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Subject: Annual Program Statement (APS) No APS-688-13-000001
Integrated Rural Program to Improve Nutrition and Hygiene in Mali

Pursuant to the authority contained in the Foreign Assistance Act of 1961, the United States Government as represented by the United States Agency for International Development (USAID) in Mali seeks to expand its Nutrition and Water, Sanitation and Hygiene (WASH) programming in Mali. This program is in response to the humanitarian crisis evolving from a complex emergency as well as the long term development challenges in Mali and aims to build resilience for optimal health outcomes, especially of women and children.

The purpose of this Annual Program Statement (APS) is to solicit innovative concept papers from international and local organizations that are positioned to introduce or bolster a nutrition and/or water, sanitation and hygiene component of their program. This is a two stage application process consisting of the submission of an initial concept paper and then, upon invitation by USAID, the submission of a full application as detailed in Section 2.

This APS will be open for a period of one year, with up to two (02) rounds after the first mentioned above and in accordance with the submission dates in Section 2. Under this APS, USAID intends to fund grants and cooperative agreements ranging from $450,000 to $10,000,000, with a minimum period of performance of two (02) years and maximum length of five (05) years if starting as early as o/a October 1, 2013. Depending on funds availability, the total amount to be awarded for this program is $20,000,000, with a maximum of $2,500,000 available in year 1. USAID Mali anticipates awarding multiple grants and/or cooperative agreement as a result of this APS; USAID reserves the right to fund any or none of the applications submitted.

Issuance of this APS does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for any costs incurred in the preparation and submission of any application. In addition, final award(s) of any resultant grant or agreement cannot be made until funds have been fully appropriated, allocated and committed through internal USAID procedures.

Concept papers and questions shall be submitted by email by the due date specified above to the following: bamakoaao@usaid.gov.

Sincerely,

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Acronyms/Abbreviations

ASC: Community Health Agents (in French: Agent de Santé Communautaire)
BCC: Behavior Change Communication
CBOs: Community-Based Organizations
CLTS: Community Led Total Sanitation
(in French ATPC: Assainissement Total Piloté par la Communauté)
CMAM: Community-based Management of Acute Malnutrition
CSCOM: Primary Health Center (in French: Centre de Santé Communautaire)
CSOs: Civil Society Organizations
FBOs: Faith-Based Organizations
FEWS NET: Famine Early Warning Systems Network
FtF: Feed the Future
GHI: Global Health Initiative
GoM: Government of Mali
HIHS: High Impact Health Services
IPC: Integrated Food Security Phase Classification
IPC: Interpersonal Communication
IRP: Integrated Rural Program
IYCF: Infant and Young Child Feeding
KAP: Knowledge, Attitudes and Practices
M&E: Monitoring and Evaluation
MAM: Moderate Acute Malnutrition
MCH: Maternal and Child Health
MOH: Ministry Of Health
NGOs: Non-Governmental Organizations
NTD: Neglected Tropical Diseases
SAM: Severe Acute Malnutrition
SBCC: Social and Behavioral Change Communication
USAID: United States Agency for International Development
WASH: Water Sanitation and Hygiene

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SECTION 1 – FUNDING OPPORTUNITY DESCRIPTION

1.1 PROGRAM CONTEXT

The primary purpose of the Integrated Rural Program to Improve Nutrition and Hygiene in Mali (IRP) is to improve the nutritional status of women and children under two years of age through the implementation of integrated water, sanitation, hygiene and nutrition activities at the community level. While significant advances have been made in Mali over the past 10 years, undernutrition remains an obstacle to development especially for the most vulnerable. Following a high level National Nutrition Forum organized by the Government of Mali (GoM) in June 2010, a new National Nutrition Policy was developed and adopted in January 2013 paving the way forward for a national and regional multi-sectoral response to this high priority issue including a new high level coordination by the creation of a National Nutrition Council (CNN), under the leadership of the Minister of Health (MOH)[1]. Based on these GoM led efforts, the USG collaborated closely with the GoM to develop Feed the Future (FTF) and Global Health Initiative (GHI) strategies with nutrition as a high level priority linking both health and agriculture programming in Mali. In May 2012, data from the Famine Early Warning Systems Network (FEWS NET) showed that at least three livelihood zones reached Integrated Food Security Phase Classification (IPC) three (Crisis Level) while many of the more southern regions remained at IPC two (Stressed). Several aggravating factors are also contributing to a deteriorating nutrition situation in northern Mali including insecurity, market disruptions and displacement which could lead to IPC phase 4 indicating an emergency situation.

USAID has identified target districts in Koulikoro, Sikasso, Segou and Mopti where other USG and donor investments can be maximized to support the GoM in their objective to halve acute malnutrition and reduce chronic undernutrition by two thirds for children under 5 years of age by 2021. Specific USAID/Mali objectives include the reduction of global acute malnutrition rate below 10 percent in four priority districts where the Mali Resilience Strategy will be implemented: Nara district in Koulikoro region, and Djenne, Youwarou and Mopti districts in the Mopti region. The Mali Resilience Strategy targets the most vulnerable households and communities in target agro-pastoral districts, and aims at bringing the missions' technical teams and programs (i.e. FTF, GHI, GCC) to layer, integrate and sequence humanitarian and development assistance efforts in order to build long-term resilience. While the IRP's primary program focus will be on the prevention of chronic and acute undernutrition, the recent food security and political crises in Mali will also necessitate programming to address the immediate nutritional needs of the most vulnerable communities in priority districts identified by WASH and Nutrition partners as part of the Humanitarian Cluster System and partner coordination mechanisms (i.e. Partenaires Techniques et Financiers). It is expected that programs which propose emergency related responses include a clear plan for linking emergency related responses to development activities to ensure long term sustainable approaches to improving nutrition resiliency in target areas. The IRP will also be expected to support capacity/systems strengthening efforts at the community level where feasible. It is also highly encouraged to engage civil society and the private sector organizations that are most suitable to implement activities outlined in this APS.

1.1.1. Background

Mali is a landlocked country located in West Africa. Most of its 478,839 sq. mile land mass is in the Sahara desert. With a Muslim-majority population of 14.5 million (est. 2009) and a GNI per capita of US$580, Mali remains ranked 175 of 181 countries on the United Nations Human Development Index[2]. Poverty, defined as the percentage of the population living on less than

[1] Politique Nationale de de Nutrition . Republique du Mali.
[2] UNDP 2011. Human Development Report 2011. http://hdr.undp.org/en/statistics/

$1.25 a day, affects approximately half (52%) of the population[3]. Of the 14,517,176 people living in Mali, 90% of the population lives in southern third of the country and 80% of the population relies on agriculture as their primary livelihood and source of income[4].

Education levels are also very low in Mali; only 17% of women and 37% of men are literate with much higher rates in urban areas relative to the rural majority. Mali's maternal and child health (MCH) indicators, while improving in recent years, still remain among the worst in the world. Maternal and under-five child mortality rates are estimated at 464 per 100,000 (17th worst in the world) live births and 191 per 1,000 live births (5th worst in the world), respectively[5]. Chronic undernutrition, or stunting, affects nearly 40% of the population nationally with pockets well over 50%; the effects of which can hamper child physical growth, cognitive development and adult productivity.

- ***Health Situation***

Mali has one of the highest population growth rates in the world at 3.6% as of 2009 with a fertility rate of 6.7 births per woman and a modern contraceptive prevalence rate for women of reproductive age of only 9.2%[6]. Nearly half of the population is under the age of fifteen and two-thirds are below twenty-five years of age. Women's nutrition is critical to the life cycle of child undernutrition and requires access to and utilization of health services. In Mali, only 35% of pregnant women complete the recommended four antenatal visits, half (56%) of births are delivered with a skilled attendant and/or in a health center and 18% of women receive the recommended 90 days of iron folate supplementation. Child illnesses also contribute to and/or are a consequence of undernutrition. In Mali, malaria, diarrheal diseases and acute respiratory infections are the leading contributors to child deaths, each contributing about 20% to overall child mortality. Poor water quality and hygiene behaviors and lack of sanitation are major contributors to diarrhea in Mali where forty-four percent of rural communities have access to improved water sources compared to 81% in urban communities. Coverage of improved sanitation has been less successful to date with 45% coverage in urban areas, falling to 32% in rural areas[7]. Improved water sources are those defined as more likely to be safe, but even water from improved sources often becomes contaminated during transport to and storage in the home, so the coverage figures underestimate the number of people who are drinking unsafe water.

- ***Overview of Nutrition Situation in Mali***

While overall rates of chronic and acute undernutrition have declined over the past few years, they remain a major concern in Mali especially in light of the current complex emergency – food insecurity, displacement and political instability. Rates of underweight among under five years have steadily declined from 33.2% in 2001 to 26.7% in 2006 and 20% in 2011; stunting has also declined over time from 42% in 2001 to 38% in 2006, and 27% in the 2010[8] national surveys. Undernutrition rates remain slightly higher in boys than in girls. Wasting rates were at 15.2% in 2006 and though more recent surveys show rates near 10.9%, recent food shortages in some areas of the country are expecting significant increases in overall numbers of children requiring treatment. Wasting rates, based on the 2006 DHS, are similar over all wealth quintiles, while stunting rates are as high as 44% among the lowest quintile compared to only 13% in the highest quintile. On a regional basis, the highest rates of stunting are seen in Sikasso (45.2%),

[3] World Bank Statistics: http://data.worldbank.org/indicator/SI.POV.DDAY/countries?display=default
[4] Recensement General de la Population et de l'Habitat du Mali 2009.
[5] State of the World's Children 2011, UNICEF, 2011. http://www.unicef.org/sowc2011/statistics.php
[6] Multiple Indicator Cluster Survey - Mali, UNICEF, 2010.
[7] UNICEF/WHO Joint Monitoring Programme, 2010 http://www.wssinfo.org/fileadmin/user_upload/resources/1278061137-JMP_report_2010_en.pdf
[8] Multiple Indicator Cluster Survey, UNICEF. 2010

Timbuktu (43.9%) and Mopti (40.9%) while wasting rates are very high in the northern agro-pastoral and pastoral.

On January 26, 2012, the US Ambassador to Mali declared a food security disaster in Mali based on a determination that anticipated food shortages in 2012 will exceed the capacity of the host government to respond and are of sufficient magnitude and interest to warrant U.S. Government assistance. Following this initial declaration, a Complex Emergency[9] was declared on March 12, 2012 following increased activity from the rebel movement in the north. On March 21, 2012 a military putsch overthrew the civilian government in Bamako and arrested regional civilian authorities, leading to a political crisis and increased insecurity and isolation in the north. Insecurity associated with the rebel campaign in the north has led to significant population displacement and has aggravated the pre-existing complex emergency. Despite improvements in humanitarian access, insecurity in the north remains a challenge. Security incidents, including acts of affecting civilians, continue to be reported. As of 15 March 2013, internally displaced persons (IDPs) were estimated at 270,765. Malian refugees in neighboring countries are estimated at 176,777.

By April 2013 the situation indicates that despite favorable rainfall and above-average crop production in 2012 and 2013, populations in southern Mali continue to recover from the 2011 drought emergency. Many vulnerable households were forced to take out loans; sell productive assets, such as small livestock and agricultural tools; and migrate to find work to feed their families. Moreover, localized flooding in 2012 destroyed crops in some areas, and IDPs in southern Mali continue to strain host household resources. International Committee of the Red Cross (ICRC) and other relief agencies estimate that most households will likely require at least two years to fully recover from the 2011 drought, while the UN estimates that up to 500,000 people in southern Mali could be at risk of food insecurity in 2013. Vulnerable households in particularly food insecure and/or drought-affected pockets of southern Mali will likely require food assistance in 2014.

However, overall, favorable harvest conditions and the ongoing provision of humanitarian assistance have resulted in ample food availability and market stability in most areas of southern Mali, according to FEWS NET. The World Food Program (WFP) is assisting approximately 135,000 people in the South—mostly Internally Displaced Populations (IDPs) and host family members—through food aid distributions, while WFP and other partners continue to assist the most vulnerable households to recover from 2011 and 2012 drought conditions and flooding. Additionally, longer-term food security initiatives continue to support agriculturally productive regions of southern Mali, which is helping the recovery of drought-affected populations while facilitating local procurement of food used in humanitarian assistance programs. For example, to date in 2013, farmers and traders supported by the US Government's Feed the Future initiative have sold more than 4,500 metric tons (MT) of cereals and legumes to WFP through its local purchases operation—one of its largest this year—through its Purchase for Progress program. To date, WFP has purchased a total of 22,000 MT of food locally and plans to expand purchases as local market conditions permit.

On 25 February 2013, the final report of the 2012 SMART survey conducted in the southern regions of the country was released. The results show that the prevalence of acute malnutrition (8.9%) and chronic malnutrition (29.1%) has reached the alert threshold at the national level according to WHO guidelines. The results reveal that 210,000 children under 5 years are at risk of severe acute malnutrition (SAM), and 450,000 at risk of moderate acute malnutrition (MAM).

[9] Complex emergencies combine internal conflict with large-scale displacements of people, mass famine or food shortage, and fragile or failing economic, political, and social institutions. Often, complex emergencies are also exacerbated by natural disasters. WHO.

- ***Causes of Undernutrition in Mali***

The causes of undernutriton are complex and multi-faceted linking to the availability and access of diverse and quality foods (including but not limited to the current food crisis), care practices at the household level and a variety of illnesses related to health, water and sanitation services[10]. The specific barriers to good nutrition in Mali vary by region and context; however, it is evident that three major causes are present across the country in varying degrees, depending on the local context, and are identified in the USAID/Mali FTF results framework and the casual framework for nutritional outcomes in Mali (See Annexes A and B). They include:

FtF IR 6 Access to diverse and quality foods
FtF IR 7 Nutrition (and hygiene) related behaviors
FtF IR 8 Utilization of maternal and child health and nutrition services

FtF IR 6 Access to diverse and quality foods

In resource-poor environments such as Mali, low quality monotonous diets are the norm. Dominated by grain based staple foods and diets that lack vegetables, fruits and animal-source foods, risk for a range of micronutrient deficiencies is high for the entire population, especially children and women. Dietary diversity for both women and children directly influences micronutrient adequacy[11] and children's nutritional status[12]. Evidence in Mali shows that only 6.7% of children 6-23 months consume a minimum acceptable diet[13] and 16.3% consume a diet of minimum dietary diversity[14,15]. In an ideal care-taking environment, starting at six months of age all children should move from exclusive breastfeeding to a combination of breast milk and an introductorion of complementary foods (solid/semi-solid foods). In Mali only 29% of children 6-23 months are introduced to these foods from 6-8 months of age. The lack of timely introduction of these foods directly correlates to disproportionate levels of wasting (~27% from 6-11 months) and contributes to stunting which peaks at 18-23 months, a result of inadequate dietary intake and illness over a substantial amount of the child's life. In addition to the timely introduction of foods, the quality of the "first foods" is also important. Cereal-based complementary foods, widely used in Mali, while ideal as a starting food are generally poor in nutrient density including total energy, protein quality and micronutrients. Only 21% children receive animal source foods (meat, fish, poultry and eggs).

Food consumption patterns are influenced by a variety of factors including the type and quantity of food produced at the home, choices on food purchased with income and, in some areas, food that is available through relief work or donations. Cereals are by far consumed the most frequently and a large part is directly consumed from a household's own production[16]. Complements to the cereal base are primarily purchased with cash and/or credit. The availability and accessibility of these products is due to a combination of factors including economic (i.e. lack of cash, credit, assets, inter-household resource allocation, price volatility of staples and livestock on local and regional markets), social (i.e. tradition, culture, gender dynamics, etc.), environmental (i.e. distance, agro-ecological zone, etc.), time (i.e. women's labor burden, division of labor, etc.) barriers and most often a combination.

[10] UNICEF Causal Framework, 1990.
[11] Dietary Diversity as a Measure of the Micronutrient Adequacy of Women's Diets in Resource-Poor Areas: Results from Five Countries FANTA-2, 2009. http://www.fantaproject.org/publications/wddp_countries2009.shtml
[12] Arimond, Mary and Ruel, Marie T. Dietary Diversity Is Associated with Child Nutritional Status: Evidence from 11 Demographic and Health Surveys. J. Nutr. October 1, 2004 vol. 134 no. 10 2579-2585 - *Food Consumption and Nutrition Division, International Food Policy Research Institute (IFPRI), Washington, DC 20006*
[13] *Minimum acceptable diet: Proportion of children 6–23 months of age who receive a minimum acceptable diet (apart from breast milk). MAD is a composite indicator including minimum dietary diversity, frequency of feeding and continued breastfeeding. WHO 2010.*
[14] *Minimum dietary diversity: Proportion of children 6–23 months of age who receive foods from 4 or more food groups.*
[15] DHS 2006
[16] EBSAN 2009

FtF IR 7 Nutrition (and hygiene) related behaviors

Specific nutrition-related behaviors remain a contributor to child undernutrition in Mali where education, social norms, intra-family food allocation, cultural practices, extended family dynamics and gender relations play contributing roles. Accessing diverse and quality foods is important, but not sufficient as seen through experience in Mali. For example, Sikasso, the most productive agriculture region in Mali, has some of the highest rates of undernutrition in the country. Known as "The Paradox of Plenty", this situation points out that increased production does not always lend to improved nutrition outcomes. In addition, it highlights the critical roles of behaviors (health, nutrition, hygiene, and care seeking) and household decision-making on nutritional outcomes.

Poor breastfeeding and complementary feeding practices, such as seen in Mali, are well documented to increase risk of morbidity and mortality for young children. Evidence globally indicates that there is a statistically significant risk associated with not breastfeeding for all causes of mortality and incidence of diarrhea among infants 6 to 23 months. While the majority of Malian women breastfeed their children, *exclusive* breastfeeding rates remain some of the lowest in the world at 38% in 2006, declining to 20.4% in 2010[17]; further increasing the risk of potentially fatal childhood illnesses with the early introduction of other unsterile liquids and foods. Complementary feeding practices, as discussed above, are also crucial to good nutrition. According to the 2006 DHS, only 7% of households fed their children a minimally acceptable diet which includes factors not only related to access, but continued breastfeeding, timing of introduction and frequency of feeding.[18]

The global literature strongly links diarrhea and undernutrition, including the strong correlation demonstrated between stunting and access to latrines in Mali's 2006 Demographic and Health Survey (DHS). "An estimated 50% of this underweight or malnutrition is associated with repeated diarrhea or intestinal nematode infections as a result of unsafe water, inadequate sanitation or insufficient hygiene"[19]. A national study in 2009[20] showed that a significant increase in height/age was associated with access to potable water; indicating a strong correlation with water and hygiene related behaviors, and diarrhea, defined as three or more loose stools in 24 hours, affected more than 13.3% of children. A 2009 report in the Mopti region showed that over one-third of children had a bout of diarrhea in the preceding two weeks. Diarrhea was the cause of 19% of child mortality in Mali in 2008 (over 19,000 children)[21]. While access to potable water has witnessed significant improvement in the last 20 years, access to improved sanitation facilities remains low, especially in rural areas where only 32% of the population has access[22]. WHO estimates that 88% of diarrhea is caused by unsafe water, lack of sanitation, and poor hygiene behaviors, and is thus preventable with well-established interventions[23]. Correct, consistent, and sustained practice of key improved hygiene behaviors such as proper handwashing with soap, improved sanitation and treating drinking water and storing it safely in the household have been shown to reduce diarrhea rates by 47%[24], 36%[25] and 30-50% respectively[26].

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[17] Multiple Indicator Cluster Survey, UNICEF, 2010.
[18] Minimum Acceptable Diet, DHS 2006
[19] United Nations Water Global Annual Assessment of Sanitation and Drinking, 2010. http://www.unwater.org/activities_GLAAS2010.html
[20] EBSAN 2009
[21] WHO World Health Statistics, 2010 http://www.who.int/healthinfo/statistics/mortality_child_cause/en/index.html
[22] UNICEF/WHO Joint Monitoring Programme, 2010 http://www.wssinfo.org/fileadmin/user_upload/resources/1278061137-JMP_report_2010_en.pdf
[23] WHO/UNICEF, State of the World's Children 2008 http://www.unicef.org/sowc08/
[24] CURTIS AND CAIRNCROSS, *EFFECT OF WASHING HANDS WITH SOAP ON DIARRHOEA RISK IN THE COMMUNITY: A SYSTEMATIC REVIEW.* LANCET, 2003.
[25] Waddington H, Snilstveit, White H, Fewtrell L (2009). Water, sanitation and hygiene interventions to combat childhood diarrhoea in developing countries.
[26] Clasen T, Roberts I, Rabie T, Schmidt W, Cairncross S. *Interventions to improve water quality for preventing diarrhoea* (A Cochrane Review). The Cochrane Library, Issue 3, 2006.

FtF IR 8 Utilization of maternal and child health and nutrition services

Access to (supply of) health services in Mali are primarily provided by a severely strained public system. 1000 primary health centers (CSCOM) form the base of the health service pyramid. CSCOMs are tasked with delivering a minimum package of basic preventative, curative, social and promotional services, including malnutrition prevention and treatment services. The CSCOM network covers 87 percent of the population. CSCOMs are community owned and operated and a critical service delivery site for health and nutrition activities. Approximately 20,000 community-based volunteers "relais" provide health education, screening and referral at the community level, driving demand for CSCOM services. In 2010, a new level of para-professional, Community Health Agents (referred to as ASC in French), worked in outposts in villages with geographic barriers to accessing CSCOMs. These ASCs will be key to improving coverage of treatment services for malnutrition. Ninety percent (90%) of physicians practice in urban areas, leaving only about 200 public sector and 30 private sector physicians serving rural areas. The registered private practices and hospitals handle about 10% of first consultations and 23% of second. Traditional healers also play an important role in care seeking.

Utilization of (demand for) nutrition services remains low due to cultural, financial and geographic barriers, as well as poor quality of care. In a survey on clinical pathways for care seeking, approximately 20% of Malians responded to a health problem by either self-medicating (through pharmacies or natural herbs) or seeking care through an untrained provider such as a traditional healer. Interestingly, 63% of Malians sought no care at all in response to a recognized health problem. With respect to nutrition care seeking, awareness of undernutrition as an illness requiring medical attention is low, which reduces demand for clinical nutrition services. Additionally, adherence to malnutrition protocols by CSCOM personnel is low, in part due to poor training and supervision, and in part because of frequent stock outs of essential medicines related to treatment (supplemental or therapeutic foods, for example). Until recently the MOH protocol was highly medicalized, requiring referral to the district hospital for any complicated cases. This further dissuaded caretakers from seeking care for any but the most severely malnourished. Recent updates to national policies and protocols address some of these issues through task-shifting and community-based management of acute malnutrition, but these policy changes are not yet operationalized at the community level and supervision capability around these new protocols is weak.

1.1.2 USAID Program Overview

- *The Global Health Initiative:*

U.S. Government (USG) assistance to Mali is predicated on local ownership and leadership. The GHI provides a strategic framework through seven investment principles including: focus on women, girls and gender equality; encouragement of country ownership and investments in country-led plans; sustainability through health systems strengthening; strengthening and leveraging key multilateral organizations, global health partnership and private sector engagement; increased impact through strategic coordination and integration; improved metrics, monitoring and evaluation; and promotion of research and innovation. Mali's Strategic Objective under the GHI is *Sustained improvements in health through increased utilization of high impact services and healthy behaviors.*

Within the GHI, USAID/Mali receives approximately 90% of the USG health resources and implements a "High Impact Health Services" (HIHS) program of interventions proven to decrease child and maternal morbidity and mortality. The program is focused in 36 of the country's 60 health districts, covering 70% of the population.

USAID/Mali's health portfolio is designed to fulfill the GHI strategic objective to improve the health status of Malians and support Mali in reaching its Millennium Development Goals #4 (Child Health), #5 (Maternal Health), #6 (Infectious Disease Control), and #1 in conjunction with the FTF initiative.

- *Feed the Future Initiative (FtF)*

FTF is the comprehensive global hunger, food security, and poverty reduction initiative launched in 2010 by the U.S. Government. It invests in country-owned plans that support results-based programs and partnerships to promote inclusive agriculture sector growth and improve nutritional status, especially of women and children. It also features cross-cutting priorities of gender equality and expanded opportunities for women and girls, as well as environmentally sustainable and climate resilient agricultural development integrated into all FTF investments. Other key principles include strengthening strategic coordination, leveraging the benefits of multilateral organizations, and delivering on sustained and accountable commitments. Mali was selected as a focus country for FTF because of its adoption of both the Comprehensive African Agricultural Development Program Compact and the Development Strategy and Investment Plan, as well as because of its high levels of under nutrition and rural poverty.

The Feed the Future initiative is based on the twin goals of increasing agricultural growth and improving nutritional status, especially for women and children. The USAID/Mali FTF program will support a set of interventions under each of these pillars that will sustainably increase agricultural productivity and competitiveness of smallholders, improve the functioning of markets and trade as well as increase access to diverse and high-quality diets, improve nutrition-related behaviors and increase usage of maternal and child health and nutrition services. Targeting areas within three initial regions of Mali (Sikasso, Mopti, and Timbuktu, as well as two districts in Segou[27]), USAID will support social and behavioral change communication (SBCC) activities to promote healthy behaviors as a key component of the FtF strategy. The behavior change component of FtF strives to implement a "no missed opportunities" approach, using both traditional health and non-traditional platforms such as agriculture and financial service agents to communicate behavior change messages to people where they work or live. Further, community mobilization and health service strengthening activities will be supported to continue to augment prevention services and ensure that high quality treatment for nutrition-related illness is available and accessible to the community.

The roll-out of these two U.S. Government initiatives provides an unprecedented opportunity to leverage and integrate our humanitarian and development resources into new investments that recognize the centrality of women and children to both the short and long-term health and well-being of families and communities.

- *Resilience Strategy*

The goal of USAID/Mali's Resilience strategy is to mitigate the impact of recurrent shocks on vulnerable populations. It targets the very poor and most vulnerable people and households who are the most impacted by drought, high food prices, and other cyclical shocks common in the Sahel. USAID/Mali's resilience program will be considered a success if vulnerable populations in target intervention zones require less humanitarian assistance when recurrent crises occur.

The resilience program will be implemented in three districts in Mopti – Youwarou, Mopti and Djenné – and one district in Koulikoro - Nara. These are areas where drought-related food insecurity is more frequent, the acute malnutrition rate is high, and there are on-going USAID

[27] *Target areas are subject to change based on security levels and additional gaps identified with other partners.*

interventions. Without concerted efforts to build resilience in these zones, one can anticipate the need for humanitarian assistance in the years to come. A single intervention touching vulnerable populations, or a multitude of uncoordinated assistance, will not suffice. A multi-sectoral, coordinated approach is required. All the technical teams are expected to layer, integrate and sequence humanitarian and development assistance efforts in target zones in order to build long term resilience. This approach can and should be implemented wherever the Mission intervenes, but it will be required for community health and livelihood programs in our target zones.

In the target zones where this resilience strategy and approach will be applied, the Mission identified the following projected results:

- 20 percent reduction in the depth of poverty (the minimum amount of resources that need to be transferred to the poor to push them out of poverty);
- 20 percent reduction in the number of severe and moderately hungry households; and
- A global acute malnutrition rate that is reduced to, or maintained at, 10 percent.

1.2. PROGRAM GOAL, AREAS AND EXPECTED RESULTS

1.2.1 PROGRAM GOAL

This APS solicits applications that support the goal to *improve nutritional status of women and children*, with a special emphasis on building resilience through the prevention and treatment of undernutrition while targeting the first 1000 days of a child's life (conception – 24 months of age) through three main categories of intervention.

1: Increase access to and consumption of diverse and quality foods
2: Improve nutrition and hygiene-related behaviors
3: Increase utilization of high impact nutrition and WASH promotion and treatment services

The program will support the nutrition continuum of availability, access and utilization of diverse and high quality foods, associated care seeking and improved nutrition and hygiene practices, or fill gaps in this continuum in specific geographic locations (Food Security, Nutrition and WASH Clusters, and Resilience). Applicants shall propose intervention zones that are part of the target health districts below. USAID recognizes that there are many approaches one can take to achieve this objective; therefore, this APS is open to a range of projects.

1.2.2 Program Areas

This APS seeks projects using integrated approaches that consist of a strong assessment of the causal pathway linked to undernutrition in the targeted areas and reflect the cultures, context, social networks, and key issues within targeted communities. In line with FTF and GHI, and Resilience strategies, this APS is aimed at ensuring that a *comprehensive set of activities* that contribute to improved nutrition outcomes is available and accessible by communities. Wherever possible, proposed activities should build on existing platforms, evidence-based program approaches, tools and other resources. USAID will not support the development of anything duplicative. The three major program areas of availability, access and utilization are not mutually exclusive and thus applicants are expected to identify how their proposed activities will offer and/or contribute to a full set of nutrition activities that will achieve the expected reductions in chronic and acute undernutrition. *As USAID is seeking to build on and fill in gaps of existing platforms, applicants should clearly articulate the entire scope of nutrition-related interventions in the intervention area and the expected contributory role of USAID's funding.*

Applicants are requested to propose activities that will contribute to the achievement of the objectives in the areas identified in this section. Interested parties are encouraged to submit applications based on sound Mali or sub-regional evidence and experience.

Target Geographic Health Districts

REGION	HEALTH DISTRICT	USAID Strategic Focus
Koulikoro	Nara	GHI, Resilience
Sikasso	Sikasso	GHI, FTF
	Bougouni	GHI, FTF
	Koutiala	GHI, FTF
	Kignan	GHI, FTF
	Kadiolo	GHI, FTF
Ségou	Niono	GHI, FTF
Mopti	Mopti	GHI, FTF, Resilience
	Bandiagara	GHI, FTF
	Bankass	GHI, FTF
	Tenenkou	GHI, FTF, Resilience
	Youwarou Djenne	GHI, FTF, Resilience GHI, FTF, Resilience

In the target districts, the most important and direct target groups will be pregnant and lactating women and their children under two years of age. *The Lancet* Nutrition Series established a solid base of evidence on the importance of aiming prevention of undernutrition on the "development window of opportunity", between conception and two years of age, when children are growing most rapidly, are most vulnerable to growth faltering and are most responsive to nutrition interventions. This time period is also critical for long-term improvements in education and productivity: studies demonstrate that investing in improving nutrition during this short timeframe in early life will result in greater educational attainment and reduced poverty decades later.

Program Area 1: Increase access to and consumption of diverse and quality foods

Result Area 1.1: Increase small scale production and processing of diverse and quality foods

In addition to cash crop production for sale, many agrarian families also invest in production for consumption, to minimize the need to use precious cash to meet day-to-day food requirements. Small-scale food production at the community and household levels plays an important role in household consumption of nutrient-rich diverse foods. Most often considered a supplementary food production system to larger agricultural activities; these food production mechanisms can serve two primary purposes: 1) to improve access to nutritious foods, primarily non-staple crops throughout the year and, 2) to improve income at the household level to access additional household needs (i.e. health services, food at markets, etc.). Small-scale food production has been shown to improve dietary quality among children in Tanzania, South Asia[28] and Niger[29];

[28] Brun et al. 1991 from "From Agriculture to Nutrition"

however, evidence has shown that improved nutrition only occurred when coupled with nutrition education and women centered approaches[30]. Recipients will work with villages to promote small-scale food production where it is feasible, using a gender-sensitive approach. Preference will be given to activities that target women, as providing an income stream for women has also been shown to improve nutritional outcomes in children[31],[32].

Result Area 1.2: Improve women's and men's (mothers', fathers' and grandmothers') ability to feed children diverse and quality foods

Men and women (parents and/or caretakers) have attributed a higher quality of life to the health and happiness of their children as well as increased access to incomes and/or agricultural inputs and outputs[33]. Therefore, USAID will support activities empowering parents to be able to actualize what they know to do by identifying and reducing systemic, cultural, and other barriers, and catering to motivations. The issues that motivate people to act are very personal and will as such necessitate a multi-faceted approach, catering to the differing motivations, for example of the cashless poor, the poorly nourished with disposable income, grandmothers with hard-won matriarchal status, and mothers with too many obligations and too little time, just to name a few. Activities could involve both social and normative change approaches through behavior change communication, and private sector marketing and business models.

Illustrative Indicators under this Program Area include:

- Improved diet quality and diversity;
- Dietary diversity for women and children under five is improved; and
- Change in average score on Household Hunger Index.

Program Area 2: Improve nutrition and hygiene related behaviors

Result Area 2.1: Households have adopted improved dietary and care practices

Evidence shows that the promotion of breastfeeding and behavior change communication for improved complementary feeding can have significant impacts on stunting[34]. A key to improving the practices and behaviors that will have a positive impact on nutritional status is providing effective interpersonal communication (IPC) and counseling to men, women, caretakers (i.e. grandmothers, mothers-in-law, etc.) and other decision makers at the community and household level. Nutrition-oriented communication conveyed at the household level can be reinforced through mass media to help change societal norms, as can non-traditional communication techniques such as social marketing, targeting participants along value chain, business development mechanisms, and through savings and loan associations and microfinance institutions. Multiple channels must be used to ensure behavior change is reinforced via multiple social influencers and is sustained over time. An important element to an evidenced-based behavior change communication (BCC) strategy is to measure whether the specific interventions are having an impact, not only on knowledge but also on practices.

While there are multiple behaviors that relate to nutrition outcomes, activities supported under this APS will focus on dietary quality and diversity working through non-traditional platforms in the agriculture, micro-finance and potentially education sectors, in addition to the traditional

[29] Parlato and Gottert 1996 in "From Agriculture to Nutrition"

[30] *From Agriculture to Nutrition: Pathways, Synergies and Outcomes.* World Bank, 2007. http://siteresources.worldbank.org/INTARD/825826-1111134598204/21608903/January2008Final.pdf

[31] James Tefft et al. Michigan State University 2000. Linkages Between Agricultural Growth and Improved Child Nutrition in Mali. Working Paper.

[34] For complementary feeding, this is most effective in food secure regions while in food insecure regions, positive impacts were achieved when supplemental foods were provided in addition to the education pieces. Bhutta, Z. et al. What Works? Interventions for Maternal and Child Undernutrition and Survival. Lancet, vol. 371; 2008.

health networks. Building off of years of experience with USAID and other health programs, it is clear that more needs to be done, beyond the health sector, in order to have a real impact on nutrition. Therefore, activities supported under this APS will undertake evidence-based nutrition interventions that focus on improved maternal, infant and young child feeding (MIYCF, as well as women's dietary diversity).

Result Area 2.2: Households have adopted improved key hygiene behaviors:
In 2006, the Ministry of Health in Mali conducted a study on hygiene behaviors which showed that only 11% of caregivers used soap and water to wash both hands after changing infant diapers and assisting young children using the toilet. While barriers to using potable water abound (just 45% of households surveyed had potable water within their household compounds), the availability of affordable soap, taps, and plastic water kettles for hand washing were also scarce in households and throughout public schools, bus stations, markets, and restaurants. To address the low coverage of access to improved sanitation, the National Sanitation Policy in Mali supports Community Led Total Sanitation (CLTS, or Assainissement Total Piloté par la Communauté (ATPC) in French), a methodology for mobilizing communities which focuses on behavior change, investing in community mobilization to stimulate demand instead of hardware, and shifting the focus from subsidized toilet construction for individual households to the creation of "open defecation-free" villages. Accompanying efforts to generate increased demand for sanitation, sanitation marketing approaches support the supply-side by helping identify desirable and affordable sanitation options; working with private sector providers to ensure that a range of latrine options are available in the marketplace; and facilitating the financial instruments needed to enable a household to purchase the sanitation goods and services. With USAID support, a low-cost chlorine-based household water treatment product (Aquatabs) is available nationwide, along with hygiene promotion campaigns, but behavior change needs more than just mass media messaging. In order to improve overall hygiene practices, USAID will support the development of effective behavior change strategies focusing on the three key hygiene actions in Mali's hygiene strategy of proper hand washing with soap, use of basic sanitation, point-of-use water treatment and safe storage of drinking water in the home. Activities focused on key hygiene actions should be strongly connected to all BCC activities focused on nutrition including food preparation, feeding children and conserving foods.

Illustrative Indicators for this Program Area include:

- Increased essential nutrition actions and care practices;
- Increased percentage of children 6-23 months that received a Minimum Acceptable Diet;
- Increased prevalence of exclusive breast feeding of children under six months;
- Use of nutrition promotion and treatment services improved;
- Increased % of households with soap and water at a hand washing station commonly used by family members;
- Increased % of households practicing correct use of recommended household water treatment technologies;
- Increased appropriate use of oral rehydration therapy and zinc to treat diarrheal episodes; and
- Number of communities certified as "open defecation free" as a results of USG assistance.

Program Area 3: Increase utilization of high impact nutrition and water, sanitation and hygiene (WASH) promotion and treatment services

Access and quality of maternal and child health and nutrition services are critical to achieving positive nutrition outcomes in Mali. Considerable investments have been made by USAID to support a number of activities in the target areas; however, there are some areas where additional support is required. Components related to the Mali basic package of health and nutrition services at the facility and community levels are supported through existing health portfolio programs (seehttp://www.usaid.gov/mali/global-health for more details). Any activities funded under this program area must demonstrate complementarity to the existing USAID investments in this area. Policy and upstream capacity building of the Ministry of Health will not be supported through this APS. Rather, activities envisioned through this APS will be focused on downstream activities, e.g. the implementation of policies, norms, and procedures at the community level in a high quality way that increased access and utilization of nutrition related services by the Malian population. Activities under this section should be in line with evidence based interventions[35] that are oriented to service delivery.

In addition, the applicant is expected to participate in regional coordination efforts and planning with others donors, and civil society as appropriate. A plan should be clearly laid out as to how all coordination efforts will ultimately be led by or transferred to the community level by the end of the activity.

Illustrative Indicators for this Program Area include:

- Use of nutrition promotion and treatment services improved;
- Increased hand washing with soap;
- Improved coverage of malnutrition services; and
- Increased percentage of households with a latrine.

1.2.3 RESULTS

Successful applicants are expected to achieve concrete and measurable results. Key **overall results** from this program include the following:

Indicator	**Intervention Zones**	
	+ or -	change
Prevalence of underweight children under 2	-	30%
Prevalence of wasted children under two years of age	-	30%
Prevalence of anemia among women of reproductive age	-	20%
Prevalence of exclusive breastfeeding children < 6 months	+	50%
Prevalence of children 6-23 months with minimum acceptable diet	+	275%
Increased % of households practicing correct use of recommended household water treatment technologies	+	200%
Number of communities certified as “open defecation free” as a result of USG assistance	+	600
% of households with soap and water at a hand washing station commonly used by family members	+	150%

[35] Lancet 2008

USAID will work with the successful applicants to set up a learning agenda to contribute to the global and country-specific evidence base and drive programming decisions across awardees. All awardees are expected to participate in the USAID/Mali Implementing Partner Reporting System (IPRS). IPRS is a web application developed to manage and control data gathered and reported by USAID/Mali Implementing Partners. Implementing Partners will be required to report quarterly, semi-annually, and annually on indicators in this system.

1.3 OTHER DESIGN CONSIDERATIONS

Research and Evidence-Based

There is a wealth of evidence on highly effective nutrition practices globally as well as within West Africa. Successful applications will demonstrate how the proposed activity will contribute to this evidence base, including especially evidence on how to maintain gains in nutrition after the conclusion of external funding. Monitoring systems should be designed to provide iterative feedback to continuously improve effectiveness.

Innovation and State-of-the-Art

Nutrition promotional materials and activities have been on-going in Mali for decades, but malnutrition remains a major cause of morbidity and mortality in Mali. Successful communications and promotion activities thrive on innovation, constantly striving to find new ways to increase program effectiveness. This includes the use of best practices in all stages of communications development and delivery, as well as “beyond training only” capacity building approaches. Preference will be given to applicants who demonstrate a dynamic, innovative activity, based upon robust monitoring and evaluation, and respond to opportunities and challenges that are not only based on international and regional best and promising practices, but are well-tailored to the Mali environment.

Community Centered Approach

Achieving sustained behavior change requires an approach that addresses the entire spectrum of influence and support around individual Malians, including families, their communities, and leaders. The behavior change approach should take into consideration regional differences and ethnicity of the targeted audience. Using participatory methodologies, the successful applicants will demonstrate an approach that can adapt and respond to the constraints facing individuals, avoiding a “one size fits all” approach to programming.

1.4 MONITORING AND EVALUATION

If pre-selected and requested to submit a full application, the applicants will be required to submit a monitoring and evaluation plan covering the life of the project. This plan will establish specific performance indicators and targets for the overall objectives of the proposed program and describe the establishment of monitoring systems to measure program progress against these overall objectives.

Consequently, it is expected that the applicant will consider this M&E requirement at the concept paper stage, and include an abbreviated narrative on how it will manage for results if proposed program is selected-awarded.

- End of Section 1 -

SECTION 2 –APPLICATION AND SUBMISSION INFORMATION

This is a two stage process consisting of the submission of an initial concept paper and then, upon invitation by USAID, the submission of a full application.

USAID will conduct the first review of the concept papers immediately after the due date specified on the cover letter for the first round. The due dates for the two subsequent rounds are: November 14, 2013 and March 18, 2014 if funding identified for this APS has not been fully obligated by then. If the APS becomes irrelevant for any reason or funding is unavailable, USAID reserves the right to close the APS through an amendment to the announcement on grants.gov.

2.1 ELIGIBLE APPLICANTS

Eligible organizations can include: Malian organizations, US and non-US organizations, faith-based organizations (FBO), foundations, private organizations, professional organization and or associations, non-profit and for-profit organizations willing to forego profit. Partnerships are encouraged.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. Therefore, no fee is allowed. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards, may be paid under the grant. In the absence of a properly supported indirect cost rate (i.e. by a valid audit), all costs shall be direct charges.

Also, all successful applicants must receive a positive responsibility determination from the USAID Agreement Officer prior to receiving an award. For organizations that are new to USG, a pre-award survey may be conducted to assess the applicant's management and financial capabilities. If notified that a pre-award survey is necessary, applicants must prepare, in advance, the required information and documents. A pre-award survey does not commit the U.S. Government to making an award to an organization.

2.2 PROGRAM REQUIREMENTS

Proposed activities should be conducted in Mali and should be in line with technical and programmatic priorities of USAID, especially the nutrition objectives of the United States Global Health Initiative (GHI), the President's Feed the Future (FTF) initiative, and the Resilience Strategy. Although the activities should align to the FTF initiative, the intent is to implement nutrition based health programs, as opposed to primarily agricultural programs.

Detailed information about FtF in Mali is available at: www.feedthefuture.gov/country/mali.

Proposed activities shall aim to complement existing programs or fill in programmatic gaps. Therefore, it is expected that applicants will carry out a gap analysis of on-going activities in the geographic areas in which they propose to work, and explain how their application coordinates with, integrates to, leverages, and is aligned with other efforts (without duplication).

Infrastructure projects to provide new water access and construction of household latrines will not be considered under this APS.

Cost Sharing and Leveraging: There is **no** requirement of cost share for this APS. However, cost share is encouraged. Any cost share commitment should be included in the budget. Applicants are also encouraged to identify other third parties' resources to complement the

program. Such funding may come from many sources including privately generated funds, commodities, or other resources made available by other bilateral donors, private foundations, or multilateral donors.

2.3 TYPES OF AWARDS

USAID anticipates awarding grants and cooperative agreements as a result of this APS. Grants are similar to cooperative agreements except that USAID may be substantially involved in the following areas with a cooperative agreement:

- USAID approval of the recipient's Annual Work/Implementation Plans
- USAID approval of key personnel funded under the agreement (limited to five positions) or five percent of the recipient's total team size (whichever is greater)
- USAID approval of the program's Monitoring and Evaluation (M&E) Plans, including indicators

USAID may also decide to award a Fixed Obligation Grant, which is a grant structured around the accomplishment of set milestones.

2.4 PROGRAM MANAGEMENT AND ADMINISTRATION OF AWARDS

Resulting awards to U.S. Nongovernmental Organizations will be administered in accordance with Standard provisions for U.S. Nongovernmental organizations found at http://www.usaid.gov/pubs/ads/300/303maa.pdf. Awards to Non-U.S. non-governmental organizations will be administrated in accordance with the Standard provisions for Non-U.S. Nongovernmental organizations available at http://www.usaid.gov/pubs/ads/300/303mab.pdf. Fixed Obligation Grants will be administrated in accordance with the Standard Provisions for Fixed Obligation Grants to Non-Governmental Organizations found at http://www.usaid.gov/pubs/ads/300/303mat.pdf.

2.5 Concept Paper Instructions (step 1)

Applicants are required to submit a concept paper and a summary budget per the instructions below. Electronic submissions can be sent to the address specified on the cover letter. Submission through http://www.grants.gov is also allowed.

All submissions must be received by the deadline specified on the cover letter.

The concept papers must respond to the needs identified in Section 1 of this APS which is the official source document for this solicitation. The concept papers can be written in English or French, in a standard format and each page numbered consecutively. The concept paper **should not exceed the maximum number of pages detailed below** and be presented in the following format:

1. Cover Page (one page). The cover page should include the following information:

- Solicitation Number (APS No: 688-13-000001);
- Name and address of organization;
- Type of organization (e.g., for-profit, non-profit, local organization, university, etc.);
- Contact point (lead contact name; relevant telephone, and e-mail information).
- Resources leveraged and contributed, if any; and
- Signature of authorized representative of the applicant.

2. Technical Narrative (not more than four pages). The narrative should outline the following:

- A brief background on the proposed program areas selected, the challenges in programming, including geographic range and targeted populations.
- The proposed approach, to include goals, objectives and a short description of activities to be undertaken and partnerships (if any) for the duration of the project. Describe how the proposed program and activities will contribute to improving the nutritional outcomes in the target geographic zones. Include any innovative methods or approaches and discuss how the applicant is well suited to achieve the proposed program. A discussion on how the program impacts men and women differently and how its design incorporates gender concerns should be addressed in the concept paper.
- A clear timeline and anticipated results, as well as proposed mechanisms to measure and monitor progress (a summarized monitoring and evaluation plan).
- A discussion on how the program will be sustainable shall be included.
- A description of the applicant organization's technical and administrative experience and capabilities including the staffing and a description of related work completed or on-going.

Organizations may submit more than one concept paper. Each paper may respond to one or a number of the project objectives. Note that it is not necessarily the intention of the APS to make multiple awards to a single organization.

3. Budget summary (one page budget plus one page for budget notes). The budget must clearly identify the major cost line items by year, for the full program period. The budget notes must provide information that will help determine the cost realism of the proposed concept.

Matching funds, if any, must be indicated in the budget.

2.6 Full Application Instructions (step 2)

If the initial review indicates that the concept paper merits further consideration and funds are available, USAID/Mali will request a full application. It may take up to four (4) weeks to be notified of the status of the concept papers.

Do not submit a full application unless requested to do so.

The agreement officer will provide additional instructions, technical requirements and specific evaluation criteria for the full application review-evaluation. The criteria provided below for the review/evaluation of the full application are indicative.

Please refer to www.usaid.gov/policy/ADS/300/303.pdf for governing regulations, standard provisions and required certifications that will need to be submitted as part of full application.

Applicants requested to submit a full application will be notified of the deadline for submission as part of the request.

2.7 SPECIAL CONSIDERATIONS

2.7.1 Sustainability

It is expected that successful applicants will propose approaches and strategies aiming to sustain the activities beyond USAID funding. Sustainability includes the development of

technical competence, human capacity, management systems, relationships with other relevant programs (both humanitarian and development) and financial independence. It ensures that ownership, leadership and program management build on existing programs and resources. USAID/Mali strongly encourages applicants to fully integrate the skills, capabilities and expertise of local organizations in a substantive way.

2.7.2 Government of Mali

Following the March 2012 coup d'état in Mali, the US Government legal and policy restrictions prohibit USAID, and USAID-funded activities, from working with the Malian government, at all levels, including Malian governmental organizations and institutions funded by Malian government. However, should the USG restrictions be lifted, partners will be expected to realign their activities, after a reasonable amount of transition time, to support the Malian government, governmental organizations, and institutions funded by Malian government, as appropriate for the activity being undertaken. In no way will activities in support of the Malian government be undertaken prior to the lifting of restrictions and without specific contracting/agreement officer authorization. Applicants are requested to propose a program that is in line with this requirement.

2.7.3 Rapid Start Up

USAID expects that successful Applicants will demonstrate their ability to establish operations rapidly and efficiently, through the use of implementation partners to rapidly accomplish formative research and other preparatory work, as well as collecting the baseline data needed to be able to measure program effectiveness and impact. Attempts should be made to work with local partners that have proven know-how and experience to manage effective programs in each location. Moreover, where appropriate, the recipient should use existing national, regional, and global best practices, protocols and tools to avoid a long start-up period.

2.7.4 Gender integration

Gender issues are central to the achievement of USAID's development objectives. In Mali, cultural and religious sensitivities around gender play a significant role in health and nutrition behaviors and can either hinder or promote positive behavior change for health.

The proposed approach must demonstrate a sophisticated understanding of gender and how potential imbalance with regards to gender can best be addressed in programming and propose meaningful approaches to address gender, girls' and women's empowerment, as well as constructive engagement of men.

2.7.5 USAID Disability Policy.

The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website: http://www.usaid.gov/about/disability/DISABPOL.FIN.html.

USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the

objectives of the USAID Disability Policy in performing the program under this award. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the recipient must demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

2.7.6 Environmental Compliance

Each applicant is required to address potential hazards to the environment in regards to the program implementation. The full application will contain an environmental mitigation and monitoring plan which will address the environmental concerns and the instructions below.

a) 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/policy/ads/200/*), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Applicants' environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this APS.

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

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

d) An Initial Environmental Examination (IEE) has been approved for the program to be funded from this APS and can be found in Annex C of this APS. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The applicant shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this APS.

e) As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Agreement Officer's Representative and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, will review all ongoing and planned activities to determine if they are within the scope of the approved Regulation 216 environmental documentation.

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

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

h) Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient must prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan must include monitoring the implementation of the conditions and their effectiveness.

i) The recipient must integrate a completed EMMP or M&M Plan into the initial work plan as well into subsequent annual work plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment. Cost and technical applications must reflect implementing the environmental compliance activities. USAID's general launching point for information relating to environmental assessments and guidelines are available at: http://www.usaid.gov/our_work/environment/compliance/index.html

2.7.7 Branding and Marking plan

It is a federal statutory and regulatory requirement that all USAID programs, projects, activities, public communications, and commodities that USAID partially or fully funds under a USAID grant or cooperative agreement or other assistance award or subaward, must be marked appropriately overseas with the USAID Identity. Under the regulation, USAID requires the submission of a Branding Strategy and a Marking Plan, but only by the “apparent successful Recipient,” as defined in the regulation. The Branding Strategy and Marking Plan are negotiated and finalized as part of the assistance award (see Section 641, Foreign Assistance Act of 1961, as amended; 22 CFR 226.91). These documents will specify how the recipient will ensure broad visibility for the project, USAID, and the American people, how the recipient will mark assistance delivered through the project with the USAID logo and how this assistance will be attributed to the American people. Budget for all communications and marking efforts will be included in the overall budget.

- End of Section 2 -

SECTION 3 – EVALUATION AND SELECTION PROCEDURES

USAID/Mali will establish a Technical Evaluation Committee to review and evaluate all concept papers and applications received before the deadlines. The submissions will be evaluated in accordance with the criteria detailed below.

3.1 Concept Paper Review criteria

Concept papers will be reviewed using the following criteria:

a. The extent to which the applicant demonstrates understanding of the nutritional challenges in Mali in general and for the targeted populations in particular.
b. The technical responsiveness of the concept paper; the likelihood that the proposed approach and activities will help achieve the overall objectives and results expected for this program; and the degree to which design incorporates gender concerns and ability to monitor and report on the proposed activities.
c. The demonstrated experience in the area of work and soundness of proposed management plan.
d. The extent to which the proposed budget is realistic and consistent with the proposed activities and expected results.

3.2 Full Application Evaluation criteria

Technical Approach

a. Demonstrated understanding of the issues affecting nutrition, hygiene and sanitation in Mali including use of either local, international or both examples of good practice and broad insight into Malian culture, and alignment with current national priorities and programs.
b. Technical quality of the proposed approach, including a clear set of goals and objectives. Likelihood that proposed approach and activities will help achieve the overall objectives and results expected for this program.
c. Extent to which proposed approach demonstrates ability to establish operations rapidly and efficiently, and at the same time, leverage/complement existing programs. Extent to which it links nutrition and agriculture, and how the addition of the proposed activities will result in better improvements in nutrition outcomes than the existing activities alone.
d. Extent to which the approach is inclusive of the most vulnerable populations, and links and integrates humanitarian and development assistance activities.
e. Degree to which the proposed program includes approaches to ensure that activities can be sustained beyond USAID funding.
f. Extent to which the proposed approach ensures that gender considerations are addressed and impacts on both men and women are taken into account.
g. Soundness of the implementation plan and the first year annual work plan, which outline innovative implementation approaches to reach the desired results and demonstrate a realistic schedule of performance milestones as steps towards producing the results.
h. A monitoring and evaluation plan that identifies methods to be used for measuring, collecting, tracking, reporting, and validating data over the performance period.

Management Plan

Presence of a clear plan and structure for managing the proposed program; clear roles and responsibilities of all partners and key staff.

Organization Capacity & Past Performance

a. Demonstrated institutional capacity to manage the proposed program and demonstrated appropriate experience of key staff relative to program goals and objective.
b. Positive past performance, extent to which reference of past performance indicates ability to successfully implement the proposed program.

Branding Strategy and Marking Plan

A reasonable strategy for branding and marking is articulated.

Cost Effectiveness and Cost Realism

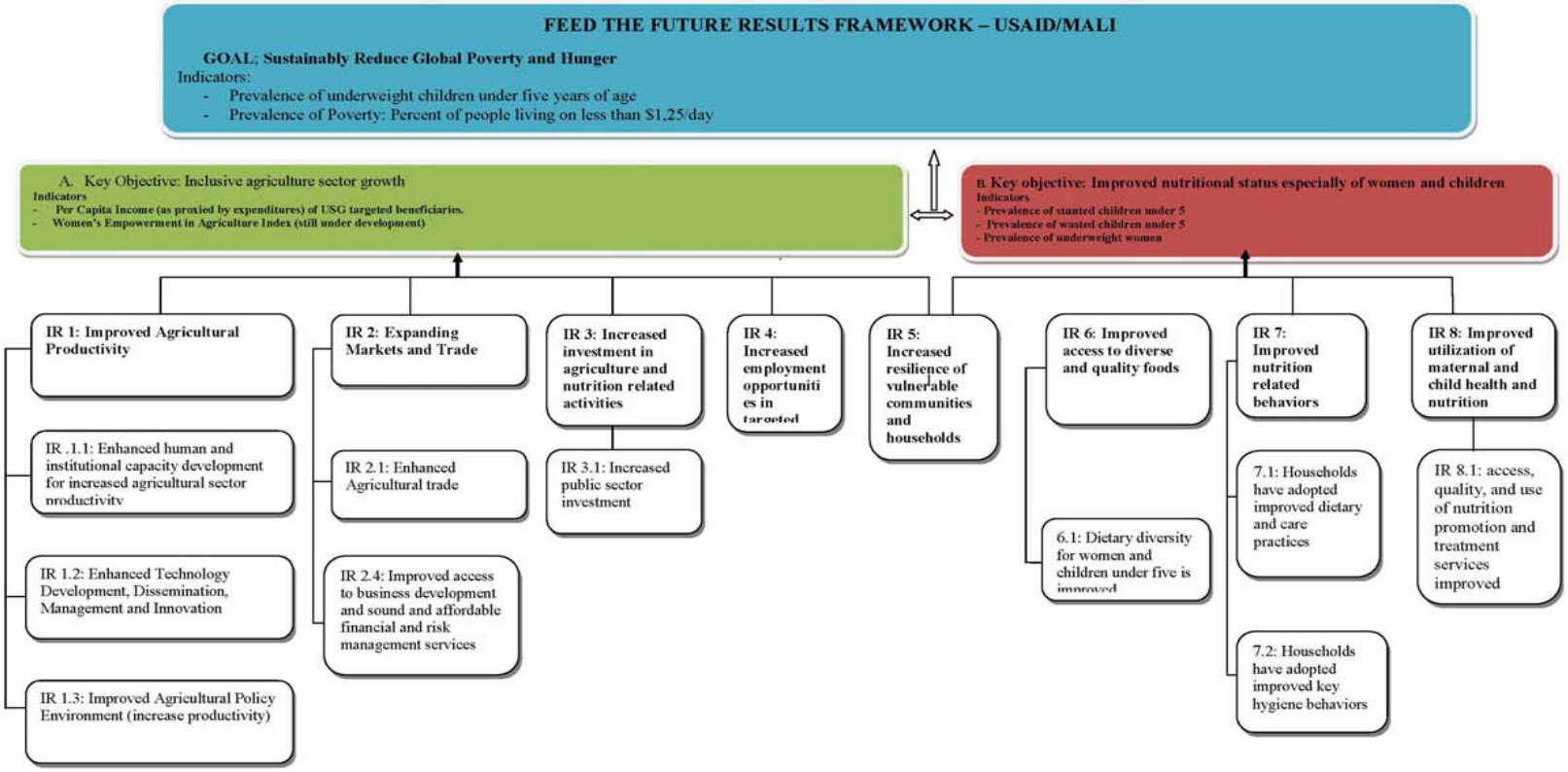
Cost is not assigned a numerical value but will be evaluated on the basis of reasonableness, and realism. Cost realism will be based on the following considerations

- Are proposed costs realistic for the work to be performed under this award?
- Do the costs reflect a clear understanding of the program requirements?
- Are the costs consistent with the various elements of the applicant's technical application?

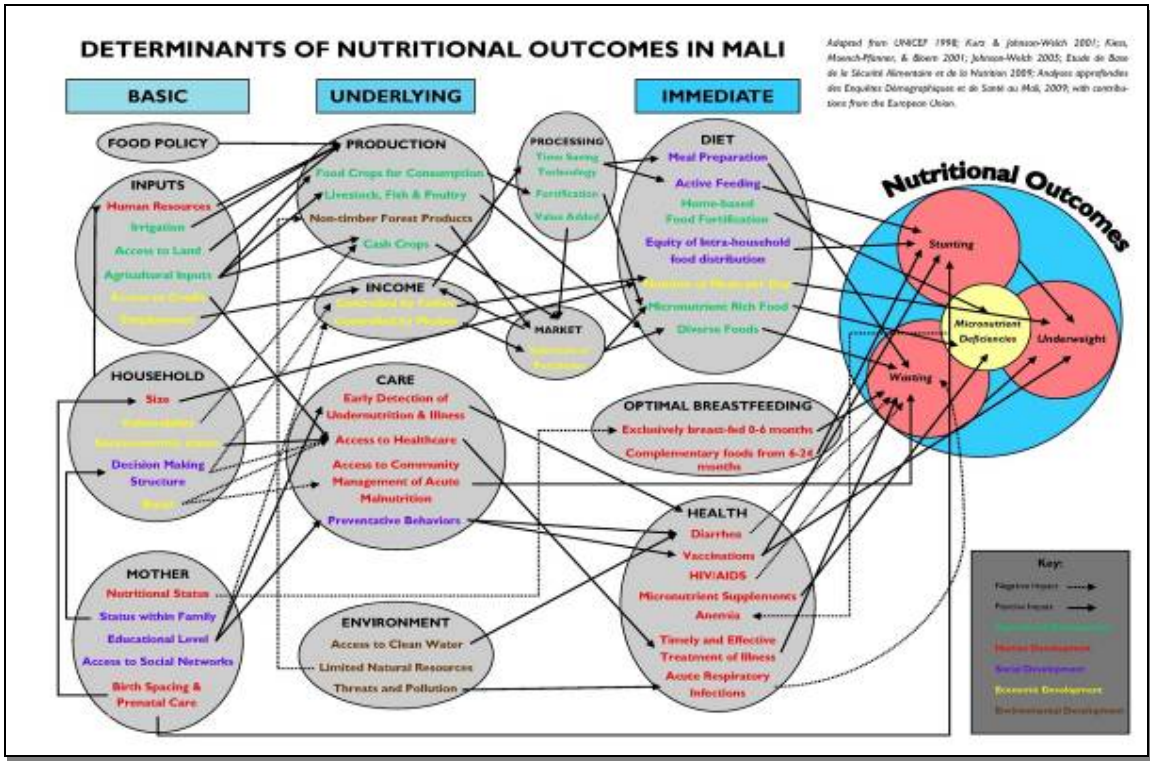
Note: Non-Federal cost sharing/leveraging will be considered in relation to the added value it represents to the overall program and sustainability but no points are assigned to it.

- End of Section 3 -

ANNEX A - USAID/MALI FTF RESULTS FRAMEWORK



ANNEX B - CAUSAL FRAMEWORK FOR NUTRITIONAL OUTCOMES IN MALI



ANNEX C – AMENDED INITIAL ENVIRONMENTAL EXAMINATION

PROGRAM/ACTIVITY DATA: IEE Number: 688-S06 (amendment #1)

Foreign Assistance Framework 3.1 Health **Country/Region:** Mali, West Africa

Functional Objective: Increased Use of High Impact Health Services

1. BACKGROUND AND PROJECT DESCRIPTION

USAID/Mali's High Impact Health Services strategy has evolved to include changes as a result of reforms, earmarks, and new Presidential initiatives that have recently been introduced, including USAID Forward, the Paul Simon Water for the Poor Act of 2005, the Global Health Initiative and its Best Practices at Scale in the Home, Community and Facilities (BEST) action plan, and the Feed the Future Initiative with a renewed emphasis on nutrition. While activities relating to Nutrition and Diarrhea Control are covered in the original IEE, new, more integrated approaches for improve health will involve activities that have not been specifically examined for their potential to negatively impact the physical or biophysical environment. These activities include small-scale agriculture and micro-irrigation, small-scale construction, and potable water supply and sanitation activities at the household and community levels.

2. COUNTRY AND ENVIRONMENTAL INFORMATION

USAID/Mali's health program is nationwide, as described in the reference USAID/Mali IEE 688-S06, but the nutrition and diarrhea control activities foreseen under this amendment are located in the geographies identified as focus areas under the Feed the Future program: Sikasso, Mopti and Timbuktu regions. The health program may expand these activities to other areas in the future.

3. EVALUATION OF PROJECT ACTIVITIES WITH RESPECT TO ENVIRONMENTAL IMPACT POTENTIAL

The activities included in this amendment include small-scale gardening, micro-irrigation, small-scale construction, and potable water supply and sanitation activities. No pesticides will be purchased with USG funds for small-scale agriculture activities. An evaluation of potential negative impacts is shown below in Table 1.

Table 1. Evaluation of Project Activities with respect to Environmental Impact Potential

Activity	Potential Impacts
Small-Scale Agriculture Activities	
▪ Construct or rehabilitate water storage facilities including cisterns, water tanks, reservoirs, etc. ▪ Construct or rehabilitate small rainwater diversion or infiltration structures (e.g., micro-irrigation, catchment dams, infiltration ditches, etc.)	▪ Destruction or degradation of natural habitat, including deforestation, desertification and drainage of wetlands ▪ Erosion and loss of soil fertility ▪ Siltation of water bodies ▪ Reduction in water quality ▪ Land, water and marine pollution from soil erosion and use of agricultural chemicals such as fertilizer or pesticides ▪ Irrigation schemes and water diversion or storage facilities that reduce water availability to maintain ecosystem services

Activity	Potential Impacts
Small-scale Construction Activities	
▪ Construct or rehabilitate water storage facilities including cisterns, water tanks, reservoirs, etc. ▪ Construct or rehabilitate small rainwater diversion or infiltration structures (e.g., catchment dams, infiltration ditches, etc.) ▪ Construct or renovate boreholes ▪ Install mechanized or manual pump systems ▪ Construct or renovate hand dug wells ▪ Construct or rehabilitate water treatment facilities (e.g., install pipes, backwash sand filters, intakes, pumps, replacement/ rehabilitation of clarifiers, power supply, and/or generators)	▪ Damage to sensitive or valuable ecosystems from construction of infrastructure, associated temporary worker dwelling, or construction storage units for personnel or equipment ▪ Removal of vegetation and/or compaction of the soil and grading of the site, altering drainage patterns and water tables, changing access to water by animals, people and vegetation, or degrading water resources ▪ Sedimentation of surface waters through removal of natural land cover, excavation, extraction of construction materials and other construction-related activities that result in soil erosion ▪ Contamination of groundwater and surface water supplies through improper disposal of human and other biological wastes during the construction period ▪ Contamination of ground and surface water supplies through improper disposal or handling of toxic materials used in construction (e.g., solvents, paints, vehicle maintenance fluids (oil, coolant), and diesel fuel) ▪ Adverse social impacts due to displacement of local inhabitants, influx of outside workers, inequitable distribution of economic benefits of construction, etc. ▪ Spread of disease through migration of construction workers from other regions or construction of a new road, especially sexually transmitted diseases such as HIV/AIDS ▪ Damage to aesthetics of site/area ▪ Improper extraction of construction materials such as wood, stone, gravel, or clay that damages terrestrial ecosystems (e.g., wood may come from relatively intact or natural forests)
Small-scale Water Supply and Sanitation Activities	
Activity	**Potential Impacts**

Activity	Potential Impacts
Water Supply ▪ Construct or renovate boreholes ▪ Install mechanized or manual pump systems ▪ Construct or renovate hand dug wells ▪ Construct or renovate connection to or extensions of networked water supply distribution systems, including installation of tap stands ▪ Construct or renovate water storage tanks ▪ Construct or renovate rainwater harvesting systems ▪ Construct or renovate spill-water drainage facilities/structures ▪ Construct or renovate cattle troughs connected to potable water systems ▪ Construct or renovate spring boxes/surface water potable water supply systems ▪ Operate water supply systems, including water treatment, upkeep and maintenance of pumps, pipes, and other infrastructure, management of fee collection, etc.	▪ Improper siting of facilities that damages or destroys natural ecosystems (within wetlands, protected areas, or other sensitive habitats, etc.) ▪ Depletion of freshwater resources (surface and groundwater) ▪ Conflict over water resource allocation ▪ Creation of stagnant (standing) water near water points that could create breeding opportunities for water-borne disease vectors ▪ Natural or human-caused biological or chemical contamination of water sources (surface and groundwater), causing increased human health risks, including: high arsenic or other mineral/chemical levels; poor management of water points and/or poor design of pipes leading to leakage and contamination of water with fecal matter, solid waste, etc.; dust particles and birds sheltering on the roof that contaminate cisterns (e.g., rainwater harvesting systems) ▪ Land use change including site alteration, road access, overgrazing (due to uncontrolled livestock populations), and expanded human settlement areas that can lead to: Soil erosion; Degradation of water quality; Altered hydrology and flooding**;** Increased deforestation**;** Damage to scenic quality and tourism
Sanitation ▪ Construct or renovate sanitation facilities (latrines or other) ▪ Construct or renovate hand washing basins, laundry facilities and/or public showers ▪ Construct or renovate wastewater drainage or conveyance networks	▪ Increased human health risks from contamination of surface water, groundwater, soil, and food by human waste and disease pathogens ▪ Degradation of stream, lake, estuarine and marine water quality and degradation of land habitats, or negative impacts to surface or groundwater quality due to inappropriate siting or construction of latrines or wastewater collection systems, or release of human waste from sanitation facilities ▪ Defecation around and not in latrines or other sanitation facilities, potentially contaminating surface water and/or shallow groundwater sources, adversely affecting both human and ecosystem health ▪ Damage to the aesthetics of the sanitation facility site (visual, smell, etc.)

4. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

Based on the analysis of potential impacts of project activities in the previous section, the recommended threshold decision is **Negative Determination with conditions** pursuant to 22 CFR 216.3 (a)(2)(iii).

Small-scale agriculture and micro-irrigation, small-scale construction, and potable water supply and sanitation activities under this program should be conducted in a manner consistent with the good design and implementation practices described in USAID's Environmental Guidelines for Small-Scale Activities in Africa (EGSSAA), found online at www.encapafrica.org/egssaa.htm.The USAID/Mali Health Team and implementing partners should closely examine these chapters, as they provide a thorough discussion of program design and implementation issues that can help avoid numerous preventable problems. Recommended mitigation actions/conditions for implementation for the activities covered by this amendment are shown below in Table 2. All other complementary activities (formative research, hygiene promotion behavior change, capacity building for operations and maintenance, etc.) are covered in the main document USAID/Mali IEE 688-S06.

Implementing partners should develop an exit strategy that describes how the community and/or local government will take over as the owner and operator of USAID-funded agriculture, irrigation, water supply, sanitation and hygiene projects. Preparation for this community or local government take-over should be clearly stated when doing initial assessment, when designing, when implementing, monitoring and evaluating a water supply, sanitation and hygiene projects, and include a component addressing environmental maintenance as per the guidelines in this IEE amendment. If necessary, implementing partners may include capacity building in environmental compliance for local communities in the workplan and budget.

Table 2. Mitigation Actions/Conditions for Implementation

Activity	Mitigation Actions/Conditions
Small-Scale Agriculture Activities	
▪ Construct or rehabilitate water storage facilities including cisterns, water tanks, reservoirs, etc. ▪ Construct or rehabilitate small rainwater diversion or infiltration structures (e.g., micro-irrigation, catchment dams, infiltration ditches, etc.)	▪ All agriculture activities will be conducted following best practices and principles provided in *Chapter1: Small Scale Agriculture*, *Chapter 11: Livestock*, and *Chapter 12: Integrated Pest Management* of the USAID Environmental Guidelines for Small-scale Activities in Africa (complete set of guidelines found at www.encapafrica.org) ▪ Ensure careful planning and impact assessment for any proposed new water storage or irrigation facilities that may lead to intensification or expansion of agricultural or livestock activities, to ensure that the carrying capacity of the soils, water resources, etc. is sufficient to accommodate the new activity ▪ Maximize the promotion and use of soil and water conservation approaches and methods in association with any new or expanded agricultural activity ▪ Ensure that sensitive natural resources or ecosystems are protected from conversion to agricultural or livestock land uses in conjunction with productive water management activities ▪ No genetically modified seeds will be used. Only improved seeds and adapted to local conditions approved by the Malian ministry of agriculture will be promoted. No seeds

Activity	Mitigation Actions/Conditions
	will be introduced from abroad without authorization and verification by the ministry of agriculture to avoid introduction of crop diseases/pests. ▪ No fertilizers used will be used. The use of organic manure might be encouraged for farmers. ▪ Take measures to prevent groundwater or surface water contamination
Small-Scale Construction Activities	
▪ Construct or rehabilitate water storage facilities including cisterns, water tanks, reservoirs, etc. ▪ Construct or rehabilitate small rainwater diversion or infiltration structures (e.g., catchment dams, infiltration ditches, etc.) ▪ Construct or renovate boreholes ▪ Install mechanized or manual pump systems ▪ Construct or renovate hand dug wells ▪ Construct or rehabilitate water treatment facilities (e.g., install pipes, backwash sand filters, intakes, pumps, replacement/ rehabilitation of clarifiers, power supply, and/or generators)	▪ All small-scale construction activities will be conducted following best practices and principles provided in *Chapter 3: Small Scale Construction* of the USAID Environmental Guidelines for Small-scale Activities in Africa (complete set of guidelines found at www.encapafrica.org) ▪ Ensure careful planning and impact assessment for the full range of impacts, both direct and indirect, for three main project areas in construction: o Site selection o Planning and design o Construction o Operations and maintenance ▪ If mitigation of potential negative impacts is not possible, consider selection an alternative site.
Small-scale Water Supply and Sanitation Activities	
Water Supply ▪ Construct or renovate boreholes ▪ Install mechanized or manual pump systems ▪ Construct or renovate hand dug wells ▪ Construct or renovate connection to or extensions of networked water supply distribution systems, including installation of tap stands ▪ Construct or renovate water storage tanks ▪ Construct or renovate rainwater harvesting systems ▪ Construct or renovate spill-water drainage facilities/structures ▪ Construct or renovate	▪ All water supply activities should be conducted in a manner consistent with the good design and implementation practices described in *Chapter 16: Water Supply and Sanitation* of the USAID Environmental Guidelines for Small-scale Activities in Africa (complete set of guidelines found at www.encapafrica.org) ▪ Water quality testing is essential for determining that the water from a constructed water source is safe to drink and to determine a baseline so that any future degradation can be detected. Simple and cost-effective sample kits for *E. coli* and fecal coliforms are available through a variety of manufacturers (e.g., Idexx Colilert or Coliscan Easygel). Any USAID-supported activity engaged in the provision of potable water must adhere to Guidance Cable State 98 108651, which requires arsenic testing. The SO6 team must assure that the standards and testing procedures described in this guideline document are followed for any new or rehabilitated potable water systems under this IEE. ▪ Initial water quality testing is the responsibility of the program to assure, but when feasible the program should

Activity	Mitigation Actions/Conditions
cattle troughs connected to potable water systems ▪ Construct or renovate spring boxes/surface water potable water supply systems ▪ Operate water supply systems, including water treatment, upkeep and maintenance of pumps, pipes, and other infrastructure, management of fee collection, etc.	also set in place capacities and responsibilities to provide reasonable assurance that ongoing water quality monitoring occurs. The standards for initial and ongoing testing -- types of contaminants for which testing should be conducted, testing methods, testing frequency, and issues such as public access to results -- should follow any applicable USAID guidance, as well as local laws, regulations and policies. Local response protocol should be followed in the event that water quality testing detects contamination, including promotion of household water treatment using recommended products (Promotion of Aquatabs is already supported by USAID funds in Mali).
Sanitation ▪ Construct or renovate sanitation facilities (latrines or other) ▪ Construct or renovate hand washing basins, laundry facilities and/or public showers ▪ Construct or renovate wastewater drainage or conveyance networks	▪ All sanitation activities should be conducted in a manner consistent with the good design, siting, and implementation practices described in *Chapter 16: Water Supply and Sanitation* of the USAID Environmental Guidelines for Small-scale Activities in Africa (complete set of guidelines found at www.encapafrica.org) ▪ Ensure latrines are sited uphill and at least 30 meters from water sources. Latrine pits will be dug in the unsaturated zone above the water table, and latrine pits are protected against flooding and overflow due to intense rainfall. ▪ Establish and train community water and sanitation committees to manage, repair and maintain all water points and the watersheds immediately surrounding the water points, including watering of livestock, and to provide hygiene education to participating communities. ▪ Training in sanitation and hygiene for water committees, community area based development groups, and/or municipal water board members is provided to: ▪ Ensure community mobilization and public awareness of human health risks associated with water-borne disease vectors ▪ to encourage the development of community responses that are environmentally sound, cost effective, and safe; and ▪ to ensure control over the management of the facilities and operations supported by USAID funds

5. MONITORING AND REPORTING FOR ENVIRONMENTAL COMPLIANCE

The Environmental Screening Process

The environmental screening process described below is designed to ensure compliance with the conditions stated in this IEE amendment. The process involves 3 steps:

1. The **Environmental Screening Form**: to be completed by the COR/AOR prior to the initiation of all sub projects/activities, submitted and approved by the Mission Environmental Officer as appropriate.

2. Should the Environmental Screening identify an activity that has potential environmental impact as outlined in this amendment, the implementing partner must also submit an **Environmental Mitigation and Monitoring Plan** along with the implementation workplan. The implementers' periodic reports to USAID will include a brief update on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures. The USAID/Mali Health Team will ensure that implementing partners have sufficient capacity to complete the environmental screening process and to implement mitigation and monitoring measures. Implementation will in all cases adhere to applicable host country environmental laws and policies.

3. The **Environmental Mitigation and Monitoring Reporting and Certification Form** to be completed and submitted annually by the implementing partner to the COR/AOR, typically along with the annual report.

USAID/Mali Health Team shall incorporate into field visits and consultations with implementing partners, periodic assessment of the environmental impacts of on-going activities, and associated mitigation and monitoring measures, and report on an annual basis on the status of environmental screening and review, and the implementation of required mitigation and monitoring measures. This will include the review of implementing partners' progress and annual reports to help determine if environmental mitigation and monitoring procedures are in place, including their expected performance, and periodic field visits by the REO.

Any grants or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:

a) the completion of the Environmental Screening Process described below, and
b) that activities to be undertaken will be within the scope of the environmental determinations and recommendations of this IEE amendment. This includes assurance that any mitigating measures required for those activities be followed.

If additional activities are added to USAID/Mali S06 which are not described in this amendment, another amendment to IEE 688-S06 must be prepared.

USAID/MALI IEE 688-S06 ENVIRONMENTAL SCREENING REVIEW (ESR)

This form is to be used for the review of activities carried out under USAID/Mali IEE 688-S06 amendment #1. The ESR is to be completed by the COR/AOR and submitted to the mission environmental officer as project planning nears completion. For any conditions identified, implementing partners will be required to complete the Environmental Mitigation and Monitoring Plan and the Environmental Mitigation and Monitoring Reporting Form using the guidelines in this IEE amendment.

Implementing Organization:
Name of Subawardee Organization:
Geographic location of USAID-funded activities:
Date of Screening:
Funding Period for this award:
Current FY Resource Levels: $
Date of Previous EMM for this organization (if any):
ESR report prepared by: Date:

Indicate which activities will be implemented under USAID/Mali IEE 688-S06

Key Elements of Program/Activities Implemented with no direct impact on the environment:		Yes	No
1	• Education, Technical Assistance, or Training • Analysis, Studies, Academic or Research Workshops and Meetings • Document and Information Transfers • Programs involving health care, nutrition, or family planning except where directly affecting the environment • Studies, projects or programs intended to develop the capability of recipient countries and organizations to engage in development planning		
Key Elements of Program/Activities Implemented with direct or indirect impacts on the environment		Yes	No
2	Procurement, Storage, Management and Disposal of Public Health Commodities		
3	Training professional and paraprofessional health care workers in methods that result in the generation and disposal of hazardous or highly hazardous medical waste		
4	Small-Scale Water and Sanitation Activities		
5	Small-Scale Gardening or Farming Activities		
6	Small-Scale Rehabilitation of Health Facilities		
7	Other activities that include physical interventions that have direct or indirect impacts on the environment that are not covered by the above categories **Describe:**		

USAID/MALI IEE 688-S06 (amendment #1) - ENVIRONMENTAL MITIGATION AND MONITORING PLAN
(to be developed and submitted to COTR/AOTR by implementing partner)

Implementing Organization: Name of Sub-awardee Organization (if any):
Geographic location of USAID-funded activities: Period covered by this Mitigation Plan:
Date of Previous Mitigation Plan for this organization: Mitigation Plan prepared by: Date:

Specific Activities from Categories addressed in this IEE amendment #1	Describe specific environmental threats from specific proposed activities (based on analysis in Section 3 of IEE)	Description of Mitigation Measures for these activities (as outlined in Section 4 of IEE)	Who is responsible for monitoring?	Monitoring Indicator(s)	Monitoring Method(s)	Frequency of Monitoring
Small Scale Agriculture Activities: 1.						
2.						
3.						
4.						
Small Scale Construction Activities: 1.						
2.						
3.						
4.						
Small Scale Water and Sanitation Activities: 1.						
2.						
3.						
4.						

USAID/MALI IEE 688-S06 (amendment #1)
ENVIRONMENTAL MITIGATION AND MONITORING
REPORTING FORM AND CERTIFICATION

Implementing Organization:
Name of Subawardee Organization (if any):
Geographic location of USAID-funded activities:
Period covered by this Reporting Form and Certification:

List each Mitigation Measure from column 3 in the EMM Mitigation Plan	Status of Mitigative Measures	List any outstanding issues relating to required conditions
1.		
2.		
3.		