	---	13,989
Transgender (TG) HIV Prevalence	23.8	13.8-30.9	31.9	18.6	15.0	----
Number of people diagnosed HIV- positive	14,403	28,537	12,167	7,760	12,720	75,587
Number of people receiving ART	6,471	14,818	9,752	2,502	7,782	41,325
Number of people in viral suppression	4,592	8,747	7,935	1,295	4,954	27,523
Number of TB cases that are HIV infected	240	840	340	140	180	-----

Source: National AIDS Programs/ National Statistic Institute/ Population Size Surveys

The prevalence among FSWs has been in decline and due to lower prevalence in Guatemala, Nicaragua and Panama; the USG has prioritized working with FSW in El

Salvador and Honduras only. The Regional HIV/AIDS Program focuses on MSM and TGW in all five countries taking into account their high prevalence rates. In addition, PEPFAR considers the Garifuna ethnic group in Honduras as a Priority Population (PP) in Central America since their HIV prevalence rates that are much higher than the general population, as was evidenced by the 2012 Behavioral Surveillance Survey (BSS) with rates of 4.5% in the urban Garifuna population, and 4.6 in the rural Garifuna population.
These KPs and PPs are the focus of the Regional HIV/AIDS Program and this emphasis is found throughout all the components of this Program Description. For a sustainable response to HIV, free of stigma and discrimination in the region, the active engagement of KP is essential. Thus, this Activity will work to support and strengthen the involvement of these populations and their representative civil society groups.

The clinical cascade varies in each country, but as a region the major gaps across the pillars include: 1) HIV case finding with only 64% of people living with HIV (PLHIV) diagnosed; 2) linkage of HIV positive individuals to treatment with only 37% of PLHIV on ART, and 3) sub-optimal treatment adherence with only 23% of PLHIV achieving viral suppression. PEPFAR is working to address these gaps in the cascade through site level, above-site level, and regional activities. See table No. 2

Table 2: Central American Region Clinical Cascade Summary

Country	**PLHIV** 100 %	**Diagnosed**	**%**	**On ART**	**%**	**Viral Suppression**	%
El Salvador	20,874	14,403	69	6,471	31	4,592	22
Guatemala	47,800	28,537	60	16,965	35	8,747	18
Honduras	23,000	12,167	53	9,752	42	7,935	34
Nicaragua	11,130	7,760	70	2,502	22	1,295	12
Panama	16,565	13,583	82	8,283	50	5,301	32
TOTAL	**119,369**	**76,450**	**64**	**43,973**	**37**	**27,870**	**23**

Source: MoH Reports in 2014-2015

Lack of political will and concerns around financial sustainability in the midst of a diminishing donor landscape have prevented high-level policy makers from approving recommended policies such as Test and Start and Viral Load testing. While most countries in the region have not yet adopted Test and Start, much progress has been made toward this goal. All countries have implemented Test and Start for TB and pregnant patients; Panama has Test and Start for KP and has included it in their National Guidelines which was released in March 2017; and Honduras is in the process of revising their National Guidelines to include Test and Start. See Table 3.

Stigma and Discrimination

Stigma and discrimination towards both PLHIV and KPs are widespread in the region

according to studies such as the Stigma and Discrimination Index[18], which is assessed in most countries of the region. In all of the index studies, sexual minorities living with HIV reported much higher percentages of stigma and discrimination than other PLHIV, indicating that they suffer from double stigma.

Table 3 Guidelines & current practice for initiating Antiretroviral Treatment (ART) for people living with HIV in Central America Countries-February 2017

	ELS	GUA	HON	NIC	PAN
National ART guidelines incorporate test & start	No	No	In process	No	Yes
Current protocol sets CD4 <=500 cells/mm^3 to start ART	Yes	Yes	Yes	Yes	No
Test & Start for KP	In process	No	No	No	Yes
Test & Start for Pregnant women	Yes	Yes	Yes	Yes	Yes
Test & Start for TB patients	Yes	Yes	Yes	Yes	Yes
Current guidelines publication year	2014	2013	2013	2016	2017
NAP reports clinical practice applying "Test & Start"	Yes	Yes	No	No	Yes

In Nicaragua, TGW report higher rates of almost every type of exclusion mentioned in the survey from rumors to physical violence.[19] Internalized discrimination among PLHIV was highlighted as a factor in Panama as 27% of the men and nearly 30% of the women interviewed reported feeling ashamed of their HIV status and in Nicaragua 43% of all individuals surveyed reported feeling ashamed of their HIV status.[20] While there have been improvements over the years, stigmatizing attitudes are still found at the societal level as four out of every 10 respondents in a public opinion survey in the region reported discriminatory attitudes towards PLHIV or KPs.[21] A 2014 study showed that 32% of MSM

[18] stigmaindex.org

[19] *Estudio Índice de Estigma y Discriminación en Personas con VIH-Nicaragua 2013* (http://www.stigmaindex.org/sites/default/files/reports/NicaraguaEstudio%20Final_ED_.pdf)

[20] *Informe sobre el Índice de Estigma y Discriminación (Index) a Personas con VIH-Panamá (*2014) (http://www.stigmaindex.org/sites/default/files/reports/Panama%20PLHIV%20Stigma%20Index.pdf)

[21] USAID/PASCA *Estigma y Discriminación asociados al VIH: Encuesta de opinión pública. Informe regional. Centroamérica 2013.* (http://www.pasca.org/userfiles/INFORME%20EYD%202013%20REGION%20VFINAL%20FEBRERO%202014.pdf)

and TGW in San Salvador postponed healthcare due to stigma and discrimination.[22] Key stakeholders expressed concern that actions against stigma and discrimination are not coordinated and are conducted in a piecemeal fashion. Less is known about the specific barriers faced by Garifuna in Honduras in terms of access to HIV related services and further analysis on this topic may be requested.

Gender Analysis[23]

USG funded a participatory gender analysis in 2016 with key stakeholders in each country. The findings were very similar across countries with widespread stigma and discrimination towards sexual minorities. KPs experience multiple, overlapping forms of stigma related to their sexual and gender identities and practices as well as their socio-economic position, involvement in sex work, and HIV status. In general, men do not access public services (due to the hours in which the clinics work, or because the clinics are focused on maternal and child programs, among other reasons), and in Honduras it was noted that Garifuna men did not access HIV testing services. Gender-based violence (GBV) was mentioned in the majority of the countries as a pressing issue and while USAID has updated post-exposure prophylaxis protocols to include KPs, there are still barriers for KPs to access GBV related services. In Nicaragua and Panama, it was noted that the trans community suffers the highest levels of stigma and discrimination. Many laws and policies around HIV do not address KP specifically, without any specific characterization of KPs, their particular needs or situation. In Nicaragua the need for a gender identity law for trans was highlighted. In the multi-sectoral consultation, key stakeholders reported that the trans population is the group most discriminated against by health care workers in all countries in the region.

Funding Environment

The HIV response in Central America is led by host country governments, which provide the vast majority of the funding for each country's response, as reported by the most recent National AIDS Spending Assessment (NASA) surveys shown in Table 4.

Investment Profile by Program Area - Region

Program Area	Total Expenditure	% PEPFAR	% Global Fund	% Host Country	% Others
Clinical care, treatment & support	97,743,920	0.13%	10.75%	87.98%	1.13%
Community-based care, TX & support	518,298	0.00%	7.37%	68.25%	24.37%
HTS	7,441,917	0.79%	5.83%	91.04%	2.34%
Priority population prevention	15,812,851	12.50%	18.82%	49.92%	18.76%

[22] Andrinopoulos, K, Hembling, J (2014), Unlocking health services for MSM and Transgender Women in San Salvador, Chapel Hill, NC. MEASURE Evaluation.

[23] http://www.pasca.org/content/an%C3%A1lisis-de-g%C3%A9nero-2016

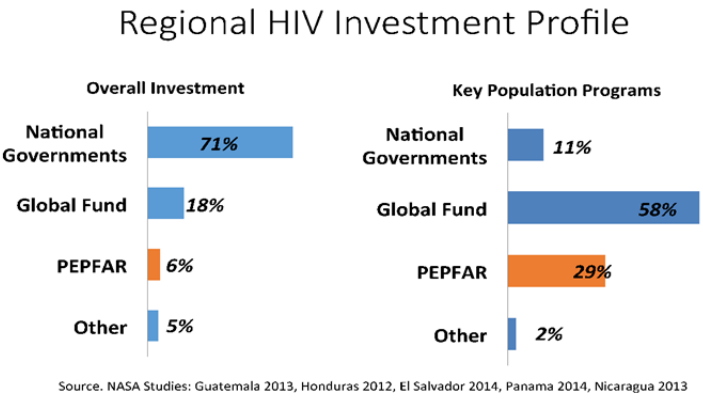
Key population prevention	7,430,920	29.26%	57.60%	10.74%	2.40%
PMTCT	14,278,528	0.00%	14.10%	73.61%	12.29%
OVC	2,635,224	0.00%	92.84%	3.63%	3.53%
Laboratory*	439,925	17.07%	67.74%	3.51%	11.69%
SI, Surveys and Surveillance	10,977,065	37.71%	35.73%	18.64%	7.92%
HSS	67,253,645	7.39%	19.62%	66.28%	6.71%
Total	**224,532,294**	**6.02%**	**17.87%**	**70.84%**	**5.27%**

***Note: This table includes laboratory expenditure data for all countries with the exception of El Salvador and Guatemala, which did not have laboratory costs broken out from other categories.**

The largest external donor in the region is the GFATM, followed by PEPFAR. Importantly, while the proportion of external donor funding is small for the overall national programs, the vast majority of KP-specific programs are funded by GFATM and PEPFAR.

The imperative for increasing the sustainability of the national HIV programs comes not only from the need to prepare for the eventual transition of the GFATM from the region but most urgently to ensure long term partner government support for interventions targeting the infection rate among KPs which drives the epidemic. Overall donor funding is decreasing on a global level and especially for this region as all countries are either lower middle income (El Salvador, Guatemala, Honduras, and Nicaragua) or upper middle income (Panama). Work towards sustainability needs to focus on countries taking ownership of the entirety of the HIV response so that eventually they will not need Global Fund support or external funding of any kind.

Graph No. 3



Sustainability Index and Dashboard (SID)

The Central America Regional HIV/AIDS Program uses the Sustainability Index and Dashboard (SID) tool to measure progress towards sustainability across all four domains: 1) Governance, Leadership and Accountability; 2) National Health System & Service Delivery; 3) Strategic Investments, Efficiency & Sustainable Financing; and 4) Strategic Information. In 2016, PEPFAR in partnership with the main decision-makers carried out SID meetings in all five Central American countries with a diverse mix of stakeholders.

While each country had different results, the following elements emerged as sustainability

strengths from a regional perspective: Planning and Coordination, Public Access to Information, Technical and Allocative Efficiencies, and Performance Data. The main sustainability vulnerabilities at a regional level were Private Sector Engagement, Service Delivery, Commodity Security and Supply Chain, and Domestic Resource Mobilization. See Table No. 5

Table 5: 2016 SID Central America Summary

Domains & Elements	ELS	GUA	HON	NIC	PAN
Governance, Leadership and Accountability					
1. Planning & Coordination	9.70	6.53	10.00	10.00	9.50
2. Policies & Governance	6.67	6.53	6.37	7.50	6.92
3. Civil Society Engagement	7.00	6.12	5.76	5.93	7.50
4. Private Sector Engagement	2.01	2.50	2.36	2.57	3.26
5. Public Access to Information	9.00	7.00	5.00	8.00	8.00
National Health System and Service Delivery					
6. Service Delivery	6.71	4.31	5.60	5.56	7.31
7. Human Resources for Health	5.92	6.33	4.58	8.08	7.31
8. Commodity Security & Supply Chain	6.72	5.17	6.14	7.23	6.75
9. Quality Management	5.24	3.57	6.14	1.95	7.14
10. Laboratory	7.92	4.17	3.75	6.11	7.73
Strategic Investments, Efficiency, and Sustainable Financing					
11. Domestic Resource Mobilization	4.72	5.28	7.22	5.83	5.56
12. Technical & Allocative Efficiencies	7.94	6.23	8.65	8.45	8.13
Strategic Information					
13. Epidemiological & Health Data	5.95	4.52	6.13	6.67	7.22
14. Financial/Expenditure Data	8.75	7.08	4.58	5.83	5.83
5. Performance Data	6.76	5.38	7.43	7.66	8.13

Key Partners & Stakeholders

This Activity could participate in donor coordination activities such as the Central American Donors' meetings convened by UNAIDS. Common points of interest will be identified, and opportunities for leveraging resources will be sought with participating donors and program implementers.

This Activity will be expected to engage and coordinate with all key stakeholders at the regional and national level. Key partners from government include representatives from

National AIDS Programs (NAPs), Ministries of Health (MOH), other relevant Ministries such as Finance, Human Rights Ombudsmen, and legislatures. The Activity will work closely with civil society, which includes groups representing KPs and PLHIV, and multi-lateral partners such as the GFATM, UNAIDS, PAHO, and other bilateral donors. Additional key stakeholders are the private sector, academia and faith-based organizations (FBOs). At the regional level, the Activity will continue to work with existing regional entities, primarily COMISCA and the RCM, but also with the CA and Dominican Republic Regional Intersectoral Forum for Health and civil society networks.

Civil Society Overview

Civil society in the region has been active in the response since the beginning but while there was an initial focus on advocacy and securing a place at the decision-making table for civil society organizations, their engagement has now evolved to work on strategic planning and program implementation. As the capacity of civil society has grown, they continue to hone their skills as advocates and hold the government accountable, but civil society organizations are now involved in national and regional strategic planning and in implementation of programs and activities. Many community organizations are sub-recipients of Global Fund grants after receiving technical assistance from USAID and others.

Civil society is a diverse group and ranges from small KP community groups that focus on supporting each other and creating local change to national and regional organizations that are engaged in advocacy and implementation. All Global Fund Country Coordinating Mechanisms (CCMs) have civil society representation and at the regional level there is civil society involvement with the RCM not only as participants but also as leaders. The civil society groups are often KP specific so in most cases there are separate organizations representing FSW, TGW, and MSM. PLHIV groups are more inclusive of all the different sub-groups. At the regional level there are networks such as the Central American Network for People Living with HIV (REDCA+, Spanish acronym) and Latin American networks for FSW and TGW that are active in the Central American region. The majority of their funding comes from external donors and the lack of sustainable funding represents a major barrier for the sustainability of civil society engagement. While the overall capacity and engagement of civil society has improved in recent years there are still serious weaknesses in technical and administrative capacity as mentioned by respondents in the multi-sectorial consultation. At the beginning of the epidemic, civil society played a proactive and vocal role in HIV advocacy but in recent years, they have been weakened and are more reactive and less organized. Civil society organizations need strengthening to focus on priority areas such as their role in reaching the 90-90-90 goals, innovative community based service delivery models and holding the government accountable to supporting human rights and sustainable epidemic control. In addition not all KP civil society organizations have equal access to the decision-making table in each country.

3. PROJECT DESCRIPTION

Scope

The purpose of this Activity is to move Central American countries towards a technically and financially sustainable strategy, to contain the HIV epidemic and fulfill the 90's goals.

This Activity will be the cornerstone of USAID's work at the regional level and at the national or above-site level in the five countries where the Regional HIV/AIDS Program has presence and develops specific country activities: El Salvador, Guatemala, Honduras, Nicaragua, and Panama as well as regionally (including Belize and Costa Rica) when interventions involve COMISCA and the RCM. The Recipient will be expected to take into account all the relevant guiding frameworks and background to address the two components and cross-cutting areas (detailed below). Activities will need to be tailored to fit each country context. USAID defines the level of effort and budget for each country in its Regional Operational Plan in its Strategic Direction Summary (SDS) and the Focused Outcome and Impact Table (FOIT), available in https://www.pepfar.gov/

At both the regional and national levels, the Recipient will be expected to engage and coordinate with all relevant stakeholders. At the regional level, this includes providing technical assistance and coordinating with COMISCA and the RCM and regional civil society networks. At the national level, the Recipient will liaise with government, civil society, multi-lateral organizations such as the Global Fund and UNAIDS, the private sector, and academia. The Recipient will be expected to identify other key stakeholders not currently engaged in the HIV response, such as the Ministry of Finance, and may need to engage with them as appropriate.

Objectives

This Activity has the following two objectives:

1. Support government and non-governmental partners in the Central American region to achieve sustainable HIV epidemic control.

2. Improve the human rights environment to reduce stigma and discrimination in the HIV response.

The Activity will attain the objectives through the following two components and expected results.

Component I: Promoting Sustainability
Expected Result 1: Central American HIV response sustained.
Component II: Reducing Stigma and Discrimination
Expected Result 2: Stigma and discrimination against KPs reduced.

Component I: Promoting Sustainability

"Sustainability is not only about funding but core policy changes essential to achieve the 90/90/90 and the SDG goal (U.S. Global AIDS Coordinator", Ambassador Birx – June 2016)[24]

Sustainability is one of the most pressing issues facing the HIV response in Central America and promoting sustainability will be a priority component of this project. Sustainability includes securing long-term financing but is not limited to funding alone; it includes also technical and administrative institutionalized processes. In this component, the Recipient should focus on ensuring that all aspects of the HIV response are supported by financial resources, and institutionalized policies and norms. The Recipient will help monitor the progress towards the SID domains biannually and will support the region in implementing, monitoring and updating the Regional Sustainability Plan. Because each country is very different in terms of its context, willingness to assume the costs of the epidemic, and the level of resources it invests, the Activity should take in consideration the need for customized sustainability strategies.

I.a Sustainability in Financing

As noted above, the countries are already providing the majority of financial resources for their national HIV response. However, the continuing challenge will be to ensure that resources are available on a long-term basis and in the context of decreasing donor funding at a global and a regional level. All Central American countries with Global Fund grants that are funding ARVs have ARV transition plans. This means host country governments are progressively absorbing ARV and laboratory test costs, however, the countries suffer continuous stock-out mainly because they do not have availability of funds when buying medicines. While countries cover the majority of the overall HIV response, international donors cover the majority of the funding for KP programming, which means KP-focused activities are especially vulnerable in this landscape. The applicant is asked to orient and give technical assistance to the countries in order to keep those expenditures as a priority in this context of decreasing donor funds. Additionally the Applicant will support the countries to identify additional funds and alternative funding sources, which could include the private sector as well as improving the cost-effectiveness and efficiency in the current implementation of activities.

While in some countries the National AIDS Programs leaders have been constant and have brought stability to the implementation of strategies, in others leadership changes have been constant, sometimes with officials with little experience or knowledge in HIV, in others, their leadership is limited, and they fail to add multisectoral efforts, but rather have divided the response.

The Applicant will work to promote cost-effectiveness and efficiency through optimizations in service delivery and supply chain systems, and other management reforms will enable

[24] Ambassador Deborah Birx. "COP Opening Plenary – Fort Lauderdale". Presentation, June 1, 2016, Fort Lauderdale, FL.

countries to avoid wasting essential resources. Cost- effectiveness and efficiency also implies maximizing resources for the greatest impact. In the context of the epidemic in Central America, this means a focus on KPs that are driving the epidemic and a clear coordination of activities and target populations across partners and government to avoid duplication and ensure the most efficient use of resources in high-burden areas and hot spots.

The financing of Test and Start implementation represents a concern and potential barrier to the adoption of 2015 WHO 2015 Guidelines in some countries. The Applicant will work with the countries to consider the long-term financial benefits of Test and Start in terms of decreased HIV infections and in the context of new models of service delivery, which are meant to optimize both time and resources. Countries need to identify legal or regulatory barriers to implement differentiated models of service delivery to meet the needs of users and service providers. Another important programmatic element the countries need to take in consideration is the cost for re-linking those individuals who have been diagnosed, but have abandoned treatment or have sub-optimal adherence, as well as the cost that frequents medical appointments represent to the user, which has been reported as the main factor to leave the treatment, because the cost those visits represent.

I.b Implementation of Policies & Processes that Support Sustainability

Ensuring the long-term availability of economic resources represents only one piece of the plan for sustainability. Countries need to institutionalize KP-focused strategies that support sustainable service delivery models and eliminate barriers to access HIV care and treatment services for KPs and PPs. National and regional advocacy strategies are also important to guarantee a sustained political commitment to support the HIV response. Having a National Program Director trained and clear leadership is essential to lead the response, to propose reasonable and feasible strategies, and to implement the National Strategic Plans that lead the country to fulfill its commitments to finally contain the epidemic. The applicant is asked to facilitate mentoring and training to the National AIDS Program officer as required keeping them focus in priorities and cost/effectiveness strategies.

Result 1: Central American HIV response sustained
Illustrative Specific Measureable Milestones or Indicators:

- Improved Domestic and international HIV/AIDS Spending by financing sources (PEPFAR MER Indicator CO_FIN_NAT)**
- Increased percentage of domestic resources financing response for KPs**
- SID – Demonstrated improvement shown by increase in scores for each domain (expectation will vary by country)**
- Completed economic expenditure analysis for each country on an annual basis
- Established advocacy plan to implement sustainability plan for the region and for

each country
- At least one policy related to sustainable service delivery models developed and approved or updated in each country in Year 1 (In the following years, the Applicant will be required to ensure a plan to communicate and implement that policy)
- National level sustainability action plans aligned with Regional Sustainability Strategy implemented in each country
- National AIDS Program with officers trained and leading the response.

** Mandatory indicators

Component II: Reducing Stigma and Discrimination

PEPFAR 3.0 emphasizes the importance of the human rights of KPs and their unfettered access to quality HIV services. Stigma and discrimination towards KPs persist in all levels of society in Central America and are considered to be the major barrier to access to health services for KPs according to the multi-sectoral consultation. Stigma and discrimination among health care personnel towards KPs was cited as the most serious concern to be addressed. While all groups are affected, transgender women were singled out as the group most affected by stigma and discrimination among health care personnel and as the main reason they do not seek health services.

At the above-site level, the Recipient will prioritize the development of national guidelines, policies, and frameworks that promote Test and Start and support enabling environments for KPs

Stigma and discrimination must be addressed at the regional and national levels to attain high-level policy commitments for ensuring protection for human rights, and at the national levels for legal frameworks to be adopted and implemented. Regional and national activities are all in support of public awareness and accountability to ensure that KPs and PLHIV are not experiencing stigma and discrimination. PASCA 3.0 will support countries in the implementation and monitoring of national and regional strategic plans. Special effort will be dedicated to work with very influential Offices of the Ombudsman for Human Rights in each country to focus on reducing stigma and discrimination against KPs in public sectors, and identify key decision makers who will be champions to promote the reduction of stigma and discrimination.

Regional and National Levels To Attain High-Level Policy Commitments – The Recipient will work at regional and national level policy commitments to reduce stigma and discrimination, establishing a supportive framework and are then reinforced by interventions at the site level. In a region with broad-based societal stigma and discrimination towards KPs, having esteemed political leaders formally declare through high-level policy that stigma in any sector or environment is not acceptable, sets the tone for site-level leadership and provides civil society with an important tool to galvanize local advocacy. At regional and national levels, stakeholders should also be monitoring the

UNAIDS Zero Discrimination targets that focus on stigma and discrimination.
Enabling Legal and Policy Environments – Legal and policy frameworks provide the means to properly monitor the elimination of stigma and discrimination and provide recourse for KPs and others to hold the government accountable for maintaining a stigma-free environment in health and other sectors. The extent to which the legal and policy environments are supportive of human rights varies across the region. While the focus of previous policy project was on the development of appropriate laws and policies, the Applicant will put effort on the missing piece, establishing a system to support communication efforts, ensure accountability, and support enforcement and consistent implementation of the policies at all levels.

The study of Stigma and Discrimination, USAID/PASCA July 2016[25], stated that the transgender populations continue being the most stigmatized and discriminated. This population also suffers the greatest human rights violations. This condition of exclusion is a barrier to access different prevention, care and treatment services. The applicant will work to decrease the rejection and discrimination against transgender people and other KP in public services working in alliance with the Ombudsman Offices in each country.

The recipient is asked to work on eliminating policy and/or regulatory barriers that prevent private service providers from providing quality services in close coordination with the Health Ministries in order to increase access to those KP who cannot or do not want to attend a public care service, but who can pay for your consultation and follow-up.

Public Awareness and Accountability – The ultimate goal is for all KPs and PLHIV to freely access quality health services without experiencing any stigma and discrimination and that implies work at each site delivering services with a focus on decreasing the stigma around the HIV and discrimination attitudes and practices in health care providers and ensuring they are held accountable to provide stigma-free health services. In the multi-sectoral consultation, stakeholders also raised the need for public awareness and education around stigma and discrimination. The Recipient will be expected to identify regional and national strategies to implement activities such as establishing national processes with civil society to monitor stigma and discrimination in a systemized way.

Result 2: Stigma and Discrimination against KP reduced.

25

http://www.pasca.org/userfiles/INFORME%20EYD%202016%20REGION%20agosto%202016%20final.pdf

Illustrative Specific Measureable Milestones or Indicators:

- UNAIDS Zero Discrimination Indicators[26](Note that a new set of Human Rights indicators is being developed by UNAIDS, but are not available at the time this New Funding Opportunity (NFO) is launched, but must be taken in consideration in the future). **
  - ✓ Number of protective laws or other normative instruments approved that safeguard the human rights of PLHIV, key or vulnerable populations
  - ✓ Percentage of reported cases of health sector discrimination that have been resolved in the past year
  - ✓ Percentage of PLHIV who report denial of health services
  - ✓ Percentage of people from key and vulnerable populations who report denial of health services
  - ✓ Percentage of PLHIV who report discrimination in health services
  - ✓ Percentage of people from key and vulnerable populations who report discrimination in health services
- Global AIDS Response Progress Reporting (GARPR)Indicator: Percentage of health facility staff that hold stigmatizing views about people living with HIV **
- Adoption of national policies or legal frameworks that address stigma & discrimination towards KPs and/or demonstrated implementation and monitoring of existing policies or legal frameworks
- Regional policy commitment to implement KPs' anti stigma & discrimination policies, with emphasis on elimination of barriers to access sexual and reproductive health services by HIV+ and KP.

** Mandatory indicators

Note: When data is available from the current PASCA or other programs, that data will be used as baseline information. For those indicators without baseline, it is expected that the Recipient carry out a baseline at the start of the project. Specific benchmarks have been defined in the Regional Operational Plan 17-18 and its FOIT, which need to be addressed by the Recipient.

4. CROSS-CUTTING THEMES

1. Gender and Gender-based Violence

Gender considerations are central to all USAID projects and programs and especially important for this Activity and should be reflected in all relevant activities. A gender focus for this Activity is not on women and girls but on how gender concerns affect certain KPs, especially TGW, FSW and to some extent MSM. Cultural and societal expectations around

[26] http://www.onusida-latina.org/images/2015/agosto/Call_to_Action.pdf

gender, gender identity and gender roles contribute to the stigma and discrimination experienced by KPs, as many MSM, FSW, and TGW in particular do not conform to societal expectations. These attitudes around gender can also play a role in civil society's participation or lack of participation in the response and also may influence funding for programs focused on KPs. The Recipient will pay close attention to ensure gender issues specific to TGW, FSW, and MSM are properly addressed in all project activity activities. Equally, the Recipient will understand the unique gender dynamics of the Garifuna population in terms of the two components of the proposed activity.

The Recipient will promote gender equity through the following strategies and methods:

- Incorporating multiple concepts of gender, gender identity, GBV and male and female sex roles in all programming areas;
- Tracking the gender composition of the strategic alliances, training activities and consultant network activities;
- Establishing strategies to respond to the vulnerability that the different groups (men, women, FSW, TGW, and MSM) face, derived from their gender roles;
- Providing opportunities for vulnerable women and men to participate in policy and programming decisions related to HIV/AIDS prevention;
- Providing community forums to increasing the participation of vulnerable men and women in decision-making;

Also, a gender analysis was conducted for the RDCS at the DO-level. The assessment reports that gender relations between men and women are recognized as an important factor in the spread and management of HIV. Not only are women more vulnerable physically to infection but the power imbalance between men and women, and the difference in norms about acceptable sexual behavior for men and women, place women at a disadvantage in negotiations with male partners about protection. The definitions of gender roles also affect the stigma attached to contracting the disease and the willingness to seek treatment. The legal right for women to make decisions and control their bodies is circumscribed by cultural and contextual factors that set strong barriers against these actions.

These barriers include constraints on women's control of resources and ability to make independent decisions because of male dominance in the household, lack of mobility and of access to information and services, due to poverty and family responsibilities, and inadequate education. Also, the lack of knowledge about reproductive health, especially for young men, increases their risk for HIV/AIDS and other sexually transmitted diseases, affects their personal and sexual relationships, and contributes to the high rates of maternal mortality among young women.

Gender has been and will continue to be a permanent lens in each HIV/AIDS intervention. A better understanding of the epidemic on men and women and their different sexual orientations and gender identities influences the design of activities. These activities take

into consideration these differences (e.g., materials used in prevention activities are tailored to each beneficiary population (i.e., MSM, FSW, TGW, clients of sex workers), HIV testing days are also adapted to the needs and availability of each population, and the methods used for collecting information for research are also different for each population (i.e., MSM are not contacted in public places but through personal references)). Monitoring and reporting is based not just on sex, but also on sexual orientation and gender identity.

New activities will also include interventions aimed at changing gender stereotypes and ultimately, breaking the links between violence and behavior that puts individuals at higher risk of infection. These activities will include training to targeted men on topics such as gender norms, the prevention of sexual violence and gender-based violence as well as training to health workers on care protocol for victims of sexual violence and how to adapt it to the different populations (e.g., specific tests for MSM).

Additionally, PEPFAR-funded programs are aligned to PEPFAR's Gender Strategy, which focuses on five key areas:

1. Increasing gender equity in HIV/AIDS programs and services, including reproductive health services
2. Preventing and responding to gender-based violence
3. Engaging men and boys to address norms and behaviors around masculinity and sexuality
4. Increasing gender-related policies and laws that increase legal protection
5. Increasing gender equitable access to income and productive resources, including education

Gender sensitization and sexual orientation training will be included in all policy improvement activities with the Ministries of Health and other public entities, while work in the policy arena will address the different implications that norms, protocols, and legislation have on the vulnerability of KPs as related to gender.

2. Coordination & Partnership

Coordination with other USAID and PEPFAR programs

The Recipient will be expected to coordinate closely with other USAID projects and with all PEPFAR implementing partners to avoid duplication and ensure a harmonized approach. In particular, the Recipient should maintain close communication with other USAID partners working at the site level in prioritized municipalities as work on the ground should inform the above-site level work of the PASCA 3.0 project and vice versa.

Coordination with the Global Fund

The Global Fund is the principal external donor in the region and the USG works in close collaboration with Global Fund Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) and with the Fund Portfolio Managers based in Geneva. PEPFAR is committed to supporting successful Global Fund grant implementation, and as mentioned previously, PASCA 3.0 will support transition planning and will also be expected to assist in

the development and implementation of any other joint planning initiatives with the Global Fund and CCMs and PRs to ensure optimization of resources. The Recipient will also be expected to support the development of proposals or concept notes that countries prepare for the Global Fund as needed to ensure the issues of sustainability, elimination of stigma and discrimination, and civil society engagement, are taken into account.

Working in Partnership with Regional and National Stakeholders
In accordance with the spirit of the Central America Partnership Framework and the PEPFAR 3.0 Partnership Action Agenda, all USAID Regional HIV/AIDS Program activities are carried out in coordination with all relevant key stakeholders, which include government, civil society, multi-lateral organizations, academia and the private sector. The Recipient should engage in established coordination mechanisms at the regional and national levels and should also identify new opportunities for coordination where they are lacking such as with Ministries of Finance. The Recipient should look to facilitate partnership where possible between diverse sectors such as civil society and MOH. The Recipient will be expected to play a lead role in coordinating stakeholders for strategic planning and other analytic exercises, which include the monitoring of Regional Sustainability Plan.

3. Strategic Information
Strategic information is central to all aspects of sustainable epidemic control and is a priority cross-cutting theme through all the components of the PASCA 3.0 project. In the context of the project objectives and results, the Recipient is expected to focus on 1) Generation of strategic information related to the sustainability component such as economic analysis; 2) Analysis and dissemination of strategic information related to Activity components; and 3) Use of strategic information for decision-making as part of other technical assistance provided.

The Recipient will assist national and regional authorities to ensure country ownership of HIV strategic information frameworks, their alignment with global trends and targets, recurring updates and use as managerial tools to track performance and accountability of key stakeholders. Furthermore, the Recipient will be expected to help identify gaps in needed strategic information relevant to the component areas and should propose activities to generate needed information or identify already available sources of information. The Recipient will need to assist key stakeholders to analyze information and present it in appropriate ways to ensure widespread dissemination of key analyses and reports to all relevant sectors at all levels. Strategic information should be available and accessible for all relevant stakeholders. The Recipient will be expected to maintain the PASCA website as an online public repository of all key reports, surveys, plans, research, etc. produced by this Activity and other entities. Special emphasis has to be made in introducing new kind of documents related to sustainability issues, cost analysis and other relevant documents to have data for decision making for national and regional responses. The Recipient should perform on-going monitoring of barriers to using strategic information for decision making and should develop interventions to address these

barriers.

4. Indigenous issues

Previous studies and secondary analyses related with indigenous communities and risk factors for HIV infection have shown that being an indigenous person serves as a protector factor for HIV, so the Recipient should include indigenous persons when they belong to KPs. Nevertheless, the Recipient should pay special attention to ensure that cultural sensitivity and appropriate integrated care in HIV and AIDS for indigenous populations should be included in their technical approach.

On the other hand, even though the geographical corridor with the highest prevalence is not located in indigenous communities, the migratory patterns of these communities should be taken in consideration as a risk factor for these communities, especially related with Garifuna population.

5. PLACE OF PERFORMANCE

The Recipient will develop activities in the following five countries for national activities: **Guatemala, El Salvador, Honduras, Nicaragua and Panama**. **Regional activities will include Costa Rica and Belize in addition to the previous countries**.

END OF SECTION A – PROGRAM DESCRIPTION

ANNEXES

Annex I: Past Performance Information Data Sheet

Annex II: Initial Environmental Examination (IEE) Regional HIV/AIDS Project – DO4

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SECTION B: FEDERAL AWARD INFORMATION

1. **Estimate of Funds Available and Number of Awards Contemplated**

Subject to funding availability, USAID intends to provide $10,000,000 in total USAID funding over a five-year period. The ceiling for this project is $10,000,000. Actual funding amounts are subject to availability of funds.

USAID intends to award one Cooperative Agreement pursuant to this notice of funding opportunity.

USAID reserves the right to fund any one or none of the applications submitted.

2. **Start Date and Period of Performance for Federal Awards**

The period of performance anticipated herein is five years from the signature of the award.

3. **Substantial Involvement**

USAID will be substantially involved in this Cooperative Agreement to help the Recipient achieve the agreement objectives in the following manner:

1. **AOR Approval of the Recipient's Implementation Plans.**

2. **AOR Approval of the Activity Monitoring, Evaluation, and Learning Plan.**

3. **AOR Approval of specified key personnel.**

4. **Agency and Recipient Collaboration or Joint Participation**
   - AOR Approval of the Activity Monitoring, Evaluation, and Learning Plan.
   - Direction and Redirection of Activities: Funding for PEPFAR activities, including PASCA 3.0 is approved annually through the PEPFAR Regional Operational Plan (COP) process. The AOR will communicate any changes in technical guidance and funding levels that may impact PASCA 3.0 implementation.
   - The Recipient will coordinate all activities with the AOR or other USAID HIV Technical Officers. Communication between the Recipient's Country representatives in each country and the bilateral missions will be in close coordination with the AOR based in USAID/Guatemala. USAID/Guatemala will share the quarterly progress

reports with the other Missions. In countries with no USAID presence, the coordination with US Embassy or other high level of designed Officer will be through the AOR, based in Guatemala. The COP or Recipient Country Representatives must participate in the partners meeting with the HIV/AIDS officers, other implementing partners and other staff of the bilateral missions.

4. Title to Property

Property title for all property under the resultant agreement shall vest with the recipient in accordance with the Requirements of **2 CFR 200.**

5. Authorized Geographic Code

The geographic code for this program is **935.**

6. Purpose of the Award

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the PASCA 3.0 Central American Project for Sustaining and Championing the Human Rights Response to Human Immunodeficiency Virus (HIV) which is authorized by Federal statute.

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

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SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

U.S. and non-US organizations may participate under this NOFO.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful applicant will be subject to a responsibility determination assessment by the Agreement Officer (AO).

The Recipient must be a responsible entity. The AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills—or ability to obtain them—in order to achieve the objectives of the project and comply with the terms and conditions of the award.

2. Cost Sharing or Matching

The required cost sharing under this RFA is 20% of the USAID contribution to the PASCA 3.0 Project. This amount is required for the applicant to be eligible for award. Cost sharing is closely related to the success of the Project's Objective 4: HIV prevalence in Central America contained.

Proposed costs under cost sharing must be consistent with 2 CFR 200.306 and 2 CFR 700.10.

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Telma Paz
Acquisition and Assistance Specialist
tpaz@usaid.gov

Questions and Answers:

All questions regarding this NOFO should be submitted in writing to Ms. Telma Paz at guatemalaproposals@usaid.gov.

Questions regarding this NOFO should be submitted electronically to Ms. Telma Paz at guatemalaproposals@usaid.gov no later than the date and time indicated on the cover letter to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation.

Any information given to a prospective Applicant concerning this NOFO will be furnished promptly to all other prospective Applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

No questions will be accepted after this date.

2. Content and Form of Application Submission

a. Application Format

All applications must comply with the following requirements to be considered by USAID:

i. Font – Times New Roman and 12-point
ii. No less than 0.75" margins (left, right, top, and bottom).

iii. Letter Size (8.5" x 11")
iv. Single-spaced
v. Cover Page
vi. Document must be in a recent Windows-compatible version of MS Word (version 2000 or later), Excel and PDF

a. **Application Content**

The technical application must contain the following sections:

i. Table of Contents listing all page numbers and attachments
ii. List of Acronyms used throughout the application
iii. Technical Approach Narrative describing the project's technical approach and expected accomplishments during the period of the proposed Cooperative Agreement.
iv. Annexes

3. Application Submission Procedures

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time.

The Applications must be submitted electronically to guatemalaproposals@usaid.gov. If the Applicant is experiencing difficulty with submission, the Point of Contact is Ms. Telma Paz (tpaz@usaid.gov).

For an application sent by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost application, and the desired sequence of multiple emails (if more than one is sent) and of attachments. For example, if your cost application is being sent in two emails, the first email should have a subject line which says: "RFA-596-17-000003 -organization name-, Cost Application, Part 1 of 2".

Electronic technical and cost applications must be submitted by the established date and time on the NOFO cover page. Technical and Cost Applications must be kept separate from each other. Technical Applications must not make reference to cost data in order that the technical evaluation may be made strictly on the basis of technical merit.

Electronic submissions must not exceed the **20MB limit per e-mail compatible with MS Word, Excel and PDF. Every e-mail must not add up to more than 20MB limit per e-mail**, and must not be zipped files. Each Application, either technical or cost, should consist of only one file in Microsoft Word comprising the complete application, plus one file in PDF comprising

the complete application. In the case of the Cost Application, in addition to the MS Word and PDF files, the electronic submission must also include a budget in a non-protected MS Excel file. **Identify proposals with the NOFO number, the name of the firm submitting the application, and the project name (PASCA 3.0) in the subject of the e-mails.**

All applications received by the submission deadline will be reviewed for responsiveness to the NOFO and the application format. No additions or modifications will be accepted after the submission date and time.

After you have sent your applications electronically, immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

4. Technical Application Format

Applicants shall submit an application in response to this solicitation that is specific, clear, and complete, and that responds to the instructions set forth in this Section.

(i) Cover Page

The Cover Page should include the following:

a. Project title;
b. Request for Applications reference number;
c. Name of organization (s) applying for the agreement;
d. Any partnerships; and
e. Contact person, telephone number, fax number, address, and types name(s) and title(s) of person(s) who prepared the application, and corresponding signatures.

(ii) Application shall be written in English and typed on standard 8.5" x 11" paper, single spaced, 12 characters per inch with each page numbered consecutively.

(iii) The **technical application should not exceed 40 pages in length**, (**ANY PAGES OVER 40 PAGES WILL NOT BE EVALUATED BY USAID**). The Technical Approach shall not merely repeat the contents of the Program Description; rather, it shall offer original, critical thinking and analysis related to each result.

(iv) The application must be organized according to the Technical Evaluation Criteria.

(v) Note: A page in the technical application that contains a table, graph, etc., not otherwise excluded below, is subject to the 40-page limitation.

(vi) Not included in this page limitation are the following:

a. Table of Contents;
b. Dividers;
c. Annexes;
d. Acronym list;

e. Organogram documenting the proposed management/staffing structure

The technical narrative must include the following elements:

- Description of challenges, needs, and opportunities in each country related to the Program Description;
- A theory of change;
- A logical framework that outlines results, objectives, verifiable indicators, and assumptions and that captures the entire picture of the project;
- The context in which the project will be implemented, including the geographic areas and main counterparts
- A detailed description of how expected results for each project objective are to be achieved, how the core implementation and cross-cutting principles will be integrated, and how the project will ensure sustainability and institutionalization of activities after the life of the project. Applicants must clearly indicate and show how gender issues will be identified and addressed; how expected results will be attained taking gender into account; and what resources will be provided;

As part of the technical narrative, applicants must also describe a Management and Staffing Plan that includes the following:

- A clear description of the roles and responsibilities of the prime and any proposed sub-partners along with the rationale for the proposed division of labor; Special emphasis must be placed on how there will be regional management of activities at the country level with any further sub-delegations or assignments of responsibilities and functions from the regional office to the local level as part of a unified management structure
- A clear description of roles and responsibilities of the prime applicant's headquarters and all offices in each of the five countries
- Approach to staffing and recruitment
- An organizational chart clearly describing lines of reporting and decision-making between the prime, sub-partners, headquarters , and offices in each country, in addition to proposed key and non-key positions
- Position descriptions and professional summaries for each known professional key staff member

Applicants are encouraged to make every effort to recruit nationals from each country for key leadership and technical positions and for other long-term positions as warranted by its application, to contribute to strengthening local capacity.

(vii) Annual Implementation Plan – Applicants must provide a draft five-page Annual Implementation Plan as an annex.

(viii) Monitoring, Evaluation, and Learning (MEL) Plan - Applicants must provide a draft five-page Monitoring, Evaluation, and Learning (MEL) Plan as an annex.

(*ix*) *Key Personnel Annex* – As indicated on the cover page of the NOFO, prior to the due date of the full application, applicants must submit a key personnel annex. The annex must include a one-page position description, CVs not to exceed three pages per candidate, a list of references (at least one subordinate, one peer, and one manager) not associated with the applicant organization, and signed commitment letters from the proposed candidates indicating their available start date and period of commitment.

(*x*) *Past Performance* –As indicated on the cover page of the NOFO, prior to the due date of the full application, applicants must submit fully completed past performance information data sheets to USAID.

5. Cost Application Format

The Cost/Business Application must be submitted separately from the Technical Application. Certain documents are required to be submitted by an applicant in order for the Agreement Officer to make a determination of responsibility.

The Cost/Business application must contain the following sections:

a) Cover page
b) Signed SF 424 Forms
c) Budget
d) Budget Narrative
e) Certifications, Assurances and Other Statements of the Applicant
f) A copy of personnel and travel policies
g) A copy of the latest Negotiated Indirect Cost Rate Agreement if your organization or any sub partner that has such an agreement with the U.S. Government
h) Commitment letters from all proposed sub-awardees
i) Additional Requirements

The following sections describe the documentation that applicants for Assistance awards must submit to USAID. 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:

a. **Cover Page:** The Cost/Business Application cover page must contain the same information as the Technical application Cover Page.

b. **SF 424 Forms:** The Applicant shall submit the application using the SF-424 series:

- SF-424 Application for Federal Assistance
  http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf
  Instructions: http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html

- SF-424A Budget Information – Non-construction Programs
  http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf
  Instructions: http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html

c. **Budget:** The Budget must be submitted as an unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and shall be broken out by activity year.

The budget must include a breakdown of all costs associated with the program according to the costs of, if applicable, headquarters, regional and/or country offices.

Note: Individual sub-awards with a value equal to or greater than $1,000,000 proposed as part of application must include the same cost element break-downs in their budget as applicable. For proposed sub-awards valued at less than $1,000,000, the applicant must submit a separate summary addressing the following:

1 . Description and justification for the technical work to be implemented by the sub-awardee outlining activities at a high level and describing how the proposed grant fits within the applicant's technical approach, including geographic focus.
2. Identification of and justification for the type of sub-award to be used.
3. Principal reasons for selecting the proposed sub-grantee
4. Identification of the proposed sub-grantee and determination of responsibility.
   a. Results of Excluded Parties List System (sam.gov), UN Sanctions Committee for Al Qaida, and OFAC Specially Designated Nationals
   b. Discuss the elements of responsibility mentioned below:
      (i) The recipient must determine that the sub-grantee possesses the ability to perform successfully under the terms and conditions of a proposed award, taking into consideration the sub-recipient's integrity, record of past performance, financial and technical resources, and accessibility to other necessary resources.
5. Proposed sub-award summary budget and period of performance
6. Principal cost elements of the proposed sub-award (e.g. the main cost elements that influenced the final proposed budget)

7. A list of standard provisions to be included in the sub-award.

Applicants must include each line item listed below and include additional line items as applicable to your technical application:

- Personnel
- Fringe Benefits
- Travel, Transportation, and Per Diem
- Equipment
- Supplies
- Contractual – Sub-awards
- Participant Training
- Other Direct Costs

Illustrative description of cost elements are provided below:

Personnel: Direct salary and wages should be proposed in accordance with the applicant's personnel policies and meet the regulatory requirements. Costs of long-term and short-term personnel should be broken down by person years, months, days or hours.

Fringe Benefits: Allowances and services provided by the applicant to its employees as compensation in addition to regular wages and salaries are allowable. A detailed cost breakdown by benefit types should be provided.

Consultants: Services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the applicant are allowable costs. Costs of consultants should be broken down by person years, months, days or hours.

Travel, Transportation, and Per Diem: Cost principles in 2 CFR 200, Subpart E provide for costs for transportation, lodging, meals and incidental expenses. Costs should be broken down by the number of trips, domestic and international, cost per trip, per diem and other related travel costs.

Equipment and Supplies: Supplies includes all property except land or interest in land. Costs should be broken down by types and units.

Sub-awards: Per 2 CFR 200.92, a Subaward means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

Pursuant to 2 CFR 200 Contract means a legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a resulting award. The term does not include a legal instrument when the substance of the transaction meets the definition of a Federal award or sub-award (see § 200.92 Sub-award), even if the Applicant considers it a contract. All vehicles need to be purchased by the prime recipient.

Participant Training: ADS 253 provides for participant training and training in development. Costs should be broken down by types and participants.

Other Direct Costs: Various types of direct costs and many cost elements are allowable. Costs should be broken down by types and units.

Applicants must submit a budget that responds to the proposed technical approach and is flexible enough to accommodate opportunities that are likely to emerge, but cannot be described with specificity once a year during the annual implementation planning process. The proposed budget must account for these types of activities in accordance with 2 CFR 200.433.

Allowances: Allowances should be broken down by specific type and by person, and should be in accordance with applicant's policies and generally aligned with the Department of State Standard Regulations (DSSR).

USAID established a required cost share of 20% of the Award's projected value of $10 million for the recipient of the award. USAID shall make the final determination and assess whether or not the Applicants cost share contributions (e.g. categories or items) meet the standards set in 2CFR 200.

Indirect Costs: The Applicant must submit a Negotiated Indirect Cost Rate Agreement (NICRA) if the organization has such an agreement with an agency or department of the U.S. Government. If no NICRA exists, the Applicant should submit one of the following:

Reviewed Financial Statements Report: a report issued by a Certified Public Account (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining

internal control relevant to the preparation. The account must also state that he or she is not aware of any material modifications that should be made to the financial statements; or

Audited Financial Statements Report: An auditor issues a report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issues a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework.

If the applicant has never received a negotiated indirect cost rate, the applicant may choose to charge a de minimus rate of 10% of modified total direct costs (see 2 CFR 200.414(f)). If the prospective applicant chooses the de minimus rate, the AO must incorporate the 10% indirect cost rate in the award budget and the recipient must follow the requirements in 2 CFR 200.414(f).

6. Additional Information

- Required certifications, assurances, and other statements. Applicants must submit all the required certifications described in ADS 303.3.8 **https://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf . Proposed key personnel must sign the Individual Key Certification per ADS 206 https://www.usaid.gov/ads/policy/200/20657m1**
- **SF-424B Assurances – Non-construction Programs** http://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf

Instructions: http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html

USAID/Guatemala's Agreement Officer will request the following information from only the Apparently Successful Applicant:

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

- **Branding Strategy and Marking Plan**. A Branding Strategy and Marking Plan shall be in accordance with the USAID Branding and Marking plan as required per ADS 320.

Refer to ADS 320, (http://www.usaid.gov/policy/ads/300/320) specifically 320.3.3 for more information.

- **Mobilization Plan** – Applicants must submit a three-page Mobilization Plan as an annex that describes a rapid start-up plan for the first 30 days of the award, in addition to planned activities for the project's first 90 days. The plan must describe activities to set up office(s), mobilize staff, identify equipment requiring AO approval, and undertake logistical and administrative activities to begin project implementation.

- **Pre-Award Risk Assessment:** Applicants should submit any additional evidence to facilitate USAID's review of risk posed by applicants in accordance with the principles established by the Office of Management and Budget (OMB) (see 2 CFR 200.205) that it deems necessary. The information submitted should substantiate that the applicant:

1. Has financial stability;

2. Has quality of management systems and ability to meet the management standards prescribed in 2 CFR 200.205;

3. Has history of performance. The applicant's history of performance will serve as an indicator of the quality of its future performance;

4. Has reports and findings from audits performed under 2 CFR 200 Subpart F – Audit Requirements of this part or the reports and findings of any other available audits; and

5. Has the ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

An award shall be made only when the Agreement Officer makes a positive risk assessment that the applicant possesses, or has the ability to obtain, the necessary management competence to plan and carry out assistance program to be funded and that the applicant will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID.

For organizations that are new to USAID or organizations with outstanding audit findings, it may be necessary to perform a pre-award survey.

7. Unique Entity Identifier and System for Award Management

Dun and Bradstreet and SAM.gov Requirements

USAID may not award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements. Each applicant is required to:

(i) Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient.;

(ii) Provide a valid unique entity identifier in its application; and

(iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time.

8. Funding Restrictions

Awards to for-profit organizations
USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principles under 2 CFR 200 Subpart E of the Uniform Administrative Requirements or Federal Acquisition Regulation Part 31 may be paid under the anticipated award.

Construction
Construction is not allowed under this project.

Vehicles
Funds may not be used to purchase vehicles or pay for long-term leases.

9. Submission Instructions, Dates and Times

Applications are due to USAID/Guatemala on the date and time identified on the cover letter.

APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY VIA E-MAIL TO guatemalaproposals@usaid.gov by the date and time indicated on the cover letter. *No hand delivered applications will be accepted or reviewed.* NO EXCEPTIONS. The applicant is responsible for ensuring that the complete application is received by the deadline. The time of receipt for electronic submission will be based on the automatic electronic delivery time stamp from the usaid.gov e-mail server. **Please do not send files in ZIP format.** Following are the procedures for submission of applications by e-mail:

1. Before sending your documents to USAID as e-mail attachments, convert them into Microsoft Word or Adobe PDF and Excel. Signature pages must be converted to Adobe PDF format.
2. Once sent, check your own e-mails to confirm that your attachments were indeed sent. Do not wait for USAID to advise you that certain documents intended to be sent were not sent, or that certain documents contained errors in formatting, missing sections, etc.
3. To avoid confusion, duplication, and congestion problems with our e-mail system, only one authorized person from your organization should send the e-mail submission.

Other Submission Requirements

- Proprietary Information – Applicants which 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, should:

  1. Mark the title page with the following legend:

  "This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a 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 pages ___; and"

2. 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."

- Explanation to Prospective Applicants – Any prospective applicant desiring an explanation or interpretation of this NOFO may request it via email. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding.

- Telegraphic or Faxed Applications – *Telegraphic or faxed applications will not be considered*; however, applications may be modified by written or telegraphic notice, if that notice is received by the time specified for receipt of applications.

- Language – *All applications must be in English*.

10. Pre-Award Expenses

Pre-award expenses are not authorized. USAID will not reimburse applicants for pre-award expenses incurred.

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SECTION E: APPLICATION REVIEW INFORMATION

a. Overview

Award will be made based on the ranking of applications according to the merit review criteria. Technical Applications and their associated Cost Application will be reviewed separately. Technical Applications will be reviewed using an adjectival rating against each merit review criteria and sub-criteria. Where sub-criteria exist, these will be used as elements to be considered when establishing the overall rating for the major criterion. Cost has not been assigned an adjectival rating; however, cost estimates will be analyzed as part of the application review process for realism, allocability, reasonableness and allowability.

The criteria presented below have been tailored to the requirements of this particular NFO. Applicants should note that these criteria serve to: (a) identify the significant matters that applicants should address in their applications, (b) set the standard against which all applications will be reviewed, and (c) inform an award decision. To facilitate the review of applications, applicants must organize the narrative sections of their applications with the same headings and in the same order as the merit review criteria. The technical narrative must follow the structure of the program description included in this NOFO.

b. Merit Review Criteria

The Technical Approach is the most important factor. The Management and Staffing Strategy is the second most important factor and is more important than Past Perfonnance. Within the Management and Staffing Strategy, the Management and Staffing Plan and Key Personnel sub-factors are equally important.

a. Criterion 1: – Technical Approach

Applications will be evaluated on the extent to which the application:

- The general strategy is technically sound, creative, appropriately tailored and feasible to address the regional HIV/AIDS issues and priorities outlined in the PD considering the unique characteristics of each target country;
- It is likely to meet the objectives and expected results of the program description, with emphasis on contributing to the success of each country's sustainability strategy;
- It reflects an accurate and comprehensive understanding of the context in which the Applicant will implement;
- It meaningfully integrates (or reflects) the cross-cutting principles of social inclusion,

gender and gender-based violence, coordination and partnership, strategic information, and, cultural sensitivity, and inclusion of socially disadvantaged groups such as key populations in the proposed activities (or approach); and

- It includes feasible and appropriate plans to mobilize and leverage resources from non-governmental sectors and non-traditional sources that will lead to a more comprehensive response.

b. Criterion 2: – Management and Staffing Strategy

Criterion 2.1 – Management and Staffing Plan

The application will be evaluated on the extent to which the Management and Staffing Plan, including institutional partners, can successfully achieve the project's objectives, achieve expected results, and effectively manage and implement activities. The plan will be evaluated on the extent to which it:

- Comprehensively illustrates responsiveness to the objectives and expected results outlined in the program description ;
- Incorporates mechanisms for effectively managing the participation and support of the private sector, local organizations and stakeholders;
- Supports and implements the cross-cutting principles of social inclusion, gender and gender -based violence, coordination and partnership, strategic information, and, cultural sensitivity, and inclusion of socially disadvantaged groups such as key populations as reflected in the personnel composition, as well as the technical and administrative skills; and
- The position descriptions reflect a clear understanding of the technical skills necessary to achieve the results specified in the Application.

Criterion 2.2 – Key Personnel

Key personnel will be evaluated on the extent to which their skills and experiences meet the minimum requirements outlined below and clearly demonstrate the ability to successfully and effectively ensure project implementation, and contribute holistically to both the technical and administrative needs of the project as demonstrated by their CVs and supported by reference checks conducted by USAID. Please note that USAID may seek reference information from individuals outside of those submitted with the application.

Minimum required attributes for the mix of key personnel are:

Program Director

Requirements

- At least ten years of recent experience in a managerial position in similar projects in Central America.
- S/he must possess an advanced degree (Masters or more) in Medical or Social

Sciences.
- A local hire is preferred.
- Strong leadership and interpersonal skills and experience managing large, interdisciplinary teams, as well as working in the private/public/civil society contexts.
- S/he should be sensitive to gender and sexual diversity differences, as well as be knowledgeable about human rights and reduction of stigma and discrimination.
- S/he must be proficient in Spanish and English.

Senior Sustainability Advisor
Requirements
- At least eight years of experience managing economic health programs in similar positions and at least three years of experience working in Central America.
- S/he must have a Bachelor's Degree in Business and preferably a Master's Degree in Business Administration, Economics or Finance.
- A local hire is preferred.
- S/he should also have demonstrated experience as a senior advisor of similar Health or HIV*I*AIDS programs
- Strong leadership skills and experience providing technical assistance to various countries in a variety of contexts, as well as working in the private/public/ and/or civil society contexts.
- S/he must be proficient in Spanish and English.

Country Representatives (Five)
Requirements
- At least eight years of experience managing public health programs in Central America and no less than five years of expe1ience with HIV*I*AIDS programs.
- S/he must possess education in Social or Economic Sciences and preferably a Master Degree in those areas.
- S/he will have proven skills and demonstrated experience developing and managing economic and cost/effectiveness analyses.
- S/he should be sensitive to gender and sexual diversity differences, as well as be knowledgeable about human rights and reduction of stigma and discrimination.
- S/he must have experience generating programmatic and technical data and reports.
- S/he must be fluent in Spanish and in English.

Criterion 3 – Past Performance

  - Demonstrated recent and relevant success implementing HIV/AIDS prevention programs and technical experience in programs of similar technical content and scope as described in the Program Description;
  - Demonstrated record involving and creating effective partnerships with local governments, civil society, other donors and private sector among others;
- Demonstrated record forecasting and controlling costs including administrative aspects of performance as well as providing timely responses and employing agile managerial processes to advance technical activities;
- Demonstrated record of conforming to Assistance requirements and to achieving expected results, timeliness of performance, including adherence to implementation plan schedules, delivery of quality reports, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks.

c. Cost Evaluation Criteria

The cost application of the **apparently successful applicant** will be evaluated for cost effectiveness including the level of proposed cost share. Proposed costs shall be evaluated for cost realism, completeness, reasonableness, allowability, and allocability. This analysis is intended to determine the degree to which the costs included in the cost application are fair and reasonable. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application.

Cost estimates will be analyzed as part of the application evaluation process. Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

d. Review and Selection Process

Technical applications will be reviewed in accordance with the merit review criteria set forth above by a Selection Committee (SC) composed of USAID employees and technical experts.

The Cost application for the apparently successful applicant will be evaluated by the Agreement Officer on cost effectiveness, reasonableness, and fairness. A Member of the Selection Committee will evaluate the cost application for cost realism. An award will be made to the responsible applicant whose application best responds to the criteria specified above and proposes fair and reasonable costs. The final award decision is made, while considering the recommendations of the SC, by the Agreement Officer.

Authority to obligate the Government: the Agreement Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either an Agreement signed by the Agreement Officer or a specific, written authorization from the Agreement Officer.

e. Anticipated Announcement and Federal Award Dates

An award is anticipated at the end of January 2018.

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

Notice of Award signed by an Agreement Officer is the authorizing document, which shall be transmitted to the individual with the authority to enter agreements on behalf of the Recipient for countersignature to the authorized agent of the successful organization electronically, to be followed by original copies for execution. USAID will submit letters electronically to unsuccessful applicants after reviewing applications; unsuccessful applicants may request additional feedback on their applications by sending an e-mail message to guatemalaproposals@usaid.gov.

2. Administrative & National Policy Requirements

For U.S. organizations, 2 CFR 700, 2 CFR 200, and ADS 303maa, Standard Provisions for U.S. Non-governmental Organizations are applicable.

2.1 Standard Provisions for U.S. Non-Governmental Organizations

https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf

PROVISION NO.	PROVISION TITLE
RAA1	NEGOTIATED INDIRECT COST RATES - PREDETERMINED (DECEMBER 2014)
RAA2	NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (DECEMBER 2014)
RAA3	NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
RAA4	EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
RAA9	COST SHARING (MATCHING) (FEBRUARY 2012)
RAA10	PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
RAA12	REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
RAA13	FOREIGN GOVERNMENT DELEGATIONS TO

	INTERNATIONAL CONFERENCES (JUNE 2012)
RAA14	CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
RAA15	CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
RAA16	PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
RAA17	USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)
RAA22	UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
RAA23	REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
RAA26	CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
RAA27	AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
RAA28	PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

2.2 Standard Provisions for Non-U.S. Non-Governmental Organizations

For non-U.S. organizations, ADS 303mab, Standard Provisions for Non-U.S. Non-governmental Organizations will apply.

Standard Provisions for Non-U.S. Non-Governmental Organizations
https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf

PROVISION NO.	PROVISION TITLE
RAA1	ADVANCE PAYMENT AND REFUNDS (DECEMBER 2014)
RAA3	INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (DECEMBER 2014)
RAA4	INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
RAA5	UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
RAA6	REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
RAA7	SUBAWARDS (DECEMBER 2014)

RAA8	TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
RAA10	REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
RAA12	EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
RAA14	COST SHARE (JUNE 2012)
RAA16	FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
RAA17	STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
RAA23	CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
RAA24	CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
RAA25	PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
RAA27	CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
RAA28	AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
RAA29	PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

2.3 Special Provisions

Furthermore, USAID anticipates including the following special provisions in the resulting Cooperative Agreement:

1. Participant Training: For all training activities financed under this instrument and conducted in-country, in the United States, or in a third country, the recipient must comply with Automated Directives system (ADS) Chapter 253 and other USAID/Guatemala specific policies and procedures (i.e., Mission Order 253.1) governing the effective, efficient planning, design, and implementation of such training programs. The Recipient shall also be responsible for entering training information into the TraiNet database on a quarterly basis. Each quarterly report will include a confirmation that this requirement has been met.

For all project-funded trips to the United States, the recipient shall follow the guidelines included in ADS 252.

2. Value Added Tax: Use of EXENIVA form is authorized only for official project related procurement.

Use of IVA exemption form is authorized for project related procurement. USAID will support the customs clearance of official project vehicles. These vehicles will be cleared free of duty and IVA and will be titled to USAID/Guatemala with MI license plates.

Upon award of the Cooperative Agreement, the Recipient must appoint two individuals to be trained and provided access to EXENIVA. The names of the appointed persons must be provided to the AOR.

3. Legal Registration in the Cooperating Country: The Recipient is responsible for complying with all applicable local laws regarding fringe benefits for its local employees, local business operations, including but not limited to the registration of its offices in the local country, etc.

4. Project's Website: Should the Recipient decide to establish and operate a stand-alone public website to provide information and reporting on project's activities, it should contain a link to the USAID and USAID Guatemala web pages. The website shall comply with the approved Branding Strategy and Marking Plan and must be approved in advance by the Website Governance Board in USAID/Washington.

5. Climate Risk Management: All USAID projects and activities approved after October 1, 2016 are required to be assessed for climate risks, and the results of that analysis will be documented in the Activity's Initial Environmental Examination (IEE) (see Climate Risk Management for USAID Projects and Activities, a Mandatory Reference for ADS Chapter 201). This process of assessing, addressing, and adaptively managing climate risks is known as climate risk management (CRM). For USAID's purposes, climate risks are potential negative consequences on projects or activities due to changing climatic conditions. The goal of CRM is to both render USAID's work more climate resilient (i.e., better able to anticipate, prepare for and adapt to changing climate conditions and withstand, respond to and recover rapidly from disruptions) and to avoid maladaptation (i.e., development efforts that inadvertently increase climate risks). By using climate risk assessments to inform decision-making at the strategy, project and activity levels, USAID is better able to manage climate risks and more effectively pursue its mission to end extreme poverty and to promote resilient, democratic societies while advancing our security and prosperity.

The goal of climate risk assessment at the activity level is to identify ways in which to integrate measures to address climate risks into activity design and/or to provide instructions to implementers to ensure that they adequately assess and address climate

risks throughout implementation. To comply with this requirement, the IEE must include a summary of the approach to activity-level CRM and major results, as well as a completed Climate Risk Management Summary Table. For the PASCA 3.0 – Ensuring Sustainability and Championing Human Rights within the HIV Response in Central America project, USAID/Guatemala will conduct the climate risk assessment and present results to the Recipient during the Post Award Orientation Meeting. If the assessment indicates moderate or high climate risks, each risk must be addressed by integrating risk management measures into activity implementation. This will be done through an environmental mitigation and monitoring plan (EMMP), where the Recipient will describe specifically how it will implement all IEE conditions and mitigation measures that result from the CRM that apply to proposed activities within the scope of the award, including identified climate risks.

8. Electronic Payment System: Definitions:

"Cash Payment System" means a payment system that generates any transfer of funds through a transaction originated by cash, check, or similar paper instrument. This includes electronic payments to a financial institution or clearing house that subsequently issues cash, check, or similar paper instrument to the designated payee.

"Electronic Payment System" means a payment system that generates any transfer of funds, other than a transaction originated by cash, check, or similar paper instrument that is initiated through an electronic terminal, telephone, mobile phone, computer, or magnetic tape, for the purpose of ordering, instructing or authorizing a financial institution to debit or credit an account. The term includes debit cards, wire transfers, transfers made at automatic teller machines, and point-of-sale terminals.

The recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, sub recipients, or contractors.

Exceptions. Recipients are allowed the following exceptions, provided the recipient documents its files with the appropriate justification:

Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.

Cash payments made to payees where the recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.

Cash payments to vendors below $3,000, when payment through an electronic payment system is not reasonably available.

The Recipient has received a written exception from the Agreement Officer that a specific payment or all cash payments are authorized based on the Recipient's written justification, which provides a basis and cost analysis for the requested exception.

More information about how to establish, implement, and manage electronic payment methods is available to recipients at http://solutionscenter.nethope.org/programs/c2e-toolkit

3. Reporting, Monitoring, Evaluation and Learning

The Recipient must adhere to all reporting requirements listed below. The Recipient will be required to submit the following performance reports to the Agreement Officer Representative (AOR) in hard copy (one original and one copy) and electronically with an Executive Summary in Spanish. The reports should be written in English.

A. Annual Work Plan

Within 45 days of award of the CA, the Recipient will submit for USAID AOR approval its detailed Strategic Workplan covering the period from award date through September 30, 2018. The Plan shall include a description of activities, timelines and budgets, and will identify any start up activities required, as well as critical paths and milestones for the period of the agreement. The Recipient shall include in the Workplan all results and activities described in the Program Description, the Environmental Mitigation Measures applicable, and compliance plan for U.S. Government policy, branding strategy and the management plan.

The budget shall be developed by line item, country and results.

The Annual Work Plans must include:

- Proposed accomplishments for the fiscal year, and expected progress toward achieving CA results that are linked to the Activity Monitoring, Evaluation, and Learning Plan;
- Timeline for implementation of the year's proposed activities, including target completion dates;
- Information on how activities will be implemented;
- Analysis of possible obstacles hindering achievement of objectives;
- Target Setting: The recipient will work collaboratively with the AOR to set annual activity targets that will contribute to reaching strategic plans. Annual targets will also contribute to global PEPFAR targets as set out by the PEPFAR Blueprint: Creating an AIDS-free Generation or current guidance established by the Office of the Global AIDS Coordinator and country PEPFAR Coordination Office as well as the Monitoring, Evaluation and Reporting (MER 2.0), Indicators Reference Guide Oct.2016 from OGAC. Initial activity target setting will be informed by existing and activity baseline data that should be available within 180 days of activity start-up. Annual targets must also be established for each indicator and presented to the USAID/Guatemala AOR during the development of the annual USAID Operational Plan and USG Regional Operational Plan.

- Detailed budget by principal activities and also by line item and countries. Beginning on year 2, the Annual Work Plan must show planned expenditures by quarterly and actual expenditures to date;
- Activity Fact Sheet or Activity Profile, in Spanish and English, that summarizes pertinent information regarding the activities developed in C.A. that can be used for preparing media kits and for disseminating to interested stakeholders;
- A description of any information, communication, education, and training materials planned.
- Proposed activities, including planned local and international training events, expected results.
- A description on use of other sources of funds (when applicable) that shall be submitted in a separate section of the Annual Work Plan (and reports) in order to facilitate tracking;
- In subsequent years, the recipient must submit their annual work plan by August 30.

B. Activity Monitoring, Evaluation, and Learning Plan

This plan will include:

a) **A monitoring plan (MP)** to measure and assess activity results with appropriate indicators for each level of the results framework.

b) **A strategic evaluation and learning agenda**, i.e., a set of questions which the program intends to answer via systematic research methods. Because USAID intends to separately procure an independent impact evaluation of this award, recipients should focus their evaluation agenda on more formative and process evaluation questions and situational or needs assessments. Such internal evaluations (conducted by the awardee) are subject to review and approval by USAID.

a) Monitoring Plan

Within 60 days of award, the recipient shall submit in writing and electronic version to USAID/Guatemala, a final Monitoring Plan for the time frame of the activity.

Upon award, the recipient shall work with the USAID/Guatemala Agreement Officer's Representative (AOR) to ensure that indicators are aligned with the Mission's development objectives and results framework, as well as with required PEPFAR and health strategic objectives. The recipient will also consult with other relevant implementing partners and counterparts in developing the final MP. MP indicators will feed into USAID and PEPFAR reporting, as well as reporting for other Presidential initiatives. Please refer to www.pepfar.gov for updated PEPFAR Monitoring, Evaluation, and Reporting (MER) indicators Indicator Reference Guide, October 2016. PEPFAR MER indicators should form an important part of the

monitoring plan, but the plan should go beyond them via the inclusion of custom indicators to get more finely grained activity monitoring.

USAID requires that all performance measures be part of a coherent system that will objectively assess the overall progress of activities with the ultimate goal of achieving the expected results outlined in the Program Description. Where relevant, the MP should enable tracking of higher-level outcomes.

The MP should include indicators, baselines and targets pertinent to activity-level management and monitoring, which clearly support achievement of USAID/Guatemala's HIV and AIDS goals and targets. The recipient shall develop a robust data collection system, which includes adequate data quality controls and complies with all USAID data quality requirements, ADS 203.3.11. Each indicator in the final MP will have a performance indicator reference sheet that provides detailed descriptions of the indicator, numerator and denominator where percent measures are used, and a data collection plan. Where appropriate, MP baselines should draw on PASCA 3.0 results as well as other studies and surveys.

The MP shall specify approximate dates for data collection, the method, type, and source of information to be collected, and shall report on these indicators in line with existing and future USG guidance.

The MP should also present measures and approaches through which outcomes of capacity building and coordination activities can be measured and verified. USAID expects the recipient to be innovative and creative in capturing, documenting, and reporting on its monitoring indicators.

b) Evaluation and Learning Agenda

The Recipient is encouraged to create a list of evaluation questions that should be answered to ensure successful implementation – e.g., questions about above site and national needs, perceptions of the project, barriers to achieving targeted outcomes, piloting of tools, etc.

Data generated by the plan will be used to design and modify programmatic approaches to improve impact, in consultation with USAID. The Recipient should carry out formative research on priority groups of interest, including potentially generating stigma and discrimination data on these populations, Sustainability Index and other contextual and economic analysis to feed into intervention design.

C. Quarterly Performance Reports

Thirty (30) days after the end of each quarter, on January 31, April 30 (See below the Semi-annual Report), and July 31, these reports must be submitted. The quarterly reports shall

highlight any issues or problems that are affecting the delivery or timing of services provided by the recipient as well as describe the corrective actions took and the cost associated with the delay. The reports will include financial information on the expense incurred, available funding for the remainder of the activity and any variances from planned expenditures.

As part of each quarterly report, the Recipient shall submit a list of all in country training events performed during the reporting period. This report shall include at a minimum: name of the training program, field of study, relationship to the objectives of this instrument, start and end dates, estimated cost (USAID's cost and partner's cost disaggregated by instruction, trainee, and travel) and number of male and female participants. U.S. and third country training information shall also be included in each quarterly report.

The Recipient is required to provide quarterly data for the required Performance Indicators, using the MP matrix. This matrix with the indicator report must be submitted as an annex to the quarterly reports.

List of all documentation uploaded to the DEC during the quarterly reporting period.

D. Annual/Semi-Annual Performance Reports (APR & S/APR)

i. Twice yearly, PEPFAR requires the recipient prepares and submit performance reports reflecting more detailed data on achievements and targets. USAID /Guatemala will receive narrative report describing the achievement of targets, and for selected indicators the data will be entered into DATIM (Data for Accountability, Transparency and Impact). Due dates for these reports are on or about April 30 and October 31st. Based on the Monitoring Plan to be developed by the Recipient in collaboration with USAID, the Recipient shall submit an updated report on progress towards agreed targets and indicators six months after each Annual Report. The report should at minimum include the following: a) explanation of quantifiable output of the programs or projects supported; b) reasons why established goals and objectives were not met, if appropriate; c) analysis and explanation of cost overruns or high unit costs; and d) information on all awards made to sub-partners. The Recipient must immediately notify USAID of developments that have a significant impact on award-supported activities. Further, notification must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.

ii. The fourth quarterly report shall also serve as the Annual Performance Report and shall be submitted on October 30. The annual report should also consolidate data from the previous quarterly reports in order to present annual totals for the numerical targets. The Annual reports shall include success stories for publication. Also the annual report should focus on accomplishments, progress and problems toward achievement of results, performance measures, indicators and benchmarks, tied to the Annual Work Plan and the Performance Monitoring Plan targets, for the quarter and the entire previous fiscal year.

iii. The Recipient will maintain a consolidated database that tracks sub-partner performance.

Performance data shall be in accordance with the standard set for HIV and AIDS indicators that USAID is required to report on, including PEPFAR requirements (such Expenditure Analysis). In addition, performance data should meet reasonable standards of validity, reliability, timeliness, precision, and integrity.

E. Final Performance Report

A draft Final Performance Report is required within 30 days of the expiration of this Agreement for USAID's comments. The Final Report will be due 60 days after expiration of the agreement. The final report will highlight major successes achieved during the entire period of performance with reference to established targets, and should also discuss any shortcomings and/or difficulties encountered. An additional function of this report is to outline lessons learned and make recommendations for any future activity. The Recipient shall submit an electronic copy and two print copies of this report to the USAID/Guatemala Activity Manager in English and an additional copy to the Development Experience Clearinghouse through electronic means at the following e-mail address: docsubmit@dec.cdie.org

F. Financial Reporting

In accordance with 2 CFR 200.327, the SF 425 must be submitted on a quarterly basis. The recipient shall submit these forms in the following manner:

(1) If the Recipient has a Letter of Credit with the US government then, on a quarterly basis, report expenditures/liquidations to DHHS electronically on the Federal Financial Report (FFR/SF-425), lines 10a – 10c and the FFR Attachment (SF-425A) using the DHHS Payment Management System.

(2) The SF 425 (and SF 425a if necessary) must be submitted via electronic format to the Agreement Officer's Representative (AOR), the Agreement Officer (AO), and the USAID/Guatemala Financial Management Office. The Federal Financial Report (FFR/SF-425) is available in PDF or Excel format at the OMB website: http://www.whitehouse.gov/omb/grants_forms/

(3) The financial reports are due 30 days after the end of each fiscal year quarter on October 30, January 30, April 30, and July 31.

(4) If the Recipient has a Letter of Credit with the US government then, a copy of the "Final" Federal Financial Report (FFR/SF-425) report for this award is to be submitted to the USAID LOC Team at locfinalreport@usaid.gov.

G. Closeout/Demobilization Plan

Six months prior to the completion date of the Cooperative Agreement, a close-out/ demobilization plan including the proposed disposition of equipment, including vehicles, will be submitted to the USAID Agreement Officer for approval with copy to the AOR. The close-out plan shall include a list of actions that are typically required for close-out activities such as to ensure that all program activities are completed; conduct an analysis of progress to date and, if necessary, expedite timelines to ensure completion; conduct a thorough pipeline analysis to ensure that there are sufficient funds available to finalize activities and complete all requirements; ensure that all reports are submitted in accordance with the terms and conditions of the agreement. All subcontracts and/or sub-awards are completed and payments settled, if applicable. Submission of a final inventory of all residual non-expendable property that was acquired or furnished by the Government under the Cooperative Agreement and request disposition instructions for any property acquired or furnished by the Government under the program. Particular care should be taken regarding vehicles, since their legal transfer may require a special procedure that would need to be completed before the completion date of the award. Ensure that all staff members are provided with severance and other payments, if applicable, in accordance with local labor law. Ensure that all audit requirements are addressed, if applicable. For U.S. organizations, demobilization plans need to include: closing of offices (remember to cancel phone, electricity, subscriptions, etc.), disposition of all equipment (including vehicles), disposition of residual supplies, repatriation of expatriate staff, household and POV shipments, etc. In particular, USAID requests submission of all electronic copies of reports, documents, studies, photographs, and videos.

H. Security Plan

The Recipient must submit a detailed Security Plan that describes the Recipient's plan to safeguard all project operations. The plan is to be implemented and maintained by all sub-awardees as well. The Recipient must share the security plan with the Agreement Officer and AOR, but it will not be approved by USAID personnel. The plan must include the following:

i. Procedures for reporting and addressing security threats;
ii. Procedures for reporting any deaths related to the project;
iii. Procedures for reporting and addressing any persons missing or kidnapping incidents;
iv. Name and contact information of security contact person for the head office and regional office(s);
v. An internal cascade list for communicating with staff to be updated and maintained by the Recipient.

The Recipient must provide the name, address, and telephone numbers of the Chief of Party and their designee to USAID as principal contacts in case of security situations/emergencies. Recipients are responsible for sharing information with their staff.

I. Environmental Compliance

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

In addition, the Recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID.

No action funded under this CA will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE) duly signed by the Bureau Environmental Officer (BEO).

An Initial Environmental Examination (IEE) LAC-IEE-16-46 has been approved for Development Objective 4: HIV Prevalence in Central America Contained, funding this cooperative agreement (CA). The IEE covers activities expected to be implemented under this CA. USAID has determined that a Negative Determination with Conditions applies to one or more of the proposed actions. This indicates that if these actions are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to actions to be funded under this CA.

As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID AOR, and MEO, REA, or BEO, as appropriate, shall review all ongoing and planned actions under this CA to determine if they are within the scope of the approved IEE.

If the Recipient plans any new actions outside the scope of the approved IEE, the Recipient shall inform USAID in writing of these changes. No such new actions shall be undertaken prior to receiving written USAID approval.

When the approved IEE contains one or more Negative Determinations with Conditions, the Recipient shall:

- Prepare an environmental mitigation and monitoring plan (EMMP) for each proposed action under the Negative Determination with Conditions in the IEE, describing how the Recipient will, in specific terms; implement all IEE conditions that apply within the scope of the award. The EMMP format is attached. The EMMP shall include monitoring the implementation of the conditions and their effectiveness.
- Integrate a completed EMMP into the initial work plan.
- Prepare an Environmental Compliance Report (ECR) at the end of the year or as per reporting

requirements of the contract. The ECR shall be based on the monitoring of mitigation measures using Table 3 of the EMMP.

- A revised EMMP must be completed and approved in subsequent Annual Work Plans, making any necessary adjustments to implementation in order to minimize adverse impacts to the environment.

A provision for sub-awards is included under this award. Therefore, the Recipient will prepare an EMMP for each proposed sub-award, except those that qualify for a categorical exclusion. In the case of a categorical exclusion, the Recipient shall complete and submit for USAID approval table 1 of the EMMP (Environmental Review Form- ERF). In order to ensure the funded proposals will result in no adverse environmental impacts. Implementation of sub-awards shall not begin prior to USAID written approval of the corresponding EMMP. The Recipient is responsible for ensuring that mitigation measures specified in the EMMP are implemented."

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SECTION G: FEDERAL AWARDING AGENCY CONTACT

The Point of contact (POC) for questions while the funding opportunity is open is as follows: guatemalaproposals@usaid.gov with attention to Ms. Telma Paz or itpaz@usaid.gov

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SECTION H: OTHER INFORMATION

USAID reserves the right to fund any or none of the applications submitted.

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APPENDIX C

Past Performance Information (PPI)

[Include this appendix if to evaluate PPI as part of the Pre-Award Risk Assessment. {Below is an example of PPI request form for inclusion in the NFO instructions to applicants to simplify the submission and evaluation of PPI.]

(To be completed by the applicant)

1.	**Award Number:**
2.	**Contractor/Recipient (Name and Address):**
3.	**Type of Award:**
4.	**Complexity of Work: Difficult _____Routine _____**
5.	**Description, location, and relevancy of work:**
6.	**Dollar Value of Work : _____ Status: Active ____Completed _____**
7.	**Date of Award: _____** **Award Completion Date (including extensions): _____**
8.	**Type and Extent of Subawards:**
9.	**Name, Address, Telephone Number, and E-mail Address of the Awarding Contracting/Agreement Officer and/or the Contracting/Agreement Officer 's Representative (and other references as applicable):**

USAID | CENTRAL AMERICA
FROM THE AMERICAN PEOPLE

LAC-IEE-16-46

ENVIRONMENTAL THRESHOLD DECISION

INITIAL ENVIRONMENTAL EXAMINATION (IEE)
Regional HIV/AIDS PROJECT- DO4

Project Location:	Central America and Mexico (CAM)
Project Title:	**Development Objective (DO) Four:** HIV Prevalence in Central America Contained
Project Number:	596-004-0206
Life- of-Project Funding:	$104,960,000
Funding Source:	GHP/USAID GHP/State
Life of Project:	FY 2015 – FY 2019
Reference Threshold Decision:	None. New IEE for PAD level under new RDCS
IEE Prepared by:	Lucrecia Castillo, HIV/AIDS Regional Program/Health and Education Office, USAID/Guatemala
Date Prepared:	June 20, 2016
Recommended Threshold Decision:	Categorical Exclusion with conditions; Negative Determination with Conditions
Bureau Threshold Decision:	Concur

Purpose and Scope of IEE

This Environmental Threshold Decision (ETD) covers activities under the new Regional HIV/AIDS Project developed by a new Project Appraisal Document (PAD) of the 2015-2019 Regional Development Cooperation Strategy (RDCS) for Central America and Mexico -CAM (DO4: HIV prevalence in Central America contained). The purpose of the IEE, which is attached in full, is to analyze the potential environmental impacts proposed under the Regional HIV/AIDS Project.

The "Regional HIV/AIDS Project" ("the Project") will contribute directly to DO4: HIV Prevalence in Central America Contained and its three Intermediate Results (IRs) IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased; IR 4.2: Health systems strengthened and sustained; and IR 4.3: Knowledge management system adopted. The Project will complement bilateral interventions by increasing regional capacity and expertise, exchange of best practices, and the scale-up of effective models by addressing select cross-border citizen security and governance related challenges.

The Project purpose is to contain HIV prevalence in Central America. To achieve this, USAID will join resources and coordinate initiatives with other United States Government (USG) agencies and other donors, resulting in a robust and more effective response to the region's epidemic. Activities under this DO will be implemented in partnership with bilateral government agencies in six Central American countries, as well as regional governance bodies and civil society organizations to focus on a comprehensive approach to contain the HIV/AIDS and improve the quality of services and life of people living with HIV (PLH). Project activities will complement bilateral interventions in each country by increasing regional capacity and expertise, facilitating the exchange of best practices, and promoting the scale-up of effective models by addressing select prevention, care and treatment related challenges. Activities will benefit the region as a whole, along with specific departments of Belize, Guatemala, El Salvador, Honduras, Nicaragua, and Panama.

At this stage of the epidemic, policies and program gaps still pose significant barriers to reducing HIV transmission and mitigating its impact on households, health systems, and national social and economic development. Increased collaboration to maximize synergies and integrate programming efforts will provide an opportunity to overcome some of these barriers by expanding prevention services for key populations, strengthening community-based care and support, decreasing stigma and discrimination related to HIV, facilitating the identification of individuals needing testing, treatment and care, improving strategic information, and intensifying efforts to implement appropriate policies that provide an environment to more effectively address HIV in the region. It is also important to coordinate strategic planning activities at national and regional levels and to promote evidence-based policies and programs related to HIV prevention, care, and treatment.

Summary of Environmental Threshold Determination

The Bureau of Environmental Office (BEO) concurs with the Recommended Threshold Determination and Conditions that are listed in Section 3. See Section 3 of this ETD/IEE for the complete Environmental Threshold Determination for the actions included in the Regional Health Program. The Conditions for actions that have received a Negative Determination with Conditions (e.g. medical waste, small scale construction with associated waste management , water & sanitation actions, and sub-grant components) are listed in the Sections 3.1- 3.3 of the attached IEE amendment.

Signed _____ Date 09/01/2016

Diana Shannon
Bureau Environmental Officer
Bureau for Latin America & the Caribbean

File Locations:

- LAC Bureau - P:\LAC.RSD.PUB\ENV\Reg 216\IEE\IEE16
- Environmental Compliance Database – this document will be posted to the environmental compliance database at http://gemini.info.usaid.gov/egat/envcomp/index.

MISSION DIRECTOR GUATEMALA/REGIONAL HEALTH PROGRAM CLEARANCE FOR:

INITIAL ENVIRONMENTAL EXAMINATION (IEE) FOR THE REGIONAL HIV PROJECT- DO4
Life of Project: FY 2015 – FY 2019

USAID/Guatemala hereby recommends that the LAC Bureau Environmental Officer approves the recommendations included in this Initial Environmental Examination (IEE) for the Regional HIV Project.

Thomas R. Delaney
Mission Director

Concurrence:

Date: 7/21/2016

REGIONAL HEALTH OFFICERS, MEO and REA CLEARANCE PAGE FOR:

INITIAL ENVIRONMENTAL EXAMINATION (IEE) FOR THE REGIONAL HIV PROJECT- DO4
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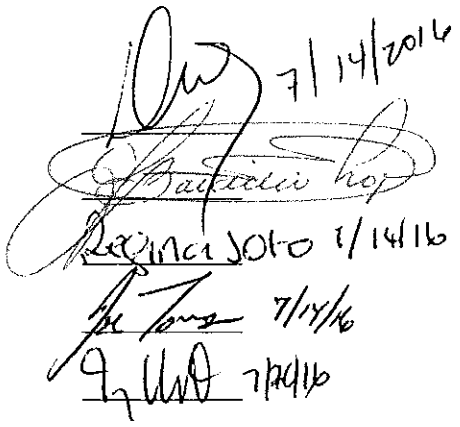

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INITIAL ENVIRONMENTAL EXAMINATION (IEE)
Regional Health HIV/AIDS PROJECT- DO4

Project Location:	Central America and Mexico (CAM)
Project Title:	**Development Objective (DO) Four:** HIV Prevalence in Central America Contained
Project Number:	596-004-0206
Life- of-Project Funding:	$104,960,000
Funding Source:	GHP/USAID GHP/State
Life of Project:	FY 2015 – FY 2019
Reference Threshold Decision:	None. New IEE for PAD level under new RDCS
IEE Prepared by:	Lucrecia Castillo, HIV/AIDS Regional Program/Health and Education Office, USAID/Guatemala
Date Prepared:	June 20, 2016
Recommended Threshold Decision:	Categorical Exclusion with conditions; Negative Determination with Conditions

1. Background and Activity/Program Description

1.1. Purpose and Scope of IEE

The purpose of this IEE is to analyze the potential environmental impacts proposed under the Regional HIV/AIDS Project.

In accordance with ADS 201.3.12 a "**Project**" is defined as a set of executed interventions, over an established timeline and budget intended to achieve a discrete development result through resolving an associated problem. More succinctly, a Project is a collaborative undertaking with a beginning and end, designed to achieve a specific purpose.

Per ADS 201.3.16.3.b, "all projects must address relevant environmental safeguards and impact in a manner consistent with relevant findings of the mandatory, country-level Tropical Forest and Biodiversity analysis (as in FAA 118/119) developed to inform the CDCS. The Mission or Washington OU must also address environmental impact issues as a pre-obligation requirement per ADS 204 and codified under 22 CFR 216".

Background and Project Description

The 2015-2019 Regional Development Cooperation Strategy (RDCS) for Central America and Mexico (CAM) states as its overall goal: "A more inclusive, prosperous, stable, and safe Central America region." To achieve this goal, four Development Objectives (DOs) were identified:

- DO1: Regional economic integration increased
- DO2: Regional climate-smart economic growth enhanced
- DO3: Regional citizen security improved
- DO4: HIV prevalence in Central America contained

The "Regional HIV/AIDS Project" ("the Project") will contribute directly to DO4: HIV Prevalence in Central America Contained and its three Intermediate Results (IRs) IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased; IR 4.2: Health systems strengthened and sustained; and IR 4.3: Knowledge management system adopted. The Project will complement bilateral interventions by increasing regional capacity and expertise, exchange of best practices, and the scale-up of effective models by addressing select cross-border citizen security and governance related challenges.

Central America has a concentrated HIV/AIDS epidemic, with high prevalence among vulnerable population subgroups, deepening their social exclusion. Data available shows that in persons aged 15 to 49 years, HIV prevalence rates in the region range from 2.5 percent in Belize to 0.2 percent in Nicaragua. Country-level prevalence rates, however, mask the disproportionate impact that HIV and AIDS have on key populations, meaning those persons more vulnerable to infection because of sexual behaviors and other factors. Key populations in Central America include men who have sex with men (MSM), transgender women, and sex workers. Other priority populations include specific ethnic groups such as the Garifuna, the clients of sex

workers, migrants and prisoners. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS 2010), the Central American epidemic is most highly concentrated among MSM, with the majority of countries in the region reporting a prevalence of over 10 percent in that sub-population. Recent studies in the region suggest that HIV prevalence is even higher for the female transgender population than for MSM, possibly as high as 40 percent, with accompanying high levels of stigma, discrimination and violence experienced by this population. The lack of national data allows countries to discount the impact that HIV and gender-based violence (GBV) are having on transgender women in the region. Until now, the health sector has had the greatest involvement in the national response. It is only recently that other fields such as labor, education, and the private sector have started to organize their response to HIV issues. According to the National AIDS Spending Assessment's 2010 report, 66 percent of the total funds invested in Central America for HIV- related activities come from governments; on average, the region invests $4.71 per capita on HIV issues. However, 60 percent of the investment in prevention activities targeting key populations still comes from donors.

1.2.Project Description and Illustrative Activities

The Project purpose is to contain HIV prevalence in Central America. To achieve this, USAID will join resources and coordinate initiatives with other United States Government (USG) agencies and other donors, resulting in a robust and more effective response to the region's epidemic. Activities under this DO will be implemented in partnership with bilateral government agencies in six Central American countries, as well as regional governance bodies and civil society organizations to focus on a comprehensive approach to contain the HIV/AIDS and improve the quality of services and life of people living with HIV (PLH). Project activities will complement bilateral interventions in each country by increasing regional capacity and expertise, facilitating the exchange of best practices, and promoting the scale-up of effective models by addressing select prevention, care and treatment related challenges. Activities will benefit the region as a whole, along with specific departments of Belize, Guatemala, El Salvador, Honduras, Nicaragua, and Panama.

This Project's purpose will be accomplished through the achievement of three Intermediate Results (IR):
- IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased;
- IR 4.2: Health systems strengthened and sustained; and
- IR 4.3: Knowledge management system adopted.

IR 4.1 Effectiveness of comprehensive prevention, care, and treatment services increased

IR 4.1 will be achieved through advances in the following Sub-Intermediate Results (Sub-IR):

4.1.1 HIV prevention and diagnosis services focused on key populations increased.

4.1.2 Enrollment, retention, and treatment in HIV qualified health care centers and community services improved for infected individuals.

Sub-IR 4.1.1 HIV prevention and diagnosis services focused on key populations increased.

Activities will include diverse types of modalities to increase the coverage of people tested, including mobile units, HIV testing days, online references and vouchers, private clinic enrollment, among others. Besides increasing the availability of service offerings, it is important to simultaneously accelerate the sensitization and training of health workers. All of these will result in an enabling environment for key populations that facilitates the diagnosis process, as well as supports an effective system for reference from the places where they are reached to the places where HIV tests are taken. New cases will be tracked through the input of the data collected into the national and homogenous system to track new cases.

USAID support can be provided as direct service delivery or technical assistance, depending on the country. Direct service delivery includes key staff or commodities and at least quarterly support to improve the quality of services.

Sub-IR 4.1.2 Positive populations' enrollment, retention, and treatment in HIV qualified health care centers and community services improved.

USAID will help countries to improve the quality, coverage, and linkages to comprehensive HIV services, bringing HIV positive people to viral suppression. These activities will be complemented with health systems strengthening interventions, including capacity building in laboratory services, supply chain management, human resources, and quality improvement.

Activities will have two scopes, including both clinical and community services. Clinical services will work to ensure people diagnosed as HIV positive are enrolled in a qualified clinic where comprehensive care is provided, including: self-support strategy, psychological services, tuberculosis screening, pre-antiretroviral therapy care, screening for family planning needs, screening for sexually transmitted infections, and gender- based violence-related care, among others. All of these services must be free of stigma and discrimination, gender sensitive, and of high quality. Intensive outreach for individuals not under medical care within six months of a new HIV diagnosis may be considered, and special efforts will be made to reach infected people who abandon treatment. Additional support will improve information systems to register all people under care and provide follow-on services.

Community services to complement the services provided by the clinics will strengthen enrollment, treatment, retention, and suppression for HIV-positive persons. Specifically, HIV-positive persons are referred and accompanied by members of NGOs focused on key populations to clinical care and treatment services. In addition, they can also participate in or be referred to other services, and, if needed, to alcohol and drug prevention programs. For treatment, the DO will work with NGOs focused on serving people living with HIV/AIDS and identify people in the community in need of treatment. Further, work with NGO's will include secondary prevention activities to promote adherence to treatment. Moreover, support will include counseling for HIV-positive people on the importance of treatment adherence to reach viral suppression.

Illustrative Interventions

- *Prevention programs targeted for key populations, including peer outreach, small group prevention activities and prevention activities in "hot spots", mainly focused on promoting behavioral change.*
- *Service provision related to the procurement, distribution, and marketing of condoms and lubricants.*
- *Establishment of NGO networks to provide high quality prevention services and build the capacity of local NGOs to support the implementation of evidence-based, quality HIV prevention services for key populations in compliance with new ministry of health (MOH) funding mechanisms.*
- *Provision of HIV testing and counseling across the range of community and facility-based settings, including mobile units to increase key populations' ability to access the HIV test. This activity will include the proper management of solid laboratorial waste.*
- *Support for programs that provide timely entry into medical care and retention, after HIV positive diagnosis.*
- *Strengthen reference systems between community services, local clinics and HIV Comprehensive Units.*

IR 4.2 Health systems strengthened and sustained

IR 4.2 will be achieved through advances in the following Sub-Intermediate Results:

4.2.1: Increased capacity and competency of governmental and non-governmental health organizations to respond to increased demand.
4.2.2: Non-health sector organizations involved in the HIV response strengthened.
4.2.3: Sustainable national investments in HIV increased.

Sub-IR 4.2.1: Capacity and competency of governmental and non-governmental health organizations to respond to the increased demand built.

The strengthening of governmental and non-governmental health organizations is a critical factor for improving uptake of health services to respond to the increased demand. It is important to address the barriers that limit access for vulnerable people, and ensure provision of relevant information and skills, client-friendliness, and accessibility to services. This capacity building will include mapping the locations and capacity of all service organizations working on the HIV response, and developing their capacity through training and tools such as protocols, manuals, and norms. USAID programs will prioritize capacity building and systems strengthening interventions that build strong leadership and governance, particularly those that strengthen the social service workforce and system.

Interventions will build on previous assistance provided in the area of health system strengthening, to ensure HIV-related system improvements are accessible and institutionalized. All technical assistance will be complemented with capacity building, training, and promotion of institutionalization with a focus on sustainability and rights- based

approach. To the extent possible, the government-to-government model currently under implementation in Honduras will be analyzed to determine the feasibility of expansion to other countries in the region.

Sub-IR 4.2.2: Non-health sector organizations involved in the HIV response increased and strengthened.

There is a general consensus that a true multi-sector response is required to achieve more effective implementation of national and regional HIV policies. USAID will work to involve stakeholders from a wide range of sectors and at various levels of government in the policy process to ensure more effective implementation of policies and continuity, particularly during periods of political transition.

Sub-IR 4.2.3: Sustainable national investments in HIV increased.

Governments in Central America currently finance HIV programs at varying levels. While countries demonstrate increased ownership of specific components of the HIV response (particularly in relation to treatment, care, and support activities), prevention activities remain quite dependent on international cooperation. USAID will strengthen country capabilities and ownership to establish leadership and improve skills and performance to manage the limited resources available and, in the near future, lead the response to the epidemic.

In a joint effort, the Central American countries and USAID developed a Regional Sustainability Strategy which is being adopted by each country to progressively absorb the cost of the epidemic. USAID will continue to support the development and implementation of the national and regional strategies to ensure the appropriate national investments in combatting the epidemic.

Illustrative Interventions

- *Development and implementation of policy, advocacy, guidelines, and tools (including developing national adherence strategies).*
- *Capacity building activities that strengthen national, departmental and municipal health systems not directly tied to key populations or patients.*
- *Strengthen the national HIV/AIDS monitoring and evaluation system based on the Joint United Nations Programme on HIV and AIDS (UNAIDS) 12 components model.*
- *Share among key actors methods, tools, best practices, and lessons learned focused on the HIV cascade to monitor the HIV epidemic.*
- *Technical assistance to engage the private and non-health public sectors in the implementation of HIV/AIDS prevention and continuum of care through HIV anti-discriminatory policies and HIV basic services programs in the workplace.*
- *Increase the organizational capacity within ministries of health to establish and carry out effective funding mechanisms, management and stewardship of local NGOs to provide HIV prevention services.*

- *Identify mechanisms to improve the follow-up of violation quality of human rights especially on key population, such gender based violence, trafficking in persons, etc.; activities may include **grants/sub-grants** to local organizations.*
- *New activities may include **grants/sub-grants** to civil society organizations and **small scale renovation/rehabilitation** of facilities.*

IR 4.3 Knowledge management system adopted

IR 4.3 will be realized through advances in the following Sub-Intermediate Results:

3.1 Geographic and population focused planning strengthened.

3.2 Innovation and research on interventions for key populations and people living with HIV/AIDS developed.

Sub-IR 4.3.1 Geographic and population focused planning strengthened.

To improve HIV strategic planning in support of the continuum of care, USAID will strengthen the methodologies for estimating key populations size and the providers of services to key populations to identify gaps in the access of these people to critical HIV services. Priority areas for these interventions are based on the 2013 PEPFAR evaluation in Central America and include strengthening local capacities to perform and use epidemic data on key populations for decision making, and promoting the integration of HIV information systems.

This Sub-IR will provide technical assistance to build local capacity and promote the estimation key population size as critical component of planning and treatment, and encourage its institutionalization. This is an activity that should be led by national authorities and coordinated with UNAIDS and the Global Fund.

Sub-IR 4.3.2 Innovation and research on interventions for key populations and people living with HIV/AIDS developed.

The purpose of this sub-IR is to harmonize reporting methods, frequency, and content, as well as support the identification of barriers to success for these interventions, based on the 2013 PEPFAR evaluation in Central America. Activities under this Sub-IR will strengthen local capacities to improve data collection and use for decision making, and conduct sociological and anthropological studies among key populations and people living with HIV/AIDS. Technical assistance will be comprised of two components: research and evaluation.

The research component will include the definition of a prioritized and targeted research portfolio, and systems for knowledge dissemination. It will combine sociological, anthropological and epidemiological studies of key populations, as well as develop skills to convey and interpret information and improve understanding the political and socio-economic determinants of vulnerability among key populations and people living with HIV/AIDS.

The content of the evaluation should adapt to emerging needs to assess PEPFAR's models of implementation and contribution to sustainable management of the HIV response in partner countries. Instead of managing several evaluation mechanisms, USAID proposes one mechanism to support all evaluation needs of the DO. The evaluation component will use a mixed approach and include building the capacity of local evaluators to provide support for regional needs with respect to performance evaluations at a lower cost, and providing technical assistance to develop more substantial and rigorous evaluations to assess, for example, the effectiveness of the combination prevention model at the regional level. This component will leverage and further build existing evaluation resources and networks and will use existing data to conduct secondary analysis, while building local capacity in the area of data analysis.

Illustrative Interventions:

- *Technical assistance to improve key population size estimation in coordination with UNAIDS and the Global Fund.*
- *Technical assistance to develop coverage assessments for HIV services among key populations and identify current service provision gaps.*
- *Technical assistance to develop local capacity for rigorous evaluation methods; activities may include virtual training on HIV, applied research for local partners, and virtual support to develop research products.*
- *Evaluation of prevention intervention models, measuring cost/effectiveness and feasibility of implementation.*

1.3. Locations Affected and Existing Conditions

Assistance activities under this Project will be implemented in all Central American countries with different levels of effort, being the major effort in Guatemala, El Salvador, and Honduras. However, some of the activity implementation may need to be coordinated regionally with all member states of the Central American Integration System (SICA, Spanish acronym): Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama countries. See the Background section for Existing Conditions.

At this stage of the epidemic, policies and program gaps still pose significant barriers to reducing HIV transmission and mitigating its impact on households, health systems, and national social and economic development. Increased collaboration to maximize synergies and integrate programming efforts are needed to provide an opportunity to overcome some of these barriers by expanding prevention services for key populations, strengthening community-based care and support, decreasing stigma and discrimination related to HIV, facilitating the identification of individuals needing testing, treatment and care, improving strategic information, and intensifying efforts to implement appropriate policies that provide an environment to more effectively address HIV in the region. Increased coordinated strategic planning activities at national and regional levels is required to promote evidence-based policies and programs related to HIV prevention, care, and treatment.

Medical waste is a by-product from the training exercises and patient care conducted at clinics and hospitals for HIV. Hospitals have a shortage of red bags for disposing medical waste and the chain from red bag to disposal in incinerators is often not followed. Incinerators at hospitals and clinics are scarce and most medical waste is collected and brought to the main cement factory for incineration.

Many of the clinics and hospitals are in disrepair and do not provide a healthy and safe environment for the patients. Small scale rehabilitation in the form of minor repairs to walls (painting and plastering), windows, and water and sanitation repairs (replacing broken toilets and septic systems) are required to bring the clinics up to a sanitary and safe condition.

1.4. Applicable Environmental Policies, Procedures or Regulations

Section 117 of the Foreign Assistance Act of 1961, as amended, 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) and in USAID's Automated Directives System (ADS) Parts 201.3.11b and 204 (http://www.usaid.gov/policy/ads/200/), which, in part, requires 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.

USAID implementing partners must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern. The program will follow recommendations in the following documents to manage medical waste: "Healthcare Waste Management. A World Health Organization (WHO) handbook for the safe handling, treatment, and disposal of wastes. 1997 and the "*National Management Plan of Medical Wastes in Hospitals, Health Centers and Convergence Centers*. December 2001" of the Ministry of Health (MOH) of Guatemala"; as well as the "Política Nacional para la Gestión Integral de Residuos y Desechos Sólidos, 2015" of Guatemala.

Renovation/rehabilitation of facilities actions supported by this Project will comply with each country's national environmental laws, policies, procedures and regulations, as applicable. All construction and security/law enforcement laws and regulations for each of the participating countries will be followed as well as the laws and regulations of the US. Construction will be done to meet US standards. The USAID Environmental Guidelines for Small Scale Construction will also be followed which provide direction on US construction standards as well as the Guatemalan Municipality Code for the Management of Solid Waste Act.12-2002.

2. EVALUATION OF ENVIRONMENTAL IMPACT POTENTIAL

Potential Impacts of Small Scale Renovations:
The Project will also work in each participating country with governments and representatives of CSO and community leaders to improve the quality of care at the facility and community level, and to prevent human rights violations and encourage reporting of these violations. Activities under Sub-IRs 4.1.1 HIV prevention and diagnosis services focused on key populations increased; 4.1.2 Positive populations' enrollment, retention, and treatment in HIV qualified health care centers and community services improved, include **small scale reconstruction and/or rehabilitation** for improving facilities that are in disrepair, inadequate or unsafe to be used. Small scale reconstruction also include improving primary services systems, such as **small scale water systems**, and making adaptations for accessibility for persons with disabilities. Small scale renovations/rehabilitation/reconstruction have the potential to cause a negative impact to the environment by unauthorized disposal of construction materials, debris, and hazardous waste (i.e. asbestos) leading to pollution of water sources, erosion, and/or human safety issues. Extraction of building materials (such as sand, rock, gravel) can also cause erosion if not obtained from an official quarry. Mitigation Measures in the EMMP will assist to minimize these potential impacts.

Small-scale construction/rehabilitation activities have a well-known set of potential adverse impacts, which are described here:

- **Disturbance to existing landscape/habitat**. Construction typically necessitates clearing, grading, trenching and other activities that can result in near-complete disturbance to the pre-existing landscape/habitat within the plot or right-of-way. If the plot or right-of-way contains or is adjacent to a permanent or seasonal stream/waterbody, grading and leveling can disrupt local hydrology.
- **Sedimentation/fouling of surface waters**. Runoff from cleared ground or materials stockpiles during construction can result in sedimentation/fouling of surface waters, particularly if the site is located proximate to a stream or waterbody.
- **Standing water**. Construction may result in standing water on-site, which readily becomes breeding habitat for mosquitoes and other disease vectors; this is of particular concern as malaria is endemic in much of Southern Africa.
- **Occupational and community health and safety hazards**. The construction process and construction sites present a number of hazards: fall and crush injuries, hazards from hand or power tools and equipment used in construction, and exposure to hazardous substances, such as solvents in paint, cement dust, etc.
- **Increased Air and Noise Pollution** can result during construction or rehabilitation from the actions of construction equipment and workers. Experience shows that these impacts are controllable below the level of significance with basic good construction management practices, including occupational safety and health practices.

- **Adverse impacts of materials sourcing**. Construction requires a set of materials often procured locally: timber, fill, sand and gravel, bricks. Unmanaged extraction of these materials can have adverse effects on the environment. For example, stream bed mining of sand or gravel can increase sedimentation and disturb sensitive ecosystems; purchase of timber from unmanaged or illegal concessions helps drive deforestation.

While USAID's Implementing Partners (IPs) generally have direct control over their general contractors (GCs), construction materials are often procured by GCs from sub-vendors. In the case of timber, these sub-vendors are often the terminus of a long and untraceable supply chain. This separation from source both limits the actions that IPs can take to assure environmentally responsible sourcing of these materials and reduces IP responsibility for these impacts—the exception is burnt bricks, for which the impacts can be avoided by requiring use of an alternative material.

However, IPs can and should undertake reasonable due diligence to assure that they do not bear direct responsibility for adverse impacts, and to reduce indirect impacts so far as feasible.

Activity or intervention sub-category	***Recommended Determination***
Construction and/or rehabilitation of new or existing structures (e.g., health clinics, etc.)	**Negative determination**, subject to the following **conditions**: • **No complicating factors**. The site is not within 30m of a permanent or seasonal stream or water body, will NOT involve displacement of existing settlement/inhabitants, has an average slope of less than 5 percent and is not heavily forested, in an otherwise undisturbed local ecosystem, or in a protected area; • **Construction will be undertaken in a manner generally consistent with the guidance for environmentally sound construction**, provided in the Small Scale Construction chapter of the USAID *Sector Environmental Guidelines*. (http://www.usaidgems.org/sectorGuidelines.htm) At minimum, (1) During construction, prevent sediment-heavy run-off from cleared site or material stockpiles to any surface waters or fields with berms, by covering sand/dirt piles, or by choice of location. (Only applies if construction occurs during rainy season.); (2) Construction must be managed so that no standing water on the site persists more than 4 days; (3) IPs must require their general contractor to certify that it is not extracting fill, sand or gravel from waterways or ecologically sensitive areas, nor is it knowingly purchasing these materials from vendors who do so; (4)

	IPs must identify and implement any feasible measures to increase the probability that timber is procured from legal, well-managed sources. • **Asbestos.** If the presence of Asbestos is suspected in a facility to be renovated, the facility must be tested for asbestos before rehabilitation works begin. Should asbestos be present, then the work must be carried out in conformity with host country requirements, (if any) and in conformity with guidance to be provided by the MEO, in consultation with the REA. All results of the testing for asbestos shall be communicated to the C/AOR. • **Paint.** No lead-based paint shall be used. When lead-free paint is used, it will be stored properly so as to avoid accidental spills or consumption by children; empty cans will be disposed of in an environmentally safe manner away from areas where contamination of water sources might occur; and the empty cans will be broken or punctured so that they cannot be reused as drinking or food containers. • **Waste handling equipment and infrastructure.** USAID intervention must result in the facilities' possessing adequate provision for handling the wastes they may generate; including human wastes.

Renovation/Repair of Water and Sanitation Systems:
Point of use water treatment presents strong benefits if required dosage levels and procedures are followed. Health risks related to excessive dosing of water are minimal; the risk is rather of under-treatment and re-contamination that renders the POU treatment ineffective. Further, appropriate dilution/dosage is the major focus of the intervention.

Renovation and repairs of water and sanitation systems can:

1. Create stagnant (standing) water in the vicinity of the water supply point and creation of diseases vectors breeding sites (mosquitoes, risks of contamination of fetched water, foot infection of water point users, seepage in and contamination of the wells, etc.).

2. Create human health risks from provision of biologically or chemically contaminated water. Even if water is not contaminated initially, it can become so thru flooding, failure to exclude livestock from the water point, use of contaminated containers to draw water from hand-dug wells, and other factors.

3. Lead to human health risks from contamination of water fetched from the water points to the end users (arising from contamination of containers, mishandling, etc.).

However, for small-scale interventions, these impacts can be controlled below the level of significance by appropriate siting, water quality assurance protocols (including testing), design (including drainage and exclusion of livestock from water points) and maintenance. With respect to the last, capacity-building in equipment/system maintenance is an essential corollary to construction/installation of small-scale water supplies.

Social marketing/education/outreach/community mobilization on hygienic water handling/storage, hand-washing, use of sanitation facilities (CLTS---community-led total sanitation) and the importance of protecting water supplies is, like system and equipment maintenance, an essential corollary to construction and installation of small-scale water and sanitation infrastructure. Experience shows without behavior change, the physical infrastructure will not be used or maintained.

Activity or intervention sub-category	***Recommended Determination***
Improved approaches to drinking water and water resources management, including: 1. Construction or rehabilitation of small-scale water and sanitation infrastructure (e.g., via the GRA Water for All program), including protection of existing water sources. This may include boreholes, shallow wells, latrines, and spring capping and conversion of open wells to pumps, including associated infrastructure such as towers/tanks/standpipes. 2. Capacity-building for equipment/system maintenance.	Negative Determination **Subject to** the following **conditions:** For small-scale water supply and distribution infrastructure activities (defined as total investment in a given community of less than $250,000), the conditions are as follows: • **Good-practice design standards** must be implemented for new construction and rehabilitation works, generally consistent with USAID's *Sector Environmental Guidelines: Water Supply & Sanitation:* http://www.usaidgems.org/Sectors/watsan.htm. These standards must be specified in the EMMP and must include siting of new wells well away from groundwater contamination sources (e.g. latrines, cesspits, dumps), exclusion of livestock from water points, and prevention of standing water at water supply points. • **Capacity-building** in equipment/system maintenance must be co-programmed with construction/installation of small-scale sanitation infrastructure. • **Water quality assurance plan.** Prior to drinking water provision, the project will prepare and receive approval for a Water Quality Assurance Plan (WQAP). The WQAP will be prepared in consultation with the cognizant AOR/COR and/or Activity Manager. Its purpose is to ensure that all new and rehabilitated USAID-funded sources of drinking water provide water that is safe for human consumption. The

	completed WQAP must be approved by: the AOR/COR and/or Activity Manager; the MEO; and the REA. • Once approved, the WQAP must be implemented in full, and for the duration of drinking water activities. Implementation must include testing of water prior to making the supply point available to beneficiaries. • The WQAP constitutes a key element of the project's EMMP. As with all other elements of the EMMP, project budgets, workplans, and staffing plans must provide for its full implementation. The approved WQAP must include at minimum the following sections: o Project information (name of project, name of IP, period of performance, contact information, name of COR/AOR) o A description of the drinking water points to be subject to the WQAP (approximate numbers, water source(s), technology (ies), general geographic area and installation context). o An inventory of applicable water quality standards, including those promulgated by USAID, as well as the cognizant host-country regulatory entity/entities. (The World Health Organization [WHO] *Guidelines for Drinking-water Quality* may be substituted for host-country standards that are not accessible, unclear or outdated.) o The responsible parties/entities/institutions, under host country law or policy, for monitoring and managing water quality of the water points subject to this WQAP. If other than the IP, a summary assessment of their capacity and their involvement. o A technical assessment of the equipment, resources and expertise that will be required to monitor and report on compliance with applicable water quality standards. This should include, for example, sampling materials, reagents, transportation, storage, laboratory facilities and capacity, communications, training or certification criteria, etc. o Protocol for initial testing and ongoing monitoring of

	water quality, to include: ▪ contaminants for which initial testing and ongoing monitoring will be conducted ▪ water quality assessment methods, including test type and frequency ▪ data management and reporting; the project must maintain a central registry of monitoring results by water point and date; GPS coordinates for water points are expected ▪ designation of 'responsible party' for each aspect of protocol ▪ response procedures in the event water does not meet water quality standards o Justification for NOT testing to any applicable standard o Sustainability strategy to the extent that responsibility for longer-term water quality assurance will transition in part or whole to project partners or beneficiaries. A summary assessment of the capacity of these partners, and any capacity building to be undertaken • The WQAP should follow any applicable USAID guidance, as well as local laws, regulations and policies.

Potential Medical Waste Impacts:
Activities implemented under IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased will include technical assistance, consultations, and training aimed at strengthening institutions at the national and community level, working with NGOs, peer educators and cyber-educators to develop combination prevention activities including promoting the HIV test and referral to clinics if the result is positive. Also, this will facilitate some **Viral Load equipment** to ensure the proper follow-on of people under Antiretroviral Treatment (ART) and improve the adherence to the HIV care and treatment (**reagents and other supplies for those equipment will be purchased by local countries**).
Although healthcare activities provide many important benefits to communities, they can also unintentionally do harm via poor management of the wastes they generate. These wastes generally fall into three categories in terms of public health risk and recommended methods of disposal:

- ***General*** healthcare waste, similar or identical to domestic waste, including materials such as packaging or unwanted paper. This waste is generally harmless and needs no special

handling; 75 – 90 percent of waste generated by healthcare facilities falls into this category, and paper waste can be incinerated or taken to the landfill without any additional treatment.

- ***Hazardous*** healthcare wastes, including infectious waste (except sharps and waste from patients with highly infectious diseases), small quantities of chemicals and pharmaceuticals, and non-recyclable pressurized containers. All blood and body fluids are potentially infectious.
- ***Highly hazardous*** healthcare wastes, which should be given special attention, includes sharps (especially hypodermic needles), highly infectious non-sharp waste such as laboratory supplies, highly infectious physiological fluids, pathological and anatomical waste, stools from cholera patients, and sputum and blood of patients with highly infectious diseases such as TB and HIV. They also include large quantities of expired or unwanted pharmaceuticals and hazardous chemicals, as well as all radioactive or genotoxic wastes.

Activity or intervention sub-category	***Recommended Determination***
Healthcare service delivery initiatives (e.g., technical assistance to the Ministry of Health on supply chain management, health commodity procurement, and similar regulatory efforts	**Negative determination**, subject to the following **condition**: • Support for healthcare service delivery-related policy development and implementation must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices. • A monitoring plan detailing how the implementing partner will handle medical waste issues shall be submitted to the Mission Environmental Officer for approval prior to commencing activities that involve creation of medical waste and will be open to subsequent review. The program will follow recommendations in the most recent versions of the following documents to manage medical waste: "Safe management of wastes from healthcare activities", a World Health Organization (WHO) handbook for the safe handling, treatment, and disposal of wastes and any guidelines and regulations issued by the local MOH. For Guatemala, the 1997 "*Plan de Manejo de Desechos Médicos en Hospitales, Centros, Puestos de Salud y Centros de Convergencia.*" prepared by the Ministry of Health of Guatemala" will be replaced by the Acuerdo Gubernativo 509-2001, Reglamento de manejos solidos hospitalarios prepared in December 2001

Improved institutional response to public health priorities (e.g., GRA programming for HIV/AIDS-related activities, etc.)	**Negative determination**, subject to the following **condition**: • Technical assistance and capacity building must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices; and • Technical assistance and capacity building must be characterized by and integrate BMPs from USAID Sector Environmental Guidelines (or similar) for Health Care Waste Management and Health Facilities.

Pharmaceutical Wastes and Medical Supplies, including distribution of condoms:

Potential Impacts in the environment is identified during testing offer or in training and technical assistance activities (especially for IR 4.1), which can generate potential hazardous medical waste (sharps/needles, gloves or materials with blood, etc.) which can contamination the environment and transmit disease.

Pharmaceutical drugs including vaccines have specific storage time and temperature requirements, and may expire or lose efficacy before they are used, particularly in remote areas where demand is low and/or infrequent. Pharmaceutical waste may also accumulate due to inadequacies in stock management and distribution and/or lack of a routine system of disposal.

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

Effects on aquatic life are a major concern in disposal of pharmaceuticals. A wide range of pharmaceuticals has been discovered in fresh waters globally, and even in small quantities some of these compounds have the potential to cause harm to aquatic life.

Additional health risks related to disposal include burning pharmaceuticals and plastic medical supplies (including new or used condoms) at low temperatures or in open containers which results in the release of toxic pollutants into the air. Inefficient and insecure sorting and disposal may allow drugs beyond their expiry date to be diverted for resale to the general public.

Potentially infectious wastes: Improper training, handling, storage and disposal of the waste generated in health care facilities or activities can spread disease through several mechanisms. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste.

These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism. Those who come in direct contact with the waste are at greatest risk. Examples include healthcare workers, cleaning staff, patients, visitors, waste collectors, disposal site staff, waste pickers, substance abusers and those who knowingly or unknowingly use "recycled" contaminated syringes and needles. Although sharps pose an inherent physical hazard of cuts and punctures, the much greater threat comes from sharps that are also infectious waste. Healthcare workers, waste handlers, waste-pickers, substance abusers and others who handle sharps have become infected with HIV and/or hepatitis B and C viruses through pricks or reuse of syringes/needles.

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

Healthcare activities or interventions can have direct or *indirect* impacts on waste management:

- **Where USAID support for healthcare service delivery is direct**, USAID bears full responsibility for adverse impacts when its support fails to address waste management or to consider the capacity of medical facilities to properly handle, label, treat, store, transport and properly dispose of medical waste.
- **Where USAID instead funds capacity building for the entities that manage delivery of care** (e.g., the GRA, NGOs, CSOs, etc.), USAID generally has far less control over service delivery on the ground. Reduced control means that USAID's responsibility for adverse impacts is shared or attenuated, but not eliminated.

For example, proper waste management requires that the systems and structures governing health care delivery address and require appropriate management. Where USAID's support means that USAID has substantial influence over these systems and structures, USAID and IPs must work to best assure that these systems and structures support appropriate health care waste management.

Activity or intervention sub-category	***Recommended Determination***
Healthcare service delivery initiatives (e.g., technical assistance to the Ministry of Health on supply chain management, health commodity procurement, and	**Negative determination**, subject to the following **condition**: • Support for healthcare service delivery-related policy development and implementation must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices. For Guatemala, the 1997 "*Plan de Manejo de Desechos Médicos en Hospitales, Centros, Puestos de Salud y Centros de*

similar regulatory efforts)	*Convergencia."* prepared by the Ministry of Health of Guatemala" will be replaced by the Acuerdo Gubernativo 509-2001, Reglamento de manejos solidos hospitalarios prepared in December 2001
Management of healthcare supply chains (e.g., commodity procurement and distribution, etc.), including condoms	**Negative determination**, subject to the following **condition**: • Technical assistance and capacity building must be characterized by and integrate principles of sound environmental, health and safety (EHS) practices; and • Technical assistance and capacity building must be characterized by and integrate BMPs from USAID Sector Environmental Guidelines (or similar) for Health Care Waste Management and Health Facilities. • Implementing partners conducting activities involving procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, must ensure, to the greatest extent practicable, that the medical facilities and operations involved have adequate procedures and capacities in place to properly manage and dispose of such commodities. • Consignees for any pharmaceutical drugs procured under this funding will be advised to store the product according to the information provided on the manufacturer's Materials Safety Data Sheet (MSDS). • If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. If this is not possible, then follow WHO guidelines for Safe Disposal of Unwanted Pharmaceuticals (www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf). • Disposal of packaging and other public health commodities will be treated using the guidelines provided in USAID Solid Waste Sector Environmental Guideline (http://www.usaidgems.org/Sectors/solidWaste.htm)

Training (including supportive supervision) is one of a class of activities under 22 CFR 216 eligible for categorical exclusion. However, training of health care providers is intended to improve and expand the delivery of and/or access to health care services. As detailed in section 3.1, the delivery of these services presents a set of potentially significant adverse environmental and health impacts, particularly waste-and bio-safety related.

Further, the purpose of the training activities and the **development of training curricula** are to influence the actions of healthcare providers/service delivery agents. Appropriate management of health care waste depends heavily on individual actions of these agents (e.g., is there consistent separation of sharps and "red bag" waste?). Training therefore must, as appropriate in the context of the scope of the training, address proper handling, use and disposal of health care waste, including proper disposal of blood, sputum, and sharps. For example, training administrative staff on case management may not be appropriate for waste disposal training, but training nurses on delivery of vaccinations would be appropriate to discuss how to dispose of used needs and vaccine packaging.

Activity or intervention sub-category	***Recommended Determination***
Training in HIV/AIDS care (e.g., build capacity consistent with PEPFAR initiatives) Training in reproductive health Training in maternal and child health	Negative Determination **Subject to** the following **conditions:** • When techniques or care situations being addressed would generate and require disposal of hazardous or highly hazardous waste, training/curricula/supervision must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps (e.g. sharps, afterbirth from delivery, waste from screening for HIV or STIs, sputum samples for diagnosis of TB). Note that this condition applies to BOTH activities targeting home care AND community health workers: IPs must, as appropriate, include healthcare waste (HCW) management messages and develop appropriate disposal mechanisms in home-based and community-based situations that are cost effective and safe. Positive messages about personal and household hygiene, sanitation, and proper disposal of condoms and other potentially harmful materials should be delivered, as appropriate, along with standard health care messages, and these messages should be included in training, protocols, and guidelines. • Where USAID directly supports health service delivery, the Health Team and IPs must ensure, to the greatest extent feasible, that the medical facilities and operations benefitting from USAID support have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose

	of blood, sharps and other medical waste and that norms and training include environmental health considerations. The ability of IPs and the Health Team to assure such procedures and capacity is limited by its level of control over the management of the beneficiary facilities and operations. Where the IPs identify deficiencies in the procedures and capabilities it shall notify USAID and provide recommended action steps for Agency consideration. **For all activities in this category**, the USAID Sector Environmental Guidelines for Healthcare Waste (http://www.usaidgems.org/Sectors/healthcareWaste.htm) contains guidance, which must inform compliance with these conditions, particularly in the section titled, "Minimum elements of a complete waste management program." See also WHO's "Safe Management of Wastes from Healthcare Activities."
Training in TB care (e.g., build clinical capacity for TB screening, counseling, testing and treatment)	Negative Determination **Subject to** the following **conditions:** • When techniques or care situations being addressed would generate and require disposal of hazardous or highly hazardous waste, training/curricula/supervision must address appropriate management practices concerning the proper handling, use, and disposal of medical waste, including blood, sputum, and sharps (e.g. sharps, afterbirth from delivery, waste from screening for HIV or STIs, sputum samples for diagnosis of TB). • Where USAID directly supports diagnostic testing, USAID must assure that the TB laboratories meet the reference standards established by WHO related to a) codes of practice, b) equipment, c) laboratory design and facilities, d) health surveillance, e) training, and f) waste handling. Depending on the specific tests conducted by a facility, additions and modifications to the WHO measures may be warranted for different levels of risk as described in WHO's Tuberculosis Laboratory Biosafety Manual (2012 ed or later) (http://apps.who.int/iris/bitstream/10665/77949/1/9789241504638_eng.pdf) • **Training in TB care**, including diagnosis, treatment, and public health, must conform to the international standards articulated in the World Health Organization's International Standards for Tuberculosis

	Care (http://www.who.int/tb/publications/ISTC_3rdEd.pdf?ua=1) As noted above, integration of BMPs from USAID Sector Environmental Guidelines (or similar) for Health Care Waste Management and Health Facilities
Training in family planning	**Categorical Exclusion** per: • §216.2(c)(viii): Programs involving nutrition, health care, or population and family planning services EXCEPT those involving the collection and/or analysis of blood or body fluid samples

Sub-Grants:
Small grants/sub-grants components of activities can lead to potential impacts as the specific actions of these grants/sub-grants are not know as the time of the approval of this IEE. Thus, each grant/sub-grant will be required to submit an EMMP for approval by the Implementing Partner and MEO
Additionally, under the three Sub-Intermediate Results the Project will provide **grants/sub-grants to civil society organizations** that offer services addressing gender based violence, follow-on to care and ART, prevention activities and HIV advocacy interventions at national and community level.

Activities carried out under IR 4.2, Sustainable national investments in HIV increased will develop and implement policy, advocacy, guidelines, and tools (including developing national adherence strategies). Activities under Sub-IRs 4.2.1 Capacity and competency of governmental and non-governmental health organizations to respond to the increased demand built, and Sub-IR 4.2.2: Non-health sector organizations involved in the HIV response increased and strengthened may include: Capacity building activities that strengthen national, departmental and municipal health systems not directly tied to key populations or patients; strengthen the national HIV/AIDS monitoring and evaluation system based on the Joint United Nations Programme on HIV; share tools, best practices, and lessons learned focused on the HIV cascade to monitor the HIV epidemic and technical assistance activities to promote more involve from other non-health sectors. New activities may **include grants/sub-grants** to civil society organizations to implement a systems approach to human rights protection and promotion. In relation to Sub-IR 4.2.3, it will include only advocacy activities, high level of negotiations, and meetings that demand use of information for decision making, use of tools or technology to convince authorities to move to a sustainability approach.

Activities carried out under IR 4.3, Knowledge management system adopted will promote the use of evidence among stakeholders and the Mission to take decisions and continue and/or

modify/adapt the program and intervention. Activities under Sub-IRs 43.1 Geographic and population focused planning strengthened and 4.3.2 Innovation and research on interventions for key populations and people living with HIV/AIDS developed may include technical assistance to develop, implement and disseminate the results of studies, research and use of monitoring tools between different decision makers. New activities may include **contracts/grants/sub-grants** to develop the researches or improve capabilities in technical local staff.

Activity or intervention sub-category	***Recommended Determination***
Improved information sharing (e.g., facilitate 'peer-to-peer' knowledge transfers, professional exchanges and internships, etc.) on prevention activities including prevention and reduction of Stigma and discrimination though NGOS	**Categorical Exclusion**, per §216.2(c)2 • (i) Education, technical assistance, or training programs; • (iii) Analyses, studies, academic or research workshops and meetings; and • (v) Document and information transfers. Specific policy initiatives must reflect Best Management Practices (BMPs) from USAID Sector Human Rights guidelines (or similar) for key populations.

3. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

3.1. Recommended Threshold Decisions and Conditions

The threshold determinations presented below are recommended for this project:

A. Categorical Exclusion

Pursuant to 22CFR 216.2(c)(2)(i) and (viii), a categorical exclusion for activities involving HIV/AIDS prevention efforts and others identified under IR 4 of the CAM DO4, except disposal of medical waste.

Pursuant to 22CFR 216.2(c)(2)(i), (iii), and (viii), a categorical exclusion for non-medical waste technical trainings, research, studies, workshops, overseen and tutorial activities under the IR 4.3 Knowledge management system adopted, and its Sub-Intermediate Results:

Sub-IR 4.3.1 Geographic and population focused planning strengthened.

Sub-IR 4.3.2 Innovation and research on interventions for key populations and people living with HIV/AIDS developed.

B. Negative Determination with Conditions for activities involving handling and disposal of medical waste included in IRs 4.1 and 4.2 and all actions under this Project that include

grant/sub-grant component and in small scale renovations/rehabilitation/reconstruction and small scale water systems.

- IR 4.1: Effectiveness of comprehensive prevention, care, and treatment services increased
  Sub-IR 4.1.1 HIV prevention and diagnosis services focused on key populations increased.
  Sub-IR 4.1.2 Positive populations' enrollment, retention, and treatment in HIV qualified health care centers and community services improved.
- IR 4.2: Health systems strengthened and sustained
  Sub-IR 4.2.1: Capacity and competency of governmental and non-governmental health organizations to respond to the increased demand built.
  Sub-IR 4.2.2: Non-health sector organizations involved in the HIV response increased and strengthened.
  Sub-IR 4.2.3: Sustainable national investments in HIV increased.

3.2 General Recommended Conditions and Monitoring for Activities given a Negative Determination with Conditions:

3.2 Conditions, Mitigation, Monitoring and Evaluation:

- Each activity manager or Contracting (or Agreement) Officer Representative (COR or AOR) is responsible for making sure environmental conditions are met (ADS 204.3.4). In addition, CORs/AORs are responsible for ensuring that appropriate environmental guidelines are followed, mitigation measures in the IEE are funded and implemented, and that adequate monitoring and evaluation protocols are in place to ensure implementation of mitigation measures. The COR/AOR and Chief of Party for implementing mechanisms will require the use of the Environmental Mitigation and Monitoring Plan (EMMP) (attachment I).

- For all NDWC activities listed above that may involve small scale infrastructure, scale water systems, medical waste, and sub-grants will require the preparation of the EMMP form. The EMMP will be used for all of the activities listed within this IEE that receive a Negative Determination with Conditions threshold decision. The EMMP shall be reviewed and approved by the AOR/COR, Mission Environment Officer (MEO), and the Regional Environmental Advisor (REA) prior to any implementation of these activities. The EMMP specific actions shall be consistent with the activity's Annual Work Plan. At the end of each year, the Activity shall compile the monitoring results from Table 3 of the EMMP and present a summary of the monitoring in an Environmental Compliance Monitoring section of their Annual Monitoring Report. The Annual Environmental Compliance Monitoring Report shall be submitted by the Implementing Partner to the AOR/COR and the MEO for their review and approval. This Report shall be shared with the REA by the MEO. The EMMP shall be revised and/or updated to include the Year 2 specific actions, impacts, and necessary mitigation measures. For each year, an updated EMMP shall be prepared based on the annual work plan. Monitoring of the EMMP mitigation measures using Table 3 of the EMMP shall be done by the Implementing

Partners. An annual environmental report (or reporting schedule as per the contract) shall be completed using Table 3.

- Each grant/sub-grant shall be required to have an approved EMMP prior to implementation of the grant/sub –grant activities. The main Implementing Partner, AOR/COR, and MEO are responsible to review and approve the grants/sub-grants.

- The EMMP shall be used to determine if an EA is needed for activities approved within the Annual Program Statement Activity.

- The Implementing Partner (IP) shall ensure that appropriate environmental guidelines are followed and that mitigation measures described in the EMMP and this IEE for each of these activities are funded and implemented, including any necessary training or capacity building, and adequate monitoring. The IP will also have qualified environmental staff to oversee the EMMP and its execution.

- Follow the Ministry of Environment and Natural Resources and Ministry of Public Works guidelines of each country in the Region for specific activities, and any other local applicable law. Follow the Environmental Sectorial Guidelines already approved by USAID within the LAC Bureau Environmental Guidelines, for:
  i) small scale infrastructure
  ii) water and sanitation
  iii) health facilities
  iv) solid waste management
  v) health care waste
  (http:// http://www.usaidgems.org/sectorGuidelines.htm)

- Any activities involving large scale construction (over 1000 sq. meters), large infrastructure, irrigation, or other similar actions would require an IEE amendment to recommend a Positive Determination and the preparation of an Environmental Assessment.

- The A/COR, Mission MEOs and REA will be required to conduct spot monitoring checks for all of the activities listed in this IEE to ensure that the conditions listed in the IEE, Environmental Threshold Decision (ETD), and EMMP are being followed. The A/COR, MEO, and REA should use the EMMP monitoring form (Table 3) to conduct monitoring of activity mitigation measures.

- The implementing contractor or partner will ensure that all activities conducted under this Project comply with this ETD. Also, through its regular reporting requirements, a section on environmental compliance (e.g. mitigation monitoring results) will be included using Table 3 of the EMMP as a monitoring tool for documenting the monitoring results.

Amendments

- Amendments to Initial Environmental Examinations (IEE) shall be submitted for LAC Bureau Environmental Officer (BEO) approval for any activities not specifically covered in the IEE, which include:
    - Funding level increase beyond ETD amount,
    - Time period extension beyond ETD dates (even for no cost extension), or
    - A change in the scope of work, such as the design of new activities not listed in this IEE, the use of pesticides or activities subject to Foreign Assistance Act sections 118 and 119 (e.g. procurement of logging equipment), to clear the Deferral ETD regarding potential large scale infrastructure, among others.
- Amendments to IEEs include Environmental Assessments (EA) or Programmatic Environmental Assessment (PEA) and approval of these documents by the LAC BEO could require an annual evaluation for environmental compliance.

3.3 Environmental Compliance Language for Awards

The following language is to be inserted into all solicitations (RFP, RFA, APS, GDA, etc.) to tell partners how the Agency expects them to comply with 22 Code of Federal Regulations 216.

Each technical office, along with the MEO, will ensure that environmental compliance language from this IEE is included in all procurement and obligating documents, such as activity-related Development Objective Agreements, and under Global Acquisition and Assistance Systems (GLAAS). The following language regarding environmental compliance will be included in any kind of procurement instrument within this Project:

Categorical Exclusion and Negative Determination Only. "The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (http://www.usaid.gov/who-we-are/agency-policy/series-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. [*Offeror/ applicant/contractor/recipient*] environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this [*RFP/RFA/contract/task order/grant/cooperative agreement*].

In addition, the contractor/recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID.

No action funded under this [*contract/task order/grant/CA*] will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE) duly signed by the Bureau Environmental Officer (BEO).

As part of its initial Work Plan, and all Annual Work Plans thereafter, the contractor/recipient, in collaboration with the USAID COR/AOR and MEO, REA or BEO, as appropriate, shall review all ongoing and planned activities under this [contract/task order/grant/CA] to determine if they are within the scope of the approved Regulation 216 environmental documentation.

At least one Negative Determination with Conditions, with sub-awards. An Initial Environmental Examination (IEE) [*(insert IEE # or hyperlink, if available)*] has been approved for [*the Activity*] funding this [*RFA/RFP/contract/task order/grant/cooperative agreement (CA)*]. The IEE covers activities expected to be implemented under this [*contract/task order/grant/CA*]. USAID has determined that a Negative Determination with Conditions applies to one or more of the proposed actions. This indicates that if these actions are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The [*offeror/applicant/contractor/recipient*] shall be responsible for implementing all IEE conditions pertaining to actions to be funded under this [*solicitation/award*].

As part of its initial Work Plan, and all Annual Work Plans thereafter, the contractor/recipient, in collaboration with the USAID COR/AOR, and MEO, REA, or BEO, as appropriate, shall review all ongoing and planned actions under this [*contract/task order/grant/CA*] to determine if they are within the scope of the approved IEE.

If the contractor/recipient plans any new actions outside the scope of the approved IEE, the contractor/recipient shall inform USAID in writing of these changes. No such new actions shall be undertaken prior to receiving written USAID approval.

When the approved IEE contains one or more Negative Determinations with Conditions, the [*contractor/recipient*] shall:

- Prepare an environmental mitigation and monitoring plan (EMMP) for each proposed action under the Negative Determination with Conditions in the IEE, describing how the contractor/recipient will, in specific terms; implement all IEE conditions that apply within the scope of the award. The EMMP format is attached. The EMMP shall include monitoring the implementation of the conditions and their effectiveness.
- Integrate a completed EMMP into the initial work plan.
- Prepare an Environmental Compliance Report (ECR) at the end of the year or as per reporting requirements of the contract. The ECR shall be based on the monitoring of mitigation measures using Table 3 of the EMMP.
- A revised EMMP must be completed and approved in subsequent Annual Work Plans, making any necessary adjustments to implementation in order to minimize adverse

impacts to the environment.

A provision for sub-awards is included under this award. Therefore, the [*contractor/recipient*] will prepare an EMMP for each proposed sub-award, except those that qualify for a categorical exclusion. In the case of a categorical exclusion, [*contractor/recipient*] shall complete and submit for USAID approval table 1 of the EMMP (Environmental Review Form- ERF). In order to ensure the funded proposals will result in no adverse environmental impacts. Implementation of sub-awards shall not begin prior to USAID written approval of the corresponding EMMP. The contractor/recipient is responsible for ensuring that mitigation measures specified in the EMMP are implemented."

Additional language to include for RFAs/RFPs
USAID anticipates that environmental compliance and achieving optimal development outcomes for the proposed activities will require environmental management expertise. Respondents to the [RFA/RFP] shall include as part of their [application/proposal] their approach to achieving environmental compliance and management, to include:

- The respondent's approach to developing and implementing an EMMP.
- The respondent's approach to providing necessary environmental management expertise, including examples of past experience of environmental management of similar activities.
- The respondent's illustrative budget for implementing the environmental compliance activities. For the purposes of this solicitation, [offerors/applicants] should reflect illustrative costs for developing the EMMP and environmental compliance implementation and monitoring in their cost proposal.

Contract Officers will use the Annex document listed in ADS 204.5 "Environmental Compliance: Language for Use in Solicitations and Awards: An Additional Help for ADS Chapter 204," dated May 19, 2008, for including appropriate compliance language in all solicitations and awards.

Annex A: Guidelines for Implementing Partners on the USAID LAC Environmental Mitigation and Monitoring Plan (EMMP)

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Annex A

Guidelines for Implementing Partners

USAID/Latin American and Caribbean Bureau (LAC) ENVIRONMENTAL MITIGATION and MONITORING PLAN (EMMP) [1]

November 19, 2015

A. Background

All activities funded by USAID must conform to its environmental procedures outlined in 22 CFR 216, which require Initial Environmental Evaluations (IEE) to ensure that "environmental factors and values are integrated into the USAID decision-making process" and that "the environmental consequences of USAID-financed activities are identified and considered by USAID and the host country prior to a final decision to proceed and that appropriated environmental safeguards are adopted".

All USAID activities and programs funded through USAID's Latin America and the Caribbean (LAC) Missions are issued an Environmental Threshold Decision (ETD) by the Bureau Environmental Officer (BEO) pursuant to the IEE as per 22 CFR 216.3(a)2. One category of Threshold Decision is the Negative Determination (22 CFR 216.3(a)3), which is given to projects that are not "found to have a significant effect on the environment" when certain conditions are in place. In LAC, the development of an Environmental Mitigation and Monitoring Plan (EMMP) is often one of the conditions set forth in the Negative Determination. The EMMP ensures compliance with 22 CFR 216 by identifying and mitigating environmental effects of USAID activities and by meeting any other conditions specified in the applicable ETD. It is also used for any sub-award activities where the specific actions of sub-award are not yet identified at the time of award. In addition, Table 3 of the EMMP form can be used as a Mitigation and Monitoring Plan for Environmental Assessments (EA).

Activities carried out by implementing partners (IPs) of USAID/LAC Missions include a range of discrete activities under various awards that will likely have a risk for significant environment effects. Examples include activities such as infrastructure refurbishment or medical waste management. This EMMP procedure will provide for both the screening for environmental risk, the preparation of a mitigation plan and reporting on monitoring of these mitigation measures. Gender and persons with disabilities are also considered as social impact factors in the development of a mitigation plan as these have a direct bearing on the type and kind of mitigation measure to be prescribed. Global Climate Change (GCC) and its impact on the project, as well as the project's to exacerbate GCC is also a consideration within the EMMP process. Finally, the EMMP is an effective tool for applying USAID's Sector Environmental

[1] This replaces all previous Environmental Mitigation Plan and Report (EMPR) forms

Guidelines to an activity or program which has been developed as per 22 CFR 216.3(a)3(iii). (http://www.usaidgems.org/sectorguidelines.htm).

The EMMP initially categorizes activities into three risk categories: No Risk, Medium Risk, and High Risk. Those with No Risk can continue without further review upon completion of the Table 1 screening form and review and approval of the risk analysis by the Agreement/Contract Officer's Representative (AOR/COR) and the Mission Environment Officer (MEO). The EMMP typically deals with those activities at Medium Risk (*see Figure 2*). Those with High Risk must be reconsidered for the need of an EA. Risk is further defined in section C1 below.

All awardees that receive a Negative Determination with Conditions ETD will be required to fill out an Environmental Mitigation and Monitoring Plan (as attached) per activity type that includes:

1. Narrative (Justification/Background, Baseline Information/Existing Conditions, Description of Activities, and Social Considerations sections must be completed at a minimum).

2. The Environmental Screening Form (Table 1),

3. The Environmental Mitigation Plan (Table 2), and

4. The Environmental Monitoring Table (Table 3).

AOR/CORs, Activity Managers, and Implementing Partners can work with the USAID MEO to ensure that environmental effects are sufficiently identified and mitigation actions are agreed upon, including clear guidance on the procedures for GCC and social considerations, where fitting.

B. Timing of EMMP

All solicitations for activities that fall within the NWDC will included this document as part of the solicitation package as per the ADS 204 annex regarding solicitation language. As per direction outlined here and in the Environmental Considerations section of all solicitation, potential applicants must present a draft EMMP with their submission. This is important as the funding for mitigation implementation identified in Table 3 must be incorporated in the applicant's proposal budget. The draft EMMP can also serve as a criteria for selection by the Technical Evaluation Committee reviewing proposals.

Once the IP is chosen, a revised initial EMMP is submitted by the applicant or contractor to the AOR/COR at the time the initial work plan is submitted. **The MEO, and the Regional Environmental Advisor (REA) must approve this EMMP before work can commence.** For sub-awards, the awardee is required to fill out the EMMP and submit it for approval to the Chief of Party (COP). The COP then submits the EMMP for review and final approval to the

AOR/COR and MEO. **Implementation of activities shall not occur until final approvals of the EMMPs are received.**

A format for this initial EMMP can be seen in attachment 1; it includes:

1. An initial screening process using the "Environmental Screening Form" (Appendix 1, Table 1) to assure the activity is at the Medium Risk Level.

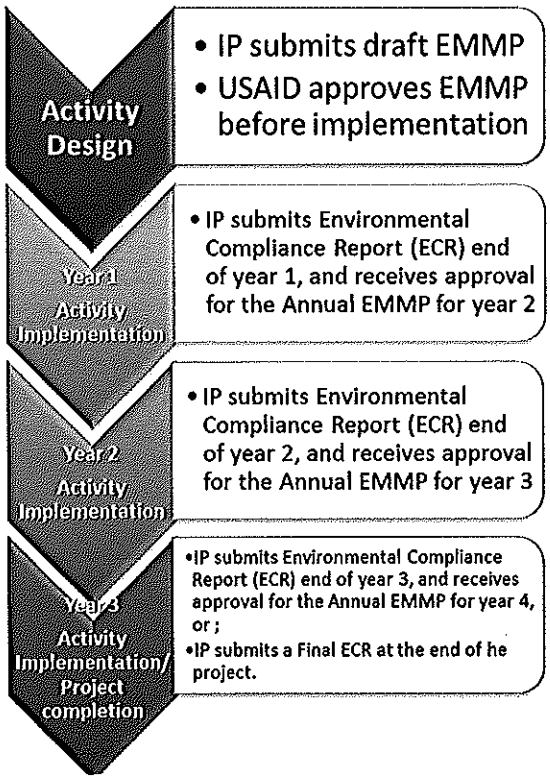
2. The identification of potential impacts and related mitigation measures using the "Environmental Mitigation Plan" (Appendix 1, Table 2) for each sub-activity.

3. The Environmental Monitoring Table (Appendix 1, Table 3) includes the necessary mitigation measures to be monitored, the monitoring indicators, who will conduct the monitoring, and when will the monitoring occur. Table 3 also includes a monitoring chart that documents who conducted the monitoring and the effectiveness of the mitigation measures.

At the end of each year of implementation, the EMMP is resubmitted with the same information as provided initially, along with a report reflecting the status of implementation and effectiveness monitoring of the identified mitigation measures using the "Environmental Monitoring Table" (Appendix 1, Table 3). This serves as the Annual Environmental Compliance Report (ECR) required by most implementing mechanisms.

Results from the ECR are subsequently incorporated into a revised EMMP that shall be submitted to the AOR/COR for approval by the MEO/REA that reflects any new activities in the activity's second year along with any changes to mitigation measures based on the prior year's

Figure 1: Timeline of reporting requirements for the Environmental Mitigation and Monitoring Plan (EMMP)



monitoring. This process of submitting the EMMP monitoring report at the end of the year, together with a reyised EMMP that reflects the following year's work plan, is repeated each year until the close of the activity (See Figure 1).

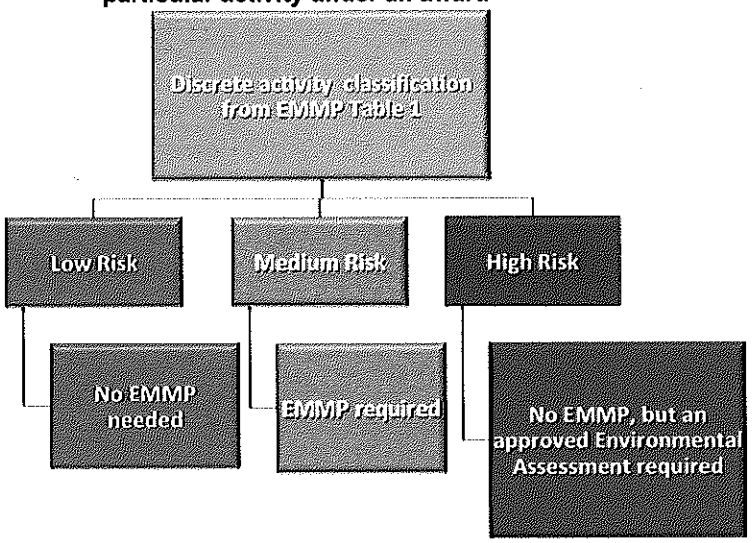
C. Initial Environmental Mitigation and Monitoring Plan

1. Classification of Level of Risk

Different activities under an award can have varying levels of risk for environmental effects and therefore require different courses of action (Figure 2). No-risk activities, classified under "a" below, do not require the development of an Environmental Mitigation Plan (Table 2) or an Environmental Monitoring Table (Table 3) and could be covered under a Categorical Exclusion (22 CFR 216.2(c)). The AOR/COR should consult with the MEO to determine if the action in question has already received an Categorical Exclusion or if one must be requested from the BEO. Activities identified as Medium-risk ("b") require the IP to screen those potential environmental effects and develop a plan to mitigate them. High-risk activities ("c") include activities that have irrevocable change and/or cannot be mitigated by the implementation of industry standards, best management practices, or design specific implementation standards and, therefore, are considered to have significant environmental effects that will require an EA (22 CFR216.2(d)).

Figure 2 below depicts a schematic of required action based on the level of risk of a particular activity under an award. Note: all sub-award activities are required to have an EMMP completed. If all questions on Table 1 are checked No, then the sub-award activity falls under the low risk category and implementation could start directly without further analysis, pending approval of the work plan by the AOR/COR and MEO.

Figure 2: Schematic of required action based on the level of risk of a particular activity under an award



a). Discrete activities that do not require mitigation plans (No-Risk):

An illustrative list of no-risk discrete activities where no mitigation reporting is required includes:

- Education or training, unless it implements or leads to implementation of actions that impacts the environment (such as construction of schools or use of pesticides)
- Community awareness initiatives
- Controlled research/demonstration activities in a small area
- Technical studies or assistance (unless actions include agriculture and pesticides)
- Information transfers

If there is a risk that the actual implementation of subjects learned during training could adversely affect the environment (e.g., training on agricultural techniques), the training is

expected to include as part of its curriculum, an analysis of environmental effects a plan for mitigation. Mitigation measures such as Good Agricultural Practices/Best Management Practices would need to be identified for use in training as a mitigation measure and listed in Table 2 of the EMMP.

Many discrete activities under an agreement will fall between the two extremes of low and high risk and may cause some significant environmental effects that can be avoided or mitigated with proper planning. For these activities, the IP will be responsible for completing the EMMP on an annual basis.

c) Discrete activities that cannot be supported (High-Risk):

Under USAID's Environmental Procedures, if there is a proposed action that may have significant environmental effects, an approved EA is required prior to its implementation (22 CFR 216.2(d)1). In the case of pesticide use, a Pesticide Evaluation Report and Safer Use Action Plan (PERSUAP) will be prepared by the partner and approved by the LAC BEO (22 CFR 216.3 (b)). Such activities include, but are not limited to:

- Agricultural, livestock introduction or other activities that involve forest conversion
- Resettlement of human populations
- Construction of water management systems such as dams or impoundments
- Drainage of wetlands
- Introduction of exotic plants or animals in protected areas
- Permanent modification of the habitat supporting an endangered species
- Industrial level plant production or processing (this does not include community or regional plant nurseries aimed at restoring areas after fires, for example)
- Installation of aquaculture systems in sensitive water bodies including rivers, lakes, and marine waters (not land-based fish ponds)
- Procurement of timber harvesting equipment, including chainsaws
- Use of restricted use pesticides (insecticides, herbicides, fungicides, etc.)
- Large-scale reconstruction in un-degraded lands, such as within protected areas
- Large-scale new construction (over 1,000 meters^2)
- Timber harvesting, or cutting of trees over 20 cm diameter breast height related to forest management or for commercial products.
- Construction of penetration roads and/or reroutes

d) Cumulative effects

Even though individual activities may be considered medium risk, when those activities are analyzed in terms of other USAID actions and/or other non-USAID actions that are

likely to occur, cumulative effects must be considered and may require the development of an EA.

e) Extraordinary circumstances

Certain extraordinary circumstances must be considered and may require an EA. These include

- impacts to sensitive terrestrial or aquatic areas (see question 14)
- impacts to unique cultural or historical features (see question 28)

2. Environmental Screening Form

The Environmental Screening Form (Appendix 1, Table 1) contains information relevant to the potential environmental effects over the life of activity with regard to natural resources, the environment, and human health. If items in Column "A" of the Environmental Screening Form are checked "YES", then items for monitoring and mitigation are to be specified in the "Environmental Mitigation Plan" (Appendix 1, Table 2). The Environmental Mitigation Plan simply outlines the plan of action for mitigation of potential environmental effects. If all Column A is checked "NO", then Tables 2 and 3 are not required to be completed and the activity can begin **upon approval from the COR/AOR and MEO**. When all of Table 1 questions are checked "NO", the MEO must ensure that the activities listed in the "Description of Activities" narrative section truly will not cause impacts to the environment. The MEO must also ensure that all of the actions for the activity are listed in the Narrative and that each action is covered in Table 1.

For reference on mitigation information on a wide variety of discrete activities, refer to the USAID/GEMS Sector Environmental Guidelines. http://www.usaidgems.org/sectorGuidelines.htm. Illustrative sector-specific guidelines also include: WHO guidelines for handling and disposal of medical waste, "Low-Volume Roads Engineering: Best Management Practices Field Guide (Keller and Sherar, 2003)" and the World Wildlife Fund Agriculture and the Environment, A WWF Handbook on Agricultural Impacts and Better Practices (Clay, 2004).

D. Annual Environmental Compliance Report

As per terms and conditions of all awards with USAID, each implementing partner is expected to submit an Annual Report, which normally requires an ECR. If an EMMP has been developed, it should be used to fulfill this requirement. The ECR should contain information relevant to the potential environmental effects over the life of a discrete activity under an award and includes: a) a copy of the initial EMMP completed during the initial activity planning (reference Section B

above); b) the prescribed mitigation measures using the "Environmental Mitigation Plan (Appendix 1, Table 2)"; and c) synthesized data on these mitigation measures collected throughout the year and tracked in the "Environmental Monitoring Table (Appendix 1, Table 3)". As it is often difficult to quantitatively measure progress of complex mitigation measures, it is necessary to include inserted digital photos (with relevant maps) to describe progress of mitigation activities.

E. Sections of the EMMP

1. EMMP Coversheet
2. EMMP Narrative (to be filled out with activity specific information). NOTE: details for each of the actions to be implemented must be listed in the "Description of Activities" section of the Narrative.
3. Appendices:
    1. Environmental Screening Form (Table 1)
    2. Environmental Mitigation Plan (Table 2)
    3. Environmental Monitoring Table (Table 3)
    4. Photos, Maps, Level of Effort

Reference: February 8, 2007; L. Poitevien (USAID/Haiti), M. Donald (USAID/Dominican Republic), E. Clesceri (USAID/Washington). Guidelines for Implementing Partners on the USAID Haiti Environmental Mitigation Report.

Guidelines for Implementing Partners
USAID/LAC ENVIRONMENTAL MITIGATION and MONITORING PLAN (EMMP)

Appendix 1:

A. Coversheet for ENVIRONMENTAL MITIGATION and MONITOR PLAN (EMMP)

USAID MISSION DO # and Title: _____

Title of IP Activity: _____

IP Name: _____

Award Number: _____

Funding Period: FY_____ - FY_____

Associated IEE/ETD: _____

Life of Activity Funding (US$): _____

Report Prepared by: Name:_____ Date: _____

Date of Previous EMMP: _____ (if any)

Status of Fulfilling Mitigation Measures and Monitoring:

Yes	No	
___	___	Initial EMMP.
___	___	Annual EMMP.

USAID Mission Clearance of EMMP for XXX Activity:

Contract/Agreement Officer's Representative: _____ Date: _____

Mission Environmental Officer: _____ Date: _____

Regional Environmental Advisor: _____ Date: _____

B. Environmental Mitigation and Monitoring Plan Narrative

1. Background, Rationale and Outputs/Results Expected:

Provide a brief summary of the activities under consideration and expected results.

2. Environmental Baseline:

   Describe the existing condition of the area of the activity. This should include a description of/baseline information on the natural and physical resources that could potentially be effected by the activity. Provide information on the existing infrastructure, roads, agricultural systems, etc. if relevant to the activity. Succinctly describe location, site details; surroundings (include a map, even a sketch map). Include information on any "unique or extra-ordinary" resources that are within the activity area such as wetlands, critical habitat, etc. Include information on the existing climate trends and conditions such as how might environmental conditions change due to climate change for the life of the activity and expected lifespan of the interventions? Describe how the activity will involve men and women whose actions during the life of the activity may have a direct effect the environment. Methodologies for data collection and analysis for gender-sensitive implementation and monitoring of activities are encouraged.

3. Activity Description/Specific Actions to be implemented:

   Provide both quantitative and qualitative information about actions to be undertaken during the activity (e.g. specific actions of construction-size, location, and type of materials to be used, etc.), types of agriculture production (full till mechanized, organic etc.), how the intervention will operate, and any connected activities that are required to implement the primary activity (e.g., road to a facility, need to quarry or excavate borrow material, need to lay utility pipes to connect with energy, water source or disposal point or any other activity needed to accomplish the primary one but in a different location). If various alternatives have been considered and rejected because the proposed activity is considered more environmentally sound, explain these.

   Example:

   > New construction of a 900 square meter youth center located in XXX town and is 70 meters from the River XXX. Construction will be of block and cement with rebar reinforcing. Construction will include a new two-stall toilet and sinks using town water source from pipes. A 20 square meter biodigester will be used to capture waste and methane gas piped to the youth center kitchen for use as cook fuel. Biodigester will be underground and built of concrete by molds. Electrical wiring for the youth center will be installed with the power source by solar panels on the zinc roof and batteries/electrical circuits located attached to the center in a closed and locked storage room.

   Activities with sub-awards require a specific EMMP for each award.

4. Evaluation of the Potential for Environmental Effects (Tables 1 and 2):

As a component of conducting environmental screening and developing the Environmental Mitigation Plan (Appendix 1, Table 2), briefly summarize environmental effects that could occur before, during, and after implementation, as well as any problems that might arise with restoring or reusing the site, if the facility or activity were completed or ceased to exist. Explain direct, indirect, and cumulative effects on various components of the environment (e.g., air, water, geology, soils, vegetation, wildlife, aquatic resources, historic, archaeological or other cultural resources, people and their communities, land use, traffic, waste disposal, water supply, energy, climate change adaptation, climate change mitigation, etc.). Indicate positive impacts and how the natural resources base will be sustainably improved.

For example, any activity that increases human presence in an area, even temporarily, will increase noise, waste, and the potential for hunting, timber harvesting, etc.

5. Environmental Mitigation Actions (Tables 2 & 3):

For the Initial EMMP, summarize the mitigation measures in the "Environmental Mitigation Plan" (Table 2) and briefly describe how these measures will be monitored in the "Environmental Monitoring Table" (Table 3). Ensure that Table 3 includes the cost of implementing and monitoring each of the mitigation measures listed.

For the Annual EMMP, describe the effectiveness of mitigation measures based on monitoring. For example:

a) What mitigation measures have been put in place? How is the success of mitigation measures being determined (i.e., indicators)? Explain if and why the mitigation measures are not working or not effective? What adjustments need to be made?

b) What is being monitored, how frequently and where, and what action is being taken (as needed) based on the results of the monitoring?

6. Social Considerations

Gender equality is a USG-wide priority and USAID has, and will continue to a take a lead role in that effort. Integrating gender considerations into all stages of planning, programming, and implementation of development assistance is not only a legal mandate; it is an essential part of effective and sustainable development. The Automated Directive System (ADS) 201 sets out specific requirements to help ensure that appropriate consideration is given to gender as a factor in development planning at the Development Objective and the Intermediate Results level of Development Objectives all the way down to the activity level. This programming policy includes clear guidance on the procedures for gender integration where determined to be appropriate.

Additionally, the USAID Disability Policy Paper (http://pdf.usaid.gov/pdf_docs/PDABQ631.pdf) sets out specific requirements to help ensure that appropriate consideration is given to persons with disabilities as a factor in development planning at the Development Objective and the Intermediate Results level of Development

Objectives all the way down to the activity level. Therefore, gender and persons with disabilities considerations are included in the EMMP checklist to ensure activity implementation adheres to agency priorities and mandate. Additional information can be found at the following website: http://www.usaid.gov/sites/default/files/Guide_How_Integrate_Disability_Gender_Assessments_2010.pdf.

Ultimately, consideration of social issues helps avoid significant environmental effects (see 216.3 (a)(3)(iii)). Environmental mitigation measures should be specifically designed to take in account social issues such as gender and persons with disability, thus ensuring greater success of the mitigation measure and greater long-term sustainability of the activity. The impacts and roles of women and children should be also taken into consideration when completing Table 2 regarding environmental (social) impacts and designing mitigation measures.

7. Climate Change Integration

Climate change impacts all areas of development and is often considered both a threat and a driver to many activities that USAID supports. Good climate change integration is part of good activity design. In addition, Executive Order 13677: "Climate-Resilient International Development" encourages integration of the Agency's GCC Initiative (GCC) of mitigation and adaptation principles throughout its portfolios. Therefore, GCC impacts (to the activity and from the activity implementation) shall also be considered. Actions that would minimize GCC impacts shall be included in the list of mitigation activities to be implemented.

Appendix 1. Environmental Screening Form (Table 1)

Name of Activity:_____ Implementing Partner:_____ Award Number:_____ Date:_____ Relevant IEE/ETD #_____		Column A Yes	Column B No	Column C If answered yes to Column. A. Is it a high risk or medium risk	
				High Risk	Medium-Risk
INFRASTRUCTURE (Buildings, roads, WASH, etc.)					
1	Will the activity involve construction and/or reconstruction/rehabilitation of any type of building? For new construction, if less than 1,000 m2 = medium risk, if greater than 1,000 m2 = high risk.[1]				
2	Will the activity involve building penetrating roads, road rehabilitation and maintenance or other road related infrastructure (drainage, bridges, etc..)? If penetrating road construction/rerouting = high risk[2], if repair/rehabilitation (improving drainage, resurfacing of existing roads) = medium risk.				
3	Will the activity involve construction or rehabilitation of water and sanitation infrastructure (irrigation systems, potable water, water harvesting, septic systems etc.). Potable water systems require testing for bacteria, arsenic and other heavy metals.				
4	Will the activity involve construction or rehabilitation of any other infrastructure such as landfills, incinerators, energy infrastructure, etc.				
5	Will the infrastructure activity cost more than US $500,000[3]? If YES, approval of a USAID Engineer is required as mitigation measures in Table 2. Additionally, compliance with FAA 611 is required (please consult with the mission legal advisor).				
6	Does the activity require adherence to national building code or other national regulatory standard? Mitigation measures in Table 2.				
7	Does the activity require local planning permissions (i.e				

	zoning, building permits, etc.)				

	BIOPHYSICAL				
8	Will the activity involve the purchase, use, plans to use, or training in the use of pesticides[4] (including bio pesticides like neem)?				
9	Will the activity involve changes in water quality (pollution, sedimentation, stagnation,, salinization, temperature change, etc.)				
10	Will the activity affect surface or groundwater quantity				
11	Will the activity involve training and/or implementation of agricultural practices/production including animal husbandry?				
12	Will the activity involve aquaculture systems?				
13	Will the activity involve the use or disposal of hazardous materials (used engine oil, paint, varnish, lead-based products, fluorescent light bulbs/mercury, batteries, asbestos or other hazardous or special management waste)? Consider effects to both the biophysical environment and human health.				
14	Will the activity involve implementation of timber management[5],extraction of forest products, clearing of forest cover, and/or conversion of forest land by cutting of trees >20cm diameter at base height (DBH)?				
15	Is the activity in or near (within 50m[6]) any sensitive terrestrial or aquatic areas including protected areas, wetlands, critical wildlife habitat (including nesting areas), and threatened or endangered species?				
16	Will the activities proposed generate airborne particulates (dust), liquids, or solids (i.e. discharge pollutants) or potentially violate local air standards?				
17	Will the activity create objectionable odors?				
18	Will the activity occur on steep slopes (greater than 15%)?				
19	Will the activity contribute to erosion?				
20	Will the activity change existing land use in the vicinity?				
21	Is the proposed activity incompatible with land type (i.e., annual crops on steep slopes, infrastructure on poorly drained soils)?				
22	Will the activity affect unique geologic or physical features?				
23	Will the activity have potential effects to inhabitants, natural landscapes, or flora/fauna downstream from the activity site?				

24	Will the activity have a direct or indirect effect, or include actions with mangroves, coral reefs and other marine/coastal ecosystems?				
GLOBAL CLIMATE CHANGE					
25	Are activity activities or outcomes vulnerable to changes in the weather or climate such as changes in precipitation patterns, increased temperatures or sea level rise?				
26	Does the activity's activities exacerbate climate change vulnerabilities (i.e., drought, flooding, decrease water supply)?				
27	Will the activity create greenhouse gas emissions from decomposing waste, burning of organic matter, or use of fossil fuels etc. (consider duration and scale)				
SOCIO ECONOMIC					
28	Will the activity contribute to displacement of people, housing or businesses?				
29	Will the activity affect indigenous peoples and/or unique cultural or historical features?				
30	Will the activity expose people or property to flooding?				
ENVIRONMENT & HEALTH					
31	Will the activity create conditions encouraging an increase in illness, diseases, or disease vectors (waterborne, STDs or other)?				
32	Will the activity generate hazards or barriers for pedestrians, motorists or persons with disabilities?				
33	Will the activity involve the use, storage, handling or disposal of syringes, gauzes, gloves and other biohazard medical waste?				
34	Will the activity expose workers to occupational hazards?				
35	Will the activity increase existing noise levels?				
GENDER[7]					
36	Does the activity activity inhibit the equal involvement of men and women?				
37	Do the activity results disproportionately benefit/impact men and women?				
OTHER					
38	Does the activity/activity involve a sub-award component?[8]				
39	Is an operations and maintenance plan required? (for all type of infrastructure, equipment, road rehabilitation, or water and sanitation action = Yes)				

RECOMMENDED ACTION *(Check Appropriate Action)*:	*(Check)*

(a)	The activity has no potential for significant effects on the environment. No further environmental review is required (Categorical Exclusion). No further action required.	
(b)	The activity includes mitigation measures and design criteria that if, applied will avoid a significant effect on the environment (Negative Determination with Conditions). EMMP Required.	
(c)	The activity has potentially substantial or significant adverse environmental effects, therefore, an EA is required before activity implementation (Positive Determination). NOTE: if any question is marked as High Risk, an EA is required and Tables 2 and 3 of the EMMP do not need to be completed.	
(d)	The activity has significant adverse environmental effects that cannot be mitigated. Proposed mitigation is insufficient to eliminate these effects and alternatives are not feasible. The activity is not recommended for implementation. *For sub awards, do not fund.	

[1] Construction activities need to be reviewed for scale, planned use, building code needs and maintenance. New construction having a footprint larger than 1000 meters^2 or 10,000 feet^2 is considered large scale and high risk. Some small construction activities, such as building an entrance sign to a park, may require simple mitigation measures whereas larger buildings will require more extensive review and monitoring.

[2] New construction of roads are considered high risk and will require a full environmental assessment of the planned construction, i.e. a Positive Determination. Any reroutes of a road or trail longer than 100 meters is considered a high risk. Reroutes within a protected area, nearby a water source/wetlands, and/or archaeological site are considered a high risk.

[3] Pursuant to FAA, section 611, Completion of Plans and Cost Estimates.

[4] The purchase of packaged store pesticides are included. The planned procurement and/or use or training on the use of pesticides will trigger the need to develop an amended Initial Environmental Examination that meets USAID pesticide procedures (Pesticide Evaluation Report and Safer Use Action Plan or "PERSUAP") for the activity.

[5] Any activities that involve the commercial harvesting of trees or converting forests is considered high risk and will require a full environmental assessment of the activity (i.e. Positive Determination). The reference to cutting trees of greater than 20cm dbh is for actions related to forest management and commercial forest products and not for individual trees being cut for construction or non-commercial purpose.

[6] Less than 50meters is based on best practices from US Federal and State regulations.

[7] A positive response to gender questions require follow up only when there are other positive responses on questions, and an EMMP is developed.

[8] If the Activity includes a sub-award component, each sub-awardee shall be required to prepare an EMMP prior to implementation of the sub-award.

Appendix 2. Environmental Mitigation Plan (Table 2)

Enter the Question/Row # of the potential negative effects with check marks in Column A (Table 1) and complete table below for mitigation measures to reduce or eliminate the issue. In the Sub-Activity or Component Column, list the main actions to be implemented. Under each action, list the tasks (Steps) that are needed to implement this action.

	Name of Activity:_____ Implementing Partner:_____ Award Number:_____ Date:_____ Relevant IEE/ETD #_____		
# of the question from Table 1	**Action or component with the different tasks required to implement the action.**	**Description of Environmental Effect**	**Environmental Mitigation Measures***
1	Component - Construction and maintenance of latrine		
	Step 1- design		
	Step 2- location		
	Step 3- purchase of materials		
	Step 4- build latrine		
	Step 5- site clean-up/disposal of construction waste		
	Step 6- use of latrine/operations and maintenance		
9	Component – Purchase and construction of a water storage system		

	Step 1		
	Step 2		
	Step 3		
	etc.		

* Please be as specific as possible. Sample mitigation measures are located in the USAID Sector Environmental Guidelines or other pertinent guidelines, see http://www.usaidgems.org/sectorGuidelines.htm. Details on exact monitoring plan are illustrated in Table 3, Environmental Monitoring and Evaluation Tracking Table.

Appendix 3. Environmental Monitoring Table (Table 3)

Award Number:
Activity Name:
Implementing Partner:
Location Name:
Nearby Communities:
Senior Activity Manager:
Monitoring Period:
Date:

	Description of Mitigation Measure (same as in Table 2)	Responsible Party for implementing and monitoring mitigation measures	Monitoring Methods			Estimated Cost of implement-ing mitigation measures and monitoring	Results			Recommended Adjustments
			Indicators of implemen- tation and effective- ness of indicators	Methods	Frequency		Dates Monitored	Problems Encountered	Mitigation Effectiveness	
1							1			
							2			

							3			

Appendix 4. Photos, Maps, Level of Effort