Issuance Date: August 3, 2012
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Application Closing Date: September 18, 2012
Application Closing Time: 2:00 p.m. local Manila time

Subject: Request for Applications # RFA-492-12-000006
Integrated Maternal, Neonatal, Child Health/Family Planning (MNCHN/FP)
Regional Projects in Luzon, Visayas and Mindanao

Dear Prospective Applicant:

The United States Agency for International Development (USAID) Mission in The Philippines (USAID/Philippines) seeks applications from U.S. and local nongovernmental organizations (NGOs), private voluntary organizations, and other qualified organizations to implement the MNCHN/FP Regional Projects in Luzon, Visayas, and Mindanao as fully described in this Request for Application (RFA) The authority for this RFA is found in the Foreign Assistance Act of 1961, as amended, and the Grants and Cooperative Agreement Act of 1977.

USAID/Philippines intend to award three Cooperative Agreements for a period of five years each. Subject to the availability of funds, USAID intends to provide approximately US$69,000,000 in total USAID funding to three different organizations that are based or can be based in the geographical locations, and to be allocated over the five-year life of the projects as follows:

Luzon	$27,000,000
Visayas	$15,000,000
Mindanao	$27,000,000

The geographic code for this cooperative agreement is 937 (the United States, the host country and developing countries). However, organizations from geographic code 935 – the Free World excluding US foreign policy restricted countries, are eligible to compete for award at the prime recipient level.

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

The resultant agreements shall be made in accordance with US Federal regulations and USAID policy. For U.S organizations, awards shall be administered according to 22 CFR 226 and OMB Circulars and USAID Standard Provisions for U.S Nongovernmental Recipients

(http://www.usaid.gov/policy/ads/300/303maa.pdf). For non U.S. organizations, USAID provisions for Non-U.S., Nongovernmental Recipients will apply (http://www.usaid.gov/policy/ads/300/303mab.pdf)

This RFA consists of this cover letter and the following:

Section I	–	Funding Opportunity Description
Section II	–	Eligibility *i*nformation
Section III	–	Application and Submission Instructions
Section IV	–	Evaluation Criteria
Section V	–	Required Certifications, Assurances, and Other Statements of Applicant/Grantee;
Section VI	–	Award and Administration Information
Section VII	–	Annexes

This RFA and any future amendments to it can be downloaded from http://www.grants.gov. It is the Applicant's responsibility to ensure that it has downloaded the RFA in its entirety including any future amendments. USAID bears no responsibility for data errors resulting from transmission or conversion process.

Issuance of this RFA does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for costs incurred in the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. In addition, final award of any resultant agreement cannot be made until funds have been fully appropriated, allocated and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant. Should circumstances prevent award of a cooperative agreement, all preparation and submission costs are at the applicant's expense.

Any questions concerning this RFA should be submitted in writing to manilafpmch-luzon@usaid.gov or manilafpmch-visayas@usaid.gov or manilafpmch-mindanao@usaid.gov.

Answers to questions and any additional information regarding this RFA will be provided through an amendment to this RFA and posted on http://www.grants.gov.

Sincerely,

//sd//
Sallie McElrath
Supervisory Agreement Officer
USAID/Philippines

TABLE OF CONTENTS

LIST OF ACRONYMS

AMTSL	Active Management of Third Stage of Labor
ANC	Ante-natal Care
AO	Administrative Order
ARMM	Autonomous Region in Muslim Mindanao
BCC	Behavior Change Communication
BHS	Barangay Health Station
BIHC	Bureau for International Health Cooperation
BSPO	Barangay Service Point Officer
CA	Cooperating Agency
CCT	Conditional Cash Transfer
CEMP	Capacity Enhancement for Midwives Project
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CHD	Center for Health Development
CHT	Community Health Team
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
CS	Caesarian Section (deliveries)
CSR	Contraceptive Self-Reliance
DCOP	Deputy Chief of Party
DOH	Department of Health
DOTS	Directly Observed Treatment Shortcourse
DSWD	Department of Social Welfare and Development
EBF	Exclusive Breast Feeding
EINC	Essential Intra-Partum Newborn Care
EMR	Electronic Medical Record
EPI	Expanded Program of Immunization
FBD	Facility-based Delivery
FHS	Family Health Survey
FP	Family Planning
GIDA	Geographically Isolated and Depressed Areas
GPH	Government of the Philippines
HEPO	Health Education and Promotion Officers
HUP	Health Use Plan
ICV	Informed Choice and Voluntarism
IEE	Initial Environmental Examination
IMAP	Integrated Midwives Association of the Philippines
IPC/C	Inter-Personal Communication/Counseling
IRA	Internal Revenue Allotment
KP	Kalusugang Pangkalahatan
LAPM	Long Acting and Permanent Method
LCP	League of Cities in the Philippines
LGU	Local government unit
LMP	League of Municipalities in the Philippines
LPP	League of Provinces in the Philippines
LRA	Local Replicating Agent
LTAP	Local Technical Assistance Provider

MCP	Maternity Care Package
MDG	Millennium Development Goals
MDR-TB	Multi-Drug Resistant Tuberculosis
MMR	Maternal Mortality Rates
MNCHN	Maternal, Neonatal, Child Health and Nutrition
MOA	Memorandum of Agreement
MOP	Manual of Operations
NBB	No Balance Billing
NDHS	National Demographic Health Survey
NEDA	National Economic Development Authority
NFP	Natural Family Planning
NGO	Non-government organizations
NHIP	National Health Insurance Program
NHTS-PR	National Household Targeting System for Poverty Reduction
NSCB	National Statistical Coordination Board
NSD	Normal Spontaneous Delivery
OB	Obstetric
OPB	Out-patient Benefit
ORS/ORT	Oral Rehydration Salts / Oral Rehydration Therapy
PHIC/PhilHealth	Philippine Health Insurance Corporation
PHO	Provincial Health Officer
PMP	Performance Monitoring Plan
PopCom	Population Commission
PPP	Public Private Partnership
PRB	Population Reference Bureau
PWD	Persons with Disability
RFA	Request for Applications
RHU	Rural Health Units
SBA	Skilled Birth Attendant
SDAH	Sector-wide Development Approach for Health
SDN	Service Delivery Network
SIMS	Stock Inventory Management System
SPASMS	Synchronized Patient Alerts by Short Messaging System
SWAp	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant
TIPPP	Technical Initiative for Public Private Partnership
UHC	University Health Care
USAID	United States Agency for International Development
USG	United States Government
VAC	Vitamin A Coverage
VIP	Very Important Person
WRA	Women of Reproductive Age
YAFS	Young Adult and Fertility Survey

SECTION I – FUNDING OPPORTUNITY DESCRIPTION

I. INTRODUCTION

A. Project Overview

The United States Agency for International Development in the Philippines (USAID/Philippines) seeks applications from U.S. and local nongovernmental organizations (NGOs), private voluntary organizations, and other qualified organizations to implement the Integrated MNCHN/FP Regional Projects in Luzon, Visayas, and Mindanao. The Integrated MNCHN/FP Regional Projects aim to improve the health of Filipino families by helping expand their access to these integrated services in communities, homes and facilities from both the public and private sectors.

The Integrated MNCHN/FP Regional Projects will address the distinct needs and health situation of selected sites in the three cluster regions of Luzon, Visayas, and Mindanao, and will consider the needs of priority sectors that will include men and women of reproductive age, the youth including adolescent boys and girls, children under five years of age, poor families covered by the government's conditional cash transfer (CCT) program and families covered by the National Household Targeting System for Poverty Reduction (NHTS-PR). The Integrated MNCHN/FP Regional Projects' key approaches are centered on strategic integration and scaling up of proven best practices in MNCHN/FP service delivery, systems, and financing through the effective implementation of evidence-based interventions, practices, and policies.

USAID/Philippines is issuing a single Request for Application (RFA) that will provide three awards, each for a five-year cooperative agreement, for the Integrated MNCHN/FP Regional Projects in Luzon, Visayas, and Mindanao (one award per cluster region). These separate projects will involve both public and private providers of MNCHN/FP services in the service delivery networks of the corresponding cluster regions. Thus, applicants are required to have both public and private sector expertise in MNCHN/FP.

Because of the nature and urgency of synchronizing efforts to scale up MNCHN/FP service delivery to contribute effectively in achieving the country's Millennium Development Goals (MDGs) 4 and 5, it is critical that the assistance be provided by professionals who know, understand, and are intimately familiar with the health situation in each of these cluster regions who can effectively and harmoniously work with local-level policy and decision makers, public and private health service providers, and other frontline agencies involved in poverty reduction and socio-economic programs, as well as civil society organizations and multilateral and bilateral development partners. Since the focus is on scaling up already proven best practices that result in better maternal and child health outcomes, it is important that the integrated program is implemented by individuals who are not only familiar with the history, background, and manner of delivery services under a devolved setting, but are also credible and respected by both national and local level stakeholders.

B. Rationale for the Regionalization of USAID/Philippines' MNCHN/FP Projects

USAID/Philippines is taking a new approach in structuring the implementation and management of

its assistance to the Philippines on MNCHN/FP. In the past, USAID/Philippines has adopted a centrally-managed MNCHN/FP technical assistance (TA) by engaging only one single entity. In contrast, under its new set of projects, USAID/Philippines is 'regionalizing' the MNCHN/FP TA into three projects – MNCHN/FP Project in Luzon, Visayas, and Mindanao – corresponding to the country's three major island groups and Department of Health (DOH) administrative clusters.

Given the peculiar needs and situations of the different island-groups, it is important that the Integrated MNCHN/FP Projects be approached by regional clusters to allow better customization of strategies and adaptation of interventions. Clustering by major regions also brings the services closer to the targeted recipients of the TA. The TA requirements will be more manageable and will be easier to coordinate alongside regional Centers for Health Development (CHDs) and its PopCom and PhilHealth counterparts. With fewer CHDs and local government units (LGUs) that each regional project will deal with compared to a single national project as in the past, the new USAID regional projects are expected to provide deeper technical assistance in service delivery, systems strengthening and financing.

C. USAID Goals and Objectives in Health

The goal of USAID/Philippines' new health strategy is "Family Health Improved." This goal will be accomplished through three objectives and the FP/MNCHN Regional Projects will be aligned with all three:

Objective 1: Supply of services improved, including the availability and quality of public sector services and selective expansion of the private sector as primary care supplier;

Objective 2: Demand for primary care services strengthened through encouraging adoption of appropriate health behaviors within families; and

Objective 3: Policy and systems barriers removed to improve supply and demand for services.

The Integrated MNCHN/FP Regional Projects will contribute to Objective 1 by increasing the number of competent service providers available in both the public and private sectors to deliver quality MNCHN and FP services, scaling up the adoption of innovative practices (e.g., outreach services by itinerant team providing long-acting permanent methods, integration of FP and Expanded Program on Immunization or EPI) and facilitating the establishment of functional MNCHN service delivery networks in order to expand MNCHN/FP service coverage. The Integrated MNCHN/FP Regional Projects will contribute to Objective 2 by generating demand and utilization of MNCHN/FP services and addressing the barriers that prevent women of reproductive age, men and youth from availing of appropriate MNCHN/FP services. The Integrated MNCHN/FP Regional Projects will contribute to Objective 3 by harnessing the support of national, regional, and local groups of stakeholders in the adoption of and compliance with national policies and guidelines on MNCHN/FP, and instituting support management systems (e.g., data quality check, referral protocols, supportive supervision).

D. Relationship to Government Health Priorities

DOH's medium-term strategy is contained in its Kalusugan Pangkalahatan (KP) Program as laid out in AO No. 2010-0036, The Aquino Health Agenda: Achieving Universal Health Care for all Filipinos, the goal of which is to implement universal health care among Filipinos. The three strategic thrusts of this program are: (a) increased risk protection especially among poor households in quintiles 1 and 2 through premium subsidy in the PhilHealth social health insurance program, greater availment of benefits, and increased support value; (b) provision of greater investments in the hospital system by rationalizing the Service Delivery Networks (SDNs) and public/private partnerships (PPP) in health; and (c) strengthening the public health system for the achievement of the health MDGs, mainly through invigorated Community Health Teams (CHTs) and refurbishing of rural health units (RHUs) and other public health infrastructure. USAID/Philippines' investments in the Integrated MNCHN/FP Regional Projects will support the third thrust of KP.

II. BACKGROUND AND PROBLEM STATEMENT

A. National Context of Health Service Provision, Financing, and Management

It is instructive to understand the health system and situation of the whole country as this will provide the overall context in which the regional projects will be implemented. The following summarizes the key features of the Philippine health situation:

1. The Philippines is lagging behind in terms of reaching its commitment to health related millennium development goals. While the Philippines is on target for most of the MDGs, it lags behind in terms of reaching maternal mortality ratio (MMR). The decline in neonatal mortality has also been very slow. The MMR and infant mortality rate (IMR) were still at 221 per 100,000 live births, and 22 per 1,000 live births in 2011 (FHS 2011) as against the MDG targets of 52 and 19, respectively. While the MDG target for TB case detection rate has been met, the disease burden remains high (the country ranked 9th worldwide in terms of composite TB burden in 2003) and the specter of multiple drug resistant (MDR) TB has increased.

2. Renewed emphasis on poverty reduction – Nationwide, 5.2 million households have been identified under the National Household Targeting System for Poverty Reduction (NHTS-PR) as poor (quintile 1) and are eligible for the conditional cash transfer (CCT) program. In addition, 5.6 million households have also been classified as near-poor (quintile 2). Poverty reduction is the centerpiece of the Aquino Administration's social program.

3. Devolution of health services – The Local Government Code of 1991 devolved public health services and hospitals to 80 provinces and some 1,600 municipalities and cities which receive a direct unconditional Internal Revenue Allotment (IRA) from the National Government. Local Government Units (LGUs) decide independently how much of their IRA goes to health services. While this has resulted in some variance in health services and health status, the National Government has taken measures to address this by providing health financing through central grants on FP and MNCHN to LGUs. However, a major constraint has been LGUs' lack of capacity to request, plan, utilize, and monitor performance on these resources.

4. Social health insurance reform – The National Health Insurance Program (NHIP) implemented by the Philippine Health Insurance Corporation (PHIC or PhilHealth) is the mandatory social health insurance program. NHIP coverage nationwide is 53 percent. Among the MDG-related benefits of the NHIP are the maternity care package (MCP), family planning (bilateral tubal ligation, vasectomy and IUD insertion), TB DOTS package and outpatient benefit package (OPB). Reforms in NHIP in recent years have focused on providing premium subsidy for poor households. Under the current Aquino Administration, this has been expanded to the poorest two quintiles of the population in a nationwide universal health care program called KP. Aside from enlisting poor households, the major problem in this program is the slow and non-universal accreditation of rural health units and other public health facilities, which effectively denies some poor households' access to care even though they hold PhilHealth membership cards.

5. Rapid population growth and high poverty – The Philippines' projected population in 2010 stood at 92 million, growing at an annual rate of 1.9 (NSCB www.nscb.gov.oh) percent. Poverty incidence is high at around 26.5 percent of the total population (NSCB, 2009). Data show that poorer families have higher unmet need for family planning, and this has been due to low use of modern contraceptive methods. While modern contraceptive prevalence rate (CPR) increased marginally from 36 percent in 2006 to around 37 percent in 2011, this is very low relative to the East Asian Region countries which have CPRs in the range of 50-70 percent (PRB 2011). Some 23 percent of Filipino women of reproductive age (WRA) still have unmet need for FP (NDHS 2008).

6. Public/private provision of services – The Philippines has a mixed health care system consisting of public and private providers, at all levels of care. The private health system includes for-profit and non-profit providers, most of whom are located in urban areas and in places where households have the ability to pay. The private sector accounts for about 50 percent of health facilities but less than 50 percent of hospital beds. About 50 percent of households seek care in these private facilities (hospitals, clinics). Private doctors also practice, as do private midwives, some under franchising arrangements, others on an individual basis. Traditional birth attendants (TBAs or *hilots*) continue to practice especially in rural areas and informal settlements in urban areas. This remains a big challenge even as health workers are dissuading households from patronizing them and are urging pregnant mothers to go to health facilities.

7. FP and MNCHN policy frameworks – In recent years, DOH has formulated policy instruments favorable to FP and MNCHN. These include the MNCHN Strategy and Manual of Operations, the Micronutrient Supplementation Manual of Operations, multisectoral child health strategy and the KP strategic thrusts.

8. Sector wide Development Approach to Health (SDAH) – Donors, including USAID, UNFPA, World Bank, ADB, JICA, AusAID, GiZ, and EU are organized under the SDAH approach; although there is no formal jointly-funded "basket financing" (Sector Wide Approach or SWAp), the procedures for planning, monitoring, and reporting on donor health projects are well established under the Bureau for International Health Cooperation (BIHC) of DOH, which convenes meetings with donors on a regular basis. The health sector has been praised by no less than the National Economic and Development Authority (NEDA) as being the best organized sector in terms of donor coordination.

9. Centers for Health Development (CHDs) – The CHDs are DOH's regional arm, which provide technical supervision to LGUs' health programs. A typical region is responsible for a population of 3-6 million people. The CHDs have technical resources (average staff of CHD is around 300) which have not been fully utilized. They have health education and promotion officers (HEPOs) and DOH Reps (representatives) who are liaison officers to the LGUs. However, the staff needs to be better equipped to dispense their functions and provide technical assistance to the LGUs.

10. Local elections and health administration – Local officials hold office for only three years, a term which is extremely short for health service planning and development. (The next elections are in 2013). These officials may be elected for two more 3-year terms, or could be replaced by a new set of officials. Given that local chief executives and local health boards are in control of all budgetary decisions at the local level, this built-in uncertainty in local leadership has crucial impact (ill or well) on local health service delivery, For health advocates, it means continual advocacy and technical assistance for health planning and budgeting, which need to be institutionalized at the regional and local levels.

11. The Autonomous Region in Muslim Mindanao (ARMM) – ARMM was created in 1990 as an autonomous region with the objective of providing its residents greater latitude in self-government within the sovereignty of the Philippines. ARMM covers five provinces: Lanao del Sur, Maguindanao, Sulu, Tawi-Tawi and Basilan. ARMM's population is primarily Muslim. Also within ARMM – and indeed, within Mindanao as a whole – are a number of indigenous people still living in traditional villages, often in geographically isolated and disadvantaged areas (GIDA). As an autonomous region, ARMM has its own Department of Health, and does not have a CHD. However, given the limitations of its health service delivery system, ARMM residents often seek care outside the region and in neighboring cities such as adjacent Cotabato, Davao in the east, Iligan and Cagayan de Oro in the north, Zamboanga in the west, and Gen. Santos in the south. This inter-jurisdictional flow of patients is a major challenge in health planning and budgeting.

B. Unmet Need for FP/MNCHN

Family planning and maternal and child health in the Philippines continue to face challenges in both the demand (utilization) and supply (provision) sides, and in remaining policy bottlenecks and constraints. There is still large proportion of unmet need in both FP and MCH services in the country, especially among households in the lowest quintile. Key program indicators point to low utilization of FP/MNCHN services nationwide. The modern contraceptive prevalence rate remains as low as 36.9 percent (2011 FHS). More than three fourths (78.1 percent, 2011 FHS) of pregnant women had at least four antenatal care visits, and 94.5 percent (2011 FHS) have sought care from a skilled provider. During birth deliveries though, only 72.2 percent (2011 FHS) have been attended by a skilled provider and even much lower at 55.2 percent (2011 FHS) delivered in a health facility. There are also large variations of FP/MNCHN service coverage across regions and provinces/cities.

a. Demand Challenges

The following are the demand challenges confronting FP service coverage and access:

- *Continuing popular myths about FP*. Overall, about 21 percent of women with unmet need expressed health concerns from using modern FP methods, and 14 percent cited fear of side effects as major reasons for not using FP methods.

- *Unattended need of young people*. Many of the young do not have adequate understanding of the risks of early and unplanned pregnancy as there are no formal venues for them to obtain such knowledge. Moreover, they are not appropriately informed of available safe family planning services.

- *Family planning not a social norm*. While many are aware of the positive effects of family planning, a planned family size is not yet a social norm among Filipinos. Positive reinforcement of FP as a means to achieving quality of life is not adequately and effectively communicated either through mass media or interpersonal counseling.

  The following are the demand challenges confronting MCH service coverage and access knowing that the health of mothers and children is negated by three delays: (i) delay or inability to seek appropriate care; (ii) delay in reaching appropriate care; and (iii) delay in receiving adequate care.

- *Poor and delayed health seeking behavior of mothers and care givers of under 5-children*. Throughout the course of her pregnancy, a woman should be have at least four ante-natal care visits as follows: once during the first trimester, once during the second trimester and twice during the last trimester, but only 78.1 percent (2011 FHS) do so.

- *Socio-economic constraints to facility based deliveries*. A significant percentage of the mothers (44.8 percent, 2011 FHS) still deliver at home and majority are attended by traditional birth attendants or TBAs (59.6 percent, 2011 FHS). This strong inclination for home-based deliveries stems from lack of financial means to pay for hospital expenses, transportation costs, and the highly personalized care, less expensive and more affordable payment modality offered by the TBAs. The benefits of delivery by skilled birth attendants in appropriate facilities need to be communicated and provided with the necessary support mechanisms.

b. Supply Challenges

The challenges in the supply of FP services are as follows:

- *Neglect for long acting permanent methods (LAPM) and natural family planning (NFP) services*. The number of those trained to provide LAPM services is not adequate to respond to the needs of women of reproductive age. Most hospitals, where LAPM services should be routinely available, do not regularly provide LAPM services. Neither are NFP services and products such as NFP counseling and SDM beads regularly available in health facilities.

- *Unstable supply of FP commodities.* Given that the FP program has historically been highly dependent on donated FP commodities, the current challenge of eliminating unmet need for FP is made more complex with the phase-out or phase-down of external donations. While the National Government has yet to procure FP commodities as planned, a number of LGUs are already procuring contraceptives, albeit on an intermittent basis. However, some provinces still do not procure contraceptives; among the reasons they cited were that donated commodities were still available. Although LGUs seem willing to procure commodities, the lack of available FP commodity suppliers at the local level is a major bottleneck.

- *Missed opportunities*. Service providers and community volunteers do not routinely include FP in their dealings with patients both in the facility and community settings. While FP-EPI integration is beginning to be implemented, there is a need for expanding and scaling up the practice of providing FP messages and services along the continuity of care such as in antenatal, delivery, and well-baby services. The private sector has partly filled the gap in FP services with private midwife clinics and birthing facilities, but they have equipment deficits that disallow them to provide the full range of FP services and hence, the persistence of missed opportunities.

- *Lack of FP services for adolescents and youth.* Almost 80 percent of young people who have had premarital sex did not use a contraceptive during their first sexual encounter (YAFS 1 and 2) due mainly to the lack of providers of information, commodities, and services to this age cohort.

The challenges in the supply of MNCHN services are as follows:

- *Inadequate trained providers.* A major problem is the lack of adequately and appropriately trained providers on MNCHN. Early and intrapartum new born care (EINC) is practiced in only a few facilities, despite introduction of the policy in 2010. Providers need to be trained and facilities need to be equipped to provide appropriate, quality MCH services such as ANC, SBA, FBD, EINC, EBF and Vitamin A supplementation.

- *Slow establishment of functional MNCHN service delivery network.* Establishment and functionality of MCH service delivery network as espoused in the MNCHN Strategy and MOP has been slow and hardly appreciated and understood by the local implementers. Upgrading of health facilities is taking time to be completed. PhilHealth accreditation of these facilities has been slow and uneven. The community health teams (CHTs) which form part of the MNCHN SDN are currently being trained and organized nationwide, but their knowledge and skills have to be supported and their performance monitored. Likewise, the participation of health care facilities such as hospitals and rural health units and providers in the delivery of MNCHN package of services has not been fully tapped.

C. Policies and Systems Challenges in FP/MNCHN Service Delivery

In the last ten years, a number of national policies affecting the provision of FP/MNCHN services were formulated (e.g., AO No. 158 on Commodity Self Reliance, AO No. 2008-0029 on *Implementing Health Reforms for the Rapid Reduction of Maternal and Neonatal Mortality* with corresponding MOP). However, local compliance to these policies has been uneven, necessitating greater advocacy, technical assistance, and monitoring. Furthermore, the financing, information management, and logistics management system have also been strengthened.

- *Varying levels of operationalization and local adoption of FP/MNCHN national policies and guides*. Local implementation of national MCH policies and guides has been highly uneven. Good practices in some localities have not been promoted in other areas. For example, local policies will have to adopt a unified strategic framework for FP/MNCHN that maximizes the efficient and effective delivery of lifesaving services for mothers and children. The national policies need to be applied to specific situations at the LGU level. LGUs need further assistance in fully implementing these FP/MNCHN policies, e.g., Contraceptive Self-Reliance (CSR) and CSR Plus, commodity security measures that encompass data/information management forecasting, logistics management, and using these data to apply for the DOH central MNCHN grants and other financing measures.

- *Unsustained and weak local health systems support*. Local policies and practices on services to the poor need strengthening. While the NHTS-PR has identified poor households, the list per LGU need to be validated and the number matched with the actual households to prevent leakage of benefits to the non-poor and under-coverage of the truly poor.

- *Inadequate number of trained health workers due to high turnover or regulatory constraints.* Turnover of local health workers remains high. Whereas additional budget support has been provided to LGUs, this often came with prohibitions against staff hiring to maintain service provider-to-population ratios.. There is a need to increase trained providers and for LGUs to be assisted in strategically deploying them to expand services, e.g. in organizing Service Delivery Networks that also loop in private providers and private health facilities. New national and local initiatives need to be developed in the human resource area.

- *Weak integration and customization of FP/MNCHN services*. FP and maternal and child health services are not integrated tightly with reproductive and women's health services, so many clients do not obtain the full package of holistic services. Services are often not customized to the needs of the locality. Personnel are inadequately trained to deliver the service packages. Communication tools that should empower women to make rational decisions on care seeking are often lacking or inappropriate.

The current socio-economic and health situation in the three cluster regions (Luzon, Visayas and Mindanao) are summarized in Annex A. Additional information on the health situation can be downloaded from the following web site;
http://philippines.usaid.gov/sites/default/files/doing_business/fp-mch/FHS-2011-Tables.pdf
http://philippines.usaid.gov/sites/default/files/doing_business/fp-mch/FHS-2011-Maternal-Child-Health.pdf
http://philippines.usaid.gov/sites/default/files/doing_business/fp-mch/FHS-2011-Fertility-and-FP.pdf

http://philippines.usaid.gov/sites/default/files/doing_business/fp-mch/2011-Communication-Assessment-Survey-Report-FPMCH.pdf

III. PURPOSE AND SCOPE

The purpose of the project is to strengthen regional and local support for scaling up proven best practices in FP/MNCHN in order to achieve health outcomes that will lead to reducing maternal and child mortalities in accordance with the country's commitment to MDGs 4 and 5. It will contribute to attaining the desired health outcomes of the country particularly in the increase of contraceptive prevalence rate (CPR), proportion of pregnant women with at least 4 antenatal care (ANC) visits, facility-based and skilled-birth attended deliveries, fully immunized children, etc. Through these projects, USAID/Philippines will help the Philippine authorities ensure that appropriate, adequate and sufficient quality FP/MNCHN services are sustainably provided, managed, and financed by local government units (LGUs) through resources mobilized by their provincial, city and municipal investment plans for health (PIPH, CIPH, and MIPH) and Kalusugan Pangkalahatan (Universal Health Care) implementation plans. The Integrated MNCHN/FP Regional Projects will focus on the following areas that will enable the people in each cluster region lead healthy, productive lives where mothers and children survive and thrive through increased access to quality FP/MNCHN services:

- Strengthening demand for essential FP/MNCHN services;
- Improving the supply of integrated FP/MNCHN services; and
- Removing policy and systems barriers to improve supply and demand for FP/MNCHN services.

In particular, the Integrated MNCHN/FP Regional Projects will assist LGUs in reducing FP/MNCHN unmet need and increasing the utilization and practice of antenatal care, skilled birth attendance, facility-based deliveries, post-partum care, exclusive breast feeding, full immunization, and vitamin A supplementation. The Integrated MNCHN/FP Regional Projects seek to ensure adequate and quality FP/MNCHN services that can be provided in a sustainable manner. Sustainability should be a primary concern of the Recipient in all activities to be implemented. These regional projects are directly linked with the Capability Enhancement for Midwives (CEMP), MNCHN Scale UP projects and Maternal, Newborn, Child Health and Nutrition activity as they develop the capacities of the cadre of midwives in both the public and private sector in the delivery of FP/MNCHN services. These regional projects are also expected to work very closely with the other USAID projects particularly Health Policy Development Project Phase 2 (HPDP2), CHANGE and PRISM2.

The Integrated MNCHN/FP Regional Projects will be three awards, one award per cluster region, each for five-years and in the following amounts, subject to funds availability:

Luzon -	$27,000,000
Visayas-	$15,000,000
Mindanao	$27,000,000

IV. Program of Work

A. Project Sites

A total 40-45 LGUs will be covered by the Integrated MNCHN/FP Regional Projects. These are the provinces/cities with highest unmet need for FP/MNCHN and are part of the DOH MDG breakthrough areas. The list of project sites under each cluster region is summarized in Annex A.

B. Core Activities

Each of Integrated MNCHN/FP Regional Projects has three cohesive components. Although these components are organized by technical areas, they are envisioned to be implemented not as 'vertical' subprojects or interventions, but as an integrated set of technical assistance (TA) support to each of the administrative regions belonging to each regional cluster and their respective LGUs. Applicants are expected to propose activities that are appropriate and relevant to the situation and needs of each island cluster as described in Annex A and based on their knowledge of respective areas.

Component 1: Scaling Up FP/MNCHN Service Delivery – The project will support the increased demand for FP/MNCHN services and strengthen its network of service providers.

1. Subcomponent 1.A: Generating Demand for FP/MNCHN Services

Generating Demand and Utilization for FP Services

This sub-component is expected to increase the number of women of reproductive age (WRA) and men consulting and seeking FP counseling and services from appropriate sources (e.g., community health teams, itinerant teams, parent-leaders, health units/centers both public and private, and other facilities such as in the work place and schools.). Such health consults and visits including Family Development Sessions are expected to redound to reducing the unmet need of women for modern FP methods. The project will support the design and/or scaling up of key strategies and approaches that have been proven effective in generating positive health-seeking behavior of WRA, thus reducing their unmet need for FP. These strategies are expected to correct both public and private health service providers' bias and help them in: (i) choosing and packaging FP messages to inform and gain the commitment of men and WRA with FP unmet need, (ii) incorporating FP messages as a routine part of their good health care delivery during prenatal, post-partum, and well-child visits, and (iii) disseminating FP service information such as the positive health benefits of spacing births and about the dangers of high-risk births to both mothers and children with emphasis on combating myths about FP. In this regard, the regional projects will work jointly with USAID/Philippines' health communication project (CHANGE) and with the designated Health Education and Promotion Officers (HEPO) and Population Commission (PopCom) officers at the local level. The Projects will pursue approaches designed with and through the engagement of local NGOs, civil society organizations, local association of midwives and other health professional associations, private companies such as from the pharmaceutical sector, and community health teams (CHTs) to disseminate relevant FP messages, scaling up interpersonal counseling and communications (IPC/C) among providers so that they are able to respond to specific FP/reproductive health (RH)

needs of their clients; organizing outreach FP service delivery, expanding male involvement, and reaching out to adolescents and youth with FP/RH interventions.

Generating Demand and Utilization for MCH Services

This subcomponent aims to improve the demand for and utilization of MCH services. Project efforts are expected to increase the number of pregnant women seeking and obtaining timely and adequate prenatal consultations, delivering births in the facility and attended by skilled-birth attendants, practicing exclusive breastfeeding for six months and continue breastfeeding up to two years and beyond, use of oral rehydration therapy (ORT) with zinc if their children experience diarrhea, ensuring that their children are fully immunized and are receiving vitamin A supplementation, and early detection and treatment of pneumonia. The Project will support the organization and training of community health teams (CHTs) as the means of improving the health-seeking behavior of mothers/caretakers as well as other innovative approaches to improve health seeking behavior of mothers and other caregivers. These CHTs are now being scaled up by DOH and LGUs. The project will pursue approaches designed with and through engagement of local public and private organizations to improve provider behavior towards pro-active provision of MCH services.

2. Subcomponent 1.B: Strengthening the Supply of FP/MNCHN Services

Strengthening the Supply of FP Services

This subcomponent aims to improve the capacity of the health care providers in the delivery of FP counseling and services, and to expand the availability of said services especially in areas and among populations with high FP unmet need. Efforts to improve capability of health care providers include the in-service training for new midwives on Basic FP and training of service providers, both in the public and private sector, on post-partum contraceptive methods available on site. Approaches to expand FP service delivery include the establishment of support ambulatory FP services that will deploy itinerant teams providing LAPM, expand access to natural family planning (NFP) methods, social behavior change communication to correct provider bias against specific FP methods, availability of low-cost contraceptives through community-based outlets and other alternative distribution points such as workplaces, integration of FP services targeting women during prenatal, post-partum, and well-child visits, and expansion of natural family planning (NFP) service delivery. This subcomponent also aims to ensure appropriate FP information services are provided to men to increase their involvement, and ensure that the FP needs of the adolescents and youth are addressed and met. Where the full range of FP services is not available, the project will work to install or strengthen referral systems. Accordingly, this subcomponent will also support the establishment of service delivery networks to address the delays in the referral process (e.g., communication, transportation, and provider incentives)

Strengthening the Supply of MNCHN Services

This subcomponent aims to strengthen the provision of MNCHN services by capacitating service providers, increasing the adoption of innovative mechanisms and protocols, establishing the

service delivery network and expanding service delivery outlets/points for MCH. Efforts under this subcomponent are expected to increase the pool of competent service providers in both the public and private sectors in providing emergency obstetric care and essential intrapartum and newborn care (EINC) and those adopting and practicing life saving measures (e.g., use Uniject for oxytocin) in the management of the third stage of labor (AMSTL). It is also expected that service providers are equipped with appropriate health information and skills to cater to the needs of men and to enhance their involvement in maternal and child care. The quality of antenatal care is also expected to improve through the provision of more services (e.g., Vitamin A, iron folate, birth planning and information on nutrition for anemia); and by expanding the group antenatal counseling sessions for increased uptake of exclusive breastfeeding and appropriate complementary feeding for children 6 months-2 years old. This subcomponent also supports the establishment of service delivery networks to address the delays in the referral process (e.g., communication, transportation, and provider incentives).

Component 2: Removal of Local Policy and Health Systems Barriers Common to FP/MNCHN Service Delivery – The Project will help create a more encompassing policy, financing and regulatory environment for the expanded and sustained provision of FP/MNCHN services in each cluster of regions. It will also strengthen local systems for managing health information, financing of FP/MNCHN services, as well as the procurement, logistics and distribution of essential FP/MNCHN supplies. Necessarily, the project will, in coordination with the CHANGE and HPDP2 projects, design and implement an advocacy strategy to strengthen LGUs' espousal and adoption of enabling local health policies and systems that are supportive of FP/MNCHN service delivery.

Subcomponent 2.1 Local Health Policy for FP/MNCHN

It is expected under this subcomponent that the local policy and health systems support for FP/MNCHN service delivery are in place in the Project sites. Efforts are expected to redound to enhanced local policy environment for FP service delivery such as the adoption of policies and guides on reproductive health services for men and youth and the operationalization of the Contraceptive Self Reliance (CSR) Policy and other relevant policies/laws on FP/RH provision. In MCH, supportive policy environment is also envisioned by allowing health workers, particularly midwives in remote areas without physicians, to administer lifesaving drugs such as oxytocin and magnesium sulfate, and have these practices documented for wider adoption to other areas. Local health policies shall serve to facilitate the organization and functioning of service delivery networks (SDN) and support private sector participation therein.

Subcomponent 2.2 Establishing Local Health Systems Support for FP/MNCHN

This subcomponent aims to establish and strengthen local health systems support for FP/MNCHN service delivery which include the financing support system, data management system, FP/MNCHN commodity security and supportive supervision. It is expected that each project site will benefit from the effective and efficient operations of these systems in support to sustained delivery of FP/MNCHN services in their respective localities.

The project sites are to benefit from their strengthened local health planning and fund allocation system for FP/MNCHN services, with increase in the number of PhilHealth accredited LGU

health facilities on maternal care package (MCP) and Outpatient Benefit Package (OPB) and improved access and utilization of DOH FP/MNCHN central grants.

Project inputs are expected to increase the number of LGUs with improved quality of data being generated by the Field Health Service Information System (FHSIS), their information technology (IT) and other electronic initiatives expanded to other localities in the project sites, innovative (e.g., electronic medical records, swipe cards) and comprehensive patient record systems (e.g., family health folders, swipe cards) are in place and functional together with health information management initiatives, such as strengthening data quality checks (DQC).

The Projects aims to enable the project sites to implement their FP/MNCHN commodity security plans which include the timely forecasting, procurement and distribution of FP/MNCHN supplies needed by public health facilities. The projects will also help establish FP/MNCHN commodity security other sites and establish procurement and logistics system including supply inventory monitoring system (SIMS).

The Projects are expected to establish in each project site a functional FP/MNCHN system of supportive supervision by training health supervisors and expanding the coverage of training to other localities in the project sites.

The Projects are expected to help LGUs establish, operate and sustain the service delivery network (SDN) for MNCHN. It is anticipated that each of the project sites will have an increase in the number of community health teams, organized, mobilized and sustained for FP/MNCHN service delivery and referrals with expanded availability of private midwife-based clinics, and PhilHealth accredited midwives and facilities so that they can enlist as part of the service delivery network. It is hoped that the networking of health care facilities and providers in both public and private sector for FP/MNCHN is strengthened and that the CHDs and regional offices of the Department of Social Welfare and Development (DSWD) and LGUs are collaboratively operationalizing the DOH's thrust on universal health care and the supply-side of DSWD's CCT program.

Component 3: Strengthen CHDs' capability in TA provision on local FP/MNCHN operations in the context of the MNCHN Strategy and KP - As the project strengthens LGUs in the service provision of FP/MNCHN, CHDs should be concurrently enhanced to ensure that they are able to steward the local health offices, monitor their performance, and institutionalize the training, TA, and other project inputs.

This component is expected to build the capacity of the CHDs in performing their functions and tasks in the FP/MNCHN operations, particularly in: (i) generating demand and utilization of FP/MNCHN services; (ii) strengthening the FP/MNCHN service delivery network; and (iii) addressing policy and local health systems barriers to accessing FP/MNCHN services. Capability build-up efforts are expected to redound to availability of the following skills/expertise in each CHD:

- research and data analysis;
- technical expertise on FP/MNCHN programs and service protocols; Advocacy skills in

resource mobilization (in terms of finances, human resources, private sector participation, etc.);

- full appreciation of the MNCHN Strategy and actualization in the context of KP;
- skills on financial management of resources mobilized from various sources;
- investment planning and monitoring skills for FP/MNCHN;
- coordination and management skills of the TA projects;
- review and modification of organizational arrangements to suit KP implementation; and
- supervisory and mentoring skills

The projects will involve the CHDs in the design, planning, management, implementation and monitoring of the different TA programs and activities at the local level.

C. Approach to Working with CHDs, LGUs and other USAID/Philippines Projects

The Integrated MNCHN/FP Regional Projects will work directly with the regional health offices under their respective cluster including the PHOs/CHOs of the selected project sites. The list of these corresponding regional offices can also be seen in Annex A.

The LGUs have various levels of capability in providing and managing their FP/MNCHN services in a sustainable manner. Since the needs of LGUs vary, the project must tailor its activities to well-articulated and evidence-based needs. The following steps are anticipated to be involved in working with CHDs and LGUs.

Phase I, Orientation Phase – The project is expected to hold initial meetings with the following to assess their needs, building on plans to reduce FP/MNCHN unmet need, and confirm their support to the project strategy: (i) DOH's operational clusters; (ii) concerned CHD officials and program managers; (iii) regional officials of the Population Commission (PopCom) and PhilHealth; (iv) regional officials of DSWD; (v) governors, provincial planning and development officers and budget officers; provincial health officers, and city/municipal health officers of LGUs where the project will operate; and (vi) local government leagues (LPP, LCP, LMP) should also be sought. This will be done within three months after the award.

Phase II, Planning Phase – Based on interests expressed by stakeholders who were consulted in Phase I, plan the provision of project inputs at the LGU and CHD levels. The plan should include specific activities, deliverables, their costs, and their schedules. Using the results framework, the project will develop a baseline database incorporating existing surveys and other data, particularly data from the 2011 Family Health Survey, for all areas covered by the project which should be completed within three months of project inception. This will be done within six months after the award.

Phase III, Roll out Phase – Implement agreed-upon work plans with CHDs and LGUs. The project is expected to work with other USAID projects, local replicating agents (LRA), local technical assistance providers (LTAP), and other local entities. LRAs and LTAPs are organizations, mostly civil society groups, with experience in replicating or scaling-up best practices or high impact initiatives within defined geographic or technical areas of coverage. The project will decide, in consultation with USAID/Philippines, how best to organize financial flows between itself, the

replication agents/LTAP providers, implementing partners, and its LGU and CHD clients. This will be done within nine months after the award.

In all the phases of the project, the Recipient is expected to: (a) work with regional and LGU staff in a participatory manner to jointly determine needs and the appropriate responses; (b) use existing tools as appropriate and not endeavor to develop new ones if already available; (c) give emphasis to building both the confidence and capacity of regional and LGU staff to carry out their mandated functions; (d) work with regional and LGU staff to strengthen their ability to improve their own systems rather than just improving the systems just improving the systems themselves or simply delivering Recipient-designed systems; and (e) address sustainability issues immediately as they occur during project implementation and progress toward their resolution should be monitored periodically.

USAID/Philippines will adopt a synchronized and integrated approach in dealing with LGUs, regional Centers for Health Development (CHDs), and other local stakeholders participating in project-funded activities including the CEM and MNCHN Scale-Up projects. To realize this objective, USAID/Philippines will mandate the Integrated MNCHN/FP Regional Projects to exercise the function of being a physical and virtual regional field coordination office to all cooperating agencies which will be involved in field activities in Luzon, i.e., PRISM2 Project, the HPDP2 (Policy Project), CHANGE (health communication project), the TB Project, and the CEM and MNCHN Scale Up projects. This will be done through a variety of mechanisms including (a) joint planning and programming of all activities in the field; (b) joint supervision, monitoring and evaluation visits, where feasible; and (c) informing in advance the field coordination office of all trips and activities to be made in the field. This function is not intended to make the Integrated MNCHN/FP Regional Projects a gatekeeper of the other projects' visits, but to improve coordination and to lessen the transaction costs incurred by LGUs, CHDs, and other local stakeholders in having to know and to frequently deal with a multiplicity of cooperating agencies' staff.

D. Other Considerations

In addition to the core activities, the Recipients are advised to take the following considerations in the design and implementation of the project:

1. Local Capacity Building – Based on the Agency's "USAID Forward" initiative, USAID/Philippines needs to vigorously build local capacity and engage in a much greater degree with local institutions for the management of USAID-funded activities. Towards this end, the Recipients will be required to source, whenever feasible, any available technical assistance (long and short term) and supplies from local sources.

2. Greater Innovation – Under USAID's Global Health Initiative, USAID/Philippines desires to hasten achievement of project results through greater innovation. Towards this end, this project is expected to focus greater attention on the adoption and use of proven and approved new products and processes, e.g., new biomedical applications and therapies; new diagnostics; new information technologies such as e-health, e-medicine, and mobile health.

While the innovation mandate is important, USAID/Philippines discourages cooperating agencies' tendency to self-promote their technical products and to avoid other CAs' products (especially products of any incumbent projects and those developed in earlier projects). To mitigate this adverse phenomenon, USAID/Philippines will exercise diligence in making sure that (a) only products or tools of known efficacy and effectiveness are adopted and scaled up; (b) CAs will not unduly multiply corporate or project brand names, acronyms, abbreviations, neologisms, buzz words, and other barriers to innovation and adoption; (c) good practices are documented and shared, a task that will be expected of this project; and (d) official approval from DOH and other certifying authorities will be sought for proven tools, manuals, guides, processes and procedures so that they can be adopted more widely. The innovation mandate also includes sharing of demonstrated good practices that the project finds from places outside the Philippines.

The Recipients are expected to identify the most cost-effective way of introducing and scaling up a new technology (including, for instance, videoconferencing instead of visits; video documentation and podcasts instead of study tours; text blasts instead of leaflets; websites and social media instead of publications) that minimizes time away from service delivery.

3. Partnership in Delivering Disaster Response - The Philippines is vulnerable to natural hazards. Due to its geographic location, the country is one of the world's most disaster prone countries, particularly vulnerable to tropical cyclones and floods, earthquakes, landslides and volcanic eruptions. These disasters can easily wipe-out development gains in the country.

   On a case-to-case basis, USAID/Philippines mobilizes its various implementing partners to assist in delivering humanitarian assistance. Hence, project implementation frameworks of partners are encouraged to have the agility to dispatch resources, re-align budgets and support the rapid delivery of humanitarian assistance. USAID/Philippines in responding to large-scale disasters may request implementing partners to re-align the distribution of project resources to disaster affected areas and vulnerable populations, and contribute in alleviating human suffering and expedite social and economic recovery. The scope and deliverables expected from the re-alignment of project resources will be mutually agreed by USAID/Philippines and the implementing partner.

4. Gender - Gender equality and female empowerment are essential for achieving USAID's development goals. The new USAID Gender Policy advances equality between females and males, and empowers women and girls to participate fully in and benefit from the development, through the integration of gender in the entire project cycle -- from project design and implementation to monitoring and evaluation. This integrated approach focuses on achieving three overarching outcomes: 1) Reducing gender disparities in access to, control over and benefit from resources, wealth, opportunities, and services – economic, social, political, and cultural; 2) Reducing gender based violence and mitigate its harmful effects on individuals and communities, so that all people can live healthy and productive lives; and 3) Increasing the capability of women and girls to realize their rights, determine their life outcomes, and influence decision making in households, communities, and societies.

To operationalize these overarching outcomes, Recipients are expected to adopt any of the seven output and outcome indicators, as appropriate, on gender equality, female empowerment, and gender-based violence in the USAID's Gender Policy. The Project shall also develop a strategy for ensuring the integration of gender considerations into the work plan and the M&E Plan, and for reporting on how the project benefited men and women. Progress of all related activities will be measured and verified using gender-sensitive performance indicators that will be part of the PMP. All people-level indicators must be disaggregated by sex, and included in project reports.

Project activities will be implemented in a manner that promotes fair, equitable, and meaningful inclusion of both men and women in all project activities.

To provide greater focus on gender equality and female empowerment in this project, the Project will prepare a Gender Action Plan that will include the following considerations:

- Conduct of training for the project staff, partners and cooperators on gender awareness, gender analysis and gender-responsive planning.
- Collection of sex-disaggregated data for baselines and monitoring of all people-level indicators and use of gender analysis tools to identify potential gender gaps and constraints,
- Conduct gender-responsive consultations to encourage the active participation of women and ensure that the voices of women are heard and reflected in project plans and activities.

The preparation of the Gender Plan of Action should be guided by the USAID gender policy (http://www.usaid.gov/our_work/policy_planning_and_learning/documents/GenderEqualityPolicy.pdf) and compliant with GPH's Harmonized Gender and Development Guidelines in http://neda.gov.ph/hgdg/homepage.html.

5. Youth - Where projects or activities have specific interventions that target or benefit the youth (defined as those within the age range of 10 to 29 years old), people level indicators must be disaggregated by age.

6. Cities Development Initiative - USAID/Philippines' Cities Development Initiative is being undertaken to promote the growth of cities that have the potential to take off and enable the Philippines achieve the goal of moving from a low growth path to a higher, sustained and more inclusive growth trajectory in line with other high-performing emerging economies. The Cities Development Initiative is a bridge to the implementation of programs under the broader PFG agreement between the United States and the Philippines, launched with the signing of the Statement of Principles by Secretary Hillary Clinton and Philippine Foreign Affairs Secretary Albert del Rosario in November 2011.

7. Informed Choice and Voluntarism – Since FP cannot be separated from the provision of maternal and child health services, the Recipients shall ensure that all its activities conform to the principles of Informed Choice and Voluntarism (ICV). USAID/Philippines shall orient the Recipient on Family Planning Policies requirements of both the U.S. and Philippine governments.

8. Environmental Compliance – This project is expected to comply with the standard USAID provisions on environmental compliance (EC). The overall threshold determination for this assistance is a Negative Determination with conditions, as documented in IEE Asia 12-57_ approved by the Bureau Environmental Officer (BEO) on 26 March 2012. The Recipient is expected to exercise due diligence in identifying project-related activities for which greater environment-friendly interventions could be practiced, especially in medical waste disposal, disposal of used condoms and other contraceptives, and infection control. For training activities, for instance, Recipient shall ensure the health curriculum covers best management practices that are consistent with current DOH protocols and USAID guidelines.

9 Inclusive Development - USAID is committed to the inclusion of people who have physical and cognitive disabilities and to provide support to organizations that advocate and offer services for people with disabilities (PWDs). USAID focuses on improving access of PWDs to development programs and on removing barriers that cause exclusion. All its grants, cooperative agreements and contracts have provisions on the inclusion of people with disabilities. In line with the USAID Disability Policy, the Activity/Project will promote the participation and equalization of opportunities of individuals with disabilities, increase awareness of issues of people with disabilities both within USAID programs and in host countries; foster a climate of nondiscrimination against people with disabilities; and support international advocacy for people with disabilities.

10. Sustainability – USAID/Philippines is seeking national impact on health outcomes through the collective effort of all its health projects in the Philippines. Achieving national impact in a decentralized management environment is an important challenge. It is therefore necessary that the Recipient identifies activities and interventions that have high probability of sustainability and plans for the continuity of these activities.

12. Geographic Information System - Where projects or activities are implemented in particular locations the Recipient should map and track interventions and fund use. As possible and appropriate, this could be done by barangay, municipality, province, region, and island grouping (Luzon, Visayas and Mindanao).

13. Outreach - As part of their response to this solicitation, Applicants should articulate a plan for outreach, dissemination and collaborative learning about the results (outputs and outcomes) of the project/activity, performance improvements, and lessons learned. Applicant's Outreach plan will include support to USAID/Philippines in organizing or participating in VIP visits and civilian-military activities, contributing to regular reports to the Administrator (weekly or monthly reports on significant project events), and representing the USG in meetings or fora relevant to FP/MNCHN.

14. Standard Property Rights Clauses – It is necessary that USAID archive activity related data to ensure that at the conclusion of the award, the Agency will still have access to the data. Data that are collected and produced under the activity must be stored in a database management system or other structured data file format. These data will be provided in whole to USAID for further analysis and dissemination if relevant.

V. ANTICIPATED RESULTS AND INDICATORS

A. Outcome Indicators

All efforts under the Integrated MNCHN/FP Regional Projects must contribute to the achievement of the national health outcome targets consistent with the higher level indicators of the USAID/Philippines health program (Annex B). As far as feasible, the Projects should be able to attribute the increase or improvement in these indicators to USAID support. The SDAH approach of DOH and cooperating partners ensures that no duplication of efforts among donors occur within the same LGUs.

- Increase modern CPR at national level from 37% in 2011 to 43% in 2017 (Note: NOH target is 67% by 2016)
- Reduce unmet need for FP at national level from 19.3% in 2011 to 14% in 2017
- Reduce unmet need for spacing at national level from 11% in 2011 to 7% in 2017
- Reduce unmet need for limiting at national level from 9% in 2011 to 7% in 2017
- Increase modern CPR among adolescents (15-19 years old) from 20% in 2011 to 26% in 2017 (Note: NOH indicator is to reduce pregnancy rate among adolescents from 9.9% in 2008 to 4% by 2016)
- Increase percent of deliveries with skilled birth attendants in USG assisted programs from 72% in 2011 to 78% in 2017 (Note: NOH target is 90% by 2016)
- Increase percent of facility-based deliveries in USG-assisted sites from 54% in 2011 to 64% in 2017 (Note: NOH target is 90% in 2016)
- Increase percent of pregnant women receiving at least four ANC in USG-assisted sites from 77% in 2011 to 90% in 2017
- Increase percent of infants exclusively breastfed in the first six months in USG-assisted sites from 26% in 2011 to 40% in 2017 (Note: NOH target is 10% increase per year from a baseline of 60% in 2010 taken from the NOH Midline Survey)
- Increase percent of fully immunized children (FIC) in USG-assisted sites from 84% in 2011 to 90% in 2017
- Increase percent of children age 6-59 months who receive Vitamin A supplements in the last six months in USG-assisted sites from 81% in 2011 to 90% in 2017
- Increase percent of under-five children with diarrhea treated with ORT in USG-assisted sites from 52% in 2011 to 70% in 2017 (Note: NOH target is 100%)

B. Output Indicators

Following are considered essential output indicators. The Applicants are expected to propose output indicators that are appropriate and relevant to the situation and needs of each island cluster.

B.1. Scaling Up FP/MNCHN Service Delivery

- Number of service providers which incorporated FP messages as a routine part of good health care during prenatal, post-partum, and well-child visits;
- Number of counseling visits/consultations for FP services conducted;
- Number of LAPM acceptors reached through outreach/itinerant teams;

- Number of NFP acceptors reached;
- Number of adolescents and youth reached with FP/RH interventions and information;

B.2 Strengthening Maternal, Newborn, and Child Health and Nutrition Service Delivery

- Number of NGOs/CSOs engaged in local capacity building and MNCHN information dissemination;
- Number of public and private service providers trained and practicing AMTSL;
- Number of public and private service providers trained and practicing EINC protocol;
- Number of breastfeeding support groups established; and
- Number of LGUs with local policy enacted on RH services for men, adolescents and youth.

B.3 Removal of Local Policy and Health Systems Barriers Common to FP/MNCHN Service Delivery

- Number of LGUs which adopted AMSTL administration policy without physicians in remote areas;
- Number of LGUs which established functional FP/MNCHN SDN networking between the public and private sector health facilities/providers;
- Number of LGUs which provided budget for FP/MNCHN and with secured FP/MNCHN commodities;
- Number of LGUs which enhanced their FP/MNCHN data management system; and
- Number of LGU-FP/MNCHN supervisors practicing supportive supervision.

B.4 Strengthening CHDs' Capability in TA Provision on Local FP/MNCH Operations in the Context of the MNCHN Strategy and KP

- Number of CHD staff skilled on FP/MNCHN policies, guides and service protocols;
- Number of CHDs with teams skilled on advocacy, resource mobilization and multi-sectoral collaboration
- Number of CHDs with enhanced/modified organizational set up aligned with KP thrust and with corresponding concrete plans to fully operationalize the FP/MNCHN Strategy in the context of the KP thrust;
- Number of CHDs with teams skilled on financial management, investment planning and monitoring of FP/MNCHN;
- Number of CHDs with established and functional coordination mechanisms for all TAs and other externally supported initiative.

VI. RELATIONSHIP WITH OTHER PROJECTS AND PROGRAMS

Annex C shows the diagram of how the Integrated MNCHN/FP Regional Projects will inter-relate with the other USAID projects. The Integrated MNCHN/FP Regional Projects will work jointly with ongoing and the next USAID health projects to capitalize on the strengths, activities and networks of existing health projects. Areas for collaboration with ongoing projects include the following:

a. CHANGE (Health Communication Project) – The Recipients will utilize relevant IEC and BCC products of the previous health communication projects including IPC/C and

advocacy training. The Recipients will also work closely with the new communication project (CHANGE) which will be mandated to develop approaches, models, and templates on all communications initiatives which will then be utilized at the local level by the Integrated MNCHN/FP Regional Projects, including reproduction and/or leveraging for the reproduction of communication materials.

b. Health Policy Development Project 2 (HPDP2) – Most FP/MNCHN policies and guidelines are in place. However, the Recipients will collaborate closely with HPDP2 in working with partner CHDs, LGUs, PHOs, CHOs and MHOs for any policy related issues on FP/MNCHN that may arise in the course of policy implementation or enforcement. HPDP2 and the Regional Projects will also closely collaborate in pursuing new initiatives. Complementing each other based on a synchronized policy agenda, HPDP2 efforts will be focused at the national and regional levels while the Regional Projects will sustain local policy advocacy in support of their service delivery agenda.

c. Local Grants for Midwives' Capacity Strengthening (Capacity Enhancement of Midwives Project (CEMP) and MNCHN SCALE-UP Project) – These USAID-managed grants to local institutions are complementary to each other and will be implemented in the same nine sites: The MNCHN SCALE UP grant will support a midwife association to train its members on modern midwifery practices, such as active management of the third stage of labor (AMTSL), early and intrapartum newborn care (EINC), antenatal care (ANC), FP including postpartum FP, and infant and young child feeding and exclusive breastfeeding (IYCF/EBF) counseling. The other grant, CEMP, will train midwives on AMTSL and other modern obstetric and gynecological practices, to train senior/leader midwives as supervisors/mentors, to establish a referral system on high-risk cases, to provide backstop support for the PhilHealth accreditation of health facilities, and to support midwives in maternal death reviews and perinatal death reviews.

d. PRISM2 Project – The Recipients will work closely with PRISM2 on several activities, namely (1) selection of a common set of modules and tools for AMSTL, EINC, ANC, FP and IYCF/EBF counseling, as well as for the same documents for CHTs; (2) establishing among midwives the practice of public sector reporting through its TIPPP on M&E; (3) sharing experiences with providing technical assistance to qualify for PhilHealth accreditation and in addressing concerns in other PhilHealth processes, such as reimbursements or filing for claims; (4) sharing insights and lessons regarding PRISM2 initiatives on SDNs in selected sites; (5) facilitating the partnership between midwife association and local medical societies; (6) institutionalizing the referral and training resource partnership and conduct of maternal and perinatal death reviews; and (7) training institutionalization efforts.

USAID/Philippines will adopt a synchronized and integrated approach in dealing with LGUs, regional Centers for Health Development (CHDs), and other local stakeholders participating in project-funded activities. To realize this objective, USAID/Philippines will mandate the Integrated MNCHN/FP Regional Projects to exercise the function of being a physical and virtual regional field coordination office to all cooperating agencies which will be involved in field activities in Luzon, i.e., PRISM2 Project, HPDP2 (policy project), CHANGE (health communication project), the TB

Project, the CEMP and MNCHN Scale Up projects and other related USAID activities. This will be done through a variety of mechanisms including (a) joint planning and programming of all activities in the field; (b) joint supervision, monitoring and evaluation visits; and (c) informing in advance the field coordination office of all trips and activities to be made in the field. This function is not intended to make the Integrated MNCHN/FP Regional Projects a gatekeeper of the other projects' visits, but to improve coordination and to lessen the transaction costs incurred by LGUs, CHDs, and other local stakeholders in having to know and to frequently deal with a multiplicity of cooperating agencies' staff.

VII. Qualifications of Key Personnel

1. **Chief of Party –** The COP will supervise all activities under the Agreement and have overall responsibility for the successful performance of the technical assistance team. The COP will exercise strategic leadership and primary administrative responsibility on all requirements of the Agreement to ensure that performance objectives are met. The COP will be responsible for overall administrative oversight of project. COP will be the official representative of the Recipient and will maintain communication among all relevant parties, particularly USAID, DOH, PHIC, PopCom, DSWD, LGUs and other stakeholders.

   Responsibilities:
   - Provide overall direction of all technical and administrative operations under the Agreement;
   - Develop or strengthen strategies that scale up FP/MNCHN services in the project sites;
   - Oversee the annual project planning cycle to formulate comprehensive work plans and budgets in accordance with USAID/Philippines planning cycle, and ensure that planning is done effectively with partners;
   - Manage and coach project staff so that they can determine the TA requirements of their LGU and CHD clients, develop suitable scopes of work, recruit consultants if necessary, execute TA instruments, and review consultants' work;
   - Supervise the work of all key staff as well as short-term consultants;
   - Ensure the timely preparation and submission of semi-annual, annual, and other reports specified in the Agreement;
   - Oversee all institutional sub agreements executed under the prime Agreement;
   - Monitor the progress of project implementation and bring to USAID's attention any issues regarding project implementation;
   - Function as the primary liaison between USAID, DOH and other collaborating agencies on all administrative and financial matters related to the project;
   - Chair the inter-Cooperating Agencies' regional field coordination.

   Desired qualifications:
   - Advanced degree (at least master's level) in public health, medicine (M.D.), social sciences, information sciences and informatics, business and management, communications and media, or other fields related to the concerns of the project;
   - At least 10 years of experience managing a project of similar or related nature, size, and complexity, with national or local governments, NGOs, or donors; preference given to a candidate who has actually worked in devolved health settings;
   - Familiarity and understanding of USAID policies and procedures, or those of other donors,

or those of donor-funded projects; or community based projects; or corporate social responsibility projects; and
- Familiarity with the Philippines health system and local culture.

2. **Deputy Chief of Party (DCOP) –** The DCOP will provide primary support to the functions of the COP in supervising the activities defined in the Agreement, including all technical inputs required. With the COP, the DCOP will be responsible for ensuring that all technical assistance provided under the project are strategic, coherent and consistent. The DCOP will assist the COP in the timely tracking, coordination and reporting of information related to project activities.

   Responsibilities:
   - In close collaboration with COP, provide overall technical oversight for all work and activities necessary to achieve objectives, outputs, services and products expected under the Agreement;
   - Develop or strengthen strategies that scale up FP/MNCHN services in the project sites, but especially focusing on the private sector;
   - Coordinate the liaison work of all team members with their designated counterparts within the LGUs, DOH, PHIC, PopCom, Leagues, and other government agencies, professional organizations, USAID contractors and Recipients, interest groups, and community at large to ensure effective technical assistance provision;
   - With the COP, supervise the implementation of all activities under the Agreement to ensure that performance schedules are observed and outputs are completed according to schedule;
   - Together with the COP, provide direction and support for the preparation of work plans for each area of project activities;
   - Formulate the overall strategy for the provision of technical assistance to LGUs and CHDs.

   Desired Qualifications:
   - Advanced degree (at least master's level) in public health, medicine (M.D.), social sciences, information sciences and informatics, business and management, communications and media, or other fields related to the concerns of the project;
   - At least 7 years of experience being involved in a project of similar or related nature, size, and complexity, with national or local governments, NGOs, or donors; preference given to a candidate who has actually worked in devolved health settings;
   - Demonstrated understanding and familiarity with issues faced by private sector health providers, especially as it pertains to the concerns of the project;
   - Familiarity and understanding of USAID policies and procedures, or those of other donors, or those of donor-funded projects; or community based projects; or corporate social responsibility projects; and
   - Familiarity with the Philippines health system and local culture.

3. **FP/MNCHN Specialist** – The FP/MNCHN Specialist will be primarily responsible for ensuring that strategies to improve the capacity of LGUs in the provision of FP/MNCHN services are technically sound, up-to-date, of proven efficacy, and implementable in local settings.

   Responsibilities:
   - Develop an overall strategy for the provision of technical assistance in FP/MNCHN service

delivery to LGUs;
- Lead field staff in assessing and analyzing FP/MNCHN policies, programs and activities and coming up with appropriate solutions to local bottlenecks;
- Lead in the formulation of training and capacity-building strategies for the scaling up of FP/MNCHN services in LGUs, including deployment of CHTs;
- Support field staff in developing LGU-based commodity and services procurement mechanisms, systems of distribution and drug SIMS management programs that will improve the availability and choices of contraceptives and other essential drugs, supplies and services;
- Support regional and LGU staff expand and improve data quality check (DQC).

Desired Qualifications:
- Advanced degree (at least master's level) in public health, medicine (M.D.), social sciences (such as medical anthropology), or other fields related to the concerns of the project;
- At least 7 years of experience being involved in a project of similar or related nature, size, and complexity, with national or local governments, NGOs, or donors; preference given to a candidate who has actually worked in devolved health settings;
- Demonstrated understanding and familiarity with issues faced by health workers involved in the provision of FP/MNCHN services, in either the public or the private sectors;
- Familiarity and understanding of USAID policies and procedures, or those of other donors, or those of donor-funded projects; or community-based projects; or corporate social responsibility projects; and
- Familiarity with the Philippines health system and local culture.

4. BCC Specialist – The Behavior Change Communication (BCC) specialist will be primarily responsible for information, communication, and education (IEC) as well as behavior change communications activities of the project that support the scaling up of the demand and supply of FP/MNCHN services in LGUs. S/he will work in collaboration with the other USAID project on Health Communication so that models, tools, standards and campaigns developed in that project are implemented in the regions and LGUs.

Responsibilities:
- Analyze LGU situations pertaining to the challenge of increasing the household demand for FP/MNCHN services and provider behavior in responding to unmet needs for FP/MNCHN;
- Formulate locally appropriate IEC/BCC strategies based on national models, templates, and standards developed by the Communications project of USAID, and based on local analyses conducted by the regional project;
- Guide the local implementation of IEC/BCC activities in both public and private sectors based on demonstrated good practices; and
- Ensure that LGUs take cognizance of the importance of IEC/BCC and that they devote adequate resources and manpower to these activities.

Desired Qualifications:
- Advanced degree (at least master's level) in development communications, media, broadcasting, public health, medicine (M.D.), social sciences (such as medical anthropology), education, or other fields related to the concerns of the project;

- At least 5 years of experience being involved in a project of similar or related nature, size, and complexity, with national or local governments, NGOs, or donors; preference given to a candidate who has actually worked in devolved health settings;
- Demonstrated understanding and familiarity with development communications issues and solutions, especially in public health;
- Familiarity and understanding of USAID policies and procedures, or those of other donors, or those of donor-funded projects; community-based projects; or corporate social responsibility projects; and
- Familiarity with the Philippines health system and local culture.

5. **Monitoring and Performance Management Specialist** – The Monitoring and Performance Management Specialist will be primarily responsible for keeping track of project progress and reporting on such progress in a regular and timely manner to the project management, USAID/Philippines, DOH, and LGUs concerned. S/he will work with the other Specialists of the other USAID regional FP/MNCHN projects to come up with a national picture of the FP/MNCHN situation in project sites in Luzon, Visayas, and Mindanao. Given the emphasis on innovations in this project, the M&E specialist will be tasked with making sure that these innovative interventions are evaluated adequately.

   Responsibilities:
   - Ensure compliance with USAID M&E policies within the project. Develop, as needed, the guidance, tools and mechanisms to operationalize the USAID M&E policy requirements including the preparation of the project's five-year project monitoring plan (PMP) and updating the PMP annually.
   - On behalf of the Recipient, work very closely with USAID to design a project evaluation (through a third-party evaluation contractor) towards the end of the period of performance. Scopes of work and subsequent reports of summative/final as well as impact evaluations will be shared with the Recipient by USAID for review and inputs prior to finalization and dissemination. He/She should track project performance and plan and track the utilization of related data in decision making on project strategies and priorities, and possible adjustments to design of project intervention. Scopes of work of project-initiated assessments activities as well as reports shall be reviewed and approved by USAID prior to execution and dissemination, respectively.

   Desired Qualifications:
   - Advanced degree (at least master's level) in public health, medicine (M.D.), social sciences (such as economics, sociology, or medical anthropology), public administration, international relations, education, or other fields related to the concerns of the project;
   - At least 5 years of progressively responsible, job-related, professional-level experience in M&E of social development projects of similar or related nature, size, and complexity, with national or local governments, NGOs, or donors; preference given to a candidate who has actually worked in devolved health settings;
   - Demonstrated experience in the application of logical framework, data collection, statistical methods, and field research; specific experience in the quantitative and qualitative analysis of development programs, database development and management, and operation of analytical software;

- Demonstrated knowledge and understanding of the country's economic, cultural, political and social context including the country's health situation;
- Familiarity and understanding of USAID policies and procedures, or those of other donors, or those of donor-funded projects; community-based projects; or corporate social responsibility projects; and
- Familiarity with the Philippines health system and local culture.

Annex A1

Summary of the Family Planning/Maternal, Neonatal and Child Health and Nutrition (FPMCHN) Situation in Luzon

I. Population and Socio-Economic Situation

Luzon is the biggest island group composed of 38 provinces and 63 cities with a population 52.36 million (2010 Census and Housing Population). Luzon comprises eight administrative regions with their respective population sizes, population growth rate and poverty incidence shown below:

Table 1. Population and Poverty Incidence, Luzon

Region	Population (million) 2010 Census	Population Growth Rate (percent) 2010 Census	Poverty Incidence (percent) 2009
Cordillera Administration Region (CAR)	1.62	1.70	17.1
Region I – Ilocos	4.75	1.23	17.8
Region II – Cagayan Valley	3.23	1.39	14.5
Region III – Central Luzon	10.14	2.14	12.0
National Capital Region (NCR)	11.86	1.78	2.6
Region IVA – CALABARZON	12.61	3.07	10.3
Region IVB – MIMAROPA	2.74	1.79	27.6
Region V – Bicol	5.42	1.46	36.0
TOTAL POPULATION	**52.36**		

Source: NSCB

- The Philippines has a population of 92 million, of which about 23.2 million (25 percent of total Philippine population) are women of reproductive age (15 to 49 years old), 18.46 million (20 per cent) are adolescents and youth (15 to 24 years old), and 10.98 million (12 percent) are children five years old and below. Approximately 57% of the country's total population lives in Luzon.

- Five provinces in Luzon are included in the DOH's MDG breakthrough provinces where unmet need for FP, MNCHN and TB services are high.

- Through the National Household Targeting System for Poverty Reduction (NHTS-PR), 195 municipalities in Luzon are included in the 609 municipalities of the Philippines where there are the CCT program is being implemented.

II. Family Planning/Maternal, Neonatal, Child Health and Nutrition (FP/MNCHN) Status in Luzon

As with the rest of the country, two facts stand out on the status of FP/MNCHN services in Luzon: (1) there is a large unmet need for family planning; and (2) while the utilization of MNCHN services is already high, there are many missed opportunities for improving the content and quality of interventions. Table 2 shows the FP/MNCHN status in Luzon based on selected indicators.

Table 2. FP/MNCHN Status in Luzon, Selected Indicators								
Region	**FP**		**Maternal Health**			**Child Health**		**Nutrition**
	FP Unmet Need	**Modern FP/CPR**	**Modern FP CPR**	**Skilled Birth Attended Deliveries**	**Facility Based Deliveries**	**12-23 months received all due vaccines**	**6 month old to 5 year old children given VAC**	**Stunting among children <5 years old**
Philippines	20.5	36.9	94.5	72.2	55.2		81.3	
CAR	18.4	45.9	94.9		67.5	91.9	84.1	34.3
Region I	16.1	38.7	95.2	86.1	55.4	88.6	85.4	29.0
Region II	15.5	51	95.5	71.1	44.7	88.4	78.4	32.1
Region III	15.7	41.2	97	90.6	65.2	90.1	84.1	22.3
NCR	19.9	37.6	97.1	91.5	77.4	90.1	83.0	26.8
Region IV-A	16.0	36.9		82.6	36.2	87.5	85.2	27.4
Region IV-B	21.7	36.9	92.1	50.6	60.6	78.1	79.3	37.2
Region V	26.3	26.1	94.3	59.9	43.3	76.1	79.0	36.8

Sources: 2011 Family Health Survey and 2011 National Nutrition Survey

- Around 2.98 million women of reproductive age (WRA) in Luzon have an unmet need for family planning. This is about 56 per cent of WRA with unmet need all over the country. Based on the NHTS, 43 per cent of the country's 10.9 million total poor households are in Luzon.

- The 2011 FHS shows a high percentage of pregnant women went for antenatal care visits to skilled providers. However, only 56.3 percent actually delivered in health facilities. Of those who delivered at home, 44.8 percent were attended by "hilots" or traditional birth attendants (TBA). Of those who delivered in health facilities, 62.4 percent had skin to skin contact with child.

- Key policies such as the MNCHN policy (2008) and the KP/UHC policy (2010) are in place. USAID supported the formulation of most of these policy instruments as well as the initial phases of implementation.

- Several provinces in Luzon have been recipients of DOH's MNCH grants, which ranged Php14 million ($333,000) to Php1.2 million ($28,570). The grants are being used to procure FP/MNCHN commodities, training, and communication/health promotion campaigns.

- A number of provinces, cities and municipalities in Luzon have enacted ordinances supporting the formulation, implementation and financing of Commodity Self Reliance/FP/MNCHN plans and programs. As a result, several LGUs are allocating funds for FP/MNCHN programs and activities.

- Initiatives to improve the quality of FP/MNCHN data have been undertaken, beginning with data quality cleaning (DQC), and for some LGUs, embarking on electronics medical

recording (EMR). In Tarlac, for instance, the Wireless Access for Health (WAH) has enabled the electronic collection, recording and transmission of health data for families. In addition to recording of health consults on a daily basis, an-e-DQC feature has been added to the WAH-EMR which will assist Rural Health Unit (RHU) staff in encoding complete and accurate data. Taking advantage of the far reaching influence and use of mobile technology in the Philippines, WAH-EMR has added the Synchronized Patient Alerts by Short Messaging System (SPASMS). Currently, there are 250 clients in four municipalities enrolled in the program for ANC and EPI follow up.

The DOH's UHC initiative is anchored on meeting the health millennium development goals, providing financial risk protection for the poor, and upgrading health facilities and services. DOH Department Order No. 2011-0188 provides guidance on accelerating the achievement of specific performance objectives. Applicants should familiarize themselves with the policy issuance along with DOH Administrative Order No. 2010-0036 on "The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos".

The Integrated MNCHN/FP Project shall take note of DOH and LGU efforts in scaling up MNCHN/FP in the context of KP, as indicated in the following illustrative example of Pangasinan's province-wide strategy to address unmet need for family planning and facility based deliveries, as described below.

The province of Pangasinan is bounded on the North by Lingayen Gulf, North-East by La Union and Benguet, East by Nueva Ecija, South by Tarlac, and West by Zambales and China Sea. The province has 44 municipalities and four cities. It is generally land-locked with island barangays mostly in Bolinao, Anda, and Sual. Its population stands at 2.65 million (2007 Census of Population and Housing). Based on the National Household Targeting System (NHTS), is has around 301,017 poor households, 19,622 of which are targeted for Conditional Cash Transfer of DSWD as of February 2012[1].

Based on 2008 NDHS, the province has around 13 percent pregnancy rate[2] or an expected pregnancy of around 2,549 among 19,622 CCT households in a year. This translates to an estimated 2,166 potential normal and around 382 Caesarian deliveries (assuming a proportion of 85%-15% for NSD and CS). Initial consultation with the Provincial Health Office of Pangasinan reveals that home deliveries are still happening among the poorest population. In addition, of the poor population who deliver in health facilities, the preferred facilities among the poor are government hospitals. All of the 13 percent poor households with at least one woman who got pregnant also have at least one woman who gave birth at home. Hence, these deliveries can be expected to come from potential patients who have not delivered in a health facility.

[1] Total CCT households stands at 19,622 covering Bolinao, Anda, Bani, Agno, Burgos, Mabini, Sual, Santa Maria, San Nicolas, Aguilar, Mangatarem, Urbiztondo, Dagupan City, and Malasiqui.
[2] Based on 2008 NDHS, 13.32% of poor households in Pangasinan have at least one woman who got pregnant within the last 12 months.

Based on initial data gathering on bed occupancy rates of public health facilities in Pangasinan, only one government hospital has a bed occupancy rate of less than 100 percent (Malasiqui Municipal Hospital – 82%, 2011). The remaining bed capacity of this Level 1 hospital can only accommodate 40 out of the estimated requirement of around 2,168 normal deliveries. The service gap becomes more glaring in terms of Caesarian deliveries wherein all government hospitals in Pangasinan capable of performing CS has more than 100 percent bed occupancy rates, and hence will not be able to accommodate the estimated requirement of around 382 caesarian deliveries in a year. Therefore, the expected pregnant women will require additional health services on top of the existing services being provided by health facilities including OB beds, and emergency transport and communication systems.

In terms of unmet need for FP, there are an estimated 6,565 sexually-active women of reproductive age who do not want to have children anymore, and without access to modern family planning methods among the CCT households in the province. To be able to address unmet need for FP among CCT households, the expected requirements in terms of commodities and procedures are: 89 modern NFP commodities, 71,000 condoms, 45,000 cycles of pills, 2,600 DMPAs, 700 IUDs, 8 vasectomies, and 1,800 BTL procedures. The estimated total cost for these requirement amounts to around P21M. Given the 2012 DOH sub allotment for FP of around P4M for Pangasinan, donations for pills and IUDs, and expected PhilHealth reimbursements for NSV and BTL procedures, we expect that the total requirement for Pangasinan for CCT households will be met. This assumes availment of FP services in accredited health facilities, and securing the requirements for the province by CHD I. In addition, it is necessary to ensure that these commodities and services are availed by women with unmet FP needs in Pangasinan.

Based on initial consultation with the PHO of Pangasinan including the FP coordinator of the province, the current distribution points for pills, DMPAs and condoms are Barangay Health Stations and rural health units (RHUs), while IUD insertion are provided by RHUs. The current provision of BTLs and NSVs in the province is done at the Eastern Pangasinan District Hospital in Tayug, and Pangasinan Provincial Hospital in San Carlos City every first Wednesday of the month. Around 45 BTL procedures are conducted per month (15 by the district hospital and 30 by the provincial hospital). The other main facility for BTL procedures – Western Pangasinan District Hospital – does not have a trained BTL provider. Given this current level only, the province has a gap of around 100 BTLs procedures in a month. At the moment, the PHO is mobilizing itinerant teams and conducting training for other district hospitals as potential sites for BTL procedures.

In terms of mobilization of community health teams to navigate families to avail of FP services and facility-based deliveries, Pangasinan has an estimated requirement of around 981 CHT members. There are currently 1,113 BHWs in 14 CCT municipalities in Pangasinan. As of April 2012, around 1,828 CHT members for CCT households have been trained and of these, 1,117 have been deployed to families.

To address the gaps for facility-based deliveries among CCT households, CHD I shall assist the province to ensure that all public facilities in CCT areas provide services particularly deliveries at no balance billing (NBB). In addition, capable private facilities that can provide

FBD shall be designated as no balance billing providers. To provide services to CCT households, at least five private facilities are needed for CS, and at least six are needed for normal spontaneous delivery (NSD). Agreements in the form of memorandum of agreements (MOAs) shall be forged with these designated facilities for NSD and CS together with CHD, and PhilHealth. Provisions for emergency transport and communications shall be included in these agreements to ensure access especially those women from far barangays expected to have Caesarian deliveries. In turn, these private facilities shall be assured a fast lane for PhilHealth reimbursements. By June 2012, all private facilities for NBB shall have been contracted. By September 2012, at least 75 percent of pregnant women with expected deliveries until August 2012 in each of the covered CCT municipality/city shall have delivered in designated NBB facilities in compliance with their birth plans.

To ensure access and use of FP services, FP commodities distribution points shall be identified, validated, and documented (e.g. pharmacies, RHUs, BHSs) for CCT municipalities covered including inventory of amount of commodities for the CCT HHs, and process flows, and ensuring transfer from CHD all the way to distribution centers. Documentation of actual process, intake/volume, schedules, capacities and HR for the provision of FP commodities and services shall like be done including preparation of training plan, and conduct of FP training for itinerant teams and RHUs. Regular monitoring of distribution of commodities and availment of FP services shall be done to help ensure that by June 2012, at least the required pills for CCT households are available at designated providers. By July 2012, all FP-related training shall have been completed, and at least 75 percent of women with unmet need for FP are provided with FP commodities and services based on their FP health use plans by September 2012.

To facilitate access to FBD and FP services/commodities, the Barangay Service Point Officers (BSPOs) shall be tapped in addition to the existing CHT members for monitoring and resupply of FP commodities, as well as facilitate access by families. Given the existing deployment of CHTs in Pangasinan, an immediate assessment of sample health use plans shall be done, to determine additional requirements like assignment to private facilities for CS due to over capacity of public hospitals, and validation of CCT household profiles. To do this, coordination with Regional DSWD partners shall be done to tap the monthly Family Development Sessions being facilitated by Parent Leaders among CCT families. Parent Leaders are considered matched even if they have not been trained because they are automatically assigned CCT families. Hence, close coordination with these Parent Leaders is necessary to facilitate access of services by CCT families. By June 2012, all CCT households shall have been assessed, matched with CHTs, enrolled and informed of benefits, including NBB providers. Around 19,000 health use plans (HUPs) for CCT households are targeted to be developed by June 2012 as well. To assist CHD I in delivering these targets, two local technical assistance providers has been engaged by HPDP. The LTAPs shall ensure adherence to the HUPs by CCT households, and shall regularly monitor and provide feedback to HPDP and CHD I.

III. Project Sites

The Luzon Integrated FP/MNCHN project will cover the following provinces, including all component and chartered cities within each province.

Table 3. Luzon Project Sites

Region	Province	City
National Capital Region		Quezon City Caloocan City Pasig City Valenzuela City Taguig City Marikina City Malabon City
Cordillera Administrative Region	Benguet	Baguio City
1 – Ilocos	Pangasinan	Alaminos, Dagupan, San Carlos, Urdaneta
2 – Cagayan Valley	Cagayan Isabela	Tuguegarao Cauayan, Santiago
3 – Central Luzon	Nueva Ecija Bulacan Tarlac	Cabanatuan, Gapan, Munoz, Palayan, San Jose Malolos, Meycauayan, San Jose Del Monte Tarlac
4A – CALABARZON	Quezon Batangas Laguna Cavite Rizal	Lucena, Tayabas Batangas City, Lipa, Tanauan Binan, San Pablo, Santa Rosa Cavite, Dasmarinas, Tagaytay, Trece Martirez Antipo
4B - MIMAROPA	Oriental Mindoro	Calapan
5 – Bicol	Albay	Legazpi, Ligao, Tabaco

Annex A2

Summary of the Family Planning/Maternal, Neonatal and Child Health and Nutrition (FPMCHN) Situation in the Visayas

I. Population and Socio-Economic Situation

Visayas is the smallest island grouping composed of 16 provinces and 32 cities with a population 18.0 million. *(2010 Census and Housing Population).* Visayas comprises three administrative regions with their respective population sizes, population growth rate and poverty incidence shown below:

Table 1. Population and Poverty Incidence in Visayas

Region	Population (million) 2010 Census	Population Growth Rate 2000-2010 (Percent) 2010 Census	Poverty Incidence (Percent) 2009
Region VI – Western Visayas	7.10	1.35	23.8
Region VII – Central Visayas	6.80	1.77	30.2
Region VIII – Eastern Visayas	4.10	1.28	33.2
TOTAL POPULATION	18.00		

Source: NSCB

- The Philippines has a population of 92 million, of which about 23.2 million (25 percent of total Philippine population) are women of reproductive age (15 to 49 years old), 18.46 million (20 per cent) are adolescents and youth (15 to 24 years old), and 10.98 million (12 percent) are children five years old and below. Approximately 19% of the country's total population lives in Visayas.

- Four provinces in the Visayas are included in the DOH's MDG breakthrough provinces where unmet need for FP, MNCHN and TB services are high.

- Through the National Household Targeting System for Poverty Reduction (NHTS-PR), 146 municipalities in the Visayas are included in the 609 municipalities of the Philippines where there are the CCT program is being implemented.

II. Family Planning/Maternal, Neonatal, Child Health and Nutrition (FP/MNCHN) Status in the Visayas

As with the rest of the country, two facts stand out on the status of FP/MNCHN services in Visayas: (1) there is a large unmet need for family planning; and (2) while the utilization of MNCHN services is already high, there are many missed opportunities for improving the content and quality of interventions. Table 2 shows the FP/MNCHN status in the Visayas based on selected indicators.

Table 2: FP/MNCHN Status in Visayas, Selected Indicators								
Region	FP		Maternal Health			Child Health		Nutrition
	FP Unmet Need	Modern FP/CPR	Modern FP CPR	Skilled Birth Attended Deliveries	Facility Based Deliveries	12-23 months Received All Due Vaccines	6 month old to 5 year old children given VAC	Stunting among children <5 years old
Philippines	20.5	36.9	94.5	72.2	55.2		81.3	
Region VI	21.4			70.2	57.3	90.4	86.0	41.0
Region VII	22.6			77.5	63.0	92.4	84.5	38.6
Region VIII	30.2			60.3	46.1	76.1	82.6	41.7

Sources: 2011 Family health Survey and 2011 National Nutrition Survey

- Around 1.08 million women of reproductive age (WRA) in the Visayas have an unmet need for family planning. This is about 20 per cent of WRA with unmet need all over the country. Based on the NHTS, 23 per cent of the country's 10.9 million total poor households are in the Visayas.

- The 2011 FHS shows a high percentage of pregnant women went for antenatal care visits to skilled providers. However, only 56.3 percent actually delivered in health facilities. Of those who delivered at home, 44.8 percent were attended by "hilots" or traditional birth attendants (TBA). Of those who delivered in health facilities, 62.4 percent had skin to skin contact with child.

- Key policies such as the MNCHN policy (2008) and the KP/UHC policy (2010) are in place. USAID supported the formulation of most of these policy instruments as well as the initial phases of implementation.

- Several provinces in the Visayas have been recipients of DOH's MNCH grants, which ranged Php14 million ($333,000) to Php1.2 million ($28,570). The grants are being used to procure FP/MNCHN commodities, training, and communication/health promotion campaigns.

- A number of provinces, cities and municipalities in the Visayas have enacted ordinances supporting the formulation, implementation and financing of Commodity Self Reliance/FP/MNCHN plans and programs. As a result, several LGUs are allocating funds for FP/MNCHN programs and activities.

- Effective public-private initiatives to improve the accessibility and quality of FP/MNCHN services have been undertaken. In Bohol, the Integrated Midwives Association of the Philippines (IMAP) provincial chapter has expanded their IMAP-owned private clinic to a network of 11 birthing homes spread across the province. Three or so more clinics are in the process of being added to the network. They are either single proprietorships, companies, association-owned, or

public-private operations. Two clinics are barangay health stations (BHSs) expanded as a birthing facility with extended 24/7 clinic hours. They are partnerships between the barangay local government unit and a dual practice (public and private) midwife. The PHO has made IMAP Bohol another reporting unit to the PHO, along with some 45 RHUs in the province, to report quarterly accomplishments by its private clinics, ensuring capture of private sector contribution to health performance. IMAP Bohol is also engaging traditional birth attendants (TBAs) or hilots as referral agents and birthing assistants, as well as tricycle drivers as referral agents. All these more recent efforts have complemented IMAP Bohol's business FP/MNCHN products bulk procurement business whereby pharmaceutical companies sell wholesale at considerable discounts or consign FP/MNCHN products that IMAP Bohol then sell or consign to other clinics and cooperatives. IMAP Bohol is also pro-active in its marketing and outreach activities. In addition to holding Mothers'/Buntis classes in individual clinics, it has partnered with a business conglomerate to provide free counseling on certain days of the week in its mall, a member company, resulting in new clients coming to the midwife clinics for follow-up. This has resulted in the business conglomerate engaging a midwife on a full-time basis to serve its 10 or so workplaces. Recently, IMAP Bohol members, after attending a training of trainers organized by the Professional Regulatory Commission (PRC) Board of Midwifery, has been organizing FP/MNCHN training-*for-a-fee* for both public and private midwives.

Individually these initiatives deliver their expected results for the midwives of Bohol, and together create synergies to improve overall health performance in the province.

- The DOH's UHC initiative is anchored on meeting the health millennium development goals, providing financial risk protection for the poor, and upgrading health facilities and services. DOH Department Order No. 2011-0188 provides guidance on accelerating the achievement of specific performance objectives. Applicants should familiarize themselves with the policy issuance along with DOH Administrative Order No. 2010-0036 on "The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos".

- The Visayas Integrated FP/MNCHN Project shall take note of DOH and LGU efforts in scaling up FP/MNCHN in the context of KP, such as the example in Leyte province.

IV. Project Sites

The Visayas Integrated FP/MNCHN project will cover the following provinces, including all component and chartered cities within each province.

Table 3. Visayas Project Sites

Region	Province	City
Region VI – Western Visayas	Negros Occidental Iloilo	Bacolod, Bago, Cadiz, Escalante, Himamaylan, Kabankalan, La Carlota, Sagay, San Carlos, Silay, Sipalay, Talisay, Victorias Iloilo City
Region VII – Central Visayas	Negros Oriental Bohol	Bais, Bayawan, Canlaon, Dumaguete, Guihulngan, Tanjay Tagbilaran
Region VIII – Eastern Visayas	Leyte Northern Samar Western Samar Southern Leyte	Baybay, Ormoc, Tacloban Calbayog, Catbalogan Maasin

Annex A3

Summary of the Family Planning/Maternal, Neonatal and Child Health and Nutrition (FPMCHN) Situation in Mindanao

I. Population and Socio-Economic Situation

Mindanao is the second largest among the country's three major island groups. Mindanao encompasses six (6) administrative regions, 27 provinces and 27 cities with a population of 21.97 million. Table 1 lists the regions, population and poverty incidence in Mindanao.

Table 1. Population and Poverty Incidence, Mindanao

Region	Population (million) 2010 Census	Population Growth Rate (percent) 2010 Census	Poverty Incidence (Percent) 2009
Philippines	92.3	1.90	20.9
Region IX-Zamboanga Peninsula	3.41	1.87	36.6
Region X – Northern Mindanao	4.30	2.06	14.5
Region XI – Davao Region	4.47	1.97	25.6
Region XII – SOCCSKARGEN	4.11	2.46	28.1
CARAGA	2.43	1.49	39.8
ARMM	3.26	1.51	38.1
TOTAL POPULATION	21.97		

Sources: 2011 Family Health Survey and 2011 National Nutrition Survey

- The Philippines has a population of 92 million, of which about 23.2 million (25 percent of total Philippine population) are women of reproductive age (15 to 49 years old), 18.46 million (20 per cent) are adolescents and youth (15 to 24 years old), and 10.98 million (12 percent) are children five years old and below. Approximately 24% of the country's total population lives in Mindanao.

- Three provinces in Mindanao are included in the DOH's MDG breakthrough provinces where unmet need for FP, MNCHN and TB services are high.

- Through the National Household Targeting System for Poverty Reduction (NHTS-PR), 268 municipalities in Mindanao are included in the 609 municipalities of the Philippines where there are the CCT program is being implemented.

II. Family Planning/Maternal, Neonatal, Child Health and Nutrition Status in Mindanao

Almost one-fourth of the country's 92 million people live in Mindanao, where poverty incidence is high (Table 1). The FP/MNCHN indicators reflect the poverty situation in the region (Table 2).

Table 2: FP/MNCHN Status, Mindanao

Region	FP	Maternal Health	Child Health	Nutrition

	FP Unmet Need	Modern FP/CPR	ANC	Skilled Birth Attended Deliveries	Facility Based Deliveries	12-23 months Received All Due Vaccines	6 month old to 5 year old children given VAC	Stunting among children <5 years old
Philippines	20.5	36.9	94.5	72.2	55.2		81.3	
Region IX	28.8			48.4	36.6	80.9	74.6	42.2
Region X	18.9			60.3	46.7	87.7	78.8	37.2
Region XI	19.7			60.6	53.3	85.8	86.5	35.2
Region XII	25.0			52.9	39.6	84.6	78.6	42.6
CARAGA	21.8			61.5	50.5	84.9	79.7	37.3
ARMM	36.5			31.9	19.2	52.7	48.6	42.5

Sources: 2011 Family Health Survey and 2011 National Nutrition Survey

- A major and unique challenge in improving health service delivery is the Autonomous Region in Muslim Mindanao (ARMM) which covers five provinces and one city (Lanao del Sur, Maguindanao, Sulu, Basilan, and Tawi-tawi, and Marawi City). ARMM has the lowest literacy rates and historically the weakest health indicators in the Philippines. Although selected FP/MCH indicators improved in ARMM4 such as modern CPR from 14.2% to 19%; skilled birth delivery from 23.75% to 32.2%; and facility-based delivery from 11% to 20%, ARMM still has the worst health indicators among all the regions. Based on studies done by USAID, the ARMM is characterized as having poor governance and accountability, inadequate social services, low civic participation, and ungoverned space throughout the region; all of which contribute to instability and a fertile ground for insurgency, criminality, and extremist organizations. In some parts of ARMM, conflict is attributed to clan violence or rido, the most common causes of which are land disputes and political rivalry.

- Because of these challenges, USAID assisted the DOH-ARMM in increasing the number of midwives deployed in the region by 64%, from 492 to 809; trained these midwives in FP counseling and life-saving interventions such as active management of third stage of labor, a high-impact intervention to prevent post-partum hemorrhage. USAID supported the training and deployment of 4,000 community health volunteers; trained doctors, nurses and midwives on long acting and permanent method including post-partum intra-uterine device insertion; and trained and equipped 12 health facilities to provide long-acting and permanent FP methods. These efforts contributed to the increase in CPR in ARMM from 14% to 19%; and deliveries assisted by skilled birth attendants from 14% to 32% from 2006 to 2011.

- Nonetheless, ARMM Rural Health Centers are not enough, ill-equipped and understaffed. Currently, there are only 809 midwives, including 300 contractual midwives with a current ratio of at least 1 per 3-4 barangays, with the ideal being 1 midwife per barangay. Having more than one thousand islands and the conflict situation doubles the burden of health workers to deliver basic health services in the geographically isolated and disadvantaged areas (GIDA). The situation leaves ARMM extremely dependent on external resources with ARMM residents seeking health and medical care outside the region and in neighboring cities such as Davao in the east, Iligan and Cagayan de Oro in the north, Zamboanga in the west, and General Santos City in

the south. This inter-jurisdictional flow of patients is a challenge in health planning and budgeting and in making a health service delivery network functional.

- There are about 4.6 million Filipino youth (ages 15-24) in Mindanao. A microcosm of the national situation, Mindanao youth are becoming more at risk with the increasing number of young people (15 to 19 years old) having their first sexual encounter. In addition most young people who have had premarital sex are not using a contraceptive during their first sexual encounter. In the entire country, early childbearing is highest in Mindanao at 31% (NDHS, 2008). Other selected data on Mindanao youth are the following:

    - In Region X, about 21 percent of the adolescents and youth had sexual intercourse which single with the rural youth engaging in premarital sex earlier than urban youth. During their first sexual encounter, only14% used contraceptive; use of contraceptive was significantly higher in males than females. Three out of ten young adults in the region were sexually active in the 12 month preceding the survey.
    - In CARAGA, more than 17% of the youth reported having engaged in PMS and one of the most common forms of sexual risk taking is having multiple sex partners (41%).
    - In Region IX or Zamboanga Peninsula, premarital sex prevalence is at 20%.

- The 2008 NDHS showed the gender concerns in the country as well as in the ARMM. It showed that Filipino WRA who participate less in household decision-making are less likely to use contraceptives and seek post-natal care. Women who participate more in decision-making have the lowest unmet need for family planning. Women who accept more justifications for wife beating (a proxy for how a woman views her status) are less likely to use contraceptives and have higher ideal family size than women who do not believe wife beating is justified for any reason. The NDHS also reported that the more children a Filipino woman has, the more likely she is to have experienced violence. Across all regions in the Philippines, ARMM and Region XII have the highest number of women who agrees that a husband is justified in hitting or beating his wife for specific reasons. In the entire Philippines, the number of women who have experienced physical, sexual, or other forms of violence by their husband is highest in Region XIII and XII. Gender concerns, poverty and level of education must be considered when planning for FP/MCH interventions particularly in the low resource areas in Mindanao. As the USAID/Philippine Global Health Initiatives (GHI) Strategy's gender assessment stressed, having no resources, lack of decision-making and over-all lower status may prevent women and mothers from seeking immediate care which could bring about adverse effects on their and their children's health.

- On men's participation in planning their families, ARMM has the highest percentage of men wanting more children than their wives. This must be taken into consideration in FP programs given that in the Philippines, men have a dominant role in decision-making, on the number of children or family size, intention or opposition to contraceptive use, and lower participation in FP. Among others, this could be attributed to men viewing that their only role is to economically provide for the family, women's health is fundamentally their wife's concern and that health projects and clinics are for women and children only. USAID/Philippines GHI Strategy also

indicated that a major gender issue in health is low involvement of men in family planning and gender inequality in household/family needs to be a consideration for working Mindanao.

- Efforts to integrate FP in MCH service delivery are showing positive results. In Polomok town, South Cotabato, USAID pilot-tested the integration of FP referral messages into expanded program for immunization (EPI) activities in one RHU and 28 Barangay Health Stations. The purpose is to increase the contact communication between non-users of FP and health service providers, which based on the NDHS 2003 and 2008 data, is low at less than 15%. The initiative involves providing FP messages to women when they visit the health facility for services other than family planning as when mothers bring their children for immunization. The FP referral messages were (a) "Your child is young and you should be concerned about having another pregnancy"; (b) "Your health facility provides FP services that can help you"; and (c) "You should visit our FP services after your immunization today for more information".

  After 10 months of implementation, the FP new acceptors increased by 38% and the CPR increased by 6 percentage points from the 2008 level of 49% to 55% in 2009. The surveys also showed a shift in preference towards modern methods, and increased reliance of health centers as primary source of FP information. The provision of FP referral messages in EPI activities did not appear to have had a negative effect on fully immunized child (FIC) indicator, as the FIC coverage remained high at over 95% in 2009 as it was in 2008.

  The Polomolok pilot test has, however, some limitations. For one the results come from only one municipality and there was no control group. Moreover, it was not only the FP-EPI integration that was introduced but also the training of midwives in FPCBT so that they can provide counseling and FP services. Hence, it is difficult to isolate the effect of FP-EPI integration with concurrent supply-side intervention.

  This initiative was replicated in another Mindanao province, Misamis Occidental, minus any additional interventions either on the demand or supply side, and in a wider geographic scope (six town and 42 BHSs randomly selected as treatment n=21, and control groups n=21). Initial records show that among 732 mothers in the intervention site who brought their children for immunization between August 2011 and January 2012, 327 want to have additional children while 405 does not want to have additional children. Among those who want to have additional children, 210 (64%) have unmet need (for spacing) while among those who do not want to have additional children, 267 (66%) have unmet need (for limiting). Information on women's eventual practice of modern FP as a result of FP referral messages given during EPI visits are still being processed.

- The DOH's UHC initiative is anchored on meeting the health millennium development goals, providing financial risk protection for the poor, and upgrading health facilities and services. DOH Department Order No. 2011-0188 provides guidance on accelerating the achievement of specific performance objectives. Applicants should familiarize themselves with the policy issuance along with DOH Administrative Order No. 2010-0036 on "The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos".

- The Mindanao Integrated FP/MNCHN Project shall take note of DOH and LGU efforts in scaling up FP/MNCHN in the context of KP, as indicated in the following examples of Davao del Sur

III. Project Sites

The Integrated MNCHN/FP Project in Mindanao will cover the following provinces, including all component and chartered cities within each province. The project will work with the CHDs and LGUs as well as ARMM as identified in the table below:

Table 3. Mindanao Project Sites

Regions	Provinces	Cities
IX – Zamboanga Peninsula	Zamboanga del Sur Zamboanga del Norte Zamboanga Sibugay	Zamboanga City, Pagadian, Dapitan, Dipolog Isabela City
X – Northern Mindanao	Bukidnon Misamis Oriental Lanao del Norte	Cagayan de Oro City, Valencia, Malaybalay, El Salvador, Gingoog, Iligay, Malaybalay
XI – Davao Region	Davao del Sur	Davao City, Digos
XII – SOCCSKSARGEN	Cotabato South Cotabato Sultan Kudarat	Kidapawan, Gen Santos Koronadal, Tacurong
CARAGA	Agusan del Sur Agusan del Norte	Bayugan, Butuan, Cabadbaran
ARMM	Maguindanao Lanao del Sur Sulu Tawi-Tawi Basilan	Cotabato City, Lamitan, Marawi

USAID has developed a more focused, coordinated, and convergent approach to improving peace and stability in Mindanao. Focusing on six-conflict affected areas, USAID's Country-wide Development Objective 2 (DO2) is "Peace and Stability in Conflict-Affected Areas (CAA) in Mindanao Improved."

The Integrated FP/MNCHN Project in Mindanao will contribute to DO2's goals namely Local Governance Strengthened and Civic Engagement for Peace and Development Increased. In particular, the project will work towards ensuring that local government units LGUs) in these areas are improving health service delivery. In addition, the project will contribute to increasing civic engagement to promote community participation, and civic mindedness, with a particular focus on youth and on improving the capacity of the next generation of leaders.

IV. USAID Activities and Projects Operating in Mindanao Working Group Areas

The Mindanao Working Group areas are six conflict-affected areas, namely Northern Basilan/Isabela, Southern Basilan, Sulu, Zamboanga, Marawi and Cotabato. The applicant must be prepared to coordinate with other USAID projects operating in the six Mindanao Working Group areas, which are further described in Table 4.

USAID Present and Future Projects in One or More Target Area

USAID Activities and Projects Operating in the Mindanao Working Group Areas	
Office of Economic Development and Governance	
Project Title:	**ENGAGE**
Project Description:	The Enhancing Governance, Accountability and Engagement (ENGAGE) Project, is designed to contribute to improving peace and stability through the promotion of good governance in six targeted conflict-affected areas of Mindanao by addressing challenges that permit continued social and economic instabilities and marginalization. The project seeks to promote community empowerment as a foundation for inclusive local governance in the six areas. The ENGAGE project will consist of two main interrelated tasks: 1. Strengthening the capacity, legitimacy, and transparency and accountability of local governments; and 2. Increasing the involvement of youth and adults in governance processes through civic education, civil society strengthening and the promotion of mechanisms for participation.
Period of Performance	Anticipated 2012 until 2017 (5 years)
Location of Performance:	All six target areas
Office of Education	
Project Title:	**Youth employment and skills activity (New)**
Project Description:	This activity will provide education assistance to conflict areas affected in Mindanao and address issues of access, quality and equity. This will include increased youth participation in community driven enterprise through relevant workforce development training, improved education governance; and expanded access to education for youth and adults. The project will include core vocational and technical training programs, short-term skills development programs with integrated life skills development for youth.
Period of Performance	Anticipated 2013 until 2018 (5 years)
Location of Performance:	All six target areas
Office of Energy, Environment and Climate Change	
Project Title:	**B+WISER (New)**
Project Description:	The objectives of the Biodiversity and Watersheds Improved for Stronger Economy and Ecosystem Resilience (B+WISER) Project are to (1) conserve biodiversity in forest areas, (2) reduce forest degradation in targeted priority watersheds, and (3) build capacity to conserve biodiversity, manage forests, and support low emissions development, and (4) contribute to disaster risk reduction at the subnational level.
Period of Performance	Anticipated 2012 until 2017 (5 years)
Location of Performance:	Basilan Natural Biotic Area Basilan (mangrove reforestation)
Project Title:	**ECO-FISH**
Project Description:	The objective of ECO-FISH program is to improve the management of important coastal and marine resources and associated ecosystems that support local economies. It will conserve biological diversity, enhance ecosystem productivity and restore profitability of fisheries in eight marine key biodiversity areas (MKBAs) using ecosystem-based approaches to fisheries management as a cornerstone of improved social, economic and environmental benefits.
Period of Performance	2012-2017 (5 years)
Location of Performance:	Sulu Archipelago (mostly Tawi-Tawi)
Project Title:	**Water and Adaptation Project (New)**
Project Description:	The project aims to improve water security for resilient economic growth and stability to be achieved through interrelated components of: (a) improved delivery of sustainable water supply services and (b) increased resilience to climate-water related stress and hydrological extremes.
Period of Performance:	2012 – 2016 (4 years)
Location of Performance:	Select target areas
Office of Health	
Project Title:	**The Private Sector Mobilization for Family Health Project – Phase 2**

	(PRISM2)
Project Description:	**PRISM2** is part of USAID's continuing initiative to build enduring public-private partnerships that would assure Filipinos the availability of and access to quality modern family planning (FP) and maternal and child health (MCH) products and services. Specifically, PRISM2 provides support to the Department of Health (DOH), Department of Labor and Employment (DOLE), LGUs and other national and local partners in their provision of technical assistance to the private sector and strengthening its role in the delivery of FP and MCH products and services. http://www.prism2.ph/web/
Period of Performance	Ending September 2014
Location of Performance:	Isabela City; Southern Basilan; Zamboanga City; Cotabato City/Sultan Kudarat; Marawi City
Project Title:	**Linking Initiatives and Networking to Control Tuberculosis (TB Linc)**
Project Description:	TBLinc is a DOH-led initiative to sustain the coordination and collaboration of TB control partners from both the public and private sectors. TB LINC supports the development and implementation of the Philippine Plan of Action to Control TB (PhilPACT 2010-2016) which is the country's framework in the attainment of the Millennium Development Goals to reduce TB prevalence and mortality by half by 2015, by helping the Philippine Government achieve the targets of 70 percent case detection rate and 90 percent treatment success rate.
Period of Performance	Ending December 2012
Location of Performance:	Jolo/Sulu; Isabela City; Southern Basilan; Marawi City
Project Title:	**Sustainable Health Improvements through Empowerment and Local Development (SHIELD)**
Project Description:	The SHIELD Project, covering the entire Autonomous Region in Muslim Mindanao (ARM), is implemented in the context of the Philippine Government's Sector Development Agenda for Health. ARMM has one of the worst health conditions in the entire country. In response to the region's unique political and cultural environment, focuses on improving health service delivery by working with the ARMM Department of Health, local health offices and government officials, NGOs and community organizations. It has organized more than 520 community health teams to provide health services to geographically isolated and depressed and conflict-affected areas. Its assistance is rooted in its tagline: To celebrate life, not mourn deaths. To enjoy healthy, quality lives, not just staying alive.
Period of Performance	Ending December 2012
Location of Performance:	All the target sites, namely Jolo/Sulu; Isabela City; Southern Basilan; Zamboanga City; Cotabato City/Sultan Kudarat; Marawi City
Project Title:	**Maternal, Newborn, Child Health and Nutrition Activity**
Project Description:	This project aims to support the maternal, newborn, child health and nutrition (MNCHN) strategy of the Department of Health and scale up best practices in family planning and maternal and child health. It will also strengthen health systems and support the universal health care strategy of the DOH.
Period of Performance	TBD
Location of Performance:	TBD
Project Title:	**Tuberculosis Control Project (New)**
Project Description:	The project will assist the Philippine government attain its vision of a TB-free Philippines and its goal of halving the TB prevalence and mortality rates from the 1990 baseline figures as part of its commitment to the 2015 Millennium Development Goals (MDGs). This can be made possible by helping the country reach a national TB case detection rate (CDR) of 85 percent and a treatment success rate (TSR) of at least 90 percent. It will engage both the public and private sector nationally and in the project sites in detecting and successfully treating TB cases. It will focus on provinces and cities with the greatest burden of TB disease and having the least performance in both case detection rate and cure rate (CR).
Period of Performance	TBD
Location of Performance:	Select target areas

Annex B

RESULTS FRAMEWORK

Development Objective 1 – Intermediate Result 1.4
Family Health Improved 2012-2017

USAID shall contribute to the achievement of the following impact indicators of the Government of the Philippines (Source: Philippine Development Plan, 2011-2016 unless a different source is specified)

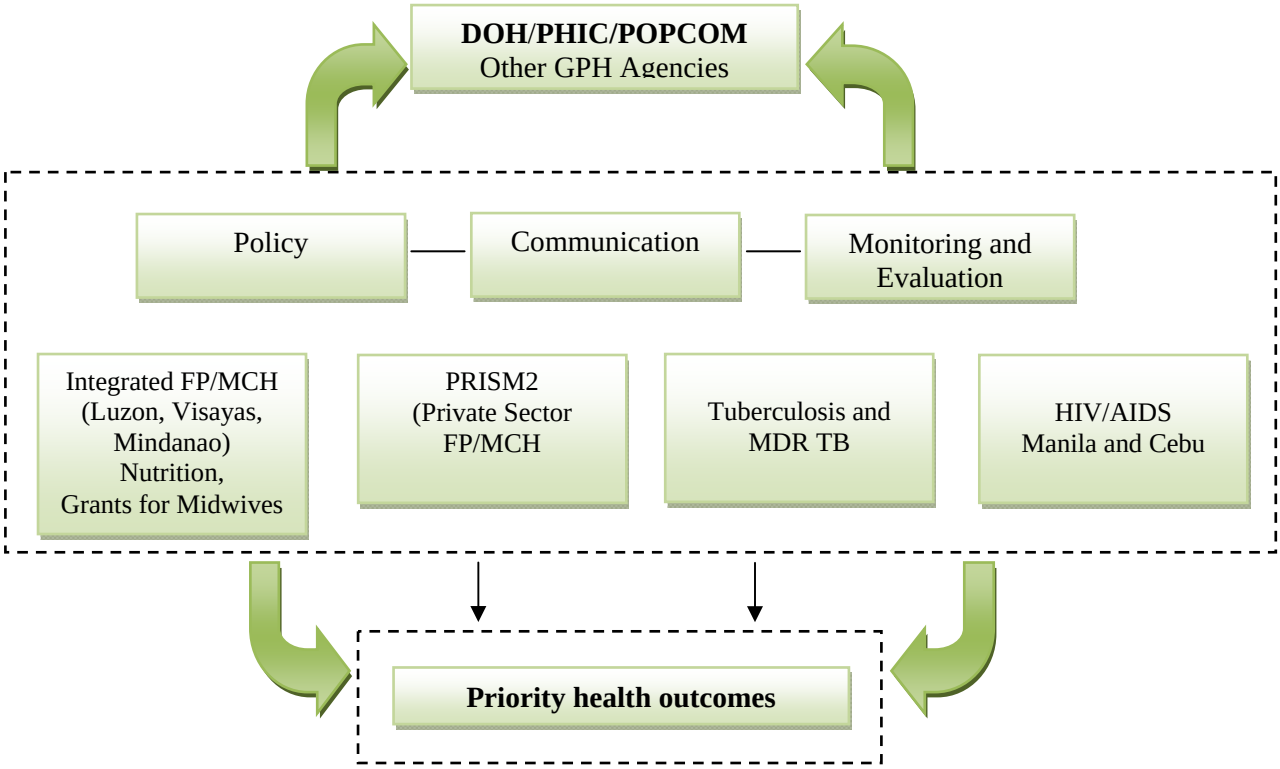
1. Reduce total fertility rate from 3.3 in 2008 to 2.4- 2.96 in 2015
2. Increase contraceptive prevalence rate from 51% in 2008 to 63 in 2015
3. Increase modern contraceptive prevalence rate from 34% in 2008 to 67% in 2016 (Source: NOH, 2011-2016)
4. Reduce pregnancy rate among adolescents from 9.9% in 2008 to 4% in 2016 (Source: NOH, 2011-2016)
5. Reduce under five mortality rate from 34 per 1,000 live births in 2008 to 25.5 in 2016
6. Reduce maternal mortality ratio from 94-163 per 100,000 live births in 2010 to 50 in 2016
7. Increase percent of births attended by skilled birth attendants from 62% in 2008 to 90% in 2016
8. Increase percent of births delivered in health facilities from 44% in 2008 to 90% in 2016
9. Increase percent of infants exclusively breastfed in the first six months from 23% in 2008 to 70% in 2016 (Source: DOH)
10. Increase percent of diarrhea cases among under-five children given ORT from 59% in 2008 to 100% in 2016 (Source: NOH: 2011-2016)
11. Reduce prevalence of underweight children 0-5 years old from 20.6% in 2008 to 12.7% in 2016
12. Increase percent of 6-59 months children given Vitamin A from 76% in 2008 to at least 90% per year from 2011-2016 (Source: NOH, 2011-2016)
13. Increase percent of fully immunized children (FIC) from 80% in 2008 to 95% in 2016.
14. Reduce TB prevalence per 100,000 population from 502 in 2010 to 375 in 2016
15. Increase TB cure rate from 82% in 2011 to 85% in 2016
16. Increase TB detection rate, all forms, from 73% in 2011 to 85% in 2016
17. Maintain HIV prevalence among MARP at <1% in 2016 (Source: NOH, 2011-2016)

The core outcome indicators of the new USAID strategy for 2012-2017

1. Increase modern CPR at national level from 37% in 2011 to 43% in 2017 (Note: NOH target is 67% by 2016)
2. Reduce unmet need for FP at national level from 19.3% in 2011 to 14% in 2017
3. Reduce unmet need for spacing at national level from 11% in 2011 to 7% in 2017
4. Reduce unmet need for limiting at national level from 9% in 2011 to 7% in 2017
5. Increase modern CPR among adolescents (15-19 years old) from 20% in 2011 to 26% in 2017
   (Note: NOH indicator is to reduce pregnancy rate among adolescents from 9.9% in 2008 to 4% by 2016)
6. Increase percent of deliveries with skilled birth attendants in USG assisted programs from 72% in 2011 to 78% in 2017
   (Note: NOH target is 90% by 2016)
7. Increase percent of facility-based deliveries in USG-assisted sites from 54% in 2011 to 64% in 2017
   (Note: NOH target is 90% in 2016)
8. Increase percent of pregnant women receiving at least four ANC in USG-assisted sites from 77% in 2011 to 90% in 2017
9. Increase percent of infants exclusively breastfed in the first six months in USG-assisted sites from 26% in 2011 to 40% in 2017. (NOH target is 10% increase per year from a baseline of 60% in 2010 taken from the NOH Midline Survey)
10. Increase percent of fully immunized children (FIC) in USG-assisted sites from 84% in 2011 to 90% in 2017.
11. Increase percent of children age 6-59 months who receive Vitamin A supplements in the last six months in USG-assisted sites from 81% in 2011 to 90% in 2017.
12. Increase percent of under-five children with diarrhea treated with ORT in USG-assisted sites from 52% in 2011 to 70% in 2017 (Note: NOH target is 100%)
13. Increase TB cure rate in USG-assisted sites from 83% in 2010 to 90% in 2017
14. Increase TB case detection rate in USG-assisted sites, all forms, from 73% in 2010 to 85% in 2017
15. Reduce TB prevalence in USG-assisted sites from 520 per 100,0000 population in 2010 to 495 in 2017
16. Increase TB case notification rate in USG-assisted sites from 98/100,000 population in 2010 to 110/100,000 population in 2017
17. Increase treatment success rate of MDRTB cases from 58% in 2010 to 70% in 2017.
18. Maintain HIV prevalence among MSMs at <10% in 2017 in USG-assisted sites
19. Maintain HIV prevalence among PWIDs at <50% in 2017 in USG-assisted sites
20. Increase condom use among MSM in USG-assisted sites from 22% in 2007 to 32% in 2017.
21. Reduce percentage of population that views gender-based violence (GBV) as acceptable after participating in or being exposed to GVB programming from 14% in 2008 to 5% in 2017.

Annex C

PROPOSED PROGRAM STRUCTURE



[END OF SECTION I]

SECTION II – ELIGIBILITY INFORMATION

A. Eligibility Requirements

All U.S. and local nongovernmental organizations (NGOs), private voluntary organizations, and other qualified organizations are eligible to submit their application(s) against this RFA. Organizations may apply for all three agreements.

B. Basis for a Broad Selection Process

In order to obtain a broad range of innovation and very focused and tailored programs in each cluster region, and to provide expanded opportunities to multiple organizations, USAID will select a different organization for each of the three cooperative agreements to be awarded (Luzon, Visayas, and Mindanao). If an organization is rated as a top applicant in more than one cluster, USAID will select which agreement (Luzon, Visayas or Mindanao) to award to this organization. These determinations will be made by USAID based on which selection will best achieve the target results of this RFA. Implementation of the FP/MNCHN program by a broad group of partners, recipients and subrecipients, with diverse as well as innovative strategies and approaches is desired.

C. Cost Share

A cost share of at least 5% of the total USAID funding is required under this RFA.

Cost share refers to the resources an applicant contributes to the total cost of an agreement. It is the portion of project or program costs not borne by the Federal Government. Applicants are strongly encouraged to provide innovative approaches to cost sharing and to provide detailed explanations in their applications. In addition to USAID funds, applicants are encouraged to contribute resources from their own, private or local sources for the implementation of this program. Illustrative examples for cost share include overhead, non-exempt taxes, fees, general and administrative costs or any other costs.
Applicants should review 22 CFR 226.23 (http://edocket.access.gpo.gov/cfr_2001/aprqtr/pdf/22cfr226.23.pdf) in determining cost share contribution. Cost share will be considered as an element of cost effectiveness under USAID regulation 22 CFR 226 and of applicable USAID policy and procedure:
http://www.usaid.gov/policy/ads/300/303.pdf

Cost share can be either cash or in-kind and can include contributions from the NGO, local counterpart organizations and other donors (not other USG funding sources). Cost sharing contributions should be in accordance with OMB Circular. Information regarding the proposed cost share should be included in the SF 424 and the Budget as indicated on those documents. The cost sharing plan should be discussed in the Budget Notes to the extent necessary to determine its feasibility and realistic access to the sources and funds.

An application that does not meet the minimum cost sharing requirement is not eligible for award consideration.

[END OF SECTION II]

SECTION III – APPLICATION AND SUBMISSION INSTRUCTIONS

A. Submission of Applications:

USAID/Philippines will award three Cooperative Agreements, one for each cluster region (i.e. Luzon, Visayas and Mindanao) to three (3) different organizations. Applications for each cluster region will be reviewed separately and therefore one application covering all cluster regions will not be considered for review.

Applications in English language must be received by the closing date and time indicated in the cover letter to this RFA. Late submissions will not be accepted.

ELECTRONIC SUBMISSION
Electronic submission of applications is required. Please submit applications by email, (up to 5 MB limit per email) compatible with Microsoft Word 2010 or Microsoft Excel 2010, to the email addresses mentioned hereafter. Zip files are not permitted. RECEIPT TIME IS WHEN THE APPLICATION IS RECEIVED BY THE USAID INTERNET SERVER.

The e-mail addresses for the receipt of applications are:

1. manilafpmch-luzon@usaid.gov (Application only for MNCHN/FP Regional Project-Luzon)
2. manilafpmch-visayas@usaid.gov (Application only for MNCHN/FP Regional Project-Visayas)
3. manilafpmch-mindanao@usaid.gov (Application only for MNCHN/FP Regional Project-Mindanao)

Applicants are encouraged to obtain confirmation of receipt of their applications.

HARD COPY SUBMISSION
In addition to the electronic submissions, please submit hard copies one (1) original and three (3) copies of technical application and (1) original and (1) copy of the cost application. Telegraphic or fax applications are NOT authorized for this RFA and will not be accepted. Hard copies are due at the time and date so indicated on the cover letter. Applications only received in electronic form will not be considered.

The address for hand-carried and courier-delivered applications is

USAID/Philippines
Regional Office of Acquisition and Assistance
8/F PNB Financial Center
Pres. Diosdado Macapagal Blvd.
Pasay City, Philippines 1308

Each applicant is responsible for its submissions. Applicants should retain for their records one copy of the application package.

Preparation Guidelines

The following are general instructions for what constitutes an application and how applications shall be formatted:

i. A complete application shall consist of a Technical application and a Cost application submitted in separate volumes. The technical application must not include any cost information.

ii. All information shall be presented in the English language and shall be formatted in either Microsoft Word 2010 or Microsoft Excel 2010 with all formulas unlocked while making an electronic submission.

iii. Cover page shall contain ONLY the following information:

- RFA number and title for which this application is being submitted.
  (e.g. RFA- 492-12-000006 for Integrated MNCHN/FP Regional Project in Luzon or
  RFA- 492-12-000006 for Integrated MNCHN/FP Regional Projects in Visayas or
  RFA- 492-12-000006 for Integrated MNCHN/FP Regional Projects in Mindanao)
- Clearly marked as TECHNICAL APPLICATION/COST APPLICATION
- Applicant Name, address, TIN, DUNS, and point of contact information for technical and cost application.
- Names of sub-recipients

iv. All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the selection criteria presented in Section IV. Applications which are submitted late or are incomplete will not be considered in the review process.

v. The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications meeting the applicable standards of this RFA, and (e) waive informalities and minor irregularities in the application(s) received.

B. Technical Application Format

The technical application will be the most important item of consideration in selection for award of the proposed activity. It should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Technical applications should take into account requirements of the project and evaluation criteria found in this RFA. Therefore, it should be specific, complete and presented concisely.

Technical applications shall not exceed thirty (30) pages using Times New Roman 12 point font, single spaced using 8 ½ x 11 paper with 1-inch margins, exclusive of the annexes. Number each page consecutively. Technical application that exceeds the page limit will not be reviewed. Tables, charts, graphs and graphics contained in the technical application, not otherwise excluded below, are included within the above page limitation.

To facilitate the competitive review of the applications, applications shall conform to the format prescribed below:

a. Cover page [not included in page limit]
b. Table of Contents listing all page numbers and attachments [not included in page limit]
c. List of acronyms [not included in page limit]
d. Executive Summary [not to exceed one (1) page]
e. Body of application describing the technical approach & performance monitoring plan, the organization's qualifications and past experience, proposed outcomes and indicators including the management and staffing plan and key personnel [not to exceed twenty nine (29) pages]
f. Annexes [not included in page limit above, but there are some limitations within the required annexes] should be lettered (e.g. Annex A, Annex B, etc.)

Required annexes:

- Rapid mobilization plan for the first three months of the project as part of the Management Plan Section
- Performance Management Plan (PMP) as part of the Technical Approach Section
- Organizational chart and narrative as part of the Management Plan Section
- Skills matrix including level of effort (LOE) for proposed project staff, both long- and short-term as part of the Key Personnel Section
- Short- and long-term technical assistance plan as part of the Key Personnel Section
- Sustainability plan as part of the Technical Approach Section
- Curriculum vitae of key personnel and other named personnel (page limit 3 per CV) along with Letters of commitment from the proposed key personnel.
- Past performance references (3 for each prime and sub-recipient(s))

C. Technical Application Content

The Technical application in response to this solicitation should address how the Applicant intends to carry out the Program Description in this solicitation. It should be organized into the following major sections.

1. Key Personnel and Staffing
2. Technical Approach and Performance Monitoring Plan
3. Management Plan
4. Past Performance

1. Key Personnel and Staffing

Applicants will be expected to provide a description of all personnel, including key personnel, and staffing of the project including other long and short term technical assistance (STTA). The applicant should propose an overall staffing pattern that demonstrates the breadth and depth of technical expertise and experience required to implement this broad program.

a. Key Personnel:
The following key personnel are considered to be essential for the successful implementation of the resultant award;

- Chief of Party (COP);
- Deputy Chief of Party (DCOP);
- Family Planning/Maternal, Neonatal, Child Health and Nutrition (FP/MNCHN) Specialist;
- Behavior Change Communication (BCC) or Information, Education and Communication (IEC) Specialist; and
- Monitoring and Evaluation (M&E) Specialist.

The desired qualification and experience of each key position is explained in Section - I

b. Other staffing:
In composing the team, the applicant should ensure that it provides a balance of technical/clinical and managerial/organizational skills among its staff. The applicant should demonstrate in its application that all of the following skills are present in its proposed team composition, though not necessarily in single individuals. This should be provided in a skills matrix which shows the skills of each of the proposed technical staff members (and their respective corresponding planned level of effort) in the skill sets below:

- FP clinical skills
- MCH clinical skills
- FP program management skills
- MCH program management skills
- IEC/BCC skills in FP
- IEC/BCC skills in MCH
- Skills in local health systems, policy, and sustainability
- Public provision of FP/MNCHN services
- Private provision of FP/MNCHN services

For the prime recipient and sub-recipients, the resumes of proposed key personnel and other long term staff are to be included in an annex with each resume not more than 3 pages long. All key personnel and other long term staff resumes should include three references with contact information. Letters of commitment are required for all key personnel confirming his/her present intention to serve in the stated position during the term of the Agreement period and should be included in the annex. It is expected that all key personnel should be on board at the time of the

award. Noting that not all staff (other than key personnel) may be available or needed at inception, dates that such personnel are available to start work full-time with the project are also required.

2. Technical Approach and Performance Management Plan

Technical applications should be specific, complete and presented concisely. The applications should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Technical applications should take into account requirements of the program and evaluation criteria found in this RFA.

The technical application must set forth the conceptual approach, methodology, and techniques — the "how" — for accomplishment of the stated objectives. It should: (1) reflect a thorough understanding of the current context and policy environment in the Philippines; (2) describe how the recipient will design, implement, and monitor interventions to help achieve Components one and two and, (3) describe a plan with benchmarks/indicators that will enable activities to continue after the cooperative agreement has ended.

Applications must detail how the applicant will achieve the cooperative agreement's expected results. Applicants should propose innovative activities to achieve desired results. The application should outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving end of project results.

Applications must describe the activities to be undertaken to meet the objectives of the program description, considering the policy and service delivery environment and key contextual factors that will affect the project. It should describe how the project will enhance performance in each of the technical areas under the projects. Describe how activities will contribute to improving supply of and demand for essential FP/MNCHN services.

The technical application must describe how gender disparities will be integrated and addressed throughout the project cycle and the application's compliance with the requirements of the USAID Gender Policy (including the adoption of appropriate gender indicators) and the checklists provided under the Harmonized Gender and Development Guidelines.

Performance Monitoring

The application shall contain an illustrative Performance Management Plan (PMP) for the expected outcomes and proposed indicators. Performance indicators should comply with the following criteria: direct, objective, practical, adequate, and useful in managing for results. PMP data should be based on fiscal year calendar.

The PMP will have the following suggested structure:

- List of key project objectives, expected results and project outputs (output is a count of services delivered or items produced) as well as brief description of the linkages between the project outputs and its expected results.

- Definition and detailed description of the performance indicators to be tracked including: unit of measure and disaggregation by gender, as appropriate and feasible; justification/management utility; annual baselines/targets; schedule for data collection; individual responsibility for data collection and availability

3. Management Plan

The Management plan shall;

- Describe the approach to managing technical and financial reporting, logistical support, and personnel management, including anticipated management arrangements between project partners and sub-awardees, if applicable.
- Propose an illustrative institutional arrangement to meet the requirements of the program description. Provide a diagram with explanation of the functions and roles and responsibilities of each entity. Explain how it will be responsive to the needs of the CHDs and partners and the LGUs and how it will be sustained. Describe how it will contribute to improving the supply of and demand for essential FP/MNCHN services.
- Include a description of how the Applicant will coordinate with partners and other organizations, including other USAID projects, international organizations, development partners, and host country organizations.
- Describe the applicant approach for sharing program experiences and lessons learned across partners, countries, and other programs, to contribute to scaling-up proven approaches and building the evidence-base for health system strengthening.
- Identify potential challenges in the management of the project and recommend ways to overcome those challenges.
- Include a proposed organizational structure and the rationale for the structure. The plan should also outline how the COP will liaise with the AOR, USAID/Philippines staff, the DOH and LGUs and reporting and management across consultant/s, sub- recipients (if any) and other partners. Special attention should be paid on how the collaborative relationships with key stakeholders will be managed.
- Explain how the applicant will ensure a rapid – start-up and cost-effective operations.
- Include a mobilization plan, which demonstrates the Applicant's ability to establish a national presence as an institution, including completion of all the necessary registration and documentation before or immediately following the award of the cooperative agreement. The expectation is that the project will be operational within 60 days of the award.

4. Past Performance

USAID will evaluate past performance of the applicant based on reference checks and relevant past performance information submitted and may consider other past performance information. The applicant shall submit a list of 3 current grants/cooperative agreements and/or sub-awards awarded within the last five years that are similar in size, scope, and complexity to the program described in

this RFA. The list should be included as annex to the technical application and will not count against the page limitation.

Provide for each of the awards listed above a list of contact names, job titles, mailing addresses, phone numbers, e-mail addresses and a description of the performance to include:

- Scope of the program/work or complexity/diversity of tasks,
- Primary location(s) of work
- Term of performance
- Skills/expertise required
- Dollar value, and
- Award/instrument type

(USAID recommends that applicants alert the contacts that their names have been submitted and that they are authorized to provide information concerning the listed contracts and agreements if and when USAID requests it).

Performance information will be used for both the responsibility determination and best value decision. USAID/Philippines may use performance information obtained from other than the sources identified by the Applicant/sub-Recipient.

D. Branding Strategy 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. See Section 641, Foreign Assistance Act of 1961, as amended; 22 CFR 226.91. 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 apparent successful Recipient's proposed Marking Plan may include a request for approval of one or more exceptions to marking requirements established in 22 CFR 226.91. The Agreement Officer is responsible for evaluating and approving the Branding Strategy and a Marking Plan (including any request for exceptions) of the apparently successful Recipient, consistent with the provisions "Branding Strategy," "Marking Plan," and "Marking of USAID-funded Assistance Awards" contained in AAPD 05-11 and in 22 CFR 226.91. Please note that in contrast to "exceptions" to marking requirements, waivers based on circumstances in the host country must be approved by Mission Directors or other USAID Principal Officers, see 22 CFR 226.91(j).

Branding and marking under this Cooperative Agreement will be carried out in accordance with AAPD 05-11 http://www.usaid.gov/business/business_opportunities/cib/pdf/aapd05_11.pdf.

(See Section VII for format)

E. Cost Application

The Cost or Business Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an applicant in order for an Agreement Officer to make a determination of responsibility. USAID will evaluate the cost/business application separately for the Technical Application. It is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources. However, all Certifications and Representations found under Section V must be completed and submitted with the cost application.

The following sections describe the documentation that applicants for an Assistance award must submit to USAID to qualify for an award. While there is no page limit, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

1. Include a budget with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. The budget must be submitted using Standard Forms 424 and 424A which may also be downloaded from the USAID web site, http://www.usaid.gov/procurement_bus_opp/procurement/forms/sf424/;

    a. The applicant must provide an electronic copy of the budget (in Microsoft Excel) with calculations shown in the spreadsheet and an electronic version of the narrative discussing the costs for each budget line item (in Microsoft Word).
    b. A detailed breakdown of all costs categories.

2. A current Negotiated Indirect Cost Rate Agreement, as applicable.

3. Applicants who propose indirect cost rates but who do not have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency will also submit the following information:

    a. Copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
    b. Projected budget, cash flow and organizational chart;
    c. A copy of the organization's accounting manual

4. Cost share, including in-kind, amounting to at least 5% of total USAID share.

5. Copies of Personnel, Procurement and Travel Policies or Certificate of Compliance (preferred) http://www.usaid.gov/policy/ads/300/30359s1.pdf

6. The cost/business application should be for a period of 5 years using the budget format shown in the SF-424A.

7. If the Applicant has established a consortium or another legal relationship among its partners, the Cost/Business application must include a copy of the legal document establishing the parameters of the relationship between the parties. The agreement should include a full

discussion of the relationship between the Applicants including identification of the Applicant with which USAID will deal for purposes of Agreement administration, identity of the Applicant which will have accounting responsibility, how Agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

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

9. To support the proposed costs, please provide detailed budget breakdown and explanation notes/narrative for all cost categories contained in SF-424A regarding how the costs were derived. A US$ equivalent column should be included using the exchange rate of $1 = P41.

The following shall be considered while developing the budget:

a. The breakdown of all costs associated with the program.
b. The breakdown of all costs according to each partner organization involved in the program.
c. The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.
d. The breakdown of any financial and in-kind contributions of all organizations involved in implementing this program.
e. Potential contributions of non-USAID or private commercial donors to this program.

Usually, the cost application contains the following budget categories and supporting notes:

A. Salary and Wages: Direct salaries and wages should be proposed in accordance with the Applicant's personnel policies. USAID requires that salary daily rates are calculated 260 working days per year. Budget narrative should explain how daily rates are calculated and whether based on established written policies of the organization or market surveys. Salaries for non-US personnel must be reflected in local currency, with US Dollar equivalents using an exchange rate of $1 = P41. FSN grade equivalent – using the guide in Section VII shall be provided for all local (non-expat) positions.

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

C. Travel and Transportation: The application should indicate the number of trips, domestic, regional, and international, and the estimated costs. Specify the origin and destination for proposed trips, duration of travel, and number of individuals traveling. Per Diem should be

based on the Applicant's normal travel policies and will be assessed as part of cost effectiveness.

D. Equipment: Justify the need, type, the number and price of the equipment to be procured.

E. Supplies: Justify and need and quantities of supply items related to this activity.

F. Contractual: Any goods and services being procured through a contract mechanism.

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

H. Indirect Costs: The Applicant must support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency, a Negotiated Indirect Cost Agreement (NICRA), or with sufficient information (e.g. audited financial statements) for USAID to determine the reasonableness of the rates (For example, a breakdown of labor bases and overhead pools, the method of determining the rate, etc.). Indirect costs must not be included for local partners. All cost for local partners must be billed as direct.

I. Cost Share: Indicate the cost share that is required as per the cost share requirements of this RFA. Cost sharing plan should be discussed in the Budget Notes to the extent necessary to determine its feasibility and realistic access to the sources and funds.

F. Electronic Payment

USAID encourages host country governments, bilateral and multilateral development partners, contractors, subcontractors, grantees, sub-grantees, and private sector alliance partners to help strengthen the financial services sector in the countries we work. Where programs propose cash distributions, partners should consider incorporating electronic payment systems into program design and implementation where feasible, thereby reducing reliance on physical cash.

If you are considering the use of electronic payments in your operations and programs, please include in your application a brief explanation of the selected method of electronic payment, and where feasible, how you propose to reduce the reliance on physical cash. Examples of operational costs that can use e-payments are: temporary staff salaries; vendor payments; travel per-diem for staff. Examples of program costs that can use e-payments are: cash for work payments; payment to trainers or trainers of trainers; direct grants to beneficiaries. This discussion of the type of payment is for informational purposes and for our understanding of how you propose to pay recipients/beneficiaries. This information will be used by USAID to understand and measure the impact of USAID's promotion of the use of electronic payments by implementing partners. The information provided in your proposal/application will not be an evaluation factor unless specifically stated as such in the evaluation criteria in this solicitation document."

[END OF SECTION III]

SECTION IV – EVALUATION CRITERIA

The evaluation criteria prescribed herein have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which the Applicants should address in their applications and (b) set the standard against which all applications will be evaluated.

Technical, cost and other factors will be evaluated relative to each other, as described herein and prescribed by the Technical Application Format.

1. The technical application will be scored by a Technical Evaluation Committee (TEC) using the criteria shown in this section.

2. The cost application will not be scored but will be considered as described in this section.

3. The selection criteria below are presented by major category, with relative order of importance, so that applicants will know which areas require emphasis in the preparation of applications.

4. Prospective Applicants are forewarned that an application with the lowest estimated cost may not be selected if award to a higher estimated cost application affords the Government a greater overall benefit. All evaluation factors other than cost or price, when combined, are significantly more important than cost. However, estimated cost is an important factor and the estimated cost to the Government increases in importance as competing applications approach equivalence and may become the deciding factor when technical applications are approximately equivalent in merit.

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

Technical applications will be evaluated according to the criteria prescribed below. The relative importance of each criterion is indicated by approximate weight by points. A total of 100 points is possible for the complete application. Applicants are advised that the bulleted sub-criteria are intended to broadly inform the scoring process and will not be individually scored or equally weighted.

To facilitate the review of applications, narrative portions of applications should be organized in the same order as the broad evaluation criteria. USAID/Philippines will examine the overall merit and feasibility of the applications, as well as specific criteria relevant to each component as elaborated below.

1. Key Personnel and Staffing
2. Technical Approach and Performance Monitoring Plan

3. Management Plan
4. Past Performance

A summary of technical evaluation criteria is as follows:

TECHNICAL EVALUATION CRITERIA	
1. Key Personnel and Staffing	40 points
2. Technical Approach and Performance Monitoring Plan	25 points
3. Management Plan	20 points
4. Past Performance	15 points
TOTAL	100 points

Key Personnel and Staffing – 40 Points.

The Key personnel and staffing will be assessed based on the following:

- The Key Personnel and other proposed staffing, including long term and short term technical assistance (STTA) meet the desired qualifications and technical expertise.
- Applicant access to appropriate personnel with technical expertise and qualifications in all the programmatic areas outlined in the Funding Opportunity Description.
- Knowledge and understanding of the proposed personnel in respect to targeted regional cluster areas and stakeholders.
- Breadth and depth of the proposed project staffing pattern to implement all components of the project.
- The relevance of the skill set of the proposed staff to the technical approach.
- Required information is complete and accurate; and
- Key personnel and long term staff references for the prime and sub recipients.

Technical Approach and Performance Monitoring Plan – 25 Points.

The Technical approach and Performance Monitoring Plan will be evaluated based on the following;

- The extent to which the applicant demonstrates that they have a tailored approach that will achieve the project results in the specific cluster region and why their approach is appropriate and will reach project goals.
- The extent to which the Applicant understands the purpose of the program as well as the key issues and FP/MNCHN challenges and problems in a devolved health setting, specifically in the cluster region to accomplish program objectives.
- The appropriateness of the technical approach and interventions to achieve the objectives and goals of the program, including cutting edge knowledge about FP/MNCHN interventions in the developing world and in emerging economies especially in devolved setting, in mixed public private provision and in mixed financing.

- How the applicant has articulated their understanding of the health issues, their appreciation for the importance of smart integrated programming, and the use of technical assistance to improve sectoral performance in MDGs 4 and 5 and hopefully to achieve the goals of KP's universal health care.
- The extent to which the application demonstrates a clear, concise, effective and compelling technical approach and organizational framework to accomplish program purposes, objectives and expected results under the Program of Work (SECTION-I), specific to the cluster region.
- How gender disparities will be integrated and addressed throughout the project cycle and the application's compliance with the requirements of the USAID Gender Policy (including the adoption of appropriate gender indicators) and the checklists provided under the Harmonized Gender and Development Guidelines.
- The soundness, clarity and appropriateness of the draft PMP. The monitoring methods are clear and resources are available to support monitoring and reporting.

Management Plan – 20 Points.
The Management plan will be evaluated in terms of;

(a) The organizational structure in terms of its effectiveness and efficiency in approach to achieve results;

(b) Clarity of meaningful organizational linkages:
- To parent organization(s);
- Among organizations, where teaming is proposed

(c) Clearly of roles and lines of responsibility and authority:
- Of each project team member;
- Between project members and parent organization(s); and
- Among organizations, where teaming is proposed.

(d) Appropriateness of the organizational structure in relation to results to be achieved.

(e) How USAID, DOH, LGUs, and other key partners are engaged throughout the project lifespan.

(f) Overall approach in developing major activities, inputs, resource requirements and expected results.

Past Performance – 15 Points.
The applicant performance information determined to be relevant will be evaluated in accordance with the following elements:

(1) Quality of product or service, including consistency in meeting goals and targets;

(2) Cost control, including forecasting costs as well as accuracy in financial reporting;

(3) Timeliness of performance, including adherence to award schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient completion of tasks;

(4) Business relations, addressing the history of professional behavior and overall business-like concern for the interests of sub-Recipients and developing country partners, cooperative attitude in remedying problems, and timely completion of all administrative requirements;

(5) Customer satisfaction with performance, including end user or beneficiary wherever possible; and

(6) Effectiveness of key personnel, including appropriateness of personnel for the job and prompt and satisfactory changes in personnel when problems with clients where identified.

COST EVALUATION

For the purpose of this RFA, technical considerations are more important than cost. Cost criteria will not be scored. Rather, proposed costs will be analyzed for cost realism, reasonableness, completeness, effectiveness, allowability and allocability.

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

[END OF SECTION IV]

SECTION V – REQUIRED CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF APPLICANT/GRANTEE;

Part I – Certifications and Assurances

1. Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs
2. Certification Regarding Lobbying
3. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206)
4. Certification Regarding Terrorist Financing, Implementing Executive Order 13224
5. Certification of Recipient

Part II – Key Individual Certification Narcotics Offenses and Drug Trafficking

Part III – Participant Certification Narcotics Offenses and Drug Trafficking

Part IV – Survey on Ensuring Equal Opportunity for Applicants

Part V – Other Statements of Recipient

1. Authorized Individuals
2. Taxpayer Identification Number (TIN)
3. Data Universal Numbering System (DUNS) Number
4. Letter of Credit (LOC) Number
5. Procurement Information
6. Past Performance References
7. Type of Organization
8. Estimated Costs of Communications Products

PART I – CERTIFICATIONS AND ASSURANCES

1. Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs

Note: This certification applies to Non-U.S. organizations if any part of the program will be undertaken in the United States.

(a) The recipient hereby assures that no person in the United States will, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the Cooperative Agreement for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and must be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

2. Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Cooperative Agreement, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned must require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification will be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

"The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement will be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure."

3. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206)

USAID reserves the right to terminate this Agreement, to demand a refund or take other appropriate measures if the Grantee is found to have been convicted of a narcotics offense or to have been

engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned must review USAID ADS 206 to determine if any certifications are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to or take other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

4. Certification Regarding Terrorist Financing, Implementing Executive Order 13224

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of **Specially Designated Nationals and Blocked Persons**, which is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC), or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al-Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's Web site: **http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm**.

c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification -
a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or

identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means -

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: **http://untreaty.un.org/English/Terrorism.asp**); or

(ii) an act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources must not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient's obligations under paragraph 1 are not applicable to the
procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.
This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it will be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

5. Certification of Recipient

By signing below the recipient provides certifications and assurances for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206) and (4) the Certification Regarding Terrorist Financing Implementing Executive Order 13224 above.

These certifications and assurances are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance

extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States will have the right to seek judicial enforcement of these assurances. These assurances are binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign these assurances on behalf of the recipient.

Request for Application or

Annual Program Statement No. _____

Application No. _____

Date of Application _____

Name of Recipient _____

Typed Name and Title _____

Signature _____

Date _____

PART II – KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

2. I am not and have not been an illicit trafficker in any such drug or controlled substance.

3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

_____

Date of Birth: _____

NOTICE:
1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PART III – PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:

a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.

b. I am not and have not been an illicit trafficker in any such drug or controlled substance.

c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

Signature: _____

Name: _____

Date: _____

Address: _____

_____

Date of Birth: _____

NOTICE:
1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain participants must sign this Certification.

2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PART IV – SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Survey on Ensuring Equal Opportunity for Applicants
(http://transition.usaid.gov/forms/surveyeo.doc)

PART V – OTHER STATEMENTS OF RECIPIENT

1. Authorized Individuals

The recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the recipient in connection with this application or grant:
Name Title Telephone No. Facsimile No.

_____
_____
_____

2. Taxpayer Identification Number (TIN)

If the recipient is a U.S. organization, or a foreign organization which has income effectively connected with the conduct of activities in the U.S. or has an office or a place of business or a fiscal paying agent in the U.S., please indicate the recipient's TIN:

TIN: _____

3. Data Universal Numbering System (DUNS) Number

(a) Unless otherwise specified in the solicitation using an applicable exemption, in the space provided at the end of this provision, the recipient should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the recipient's name and address exactly as stated in the proposal.

(b) The DUNS is a 9-digit number assigned by Dun and Bradstreet Information Services. If the recipient does not have a DUNS number, the recipient should call Dun and Bradstreet directly at 1-800-333-0505. A DUNS number will be provided immediately by telephone at no charge to the recipient. The recipient should be prepared to provide the following information:

(1) Recipient's name.
(2) Recipient's address.
(3) Recipient's telephone number.
(4) Line of business.
(5) Chief executive officer/key manager.
(6) Date the organization was started.
(7) Number of people employed by the recipient.
(8) Company affiliation.

(c) Recipients located outside the United States may e-mail Dun and Bradstreet at globalinfo@dbisma.com to obtain the location and phone number of the local Dun and Bradstreet Information Services office.

The DUNS system is distinct from the Federal Taxpayer Identification Number (TIN) system.
DUNS: _____

4. Letter of Credit (LOC) Number

If the recipient has an existing Letter of Credit (LOC) with USAID, please indicate the LOC number:

LOC: _____

5. Procurement Information

(a) Applicability. This applies to the procurement of goods and services planned by the recipient (i.e., contracts, purchase orders, etc.) from a supplier of goods or services for the direct use or benefit of the recipient in conducting the program supported by the grant, and not to assistance provided by the recipient (i.e., a subgrant or subagreement) to a subgrantee or subrecipient in support of the subgrantee's or subrecipient's program. Provision by the recipient of the requested information does not, in and of itself, constitute USAID approval.

(b) Amount of Procurement. Please indicate the total estimated dollar amount of goods and services which the recipient plans to purchase under the grant:
$_____

(c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs. Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

TYPE/DESCRIPTION (Generic) _____

QUANTITY _____

ESTIMATED UNIT COST _____

(d) Source If the recipient plans to purchase any goods/commodities which are not in accordance with the Standard Provision "USAID Eligibility Rules for Procurement of Commodities and Services," indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity

is located in the cooperating country at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Additionally, "available for purchase" includes "offered for sale at the time of purchase" if the commodity is listed in a vendor's catalog or other statement of inventory, kept as part of the vendor's customary business practices and regularly offered for sale, even if the commodities are not physically on the vendors' shelves or even in the source country at the time of the order. In such cases, the recipient must document that the commodity was listed in the vendor's catalog or other statement of inventory; that the vendor has a regular and customary business practice of selling the commodity through "just in time" or other similar inventory practices; and the recipient did not engage the vendor to list the commodity in its catalog or other statement of inventory just to fulfill the recipient's request for the commodity.

TYPE/DESCRIPTION _____

QUANTITY _____

ESTIMATED GOODS _____

PROBABLE GOODS _____

PROBABLE (Generic) _____

UNIT COST _____

SOURCE _____

(e) Restricted Goods. If the recipient plans to purchase any restricted goods, indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, intended use, and probable source. Restricted goods are Agricultural Commodities, Motor Vehicles, Pharmaceuticals, Pesticides, Used Equipment, U.S. Government-Owned Excess Property, and Fertilizer.

TYPE/DESCRIPTION _____

QUANTITY _____

ESTIMATED _____

PROBABLE _____

INTENDED USE (Generic) _____

UNIT COST _____

SOURCE _____

(f) Supplier Nationality. If the recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in accordance with the Standard Provision "USAID Eligibility Rules for Procurement of Commodities and Services," indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier.

TYPE/DESCRIPTION _____

QUANTITY _____

ESTIMATED _____

PROBABLE SUPPLIER _____

NATIONALITY _____

RATIONALE (Generic) _____

UNIT COST (Non-US Only) _____

FOR NON-US _____

6. Past Performance References

On a continuation page, please provide past performance information requested in the RFA.

7. Type of Organization

The recipient, by checking the applicable box, represents that -

(a) If the recipient is a U.S. entity, it operates as [ ] a corporation incorporated under the laws of the State of, [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a state or local governmental organization, [ ] a private college or university, [ ] a public college or university, [ ] an international organization, or [ ] a joint venture; or

(b) If the recipient is a non-U.S. entity, it operates as [ ] a corporation organized under the laws of _____ (country), [ ] an individual, [ ] a partnership, [ ] a nongovernmental nonprofit organization, [ ] a nongovernmental educational institution, [ ] a governmental organization, [ ] an international organization, or [ ] a joint venture.

8. Estimated Costs of Communications Products

The following are the estimate(s) of the cost of each separate communications product (i.e., any

printed material [other than non-color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

[END OF SECTION V]

SECTION VI – AWARD AND ADMINISTRATION INFORMATION

A.1 PURPOSE OF COOPERATIVE AGREEMENT

The purpose of this Cooperative Agreement is to provide support for the program described in Section I entitled "Funding Opportunity Description"

A.2 PERIOD OF COOPERATIVE AGREEMENT

1. The effective date of this Cooperative Agreement is TBD. The estimated completion date of this Cooperative Agreement is TBD.

2. Funds obligated hereunder are available for program expenditures for the estimated period ending TBD.

A.3 AMOUNT OF COOPERATIVE AGREEMENT AND PAYMENT

1. The total estimated amount of this Cooperative Agreement for the period shown in A.2.1 above is TBD.

2. USAID hereby obligates the amount of $ TBD for program expenditures during the period set forth in A.2.2 above and as shown in the Budget below. The Recipient will be given written notice by the Agreement Officer if additional funds will be added. USAID is not obligated to reimburse the Recipient for the expenditure of amounts in excess of the total obligated amount.

3. Payment will be made to the Recipient by Letter of Credit in accordance with procedures set forth in 22 CFR 226
(NOTE: Letter of Credit is the "preferred payment method". However the Agreement Officer will select the appropriate method of payment in accordance with the applicability requirements set forth in 22CFR 226; i.e., letter of credit, advance payment or reimbursement.)

4. The payment office for this award is:

a. For Letter of Credit:

Agency for International Development
M/CFO/CMP/GIB-LOC Unit
SA-44
1300 Pennsylvania Avenue, NW
Washington, DC 20523-7700 U.S.A.

b. For Other than Letter of Credit:

Regional Financial Services Center
USAID/Philippines
8/F PNB Financial Center
Pres. Diosdado Macapagal Boulevard
Pasay City, 1308, Philippines.

A.4 COOPERATIVE AGREEMENT BUDGET

- TBD-

Note; Revisions to the budget shall be made in accordance with 22 CFR 226 (or relevant standard provision if award is to a non-US organization).

A.5 REPORTING AND EVALUATION

1. Financial Reporting

The recipient shall account for expenditures for activities carried out under this project to ensure funds are used for their intended purposes. Financial reports shall be in accordance with 22 CFR 226.52. ***(either 1) or 2) below will be included in final agreement)***

(1) For Organizations with a Letter of Credit (LOC):

(a) Quarterly Report: The recipient must submit an SF 425, the Federal Financial Report, via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov) within 45 calendar days following the end of each quarter. A copy of this form shall be simultaneously submitted to the Agreement Officer's Representative (AOR) and the USAID/Philippines Controller(aidmnlrfsc@usaid.gov).

(b) Final Report: The recipient must submit within 90 calendar days following the estimated completion date of this award and, in accordance with 22 CFR 226.70 – 72, the original and three (3) copies of the final Federal Financial Reports (SF-425) to: (a) USAID/Washington, M/CFO/CMP-LOC Unit ; (b) the Agreement Officer (aidmnlorp@usaid.gov); (c) the Agreement Officer's Representative (AOR), and (d) the USAID/Philippines Controller(aidmnlrfsc@usaid.gov). The electronic version of the final SF 425 must be submitted to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov) in accordance with paragraph A.5.1.(1).(a) above.

(2) For Organizations without a Letter of Credit (LOC):

(a) Quarterly Report: The Recipient must submit an SF 425, the Federal Financial Report, via electronic submission, within 45 days following the end of each quarter to the Agreement Officer's Representative (AOR) and the USAID/Philippines Controller (aidmnlrfsc@usaid.gov). The Recipient shall include, as an attachment to the SF-425, expenditures by budget line item per quarterly performance reporting requirements.

(b) Final Report: The Recipient must submit within 90 calendar days following the

estimated completion date of this award and, in accordance with 22 CFR 226.70, the original and two copies of all final Federal Financial Reports (SF-425) to: (a) the Agreement Officer (aidmnlorp@usaid.gov); (b) the Agreement Officer's Representative (AOR), and (c) the USAID/Philippines Controller(aidmnlrfsc@usaid.gov).

Electronic copies of the SF-425 can be found at
http://www.whitehouse.gov/omb/grants/standardforms/ffreport.pdf and
http://www.forms.gov/bgfPortal/docDetails.do?dId=15149.

Line item instructions for completing the SF-425 can be found at:
http://www.whitehouse.gov/omb/grants/standardforms/ffrinstructions.pdf

2. Periodic Performance Reporting

a. Quarterly Progress Reports

The Applicant should prepare and submit to USAID/Philippines Agreement Officer Representative a quarterly report within 30 days after the end of the each USG fiscal quarter with the exception of the quarter ending September 30, 2013 when an Annual Report will be required and the final quarter, when a Final Report is required. The report should contain, at a minimum:

- ✓ Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by province. The PMP should be attached;
- ✓ Problems encountered and whether they were solved or are still outstanding;
- ✓ Proposed solutions to new or ongoing problems;
- ✓ Success stories;
- ✓ Qualitative data on program achievements and results;
- ✓ Documentation of best practices that can be taken to scale;
- ✓ Progress on the Gender Action Plan should be monitored and included in the quarterly reports throughout the life of the project.

3. Annual Implementation Plan:

Annual implementation plans shall be required of the Recipient that will detail the work to be accomplished during the upcoming year. The scope and format of the annual implementation plan will be agreed to between the Recipient and the AOR during the first two weeks of award of the Agreement and is due 30 days after start of Agreement. Annual implementation plans thereafter are due one month prior to the start of the following year of implementation. These annual implementation plans may be revised on an occasional basis, as needed, to reflect changes on the ground and with the concurrence of the AOR. The implementation plan should include the estimated quarterly funding requirements during the upcoming year of program implementation, necessary to meet all program objectives within the Agreement. USAID will respond to the implementation plan within ten (10) calendar days. Any budgets attached to an annual implementation plan are informational only. They do not supersede the approved budgets included

in the Agreement. Any changes to the budget require prior approval of the Agreement Officer in accordance with 22CFR226.25 (or relevant standard provision in the case of award to non-US organization).

As part of its initial implementation plan, and all annual implementation plans thereafter, the Recipient in collaboration with the USAID AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this Agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

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

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

4. Final Agreement Completion Report

Pursuant to 22 CFR 226.51(b) and the Program Description, a final performance report will be required under this award within ninety (90) days following the estimated completion date of the Agreement. The recipient shall prepare and submit three copies of a final/completion report to the AOR which summarizes the accomplishments of this agreement, methods of work used, budget and disbursement activity, and recommendations regarding unfinished work and/or program continuation. The final/completion report shall also contain an index of all reports, technical tools, documentation of best practices and information products produced under this agreement. Copy of provincial sustainability plans should also be attached to the final report. The report shall be submitted within 90 days after the estimated completion date of this agreement.
The report shall:

- Contain an overall description of the activities under the Program during the period of this Cooperative Agreement, and the significance of these activities;
- Describe the methods of assistance used and the pros and cons of these methods;
- Present life-of-project results towards achieving the project objectives and the performance indicators, as well as an analysis of how the indicators illustrate the project's impact on the accomplishment of the program's overall objectives;
- Summarize the program's accomplishments, as well as any unmet targets and the reasons for them including leveraging; and
- Discuss the issues and problems that emerged during program implementation and the lessons learned in dealing with them.

Compliance with USAID requirements - All reporting will comply with the USAID requirements tied with the use of different funding accounts and other agency requirements.

5. Monitoring and Evaluation

The Recipient will develop a Performance Management Plan (PMP) Plan within the first three months following award and before major implementation actions are underway. The PMP will describe the agreed upon framework of goals, outcomes, and outputs for the project/activity, along with indicators, baselines and targets defined for each, gender disaggregated where appropriate. The PMP will also include a monitoring and evaluation plan that describes the evaluative work that the Recipient will conduct for its own management decision-making, institutional learning, and accountability purposes.

(See USAID Evaluation Policy and ADS 203, as revised, for more detailed guidance)

Mid-term and final evaluations: USAID or an independent third-party may conduct mid-term evaluation(s) at some point during performance. An external final evaluation may also be conducted by USAID.

Under USAID's new Evaluation Policy, the primary responsibility for evaluations that assess the overall performance and results from a project or activity rests with USAID. While the implementing partner (in this case, a Recipient) often provides supporting data and analysis, such evaluations will be designed, implemented and independently contracted by the Mission to assure objectivity and rigor. If appropriate, this project/activity will be evaluated externally by a third-party evaluation contractor to be commissioned by USAID towards the end of the period of performance.

The Recipient remains responsible for ongoing monitoring and evaluation (typically formative and mid-term evaluations) that inform management decisions by assessing whether projects are being implemented as planned, reaching targeted groups, and achieving expected outputs and outcomes.

6. Close-out Plan

Three months prior to the completion date of the Cooperative Agreement, the Recipient shall submit a Close-out Plan to the Agreement Officer and AOR. The demobilization plan shall include, at a minimum, an illustrative Property Disposition plan; a plan for phase out of in-country operations; a delivery schedule for all reports or other deliverables required under the Agreement; and a time line for completing all required actions in the Demobilization Plan, including the submission date of the final Property Disposition plan to the Agreement Officer's Technical Representative. The demobilization plan shall be approved in writing by the Agreement Officer.

7. Reporting Host Government Taxes (June 2012)

a. By April 16 of each year, the recipient must submit a report containing:

(1) Contractor/recipient name.
(2) Contact name with phone, fax and e-mail.

(3) Agreement number(s).
(4) The total amount of value-added taxes and customs duties (but not sales taxes) assessed by the host government (or any entity thereof) on purchases in excess of $500 per transaction of supplies, materials, goods or equipment, during the 12 months ending on the preceding September 30, using funds provided under this contract/agreement.
(5) Any reimbursements received by April 1 of the current year on value-added taxes and customs duties reported in (iv).
(6) Reports are required even if the recipient did not pay any taxes or receive any reimbursements during the reporting period.
(7) Cumulative reports may be provided if the recipient is implementing more than one program in a foreign country.

b. Submit the reports to: USAID/ Philippine's Regional Financial Service Center.

c. Host government taxes are not allowable where the Agreement Officer provides the necessary means to the recipient to obtain an exemption or refund of such taxes, and the recipient fails to take reasonable steps to obtain such exemption or refund. Otherwise, taxes are allowable in accordance with the Standard Provision, "Allowable Costs," and must be reported as required in this provision.

d. The recipient must include this reporting requirement in all applicable subagreements, including subawards and contracts.

8. Reporting Matrix

TYPE OF REPORT	DUE DATE	DISTRIBUTION
Quarterly Financial Report (See A.5.1)	Quarterly : Within 45 calendar days following the end of each quarter	AOR and RFSC
Final Financial Report (See A.5.1)	Final Report: Within ninety (90) calendar days following the estimated completion date of this award	AO, AOR & RFSC
Quarterly Progress Report (See A.5.2)	Quarterly: within 30 days after the end of each USG fiscal quarter.	AOR
Annual Implementation Plan (See A.5.3)	Annually: Within 30 days after start date of the Agreement	AOR
Final Agreement Completion Report (See A.5.4)	Final Report : Within ninety (90) days following the estimated completion date of the Agreement	AOR & Agreement Officer
Monitoring and Evaluation Plan (See A.5.5)	Within first three months of the award and before major implementation actions are underway	AOR

Close-out Plan (See A.6.6)	Three(3) months prior to the completion date of the Cooperative Agreement	AOR, Agreement Officer
Reporting Host Government Taxes (See A.6.7)	Annually: By April 16 of each year.	AOR & RFSC

A.6. INDIRECT COST RATE

Pending establishment of revised provisional or final indirect cost rates, allowable indirect costs shall be reimbursed on the basis of the following negotiated provisional or predetermined rates and the appropriate bases:

Description	Rate	Base	Type	Period
TBD				

A.7. TITLE TO PROPERTY

Title to Property will be vested with USAID if award is to a US NGO and with Recipient if to a non-US NGO.

A.8. AUTHORIZED GEOGRAPHIC CODE

The authorized geographic code for procurement of goods and services under this award is 937.

A.9. COST SHARE

The Recipient agrees to expend an amount not less than 5% of the total activity costs as cost share.

A. 10. SUBSTANTIAL INVOLVEMENT

USAID/Philippines anticipates a close working partnership with the recipient‘s programs and as such, in accordance with the ADS Chapter 303.3.11 and 22 CFR 226 USAID/Philippines shall be substantially involved during the implementation of this Cooperative Agreement in the following ways:

a. Key Personnel: The recipient shall obtain the AO’s prior written approval of any change in Key Personnel. The following positions are considered essential to the successful implementation of the project:
    1. Chief of Party (COP)
    2. Deputy Chief of Party (DCOP)
    3. FP/MNCHN Specialist
    4. Behavior Change Communication (BCC) specialist

5. Monitoring and Performance Management Specialist

b. Annual Implementation Plan: The AOR shall provide written approval of the recipient's annual implementation/work plan. If at the time of award, the Program Description does not establish a timeline for the planned achievement of milestones or outputs in sufficient detail, USAID may approve the plan at a later date. USAID will not require approval of these plans more often than annually.

c. Joint Collaboration:

i. 22 CFR 226.25 requires the recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award, Unless described in the application and funded in the approved budget of the award.
ii. Approval of the recipient's Monitoring and Evaluation Plan.
iii. Any other specified kinds of direction or redirection because of interrelationships with other projects. All such activities must be included in the program description, negotiated in the budget, and made part of the award.

A.11 SPECIAL PROVISIONS

1. ENVIRONMENTAL COMPLIANCE

1a) 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. *Recipient* environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this *RFA*.
1b) In addition, the contractor/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.

1c) No activity funded under this *Cooperative Agreement* 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.")

2) An Initial Environmental Examination (IEE) date January 27, 2012 has been approved for *The BEST Health : Smart integrated Programming in Family Planning/Maternal, Neonatal and Child*

Health and Nutrition (BEST Health Luzon, BEST Health Visayas, and BEST Health Mindanao) funding this *RFA*. The IEE covers activities expected to be implemented under this *Cooperative Agreement (CA)*. The recommended IEE determinations are as follows;

2a) Based on the analysis, this IEE recommends threshold decision and condition for implementation of the BEST health Program activities. USAID/Philippines acknowledges that the environmental screening and review procedures described here do not substitute for the recipient country's own environmental laws and policies. The overall threshold determination for the BEST Health program is a **Negative Determination with Conditions**.

2b) However, various classes of activities have been grouped into two different determinations. Majority of activities under the BEST Health program such as education, training, technical assistance, documentation, systems strengthening support and policy analysis do not have a direct significant impact on the environment. These are those recommended for **categorical exclusion**.

2c) Certain classes of activities are assessed to have the potential for directly or indirectly affecting the environment, and are thus recommended for a **Negative Determination with Conditions threshold**:

- Activities that directly or indirectly cause the procurement, storage, management and disposal of public health commodities,
- Activities involving treatment in health facilities and in communities that directly or indirectly result in the generation and disposal of hazardous medical waste or in techniques that have a direct or indirect environmental impact.
- Limited procurement and distribution of small electric and electronic equipment in support of FP/MCH health services and commodities monitoring and health information systems management, and other related purposes.

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 *solicitation*.

3a) As part of its initial Work Plan, and all Annual Work Plans thereafter, the *Recipient*, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this *Cooperative Agreement* to determine if they are within the scope of the approved Regulation 216 environmental documentation.

3b) If the *recipient* plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

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

4 When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the *recipient* shall:

4a) 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* shall prepare an EMMP or M&M Plan describing how the *recipient* will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

4b) Integrate a completed EMMP or M&M Plan into the initial work plan.

4c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

A.12 AGREEMENT OFFICER'S REPRESENTATIVE (AOR)

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. The Agreement Officer's Representative (AOR) will be appointed through a separate letter specifically identifying the authorities delegated to him by the Agreement Officer. No costs chargeable to the proposed award may be incurred before receipt of either a fully executed cooperative agreement or a specific, written authorization from the Agreement Officer. In the event of any question concerning the authority of the AOR to take any specific action, it is the responsibility of the recipient to bring the issue to the attention of the Agreement Officer (AO).

A.13 ADDITIONAL PROVISIONS

1. PRESS RELATIONS

The Recipient shall coordinate all press inquiries and statements with the USAID Agreement Officer's Representative (AOR). Recipient shall seek approval from AOR before agreeing to or allowing staff to conduct interviews with the press. The recipient shall not speak on behalf of USAID but will refer all requests for USAID information to the USAID AOR, Communication, and/or press officer.

A.14. APPLICABLE REGULATIONS AND REFERENCES

Standard Provisions will be provided in full text, as applicable, in the resultant agreement.

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

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

- 22 CFR 226 USAID Assistance Regulations http://www.access.gpo.gov/nara/cfr/waisidx_02/22cfr226_02.html

- **22 CFR 228 "**Procurement of Commodities and Services Financed by USAID Federal Program Funds." http://www.gpo.gov/fdsys/search/pagedetails.action?browsePath=2012%2F01%2F01-10%5C%2F3%2FAgency+for+International+Development&granuleId=2011-33240&packageId=FR-2012-01-10&fromBrowse=true

- **ADS Series 303 Grants and Cooperative Agreements to Non-Governmental Organizations http://www.usaid.gov/policy/ads/300/303.pdf**

[END OF SECTION VI]

SECTION VII – ANNEXES

A. STANDARD FORM 424, APPLICATION FOR FEDERAL ASSISTANCE

B. STANDARD FORM 424A, BUDGET INFORMATION – NON-CONSTRUCTION PROGRAMS

C. LOCAL EMPLOYEES POSITION DESCRIPTION GUIDELINES

D. BRANDING STRATEGY AND MARKING PLAN FORMAT

A- STANDARD FORM 424, APPLICATION FOR FEDERAL ASSISTANCE

APPLICATION FOR FEDERAL ASSISTANCE Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application ☐ Construction ☐ Non-Construction	Pre-application ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
		Department:	
Organizational DUNS:		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	First Name:
City:		Middle Name	
County:		Last Name	
State:	Zip Code	Suffix:	
Country:		Email:	
6. EMPLOYER IDENTIFICATION NUMBER *(EIN)*: ☐☐-☐☐☐☐☐☐☐		Phone Number (give area code)	Fax Number (give area code)

8. TYPE OF APPLICATION: ☐ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) 9. NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: ☐☐-☐☐☐ TITLE (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.)*:	
13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	$ .00	a. Yes. ☐	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ .00		
c. State	$ .00		
d. Local	$ .00	b. No. ☐	PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	$ .00	☐ Yes If "Yes" attach an explanation.	☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name	Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Reset Form

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).
3.	State use only (if applicable).	13	Enter the proposed start date and end date of the project.
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
7.	Select the appropriate letter in the space provided. A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) O. Not for Profit Organization	17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
8.	Select the type from the following list: • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration	18	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
9.	Name of Federal agency from which assistance is being requested with this application.		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.		

SF-424 (Rev. 7-97) Back

B- STANDARD FORM 424A, BUDGET INFORMATION – NON-CONSTRUCTION PROGRAMS

BUDGET INFORMATION - Non-Construction Programs OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		$	$	$	$	$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)		Total (5)
a. Personnel	$	$	$	$	$ 0.00
b. Fringe Benefits					0.00
c. Travel					0.00
d. Equipment					0.00
e. Supplies					0.00
f. Contractual					0.00
g. Construction					0.00
h. Other					0.00
i. Total Direct Charges *(sum of 6a-6h)*	0.00	0.00	0.00	0.00	0.00
j. Indirect Charges					0.00
k. TOTALS *(sum of 6i and 6j)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
7. Program Income	$	$	$	$	$ 0.00

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Prescribed by OMB Circular A-102

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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	$	$	$	$ 0.00
9.				0.00
10.				0.00
11.				0.00
12. TOTAL *(sum of lines 8-11)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 0.00	$	$	$	$
14. Non-Federal	0.00				
15. TOTAL *(sum of lines 13 and 14)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	$	$	$	$
17.				
18.				
19.				
20. TOTAL *(sum of lines 16-19)*	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

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Standard Form 424A (Rev. 7-97) Page 2

INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in *Column* (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

C- LOCAL EMPLOYEES POSITION DESCRIPTION GUIDELINES

(Note: Recipients are not bound by the Mission’s Local Compensation Plan. This annex is to be used to assist applicants in assigning grades (for establishing market salary range) to employee positions)

GENERAL GRADE LEVEL GUIDES

The General Grade Level Guides presented on the following pages have been prepared as guidance in determining the grade levels of positions for which no classification standards exist. The Guides should be used in classifying such positions in conjunction with standards for other positions considered to have characteristics in common with the position to be classified. For example, in classifying an administrative assistance or administrative specialist position, it would be logical to examine standards for positions within the administrative area, e.g., budget and fiscal, procurement, supply, etc. In classifying professional positions, it would be logical to examine standards for professional positions. The Guides define the level of work appropriate to each grade, indicate the language, education, and experience desired or required of incumbents of positions at that grade, and indicate the occupations for which standards have been prepared at each grade.

FSN-1

This is the entrance level for routine, unskilled types of work. It includes the most routine custodial and manual positions found at this level. Most positions require no more than Level 1 English ability (rudimentary knowledge). Classification standards depicting the FSN-1 level has been prepared for: Janitor/Janitress; Laborer; Watchman etc.

FSN-2

This level includes positions the duties of which are to perform entrance level trade or craft tasks, manual positions involving routine maintenance of vehicular equipment, operation of simple, low pressure heating plant equipment, and entrance level clerical positions performing simple filing, record keeping, and mail sorting. Up to six months of experience is desirable. Most non-clerical positions require little formal education and no more than Level 1 English ability (rudimentary knowledge). Some secondary school education is desirable for the clerical positions. Level 2 English ability (limited knowledge) is sufficient for most clerical positions at this grade. Classification standards depicting the FSN-2 level have been prepared for: Duplicating Equipment Operator; File Clerk; Gardener; Guard; Heating Plant Operator; Janitor Supervisor; Mail Clerk; Motor Vehicle Serviceman; Trades Helper; Warehouseman, etc

FSN-3

This level is characterized by the performance of semi-skilled trades and crafts duties and routine clerical duties. It is the intermediate level (between the entrance level and full performance or skilled journeyman level) for trade and craft positions. In addition to semi-skilled trade and craft positions, other manual positions involve operation of the simpler utilities equipment and driving an automobile as a motor pool chauffeur. Clerical positions involve routine clerical duties such as

records maintenance, working at a telephone switchboard, and/or typing a variety of narrative and tabular material.
Elementary school education is desirable for manual positions and secondary school education is desirable for clerical positions. Manual positions require Level 1 (rudimentary knowledge) to Level 2 (limited knowledge) English ability and clerical positions require Level 2 to Level 3 (good working knowledge) English ability. Up to one year of experience is required for both manual and clerical positions at this level. Classification standards depicting the FSN-3 level have been prepared for: Automotive Mechanic; Boiler Operator; Chauffeur; Clerk Typist; Distribution Clerk; Operator; Guard; Mail Clerk; Maintenance Man; Mechanic; Offset Press Operator; Power Plant Operator; Receptionist; Sewage Disposal Plant; Telephone Operator; Water Plant Operator, etc

FSN-4
This is the full performance or skilled journeyman level for trade and craft positions. Employees at this level must be able to perform the full scope of their positions with a minimum of supervisory guidance. Clerical positions require familiarity with office practices and procedures and the ability to follow through in order to obtain the required results. They also must exercise judgment and apply pertinent regulations. Completion of secondary school, one to one and one-half years of experience, and Level 3 (good working knowledge) of English is required for clerical positions at this level. Trade and craft positions require completion of an apprenticeship, vocational training, or experience recognized as producing journeyman level skills and one to one and one-half years of experience at the journeyman level. Level 1 English ability (rudimentary knowledge) is sufficient for most manual jobs, although a few positions may require a Level 2 (limited knowledge) English ability. Completion of elementary school is required. Classification standards depicting the FSN-4 level have been prepared for: Automotive Mechanic; Automotive Mechanic (Body & Fender); Boiler Operator; Clerk; Chauffeur; Clerk Stenographer; Clerk Typist; Dispatcher; Distribution Clerk; Federal Benefits Clerk; Furniture Repairman; Guard; Guard/Receptionist; Locksmith; Machinist; Mail Clerk; Maintenance Man; Mechanic (Building Trades); Office Machine Repairman; Offset Press Operator; Passport and Citizenship Clerk; Power Plant Operator; Procurement Clerk; Receptionist; Refrigeration and Air-Conditioning Mechanic; Special Consular Services Clerk; Supply Clerk; Telephone Installer & Repairman; Telephone Operator; Teletype Operator; Upholsterer; Visa Clerk; Voucher Examiner, etc.

FSN-5
Clerical positions at this level involve the performance of responsible work requiring the exercise of judgment, knowledge of a specialized subject matter and the regulations pertaining thereto. Journeyman level clerical positions in various program areas are at this level. Manual positions are working supervisors of three to six skilled and semiskilled employees in trade and craft positions. Manual positions require some secondary school education, plus an apprenticeship, vocational training or experience recognized as providing journeyman level skills, and one and one-half years of journeyman and six months of supervisory experience. Level 2 English ability (limited knowledge) is sufficient for most manual positions, but a few require Level 3. Level 3 English ability (good working knowledge), and one and one-half to two years of experience is required for most clerical positions. Classification standards depicting the FSN-5 level has been prepared for: Accounts Maintenance Clerk; Automotive Mechanic Foreman; Cashier (Consular); Central Office Telephone Mechanic; Clerk Stenographer; Consular Investigations Clerk; Distribution Clerk

Federal Benefits Clerk; Guard Supervisor; Library Clerk; Library Clerk (LOC); Mail Supervisor Maintenance Foreman; Medical Technician; Participant Training Clerk; Payroll Clerk; Personnel Clerk; Program Clerk; Purchasing Agent; Receptionist; Secretary; Security Clerk; Shipment Clerk; Special Consular Services Clerk; Supply Clerk; Telephone Supervisor; Teletype Mechanic; Teletype Operator; Travel Clerk; Utilities Foreman; Visa Clerk; Voucher Examiner; Work Control Clerk, etc.

FSN-6

This is the senior or top clerical level involving the performance of the most difficult clerical work requiring the exercise of judgment, knowledge of a specialized subject matter, and the application of extensive rules and regulations. Included also in this class are supervisors of clerical positions and secretaries to American officials performing major functions. Manual positions are supervisors of established units of from eight to fifteen skilled and semi-skilled employees, and have continuing management responsibility for the efficient use of equipment, materials, and manpower. Manual positions require some secondary school education, plus vocational training, an apprenticeship or experience recognized as producing journeyman level skills and one and one-half years of journeyman level skills and supervisory experience. Level 2 English ability (limited knowledge) is required for most manual positions but a few require Level 3. Clerical positions require completion of secondary school, two to two and one-half years of experience, and Level 3 English ability (good working knowledge). Classification standards depicting the FSN-6 level have been prepared for: Accounts Maintenance Clerk; Distribution Record System Clerk; Audio Visual Technician; Automotive Mechanic Foreman; Cashier; Clerk Stenographer; Commercial Clerk; Customs Expediter; Distribution Supervisor; Guard Supervisor; Language Instructor Circulation/Reference); Library Assistant (Technical Services); Library Clerk (LOC); Maintenance Foreman; Maintenance Inspector; Medical Technician; Motor Pool Supervisor; Nurse; Participant Training Clerk; Payroll Clerk; Payroll Liaison Clerk; Personnel Clerk; Program Clerk; Secretary; Shipment Clerk; Storekeeper; Telephone Supervisor; Teletype Supervisor; Utilities Foreman; Visa Clerk; Voucher Examiner, etc

FSN-7

This level includes junior assistant positions in administrative, technical, and program areas including AID, USIS, FCS, FAS, and other associated agency program areas. Such positions require a good general knowledge and application of the policies and procedures, rules and regulations of a particular subject matter area, or substantive knowledge of that area, and work under general instructions with work reviewed for accuracy of results. This level also includes supervisors of clerical functions of substantial size, and employees in charge of the maintenance function at small posts. The secretary to the ranking official of a large consulate or associated agency mission is also placed in this level when the official has no American secretary**.** In addition to completion of secondary school, some additional technical or collegiate education is desirable. From one to three years of experience, and Level 3 English ability (good working knowledge) are required. Classification standards depicting the FSN-7 level have been prepared for: Accounting Technician; Arts and Graphics Assistant; Audience Record System Assistant; Audio Visual Technician; Budget Analyst; Cashier; Commercial Assistant; Consular Investigations Assistant; Cultural Affairs Assistant; Distribution Assistant; Economic Assistant; Engineering Draftsman; Federal Benefits Assistant; Information Assistant; Language Instructor; Librarian (LOC); Maintenance Supervisor;

Passport and Citizenship Assistant; Payroll Supervisor; Personnel Assistant; Political Assistant; Protocol Assistant; Purchasing Agent; Reference Librarian; Secretary;
Shipment Assistant; Shipment Assistant (POV); Special Consular Services Assistant; Supervisory Voucher Examiner; Technical Services Librarian; Translator; Travel Assistant; Visa Assistant, etc.

FSN-8

This is the fully qualified level for assistant positions in administrative, technical, and program areas including AID, USIS, and other associated agency program areas. The difficulty of the work performed requires considerable experience and training and a thorough knowledge of policies, procedures, rules and regulations, and/or extensive subject matter knowledge in a particular field. Employees are expected to resolve most problems and execute assignments with supervision limited primarily to the review of end product results. The secretary to the ranking officer of a very large consulate or associated agency mission is also placed in this level when the official has not American secretary. These positions require completion of secondary school, and some collegiate or technical training is desirable. Two to four years of experience is necessary. Level 3 English ability (good working knowledge) is required. Classification standards depicting the FSN-8 level have been prepared for: Accounting Technician; Art and Graphics Assistant; Distribution Record System Assistant; Budget Analyst; Cashier; Commercial Assistant; Consular Investigations Assistant; Cultural Affairs Assistant; Development Loan Assistant; Distribution Assistant; Economic Assistant; Federal Benefits Assistant; Information Assistant; Librarian (LOC); Maintenance Supervisor; Nurse; Participant Training Assistant; Passport & Citizenship Assistant; Payroll Supervisor; Personnel Assistant; Procurement Agent; Program Assistant; Protocol Assistant; Reference Librarian; Scientific Affairs Assistant; Security Investigator; Shipment Assistant; Special Consular Services Assistant; Supervisory Audio Visual Technician; Supervisory Language Instructor; Supervisory Voucher Examiner; Supply Supervisor; Technical Services Librarian; Travel Assistant; Visa Assistant, etc.

FSN-9

This is the senior assistant level for technical and administrative management positions. No supervisory technical positions at this level involve fact finding, research, analysis, and interpretation of factual data in the field of the employee's expertise. Administrative management positions are supervisory and typically involve management of a function and personal performance of the most difficult work of the function, including evaluation of complex facts and the interpretation of laws, regulations, and instructions in their application to specific situations. Incumbents of positions at this level are expected to complete assignments with a minimum of supervision. These positions require completion of secondary school, and some collegiate or technical education is desirable. Three to five years of progressively responsible experience is required. Many positions at this level requires Level 4 English ability (fluent). Classification standards depicting the FSN-9 level has been prepared for: Agricultural Assistant; Art & Graphics Assistant; Distribution Record System Assistant; Budget Analyst; Consular Investigations Assistant; Cultural Affairs Assistant; Distribution Assistant; Economic Assistant; Federal Benefits Assistant; Information Assistant; Labor Assistant; Librarian (LOC Acquisitions); Librarian (LOC Cataloging); Participant Training Assistant; Passport & Citizenship Assistant; Personnel Assistant; Political Assistant; Procurement Agent; Program Assistant; Reference Librarian; Scientific Affairs Assistant; Security Investigator; Shipment Supervisor; Special Consular Services Assistant;

Supervisory Accounting Technician; Supply Supervisor Technical Services Librarian; Trade Center Assistant Translator; Visa Assistant, etc.

FSN-10

This is the lowest of three levels of professional or specialist positions. Incumbents of positions at this level personally perform, and in some cases supervise other employees engaged in, a major segment of a professional, technical or program area, including AID, USIS, FCS, FAS, and other associated agency program areas. Incumbents of such positions must understand and apply a highly technical body of knowledge usually obtained through collegiate study, as well as applicable laws and agency regulations and instructions. This level also includes supervisory positions in the administrative management area with equivalent requirements. Incumbents of positions at this level are expected to perform difficult duties with a minimum of supervision. A collegiate education with the equivalent of an A.B. or B.S. degree is required, with only rare exceptions. Four to six years of progressively responsible experience in the professional, technical, or administrative management area is required. Level 4 English ability (fluent) is usually required. Classification standards depicting the FSN-10 level have been prepared for: Agricultural Research Specialist; Agricultural Specialist; Arts & Graphics Specialist; Distribution Record System Specialist; Budget Analyst; Civil Aviation Specialist; Commercial Specialist; Cultural Affairs Specialist; Development Loan Specialist; Distribution Specialist; Economic Specialist; Geographic Specialist; Information Specialist; Librarian (LOC); Library Director; Maintenance Supervisor; Participant Training Specialist; Passport and Citizenship Specialist; Personnel Specialist; Procurement Supervisor; Program Specialist; Security Investigator; Special Consular Services Specialist; Trade Center Specialist; Travel Promotion Specialist; Visa Specialist,
Etc/

FSN-11

This is the middle of three levels of professional or specialist positions; however, it is the highest level usually attainable in a professional, technical, program, or administrative management area, even in a large overseas establishment. Under the direction of an American official, but with wide latitude for planning, organizing, and executing assigned responsibilities, supervises the accomplishment of or personally performs the most difficult and complex work involved in a professional, technical, or program area, including AID, USIS, FCS, AID, and other associated agency program areas. Incumbents of such positions must understand and apply a highly technical body of knowledge usually obtained through collegiate study, as well as applicable laws and agency regulations and instructions. This level also includes supervisory positions in the administrative management area with equivalent requirements. Guidance received from the American supervisory official is almost wholly related to policy, program objectives, and priorities. Within such guidelines, incumbents of positions at this level plan and undertake important projects and carry them to completion without significant supervision. Demands are heavy on initiative, resourcefulness, and sound judgment. Typically, incumbents of positions at this level have important contacts with senior business, government, and community officials. A collegiate education with the equivalent of an A.B. or B.S. degree and from five to seven years of progressively responsible experience in the professional, technical, or administrative management area are required Level 4 English ability (fluent) is usually required. Classification standards depicting the FSN-11 level has been prepared for: Agricultural Specialist; Arts & Graphics

Specialist; Commercial Specialist; Cultural Affairs Specialist; Economic Specialist; Engineer; Information Specialist; Labor Specialist; Library Director; Passport & Citizenship Specialist; Personnel Specialist; Political Specialist; Program Specialist; Scientific Affairs Specialist; Visa Specialist, etc.

FSN-12

This is the highest of three levels of professional or specialist positions and the highest grade in the Interagency Foreign Service National Position Classification Plan. Relatively few overseas establishments will warrant an FSN12 position; the establishment of more than one FSN-12 position within the same broad professional, technical, or program area, e.g., political, economic, cultural, information, etc., is seldom warranted. Positions at this level are those of highly qualified and recognized experts. Under the direction of an American official, they supervise or personally perform difficult and complex work involving the full scope of a professional, technical or program area, including AID, USIS, FCS, FAS and other associated agency program areas, in one of the most important country programs of its kind in the world. Incumbents of such positions apply a highly technical body of knowledge of applicable laws and agency regulations and instructions. These positions often call for originality of ideas and creative thinking in dealing with problems or matters for which there is little precedent, and usually require that the employee be able to interrelate the pertinent subject matter with a broader spectrum, as would be the case in considering the impact of important political developments on domestic and international economic developments. Where the emphasis is on reporting covering a broad spectrum of complex subject matter and requiring the exercise of independent judgment in projecting future developments or trends. Substantial reliance is placed upon the employee's professional acumen and judgment, and his/her advice is sought on important and at times on extremely sensitive matters; in functional programs that involve comprehensive program planning, the employee participates actively in the planning process. Positions at this level are largely independent of technical supervision; guidance from American supervisors is primarily with regard to policy, priorities, results to be achieved, basic approaches to be followed, and in the case of positions involving reporting, the nature and basic content of reports. Employees at this level develop and maintain an extensive range of important contacts with senior level business and government officials and with community leaders for the purpose of obtaining or verifying information which is not otherwise available. Incumbents of these positions normally possess the equivalent of an A.B. or B.S. collegiate degree in a field of study closely related to their assigned responsibilities; in many instances, postgraduate education are needed. A minimum of six to eight years of progressively responsible experience in the area of their assignment is needed. Level 4 English ability (fluent) is usually required. Supervision over others is not normally a significant factor in justifying the classification of a position at the FSN-12 level. Classification Standards depicting the FSN-12 level have been prepared for: Agricultural Research Specialist; Agricultural Specialist; Chief Librarian (LOC); Commercial Specialist; Cultural Affairs Specialist; Economic Specialist; Engineer; Information Specialist; Library Director; Medical Officer; Political Specialist; Program Specialist; Scientific Affairs Specialist; Supervisory Budget Specialist; Visa Specialist, etc.

D- BRANDING STRATEGY AND MARKING PLAN FORMAT

USAID’s policy is that programs, projects, activities, public communications, or commodities implemented or delivered under co-funded instruments – such as grants, cooperative agreements, or other assistance awards that usually require a cost share – generally are “co-branded or co-marked.” In accordance with 22 CFR 226.91, this policy applies to these assistance awards even when the award does not require any cost sharing.

Co-branding and co-marking means that the program name represents both USAID and the implementing partner, and the USAID identity and implementer’s logo must both be visible with equal size and prominence on program materials produced for program purposes.

This sample/template based on ADS 320.3.3 and 22 CFR 226.91 branding and marking requirements for assistance awards only. Only the apparently successful applicant will be required to submit a Branding Strategy and Marking Plan. The apparently successful applicant, by responding to the questions, will be able to substantially comply with the ADS and CFR requirements.

THIS PORTION TO BE COMPLETED BY THE RECIPIENT

“USAID BRANDING STRATEGY”
AWARD TITLE
AWARD NUMBER
DATE OF PLAN

1) Positioning

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

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

2) Program Communications and Publicity

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

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

What is the main program message?

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

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

3) Acknowledgements

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

GENERAL INSTRUCTIONS

USAID's policy requires non-U.S., non-governmental organizations, including cooperating country non-governmental organizations (and in rare cases, Public International Organizations) to follow marking requirements for assistance awards. Marking requirements, including requests for presumptive exceptions and waivers for assistance awards must be in accordance with 22 CFR 226.91.

With reference to ADS Sections 320.3.3.2 and 22 CFR 226.91 the Recipient shall prepare a Marking Plan containing information substantially similar to the sample provided below:

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

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

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

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

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

Deliverable	Type of Marking	Where Marking Placed
Reports?	USAID printed identity	Front cover
Publications (brochures)?	USAID printed identity	Front cover
Website?	USAID web identity	Front page

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

(5) Any "public communications," as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has been approved by USAID, will contain the following disclaimer:

> "This study/report/audio-visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient's name] and do not necessarily reflect the views of USAID or the United States Government."

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

[END OF SECTION VII]