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AMENDMENT 1

to RFA-OAA-13-000009

for Reproductive, Maternal, Newborn and Child Health Program

The purpose of this amendment is to publish USAID's answers to the questions submitted via email by potential applicants, to revise the authorized Geographic code and to adjust the page limit for the Technical application.

The RFA is amended as follows:

1. In Section I.A, Vision, Goal, and Objectives of the Funding Opportunity, Sudan is deleted from the list of 24 priority MCH countries and is replaced with South Sudan.
2. Section II.E, the Authorized Geographic Code, on page 21 of the RFA is deleted and replaced with 935.
3. Section IV.C.1.j, Required Contents of the Technical Application, the list of Technical Attachments is revised to include PME indicator matrix.
4. In Section IV.C, Preparation Guidelines for the Technical Application: the page limit of the technical application is revised to 42 pages.
5. In Section IV.C.3, the maximum page-limit of the Technical Understanding and Approach Section is revised to 25 pages, including the two case studies.
6. In Section IV.C.3, the five page limit for each of the case studies is revised to 7-10 pages combined limit for the two case studies.
7. In Section IV.E.5, Personnel, on page 30, the resumes page limit is revised to three pages in length.

List of Attachments:

1. Questions, submitted by interested parties regarding funding opportunity # RFA-OAA-13-000009 for Reproductive, Maternal, Newborn and Child Health.

2. Revised RFA# RFA-OAA-13-000009 for Reproductive, Maternal, Newborn and Child Health.


Boryana Boncheva
Agreement Officer

May 7, 2013
Date



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Attachment 1

Questions, submitted by interested parties regarding funding opportunity # RFA-OAA-13-000009 for Reproductive, Maternal, Newborn and Child Health

1. For the two case studies, could USAID clarify:

- a. On page 27, Section 3, paragraph 5 of the RFA, it states that the case studies are each limited to a maximum of five pages. Is it USAID's intention for the total of ten pages for the two case studies to be included in the total 18 page limit for the Technical Understanding and Approach section or in addition to the 18 page limit?

USAID: The maximum page limit of five pages for each of the two case studies is revised to 7-10 pages combined limit for the two case studies. The maximum limit for the Technical Understanding and Approach section of the technical application, including the two case studies, is revised to 25 pages total.

- b. Does this five page maximum include the Gantt chart requested on page 27 of the RFA or may the Gantt chart be an attachment?

USAID: As mentioned in section IV.E of the RFA, figures and tables are excluded from the page limit.

- c. As indicated on page 33, Section 3. Budget, Item D of the RFA, could USAID clarify the funding assumptions for the case studies by program year. Is it \$10M for both case studies per year or half each of the \$10M per case study per year?

USAID: Each case study assumes a maximum of \$10 million per year.

- d. Whether questions will be asked on the case studies during the oral presentation?

USAID: Yes, USAID may ask questions regarding the case studies during the oral presentation.

2. Could USAID clarify the maximum number of pages for resumes? On page 26, Section E, paragraph 2 of RFA states "not to exceed three pages each" and on page 30, bullet point 1 of the RFA it states "limited to 4 pages in length."

USAID: Resumes should not exceed three pages each.

3. On page 38 Section 2 of the RFA, requests that applicant provide a feasible illustrative performance monitoring plan, that will provide a robust data quality assurance plan, and offers the type and level of proposed results, indicators and targets for results to be achieved and on page 27 two pages are allocated for performance monitoring and evaluation(PME). Could USAID confirm the 2 page allocation for the PME and provide clarification on whether it is acceptable to add an attachment for the indicator matrix that will be part of the illustrative performance monitoring plan.

USAID: Yes, the applicant may add an attachment for the illustrative PME indicator matrix in addition to the one or two page PME overview.

4. Could USAID provide clarification on whether we should use the F (Investing in People) indicators in developing the program monitoring plan and indicator matrix?

USAID: The applicant should refer to the Investing in People indicators but may also include additional indicators as appropriate.

5. On page 48, the reporting requirements described include a final evaluation report. Who will conduct the final evaluation –the program itself or USAID?

USAID: USAID will conduct an external final evaluation.

6. Who is driving the project activities related to Survive and Thrive, HBB, SMGL, The Grand Challenge, GAVI, etc. under the RMNCH Contract - should we work with potential Prime Contractor to provide our input on what we need to do for the duration of the project or will USAID inform what activities need to be done by the Prime contract holder?

USAID: These are global alliances where each partner, including USAID, is empowered to propose appropriate activities that will achieve the objectives of the alliance within the reality of funding constraints. As such, any partner may provide input to the prime applicant during the course of the project period. Where USAID funds alliance activities, USAID will – over the course of the project period – inform what activities need to be done, and partners will discuss these activities in collaboration with USAID.

7. On page 5 of the RFA, could USAID clarify in the 24 countries list if intends Sudan or South Sudan.

USAID: South Sudan

8. On page 13 of the RFA under Objective 1, the RFA states, "The program will support the delivery of a core package of integrated and high quality RMNCH services provided across supply side of the continuum of care from pregnancy through a child's first five years of life

and at all levels of the health system." Is it correct to assume that plans to deliver commodities should be included in the delivery of a core package of services as described on page 37 in the Technical Evaluation Criteria, "The application proposes feasible and effective technical activities to support countries to increase coverage of evidenced-based high quality RMNCH services, commodities, and health behaviors among high burden and vulnerable populations through public and private sector."

USAID: USAID emphasizes the importance of strengthening logistics systems for commodities. Limited initial supply of commodities may be procured by the project for the purpose of training or starting up a program with the goal of institutionalizing a sustainable commodity logistics system that is led and owned by the country.

9. On page 33 of the RFA, USAID requests applicants to breakdown by year, by budget category and budget line items all federal funding and cost share under both Core and Field Support (see reference below). Given a) some cost share commitments will be contingent upon receipt of USAID funding for specific content areas, in specific countries, b) improved donor coordination has progressively segmented non-federal support to geographic areas where USAID does not operate (there are some exceptions with GDAs); c) interests of non-federal funding sources to target their resources according to their interests; and d) the need to mobilize cost share during the period of performance, thereby introducing uncertainty regarding corresponding budget categories and line items, would it be acceptable for applicants to detail cost share sources and their corresponding program and technical areas by year, over the period of performance?

USAID: Applicant's plan for providing cost share has to be illustrated in the budget. Per ADS 303.3.10.4 the Agreement Officer will evaluate the itemized cost share for cost realism.

10. What will be the RMNCH program mechanisms to support the US-based and local NGOs to implement and take RMNCH innovations to scale?

USAID: This RMNCH project will be the primary global USAID mechanism to support the scale up of RMNCH innovations. Other global and country-level bilateral USAID mechanisms may also scale up innovations.

11. How will the RFA leverage the potential of the CORE Group network to test and scale innovations.

USAID: USAID requests the applicant to propose how to leverage the CORE Group's assets to test and scale innovations.

12. Based on the RFA, Objective 1.5, Survive and Thrive, among other projects such as HBB and SMGL, are mentioned. Does that mean all implementing partners that are named should not respond to this RFA?

USAID: All eligible organizations, including the ones who are partners of existing alliances, may respond to the RFA. Please refer to Eligibility Criteria on Page22, Section III A.

13. In general, if Objective 1.5 applies to us, are we excluded from submitting or joining a bid with other potential partners for other components? Can we submit multiple bids with different Prime contractor?

USAID: No organization is excluded from submitting or joining with other potential partners for any part of the RFA if they are eligible to receive USG funding. Eligible organizations may participate on multiple applications with different prime applicants if they wish to do so.

14. Does that mean all of the potentials projects for Survive and Thrive, HBB, SMGL and other projects will solely be funded under RMNCH flagship?

USAID: USAID will fund activities of global development alliances through various USAID global and bilateral mechanisms that would be the most appropriate for the country or program activity. This RMNCH flagship is just one of those mechanisms.

15. What happen if our current fiscal year ends on September 30th and RMNCH award is not finalized? Does that mean next year funding will also be delayed?

USAID: Our intention is to finalize the award by September 30, 2013. If this is not feasible, the award will be signed as soon as possible after that date. As mentioned in Section II of the RFA the execution of the award and any future incremental funding of the Cooperative Agreement will be subject to availability of funds.

16. What is the vision and plan for ensuring that the technical assistance and policy dialogue envisioned for this project is grounded in community-level implementation experience and informed by on-the-ground implementation realities?

USAID: The applicant is encouraged to develop a strategic vision and rationale for partnerships, based on the comparative advantage and assets of relevant development partners.

17. What is the plan for separate/additional programs in support of the RMNCH project that implement community-based programming for real and sustainable impact?

USAID: USAID has a long history of supporting and strengthening policies and partnerships to advance community-based programming through diverse mechanisms at both central and bilateral levels. This award is intended to complement and coordinate with those ongoing efforts.

18. Please clarify Objective 1: Objective 1 speaks of “increasing coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels”, but it is unclear how this objective can be achieved without funding actual community-driven program implementation as opposed to technical assistance to countries.

USAID: The applicant should propose models of assistance to countries at all levels of the system – national to community – that will result in sustainable impact.

19. It is not clear what role is envisioned in the RMNCH project for community-based international NGO implementing organizations who have demonstrated positive impact and effective modalities for reaching under-served populations, demand creation, community-driven solutions, coverage, and scale-up.

USAID: USAID requests that the applicants outline their own vision for the role of community-based international NGO implementing organizations.

20. Would USAID consider changing the default geographic code from 937 to 935? Given the diverse locations of countries and significant differences in availability of goods and services in target countries, the program can realize cost savings through added flexibility to procure from more developed regional hubs where needed goods and services are not available for sufficient at a local level.

USAID: Yes, the geographic code has been changed to 935.

21. Can Non-US NGOs with extensive experience in research and media in some of the 24 countries eligible to apply for this fund? Are there any special requirements? We would like to suggest research and a media strategy. Are such applications considered?

USAID: All eligible organizations, including those with research and media experience, may respond to the RFA. Please refer to Eligibility Criteria on Page 22, Section III A.

22. Is DUNS number sufficient in order to apply for this award? We have tried to register with SAM but we haven't heard anything back.

USAID: Please follow up with SAM.gov and grants.gov help desks and let us know if you have difficulties completing the registration process, explaining the circumstances.

23. The RFA has a due date of June 7, 2013. Given the size, complexity, and scope of this procurement, and given no draft was released, the bid appears to favor the incumbent. To ensure the most competitive process possible, would USAID consider providing a 30 day extension?

USAID: The RFA will be posted for six weeks. At this time we are not able to extend the deadline for application submission. The program was redesigned and does not favor the incumbent.

24. We are not a large organization but could play a significant role in a project that provides services through this agreement, is that permitted in the application for these funds?

USAID: The application has to address the scope of the program, as described in Section I. All eligible organizations, however large or small, may respond to the RFA. Please refer to Eligibility Criteria on Page22, Section III A.

25. Does the grant require the participation of a US NGO?

USAID: No. USAID will accept application from US PVO, US NGO, or Non-US NGO. Please refer to Eligibility Criteria on Page22, Section III A.

26. Is piloting the program in one region for year 1 and hoping to expand a good fit for your funding needs? If not, do you have another suggestion?

USAID: Applicants should propose programs of activity that best reflect the technical approach of their applications.

27. Would you be willing to meet with us and discuss our project proposal?

USAID: Applicants, who submit technically acceptable applications, will be invited for an oral presentation. Discussions may or may not be a necessary part of the award process.

28. Should our application cover all areas or just towards meeting one of the three objectives?

USAID: The Application should address the program as described in Section I of the RFA.

29. Is the fund given one whole or shared out for different areas?

USAID: USAID intends to fund one Cooperative agreement as a result of this RFA.



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Attachment 2

Revised RFA # RFA-OAA-13-000009

April 25, 2013

Questions Due Date: Friday, May 3, 2013, 5:00 pm Washington, DC Time
Closing Date and Time: Friday, June 7, 2013, 5:00 pm Washington, DC Time
Subject: Request for Application (RFA) # RFA-OAA-13-000009

Dear Prospective Applicant:

Pursuant to the authority granted with the Foreign Assistance Act of 1961, as amended, the United States Government, represented by the Agency for International Development (USAID), Global Health Bureau (GH), Office of Maternal and Child Health (MCH), is seeking applications from eligible institutions for the implementation of the Reproductive, Maternal, Newborn and Child Health (RMNCH) project, detailed in Section I of the RFA. USAID expects to issue one Cooperative Agreement by September 30, 2013. The level of funding allocated for this project will not exceed \$500 million over a five-year implementation period. A cost share minimum amount of 10% of the cooperative agreement projected value is required under this RFA.

USAID's policy, in compliance with 22 CFR 226.81, does not allow profit under assistance instruments. However, all reasonable and allowable expenses, both direct and indirect, which are allocable to the program activities and are in accordance with applicable cost standards shall be reimbursed under the agreement, as prescribed in 22 CFR 226, as well as 2 CFR 230 for non-profit organizations, 2 CFR 220 for educational institutions, 2 CFR 215 for institutions of higher education, hospitals, and other non-profit organizations, and 48 CFR 31 for profit organizations.

This RFA and any future amendments can be downloaded from <http://www.grants.gov>. Prospective Applicants who are not able to retrieve the RFA from the Internet can request a copy by contacting Boryana Boncheva via email only at bboncheva@usaid.gov.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it obligate the Government to pay for costs incurred in the preparation and submission of an application. Applicants who are considered for an award, and have never received USAID funding before, will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls, and, if necessary, establish an indirect cost rate.

In addition, USAID cannot award the Cooperative agreement anticipated by this RFA until funds have been appropriated, allocated and committed through internal agency procedures. While USAID expects that these procedures will be successfully completed, potential successful

applicants are considered notified of these requirements and conditions for the award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. The successful applicant may not incur any costs, chargeable to this program, before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer.

DUE DATE: Applications shall be uploaded to www.grants.gov no later than Friday, June 7, 2013, 5:00 pm Washington, DC Time. Applications submitted via fax, email, mail service or hand delivery will not be accepted. Applicants who encounter problems with their application submission should email the points of contact, listed below before the submission deadline. Applicants should retain a copy of their application and accompanying enclosures for their records.

Please see [Section IV](#): Application and Submission Information for instructions how to submit the application.

QUESTIONS: Prospective Applicants who have questions concerning the contents of this RFA shall submit them via email only, no later than Friday, May 3, 2013, 5:00 pm Washington, DC Time to Boryana Boncheva at bboncheva@usaid.gov.

POINTS OF CONTACT:

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

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Stella Alexander-Sergeeff, M/OAA/GH
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Thank you for your consideration of this USAID initiative. We look forward to your participation.

Sincerely,

Boryana Boncheva
Agreement Officer

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TABLE OF ACRONYMS

ADS	Automated Directives System
ASSIST	Applying Science to Strengthen and Improve Systems
CBO	Community-Based Organizations
CDC	Center for Disease Control
CFR	Code of Federal Regulations
CMAM	Community Management of Acute Malnutrition
CSHGP	Child Survival and Health Grants Program
E2A	Evidence to Action
FY	Fiscal Year
GAVI	Global Alliance on Vaccines and Immunization
GH	Global Health Bureau
HFG	Health Financing and Governance
HIDN	Office of Health, Infectious Disease and Nutrition
HRCI	Health Research Challenge for Impact
ICCM	Integrated Community Case Management
IEE	Initial Environmental Examination
IMCI	Integrated Management of Childhood Illness
ITN	Insecticide treated net
LLIN	Long-lasting insecticidal net
MCH	Office of Maternal and Child Health
MDG	Millennium Development Goals
MOH	Ministry of Health
NGO	Non-governmental organization
NMCP	National Malaria Control Programs
NUVI	New and Underutilized Vaccines and Immunization
OMB	Office of Management and Budget
PMI	President's Malaria Initiative
PVO	Private Voluntary Organizations
RDT	Rapid Diagnostic Tests
RFA	Request for Applications
RI	Routine Immunization
RNMCH	Reproductive, Maternal, Newborn and Child Health
SHOPS	Strengthening Health Outcomes through the Private Sector
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
TEC	Technical Evaluation Committee
TRAction	Translating Research into Action
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water supply, sanitation, and hygiene
WHA	World Health Assembly
WHO	World Health Organization

SECTION I: Funding Opportunity Description

A. Vision, Goal, and Objectives

The U.S. Agency for International Development (USAID) seeks assistance to carry out a five-year \$500 million Cooperative Agreement to support the introduction, scale-up and sustainability of high-impact reproductive, maternal, newborn, and child health (RMNCH) interventions focusing primarily in USAID's priority MCH countries. Although this list may evolve, at present the 24 priority MCH countries are: Afghanistan, Bangladesh, DR Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, Zambia.

1. Vision

USAID envisions a program that is capable of advancing efforts to end preventable child and maternal deaths, from engagement in high-level technical and policy dialogue at the global level to provision of tailored technical assistance within countries to meet the specific priorities and contextual needs of local RMNCH programs. In five years, this effort will have contributed significantly to the acceleration of reducing maternal and child deaths within priority countries, reduced the equity gap among vulnerable populations, and supported the global RMNCH dialogue with robust technical expertise and experience in high-quality implementation at scale.

2. Goal

Accelerate reductions in maternal, newborn, and child mortality, with increased equity to end preventable maternal and child death.

3. Objectives

- **Objective 1:** Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels.
- **Objective 2:** Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners.
- **Objective 3:** Foster effective policy, program learning, and accountability for strengthening RMNCH outcomes across the continuum of care.

B. Background

Global Progress and Continued Challenges in RMNCH

The world has witnessed an extraordinary 70 percent decline in child mortality over the last 50 years and a reduction in the burden of under-five deaths from nearly 12 million in 1990 to less than 7 million in 2011.^{1,2} There has been a nearly 50 percent reduction in maternal deaths as the

¹ Child Survival Call to Action: Ending Preventable Child Deaths, Summary Roadmap, June 14, 2012.

global maternal mortality ratio declined from 400 to 210 at an annual rate of reduction of 2.3 percent between 1990 and 2010.³

Despite remarkable progress, significant challenges and bottlenecks remain. Only nine countries are on target to achieve the Millennium Development Goals (MDGs) 5 and 23 on track to reach MDG 4. The MDG 7 target for access to an improved drinking water source has been achieved globally and in 23 countries (median coverage is 76%); however, progress in access to an improved sanitation facility is lagging (40%). The majority of maternal, neonatal and child deaths are preventable through evidence-based interventions; however, few high-burden countries have achieved implementation of key interventions at national scale. Evidence shows that an effective continuum of care, which includes intervention packages from pre-pregnancy through to childhood up to age 5, is thus essential to the well-being of present and future generations, across all developing countries. Yet, coverage of essential services across the continuum is very uneven, with high coverage of antenatal care, low coverage of skilled birth attendance, and an even lower coverage of postnatal care. Equity in access to care is also a major issue in many countries. For example, high national immunization coverage rates mask pockets where children do not have access to full immunization – and these are the children most likely to be missed for other key services/interventions/behaviors. These are some of the challenges that continue to shape the global health dialogue about what is possible in the future.

Recent Momentum and the Changing Global Health Landscape

The unprecedented progress in maternal and child mortality reduction has inspired the global community to envision an end to preventable child and maternal deaths by sharpening health programs based on data and evidence. However, business-as-usual will not be enough to bend the trajectory curve rapidly enough to end preventable maternal and child deaths. Achieving these goals requires clear and strong commitment from USAID as well as from leaders across governments, civil societies and the private sector to prioritize maternal and child health nationally, regionally, and globally.

To galvanize global action, the United Nations Secretary General launched the [Global Strategy for Women's and Children's Health](#) in September 2010, identifying six key areas for action: country-led health plans, integrated services, stronger health systems, innovative approaches, human rights and equity and empowerment, and accountability. The Global Strategy spawned other related initiatives including [Every Woman Every Child](#), the [Commission on Information and Accountability](#), the [Independent Expert Review Group](#), the [Innovations Working Group](#), the [UN Commission on Life-Saving Commodities for Women and Children](#) that put a spotlight on 13 under-utilized commodities, the [Born too Soon: the Global Action Report on Preterm Birth](#), the [Family Planning Summit](#), and the [AIDS-Free Generation](#) and the [global plan to eliminate HIV Infections and to keep mothers alive](#). These initiatives align well with the US Government's own approaches to focus on the seven principles of the Global Health Initiative: focus on [women, girls, and gender equality](#); encourage [country ownership](#) and invest in country-led plans; build sustainability through [health systems strengthening](#); strengthen and leverage key multilateral organizations, [global health partnerships](#) and private sector engagement; increase

² Committing to Child Survival: A Promise Renewed. Progress Report, UNICEF, New York, Sept 2012.

³ Trends in Maternal Mortality 1990-2010, WHO, Geneva 2012

impact through strategic coordination and [integration](#); promote learning and accountability through monitoring and evaluation; and accelerate results through [research and innovation](#) (www.ghi.gov).

In June 2012, the Child Survival Call to Action challenged the world to reduce child mortality to below 20 child deaths per 1,000 live births in every country by 2035. Reaching this historic target will save an estimated additional 45 million children's lives between 2010 and 2035, bringing the world closer to the ultimate goal of ending preventable child deaths. This call has been taken up by countries and by UNICEF, the latter on the banner of A Promise Renewed: Committing to Child Survival (www.apromiserenewed.org). Analogous preliminary analysis by USAID estimates that reducing maternal deaths to below 50 per 100,000 live births by 2035 would save an additional 66,000 maternal lives towards a goal of ending preventable maternal deaths.

As a result of this global momentum, key contextual factors have been identified that are shaping the global RMNCH dialogue going forward:

- **Relatively few countries account for the vast majority of under-five and maternal deaths**, and these countries need to receive increased focus in our efforts. These countries also often have high fertility rates and low contraceptive prevalence rates.
- **Large inequalities in maternal and child survival persist and in some countries are growing**. High quality services are still often out of reach for populations suffering from a disproportionate burden of disease, especially the rural, poor or marginalized.
- **Neonatal conditions now account for 43 percent of child deaths**. New evidence-based tools and approaches are changing what is possible, and are also changing the expectations from the policy level to the caregiver, but greater focus, innovation, and coverage is needed.

A Promise Renewed characterizes five strategic shifts needed in order to end preventable child deaths. USAID endorses each of these shifts, and notes that they are largely applicable to reproductive and maternal health as well. The strategic shifts are:

1. **Focus geographically:** Increase efforts in five high-burden countries, identified by A Promise Renewed - India, Nigeria, Democratic Republic of the Congo, Pakistan and Ethiopia – followed by an additional 20 high-burden countries.
2. **Increase efforts with high-burden populations:** Refocus country health systems on scaling up access for under-served populations, e.g., rural and urban low income groups.
3. **Apply high impact solutions to the most important causes of maternal mortality and under-five deaths:** Target the biggest opportunities for impact, e.g., neonatal conditions; scale and sustain demand and supply of highest impact, evidence based solutions; and invest in innovations (including operations research) to accelerate results.
4. **Address the broader context: education, empowerment, economy and environment:** In addition to the focus on the health sector and medical interventions, greater coordination is needed with policies and programs that impact child survival and maternal mortality more

broadly. These policies and programs include the social determinants of health including girls' education, women's empowerment, inclusive economic growth and the physical environment, such as access to clean water and sanitation.

5. **Ensure mutual accountability for ending preventable child deaths:** Create transparency and mutual accountability for results from global to local levels; ensure common metrics for tracking between and within countries, such as scorecards; and invest in systems to capture data, monitor and evaluate progress and share knowledge.

This program will address each of these strategic shifts, characterized by A Promise Renewed in its direct work as well as in its linkages with other programs. Shifts 1-3 described above are foundational to this program's core work at the global and country level. The flagship RMNCH program's focus on women's empowerment and gender sensitivity (e.g. respectful care) will be in support of Shift 4, recognizing that the multi-sectoral approach promoted will be addressed through other flagship health and development programs and, at the Mission level, through linkages across development programs as described in USAID Mission Country Development Cooperation Strategies. Shift 5 supports an approach to technical assistance that emphasizes country ownership and sustainable efforts, coupled with highly evidence-driven program planning and monitoring.

USAID's contributions to these shifts will be accomplished through the coordinated effort of many partners, including several different USAID-supported programs. The RMNCH program will build on the prior work and accomplishments of USAID MCH and Global Health programs, fill existing and emerging gaps at the global and country level, and forge partnerships to leverage other programs also seeking to reduce maternal and child mortality.

USAID's Role in RMNCH Leadership

USAID has historically supported programming at the country and global level that tackles the major drivers of maternal and child mortality, focusing on high-impact interventions across the prevention to treatment spectrum. USAID programs in family planning, maternal health, newborn health, malaria in pregnancy, child health, immunization, water supply, sanitation, and hygiene (WASH), nutrition, and prevention of mother to child transmission (PMTCT) of HIV/AIDS have all contributed to the global declines, yet each technical area faces its own unique challenges and bottlenecks to further progress. There are also health systems challenges that are common to all of these efforts. USAID's current flagship MCH program, MCHIP, provides technical support across the range of RMNCH interventions. The RMNCH program will continue to offer expertise in each of these technical areas, as described in the ["Technical Elements" Section](#) below.

USAID core support for RMNCH has evolved through the decades. While the landscape of global programming has changed, USAID's prominent position as a global technical leader in RMNCH that brings to bear on-the-ground experience in program implementation has remained strong. USAID's new RMNCH flagship program will continue to serve as a focal point of USAID leadership, recognizing a changing global health landscape that includes a diverse group of donors, foundations, and funding institutions, host countries who are charged to lead country-

specific plans rather than donor-driven solutions, and a more prominent focus on innovation, support to health systems, integration of services, and precise, timely measurement to track progress on joint goals.

The flagship RMNCH program will work in a complementary fashion to other USAID technical programs at the global level, as well as with global and bilateral programs as needed at a country-specific level. While the landscape of USAID support varies by need from country to country, the RMNCH flagship program will develop partnerships, coordination, and working relationships as appropriate at the global and local country level with relevant USAID programs. At the global and country level as appropriate, the RMNCH program will coordinate with the [Applying Science to Strengthen and Improve Systems \(ASSIST\) Project](#) on evidence based quality improvement approaches, with [Health Financing and Governance \(HFG\)](#) on health systems strengthening, with [Fistula Care and Prevention](#) on fistula prevention and treatment, with Translating Research into Action ([TRACTION](#)), Health Research Challenge for Impact [Health Research Challenge for Impact \(HRCI\)](#), and the [Child Survival and Health Grants Program \(CSHGP\)](#) on operations and implementation research, with Evidence to Action [Evidence to Action \(E2A\)](#) on family planning and reproductive health, with Strengthening Health Outcomes through the Private Sector ([SHOPS](#)) project on private sector approaches, and with [Grand Challenge: Saving Lives at Birth](#) and [Development Innovations Ventures](#) on innovations.

It is also expected that the applicant recognizes the rapidly evolving landscape at international and country level for the particular role of USAID support within the context of “one country, one plan” policies in RMNCH. USAID increasingly looks to how its support, both directly and through partner support, is set firmly within the context of such agreed plans – and through that effectively leverages other resources and funding streams to achieve RMNCH outcomes.

C. Program Strategies, Technical Elements, and Expected Results

Strategic Priorities

The RMNCH program will be called upon to provide a breadth and depth of technical expertise that will vary by country context, collaboration with other partner efforts, and the evolution of the global policy dialogue on RMNCH (e.g. the post-2015 agenda). The following strategic priorities will serve as critical guideposts to carrying out RMNCH work at all levels:

Focus geographically: The RMCH program will focus the majority of efforts on countries identified by USAID as “MCH priority countries” (currently numbering twenty four; see [Vision, Goal, and Objectives](#) above) in order to accelerate reductions in maternal and child mortality in the places where they are most prevalent in terms of severity, magnitude, or both. Even so, the program will need to be flexible to be responsive to requests for technical assistance from other countries and to evolving technical and geographic priorities. While the breadth and depth of work in any given country will depend in part on Mission-level buy-in, the program will primarily focus efforts on countries in sub-Saharan Africa and Asia where maternal and child mortality rates remain unacceptably high and rates of overall improvement mask significant inequities within country.

Increase efforts to achieve equitable health outcomes for high-burden populations: The RMNCH flagship program will focus on approaches to improve equity in delivery and use of health services among high-burden populations. As the RMNCH program engages in efforts to accelerate reductions in maternal and child mortality at both the global and country level, it will focus efforts on scaling up access for under-served populations, e.g., rural and urban low income groups. An equity-focused approach that prioritizes services for the poorest and the most marginalized can result in sharper decreases in child mortality and stunting and higher cost-effectiveness than mainstream approaches that aim to increase coverage from the easiest-to-reach to the most difficult-to-reach populations.⁴ Data from 35 low and middle-income countries also indicate that countries with the largest increase in intervention coverage were those that achieved the greatest increase among the poorest quintiles.⁵

Apply high impact solutions to the most important causes of maternal mortality and under-five deaths: While the RMNCH program will provide the technical breadth to address a wide-range of country needs, it will target the biggest opportunities for impact to reduce maternal and child mortality, e.g., neonatal conditions. The RMNCH program will provide technical and analytical leadership in identifying the greatest opportunities for impact based on evidence at the global and country level, provide leadership in the area of bringing innovation to scale in a sustainable manner, and establish partnerships with those who are focused on testing new innovations, and provide a platform for learning and knowledge sharing of high-impact interventions developed by a wide range of partners.

Exploit efforts in other sectors to foster an enabling environment for improved RMNCH outcomes: These include education, economic growth, empowerment, and environmental improvements. The RMNCH program will identify opportunities to link and collaborate with these non-health programs that address social determinants of health in consultation with USAID Missions and bilateral projects.

Ensure mutual accountability for ending preventable child and maternal deaths: The RMNCH program will support the development and implementation of country-led plans and strategies to accelerate reductions in maternal and child mortality. It will support efforts to “lead from behind” in supporting plans that are owned and led by host countries. The RMNCH program will also support mutual accountability through its support of transparency in results from global, regional, to local levels, engaging in efforts to unify RMNCH efforts with a shared goal and common metrics; and invest in systems to capture data, monitor and evaluate progress and share knowledge.

⁴ Carrera, Carlos et al. The comparative cost-effectiveness of an equity-focused approach to child survival, health, and nutrition: a modeling approach, Published online September 20, 2012, [http://dx.doi.org/10.1016/S0140-6736\(12\)61378-6](http://dx.doi.org/10.1016/S0140-6736(12)61378-6) 1.

⁵ Victora, Cesar et al. How changes in coverage affect equity in maternal and child health interventions in 35 Countdown to 2015 countries: an analysis of national surveys. Published online September 20, 2012, [http://dx.doi.org/10.1016/S0140-6736\(12\)61378-6](http://dx.doi.org/10.1016/S0140-6736(12)61378-6) 1

Technical Elements

USAID places priority on the delivery of a core package of high quality RMNCH interventions through strengthened health systems that provide a continuum of care to mothers, newborns, and children. The RMNCH program will provide technical expertise and support to each of the following intervention areas as it carries out the objectives of the program. The balance and emphasis on each of these interventions will vary from country to country, yet the RMNCH program will generally provide technical leadership on the core areas described below, linking to the specialized expertise of other programs and to those more distal causes of maternal and child mortality as needed:

Maternal health: USAID's maternal health program focuses on antenatal, intra-partum, and immediate postpartum care and supports family planning to prevent unwanted pregnancies. As envisioned in an evolving maternal health strategy, USAID will intensify programs where most maternal deaths occur, address barriers and scale up access towards equity and respectful maternal and newborn care for those now underserved, base the maternal health program on local causes of maternal and newborn death, emphasize family planning, respectful intrapartum and immediate postnatal care with effective referral, provide prevention and treatment for obstetric complications, build on and strengthen emerging health system changes (financing, decentralization, privatization), link with supportive environment to address social determinant of health, and promote transparency and shared accountability for results.

Newborn Health: USAID's newborn program focuses on tackling the major causes of mortality – preterm birth, infections, and asphyxia - through community-based approaches, quality improvement in health facilities, implementation research, and policy advocacy. USAID supports an integrated approach to delivering maternal and newborn health interventions since newborn health outcomes are closely linked to maternal health. Going forward, in addition to scaling up utilization of the technical package of high-impact interventions, USAID will pay greater attention to political interventions and social mobilization at the global, national and local levels with the objective of heightening global awareness, mobilizing increased resources, and changing social norms about the unacceptability of newborn deaths.

Child Health: USAID supports a comprehensive strategy that includes both prevention and treatment of diarrhea, pneumonia, and malaria, by improved knowledge of preventive behaviors, access to preventive interventions and access to health facilities that can provide quality life-saving interventions. Going forward, the RMNCH flagship program will continue to support prevention and treatment interventions for pneumonia, [diarrhea](#), [malaria](#), malnutrition, and measles, at the facility, community and household levels. The project will scale up interventions and approaches that have shown promise including Integrated Community Case Management (ICCM) of child illness with Rapid Diagnostic Tests (RDTs) for malaria and Integrated Management of Childhood Illness (IMCI) to support prevention and treatment of diarrheal disease and pneumonia at both community and facility levels.

Immunization: USAID's immunization program supports routine immunization (RI) systems at the national, district and community levels; introduction of new and underutilized vaccines into RI systems; international alliances that enhance developing country immunization programs; the Global Polio Eradication Initiative; and the development of new vaccines for specific disease

programs. Going forward, the flagship RMNCH program will focus on country level engagement in USAID's priority countries to expand new and tested approaches to achieve equity; explore innovative ways of integrating immunization and other maternal and child health interventions including their supply chain and logistic elements; strengthen RI programs; provide technical support to [GAVI Alliance](#) and GAVI Alliance countries, support the development and introduction of new and under-used vaccines and technologies; assist countries in the introduction of pneumococcal and rotavirus vaccine; promote full utilization of routine immunization services through strong partnerships between health systems and communities; and provide technical assistance at all levels of the polio program to facilitate activities.

Family Planning and Reproductive Health: Healthy timing and spacing of pregnancy, postpartum family planning, and improving access to long-acting contraceptives and permanent methods of family planning -will be core intervention in the integrated RMNCH package. Family planning services, integrated with MNCH services, focus on reaching women with the greatest risk of maternal mortality and morbidity (adolescents and young adults during the first pregnancy, women with parity four or greater, postpartum women in the first year after birth, and women seeking post-abortion care services). In addition, the program will link with other reproductive health interventions which may include prevention and treatment of sexually transmitted infections; care and support of victims of domestic violence; prevention of female genital mutilation; and prevention of serious disabilities resulting from complications of pregnancy and childbirth, e.g., obstetric fistula, in coordination with the [Fistula Care](#) Program.

Nutrition: Chronic malnutrition, as indicated by stunting, is a major risk factor for under-five mortality. Early breast feeding including colostrum, exclusive feeding on demand for the first 6 months of life, and continued breast feeding with addition of soft/semi-solid foods made from a variety of food groups in age-appropriate quantity and frequency will be core interventions in the integrated package. Activities will focus on maternal anemia reduction and nutrition as part of antenatal care, multi-channel breastfeeding promotion and support, community-based growth promotion, and implementation of "essential nutrition actions" through existing community and facility services. In addition, the program will link with other nutrition activities including therapeutic nutrition, especially Community Management of Acute Malnutrition (CMAM) with Ready-to-Use Therapeutic Foods (RUTF), where implemented as part of MNCH programs and Vitamin A supplementation to children 6-59 months.

Water, Sanitation and Hygiene (WASH): The RMNCH program will be integrated with WASH interventions as components of a comprehensive diarrhea prevention and treatment program, including the use of oral rehydration therapy and zinc treatment, early and exclusive breastfeeding; vitamin A supplementation; improved water supply, promotion of hand washing with soap, and community sanitation, and increased expansion of diarrhea case management program. Activities will include prevention of diarrhea through hygiene and sanitation improvement, point-of-use (typically household), water treatment to ensure the safety of drinking water, correct water handling and storage, effective hand washing, and safe feces disposal.

Malaria: The program will link with host country and USG-supported malaria programs by promoting intermittent presumptive treatment of malaria in pregnant women, expanding ownership and use of insecticide treated nets (ITNs), with emphasis on long-lasting insecticide-

treated nets (LLINs), improving malaria case management, and treatment of acute episodes. Activities will be implemented in collaboration with [PMI](#) efforts and priorities in country which are based on close planning with National Malaria Control Programs (NMCPs).

Prevention of Maternal-To-Child-Transmission, Pediatric HIV Care and Treatment: The program will link RMNCH with HIV/AIDS services for women and children. Thus, the program will strengthen both types of service, i.e., strengthening the link of MNCH services providing antenatal, delivery post-partum, and family planning services with PMTCT services, to produce improvement in those maternity services as well as increased uptake of PMTCT and improved follow-up care, treatment of HIV-exposed infants and HIV-positive mothers, and family planning to space or prevent future pregnancies. Many high HIV-prevalence countries have introduced Option B (life-long antiretroviral (ART) treatment for HIV-infected pregnant women) as the regimen of choice – this has implications for maternal health programs since midwives and maternity settings will need to be supported to integrated ART as an integrated part of MCH services.

Expected Results

1. Objective 1: Increase coverage and utilization of evidence-based, sustainable, high-quality RMNCH interventions at the household, community, and health facility levels

Through this objective, USAID will provide tailored technical assistance to MCH priority countries. The RMNCH program will support critical steps within a cycle of planning, implementation, and evaluation that begins with gathering, analyzing, and prioritizing the data and evidence, moves to work with all relevant partners in a country-led process and system to bring priority interventions to scale, pays attention to equity in the approaches to scale-up, and plans for routine measurement and evaluation to make changes for improved impact. USAID recognizes that the health system is dynamic, and this program's approach to the health system will be inclusive of the public and private sectors as well as civil society and the community. The program will support the delivery of a core package of integrated and high quality RMNCH services provided across the supply side of the continuum of care from pregnancy through the child's first five years of life and at all levels of the health system. On the demand side of the continuum, achieving the goal of ending preventable child and maternal deaths will also require population level behavior changes that impact maternal and child health. The program will develop and strengthen effective linkages between families, communities and the health system to achieve smart integration along the continuum of care. In addition, new channels of financing, including domestic resources mobilized through the economic transition in health, are providing new opportunities to more effectively leverage the resources of external support agencies.

Expected Results and Illustrative Areas of Work:

1.1 Country programs are empowered with the analytical information needed to identify and implement the most effective and appropriate interventions to reduce maternal and child mortality rates.

Illustrative Areas of Work

- Technical analysis of global, national and subnational data using well-established tools (such as Lives Saved Tool, Marginal Budgeting for Bottlenecks, OneHealth, and mapping tools such as Geographic Information Systems -GIS) to establish or sharpen national and subnational plans for improved RMNCH outcomes.
- Measurement and utilization of community data for district level analysis and planning, particularly to inform equity, quality, performance, and sustainability.
- Development of currently missing tools and metrics to support countries diagnose, test, monitor and evaluate equity-focused approaches. This effort will support the implementation of innovative equity-focused approaches that address a range of barriers faced by vulnerable population such as ethnicity, gender, socio-economic class and caste, etc.

1.2 High-impact RMNCH interventions, integrated with nutrition, malaria, HIV/AIDS, & WASH as appropriate, are effectively scaled up through the public and private sector health system in priority countries.

Illustrative Areas of Work

- Provide technical assistance to country programs to scale-up high quality, high impact, evidence-based interventions and best practices of a “core” package of health services through the dynamic health system, inclusive of public, private, and community-level systems
- Along with USAID-supported health systems programs (such as the [HFG](#) program, [Deliver](#), Systems for Improved Access to Pharmaceuticals and Services ([SIAPS](#)) Program, apply tested health systems strengthening approaches to address health systems constraints to improve RMNCH outcomes.
- Strengthen planning and management capacity at the district level, address policy barriers, and ensure that local plans and budgets are differentiated to better target the marginalized and underserved populations and geographic areas with essential RMNCH services.
- In conjunction with [SHOPS](#) and other ongoing USAID efforts to focus on private sector solutions within the health system, support effective stewardship by the government to strengthen mixed health systems and scale up successful market-based models to improve RMNCH outcomes.
- Develop and facilitate institutionalization of community systems strategies in district policies and plans to strengthen the continuum of care.

1.3 RMNCH outcomes are improved through a focus on quality in facility and community-based service delivery

Illustrative Areas of Work

- In conjunction with [ASSIST](#) and other ongoing USAID efforts that focus on quality improvement, apply proven quality improvement approaches in public, private, and community health systems to improve health outcomes.
- Scale up approaches that engage and empower communities (including community governance structures) in dynamic health systems to improve and monitor quality.
- Scale up approaches that address gender inequities including disrespectful and poor quality of care and abuse of vulnerable women in health facilities.

1.4 RMNCH programs within the health system are effectively reinforced by behavior change interventions that increase essential RMNCH behaviors

Illustrative Areas of Work

- Provide technical assistance to plan, implement, and evaluate behavior change communication strategies to promote behaviors tied to specific RMNCH outcomes.
- Facilitate access to state of the art tools and approaches that can be applied at the subnational level by public, private, and civil society partners to design, monitor, and evaluate diverse behavior change and community mobilization strategies, particularly at the community and household levels.

1.5 The objectives of USAID's Public-Private Partnerships for RMNCH (including but not limited to [Mobile Alliance for Maternal Action](#), [Helping Babies Breathe](#), [Saving Mothers, Giving Life](#), [Survive and Thrive](#), and [mPowering Frontline Health Workers](#)) are supported.

Illustrative Areas of Work

- Provide targeted technical assistance (and if needed, logistics and coordination) to support the implementation, and evaluation and expansion of existing USAID RMNCH PPPs
- Create a toolkit for evaluating the engagement of local and multinational corporate partners in RMNCH service delivery and demand generation
- Facilitate global learning on corporate engagement in RMNCH, including knowledge-sharing on successes and failures.

2. Objective 2: Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners.

Innovation is the development and application of new (and/or modification of existing) tools, products, services or processes that address roadblocks to reproductive, maternal, newborn and child health and is clearly differentiated from existing approaches. USAID and many other stakeholders support the development of new innovations in global health through a wide variety of global initiatives and challenges. Despite this, the gap between development of innovation and deployment at scale remains significant, and the expertise to deploy at scale remains limited. The RMNCH flagship program will close the innovation gap and provide expertise to countries

and to innovators to scale up innovative technologies and approaches to address barriers and significantly expand the use of quality RMNCH services among vulnerable populations. The flagship will build on various innovations platforms and public private partnerships established by USAID.

2.1 *Innovative technologies and equity-focused approaches are applied at scale to improve RMNCH service availability, access, quality, demand, cost-effectiveness and utilization.*

Illustrative Areas of Work

- In consultation with innovation-focused programs and initiatives such as the [Grand Challenge: Saving Lives at Birth](#), [Development Innovation Ventures](#), the [HealthTech Project](#), and the [Accelovate Project](#), identify technologies and approaches that have been tested and are now ready for deployment at scale.
- In coordination with USAID's operations research activities that are implemented by the [CSHGP](#) and University Research Corporation's [TRAction Project](#), apply operations research findings to policy, planning, and implementation programs at the global, national, subnational, and community levels.
- Institutionalize and scale up proven community-based program approaches that have successfully reduced inequities.
- Where other partners are not addressing specific innovation and research needs, fill additional gaps as necessary to develop and test innovative technologies and approaches to addressing RMNCH. Expand the scope of proven innovations by applying it in new technical areas or in new ways.

2.2 *eHealth solutions for improved equity in RMNCH programs are incorporated in a systematic way to country health systems.*

Illustrative Areas of Work

- Facilitate global learning and improve the evidence base on eHealth strategies by supporting a joint research agenda, and the development of a global repository of evidence, and dissemination of evidence.
- Develop guidelines for policymakers and program managers on effective policies and regulation that support the use of ICT and mobile technologies to improve RMNCH outcomes.
- Conduct assessments of country eHealth capacity and recommendations for the use of eHealth to improve health systems and RMNCH outcomes, and develop toolkits for program managers and NGOs to improve decision-making on the selection of mHealth applications to improve RMNCH.

3. Objective 3: Foster effective policy, program learning, and accountability for improved RMNCH outcomes across the continuum of care

USAID places priority in supporting governments to implement effective national policies. Program learning and knowledge management will foster learning, facilitate diffusion of innovations and best practices, and inform effective policies and programs. Increased capacity and engagement of civil society at global, national, and local levels will improve accountability and enhance responsiveness of health systems.

3.1 USAID's leadership role in global RMNCH dialogue is supported and reinforced

Illustrative Areas of Work

- Support global and country-level dialogue and planning related to key global efforts, including: A Promise Renewed, the UN Commission on Life-Saving Commodities, Born Too Soon, Global Newborn Action Plan (under development), the USAID Maternal Health Strategy (under development), global immunization initiatives such as the Decade of Innovation, GAVI, the Global Vaccine Action Plan, New and Underutilized Vaccines and Immunization (NUVI), Family Planning 2020 (FP 2020), and other strategies that promote the reduction of maternal, newborn, and child deaths.
- Work with USAID to engage in international dialogue with global stakeholders to catalyze, influence, and support the implementation of equitable evidence-based and high-impact quality RMNCH services, commodities, and technologies across the continuum of care at scale through public and private sector and community systems.

3.2 Knowledge generation, management, and use strategies are implemented to support global, regional, national, and local learning and decision-making needs and to advance RMNCH priorities.

Illustrative Areas of Work

- With the support of an external technical advisory group, develop and apply strategic program learning questions and track progress toward implementation at scale.
- Coordinate an inter-agency group to improve measurement of maternal and child health programs, including the development and testing of new indicators, linking with other similar efforts in RMNCH, and disseminating recommendations.
- Advance implementation science for RMNCH through development and/or refinement of methods, processes, and indicators.
- Develop a global knowledge management system to share information and facilitate its use via a website, social media, and other innovative methods. This knowledge management system will be linked with other RMNCH knowledge networks, [PMNCH](#) knowledge portal, [K4Health](#), [Healthy Newborn Network](#), and others. The generation and capture of knowledge will reflect the program learning agenda, while the strategic dissemination and use of data at the provincial and local level will also be essential.

3.3 Civil society, local institutions, and communities are strengthened and engaged at the global, regional, national and local levels to improve accountability and to enhance responsiveness of health systems to local and community health needs.

Illustrative Areas of Work:

- Strengthen the contribution and role of civil society organizations and implementers in knowledge generation, management and use strategies, particularly for advancing primary health care and community approaches, building on existing platforms (e.g., the CSHGP partners and the communities of practice in the CORE Group).
- Support mapping, capacity assessments, development of accountability strategies, and in-country stakeholder dialogue to strengthen civil society networks, NGOs, and social enterprises.
- Build the capacity of civil society to implement accountability strategies, using innovative measurement and use strategies, to ensure greater responsiveness of health systems to poor and marginalized populations.
- Strengthen and expand civil society networks (including, but not restricted to the CORE Group) to facilitate alignment with and inclusion in planning and implementation of global and national policies and plans.
- Strengthen and leverage the implementation science and knowledge management platform in Child Survival & Health Grants Program's active portfolio, as well as other central USAID grants relevant to RMNCH, including its research portfolio and planned project evaluations, to advance technical and cross-cutting RMNCH priorities at the global, national, and local levels; contribute to global and national leadership for primary health care and community strategies through technical assistance that fosters linkages between implementers, researchers, and policy-makers and promotes policy and program uptake through evidence and learning.

D. Gender Integration

Under the Gender Equality and Female Empowerment policy which was issued in March of 2012, USAID investments are aimed at three central outcomes:

- Reduce gender disparities in access to, control over and benefit from resources, wealth, opportunities and services economic, social, political, and cultural;
- Reduce gender based violence and mitigate its harmful effects on individuals and communities; and
- Increase capability of women and girls to realize their rights, determine their life outcomes, and influence decision making in households, communities, and societies

Gender inequities and gender-imposed norms have historically been a key barrier to access and utilization of health care. Disrespectful care and abuse of women, especially during pregnancy, labor and delivery - a period of great vulnerability – is widespread in health facilities. USAID has recently increased efforts to assess the prevalence of this problem and to advocate for increased awareness and action to address it.

Going forward, the flagship RMNCH program will take the above policy objectives into consideration and will integrate gender issues during the design, implementation, and monitoring and evaluation of program activities. Overall this RMNCH program will take a gender sensitive and gender transformative approach which requires partnerships with men in their roles as husbands, partners, and community leaders. This project will also develop and implement solutions to ensure that women who live in remote and underserved areas have access to health information and services, that quality of care is constant across gender lines for both boy and girl children, and that there are concrete program actions taken to address disrespectful care.

This program will undertake gender analyses, as well as adhere to certain reporting requirements to ensure that gender issues are being addressed, monitored, and evaluated with sex-disaggregated data and other appropriate gender indicators. Assessing gender norms, expectations, and roles and responsibilities can help lend insight and overcome bottlenecks. In addition, programs will be expected to develop strategies to monitor gender-based inequities and promote solutions.

End of Section I

SECTION II: Award Information

A. Type of Award

The Government intends to award one 5-year cooperative agreement to the responsible Applicant whose application meets the requirements of this RFA and is the most advantageous to the Government, cost and other factors considered.

B. Substantial Involvement

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

1. Annual Workplans, including planned activities for the following year and any subsequent revisions, international travel plans, planned expenditures, knowledge management plans, event planning/management, research studies/protocols, international meeting preparation and changes to any activities, locations, beneficiary population under the cooperative agreement;
2. Key Personnel - Approval of key personnel to include the following positions:
 - a. Project Director
 - b. Deputy Director
 - c. Country Support Team Leader
 - d. Health Systems and Equity Team Leader
 - e. Civil Society and Community Health Team Leader
3. Monitoring and Reporting - USAID involvement in monitoring progress toward the achievement of program objectives during the performance of the project, including written guidelines for the content of annual reports and final evaluations in accordance with 22 CFR 226.51.
4. Subawards - All subawards not included and approved in the original Cooperative Agreement require approval per 22 CFR 226.25(c)(8).

C. Total Estimated Cost

The total estimated cost for this RFA is \$500 million - approximately 10% Core funding from the USAID Bureau for Global Health and 90% Field Support funding from Missions and other Bureaus. Contingent on availability of funds, USAID expects to award one cooperative agreement.

D. Anticipated Award Schedule

It is anticipated that the award will be made by September 30, 2013. The period of performance for this project will start from the date of award and will continue for 5 years, subject to

availability of funds.

E. Authorized Geographic Code

The authorized geographic code for the procurement of services and commodities for the RNMCH Project, 2013-2018 is 935.

End of Section II

SECTION III: Eligibility Information

A. Eligibility Criteria

To be eligible for the Cooperative Agreement under this RFA, an organization must be a U.S. PVO, a U.S. NGO or a local NGO:

1. **U.S. PVOs** – U.S. non-governmental organizations that meet the Conditions of Registration as outlined in 22 CFR 203.

To register with USAID as a U.S. PVO, please refer to USAID's website at www.usaid.gov, USAID Keyword: PVO Registration, or <http://idea.usaid.gov/ls/pvo> for complete information and guidance.

2. **U.S. NGO** – other U.S. non-profit NGOs that do not meet the definition of a U.S. PVO, as well as U.S. commercial organizations.
3. **Non-U.S. NGO** – either non-profit or for profit, that is not affiliated with a foreign government.

The Recipient must be a responsible entity. The Agreement Officer (AO) may determine a Pre-Award survey is required and if so, would establish a formal survey team to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the program. Applications from individuals will not be considered for award.

B. Cost Share

USAID has established a cost share minimum of 10% of the projected total USAID amount for this award. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to the implementation of activities at the country level. For guidance on cost sharing in grants and cooperative agreements, please see [22 CFR 226.23](#).

C. Environmental Compliance Requirements

1. The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in [22 CFR 216](#) and in USAID's Automated Directives System (ADS) Parts [201.5.10g](#) and [204](#), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The Recipient's environmental compliance obligations under these regulations and procedures are

specified in the following paragraphs of this RFA. See Section VI. Award Administration Information for more information.

2. In addition, the Recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.
3. No activity funded under this RFA 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”).

End of Section III

SECTION IV: Application and Submission Information

A. Address to Request Application Package

The preferred method of distribution of USAID assistance information is via the Internet. This RFA contains all necessary information, web links, and materials to submit a complete, full application. Any additional information regarding this RFA will be furnished through amendments and will be communicated through Grants.gov. This RFA and any future amendments can be downloaded from the World Wide Web Address at <http://www.grants.gov>. For instructions on how to register, see [Annex A](#).

B. Application Submission

1. Applications shall be submitted electronically before Friday, June 7, 2013, 5:00 pm Washington, DC Time to www.grants.gov. The application submission deadline cannot be extended. Hard copy applications, whether hand delivered or by postal mail, will not be accepted. The Grants.gov system date and time stamp will be used to determine the applications timeliness. Applicants are advised to be cognizant of the time applications are submitted. Applications submitted after the closing date and time of the RFA will be considered untimely. Untimely applications will not be considered for award. Applicants, who encounter any problems with their www.grants.gov submission, should email the [points of contact](#) for this RFA before the application submission deadline, explaining the circumstances.
2. Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of applications.
3. To facilitate the competitive review of the applications, USAID will only consider applications conforming to the format prescribed in this RFA. The technical and cost applications must be clearly marked with the RFA No, and appropriately labeled as either Technical or Cost Application.

C. Required Contents of an Application

The following are general instructions for what constitutes a complete, full application. The instructions include the required contents on the application, required format of the application, and the contents of application documents. It is highly recommended that applicants read the entire RFA before submitting an application. Applications should respond directly to the terms, conditions, specifications and clauses of this RFA (including all portions of the Program Description). Applications not conforming to this RFA may be categorized as non-responsive, thereby eliminating them from further consideration.

A complete application shall consist of the following documents:

1. Technical Application:
 - a. Cover Page;
 - b. Table of Contents;
 - c. Acronym List;
 - d. Executive Summary;
 - e. Technical Understanding and Approach;
 - f. Personnel Section;
 - g. Management Plan Section;
 - h. Institutional Capability and Past performance Section;
 - i. Performance Monitoring and Evaluation Section;
 - j. Technical Attachments:
 - i. Past Performance References: three Past Performance Short Forms, for the Applicant and for each sub-partner (see [Annex C](#));
 - ii. Signed letters acknowledging intent to collaborate, from any stated partners or sub-awardees;
 - iii. Personnel Matrix;
 - iv. Resumes;
 - v. Letters of Interest to Participate/ Letters of Commitment;
 - vi. Illustrative PME indicator matrix.
2. Cost Application:
 - a. Cover Page;
 - b. Completed SF 424 Form(s):
 - i. SF-424, Application for Federal Assistance;
 - ii. SF-424A, Budget Information – Non-construction Programs, and
 - iii. SF-424B, Assurances – Non-construction Programs.
 - c. Detailed Budget in Excel Format;
 - d. Budget Narrative in Word Format;
 - e. Certifications and Representations;
 - f. Supporting documentation (if applicable).
3. Branding Strategy and Marking Plan (to be submitted by the apparently successful applicant only and is not required by the RFA closing date).

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

D. Required Format of Application

1. All information must be presented in the English language.
2. The Application shall use the Letter Format 8 ½" x 11", 12-point font using fixed pitch spacing per inch and 1" margins.
3. The title page of the application should include: the name and address of the PVO/NGO applicant and the RFA number.

4. It is preferred that the pages of the application are numbered for easy reference.

There are two exceptions to the aforementioned instruction: 1) budgets may be in a slightly smaller font (10 point) with smaller margins, and 2) tables may use smaller fonts and margins, however, must be easily readable.

E. Preparation Guidelines for the Technical Application

USAID requests that applications be kept as concise as possible. Detailed information should be presented only when required by specific RFA instructions. Technical applications are limited to 42 pages not including the cover page, table of contents, table of acronyms, executive summary, attachments, figures and tables. All sections shall be written in 12 point Times New Roman font and single-spaced with one inch margins. USAID requests that applications provide all information required in the format described below. The technical application cannot contain any cost information.

Applicants may use attachments for relevant supplemental information such as key personnel resumes, resumes of other personnel, and a list of previous contracts, grants, and cooperative agreements. Resumes for proposed personnel shall not exceed three pages each. Attachments to the technical application that are not listed on page 25 of this RFA will not be accepted.

A USAID Technical Evaluation Committee (TEC) will evaluate the technical applications in accordance with the evaluation criteria in [Section V](#). USAID may incorporate the technical application as part of the resulting cooperative agreement award.

To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

1. Cover page (1 page)

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

2. Executive Summary (1-2 pages)

This section should be a succinct 1-2 page summary and contain information that the Applicant believes best represents its proposed program.

Guidance:

- Problem statement.
- Local partner(s) involved in program implementation.
- Project implementation including transition plan from previous project

3. Technical Understanding and Approach (25 pages, including two case studies)

The technical application must address the program description and objectives, outlined in [Section I](#) of this document.

Technical applications must be specific, complete and concise. Applications must demonstrate the applicant's capabilities and expertise with respect to achieving the objectives of this program. The application must take into account the technical selection criteria and evaluation procedures found in [Section V](#).

Guidance:

Applicants will describe how they propose to assist USAID implement a robust program towards the goal of ending preventable child and maternal mortality in a generation. The application will propose how it will support the achievement of the RMNCH flagship program objectives and results. Applicants will also describe how they will leverage and support global public-private partnerships that USAID has established and mobilize and engage others at the global, regional, and local levels.

In addition to explanation of how the applicant will realize the project's Objectives and support the strategic priorities of the program, the applicant should explicitly discuss:

- The evolving role of USAID assistance, and external support more generally, in supporting country-led RMNCH plans
- The envisioned roles of the private sector – international, national, and local – in achieving project Objectives, and the project supports/facilitates these roles
- The role of in-country organizations in developing country analytic capacity
- Policy priorities in achieving project Objectives.

Besides the discussion of addressing the goals, objectives, and result areas, the applicant will prepare two case studies, with a maximum combined page-limit of 7-10 pages, one for a USAID priority country with a population greater than 40 million and one for a USAID priority country with a population less than 10 million. In these case studies, the applicant will describe a five-year program of work, including three annual milestones for each of the five years, to partially fulfill [Objective 1](#). The applicant will include a GANTT chart of planned activities by year.

4. Performance Monitoring and Evaluation (1-2 pages)

This section should provide an overview of the monitoring and evaluation activities of the proposed program.

Guidance:

The Applicant is expected to direct project activities with a focus on the program objectives, outlined in [Section I](#) of this RFA for all countries. Discuss how progress towards program objectives will be measured. Describe how these indicators will be measured and how current

data on these indicators will be collected, analyzed and used for program management. In addition, please propose illustrative country-specific results that you aim to achieve as a result of your activities.

5. Personnel (5 pages)

The RMNCH program will have expertise in or access to specialists in the fields included in the RFA. Applicants are requested to propose key personnel and present a comprehensive staffing plan that demonstrate an appropriate balance of skills that will enable a focus on the strategic priorities and achievement of objectives and results. The staffing pattern will reflect the minimum number of highly experienced technical staff sufficient to manage and implement program activities under this award. It is preferred to have a sufficient but small core staff available to provide global leadership in the identification and application of best practices and for planning, implementing and assessing programs. This core capability is meant to be supplemented by a depth of professional expertise in the technical, systems, data analysis, and program areas identified in this RFA. Applicants will propose the optimal mix of technical personnel considered necessary for global leadership and country support, and specifically detail the mechanisms and approaches through which relevant professional expertise in areas not included in core staffing will be provided as required. A minimum of 20% of the total professional LOE for non-key personnel should be reserved for professionals from developing countries. The staffing level and pattern may be modified over time if needed to provide effective support to field programs as they evolve.

The applicant will identify key personnel by name and position. A total of five (5) key personnel are envisioned: the Project Director, Deputy Project Director, Country Support Team Leader, Health Systems and Equity Team Leader, and Civil Society and Community Health Team Leader. Each key personnel position requires USAID approval, as noted in the substantial involvement provisions. All key personnel must be full-time positions and one or two of them may be located in Asia or Africa as a strategy to include experts from developing countries.

A required attribute for all key personnel includes strong management, interpersonal, communication and facilitation skills, as well as the ability to network and communicate with a wide range of stakeholders.

Project Director: The Project Director will have overall responsibility for coordination of all project activities and staff. S/he will have principal responsibility for representation of the project to USAID. The required attributes of the Project Director are: a senior manager with an advanced degree in the health sciences with at least 10 years experience leading, managing and implementing large international projects in developing countries, and experience interacting with U.S. Government agencies.

Deputy Project Director: The Deputy Project Director will be responsible for the day-to-day management of the project, including financial accountability, staffing, work planning, and reporting. S/he should also be able to act for and represent the Project Director, as necessary. The required attributes of the Deputy Project Director are: an advanced degree in the health sciences, with at least five years experience in developing countries and a minimum of 5 years

implementing and managing large international development projects.

At least five years of the international development experience of either the Director or Deputy Director (or of each) must involve implementation and management of large-scale health program activities. The applicant may also propose a different division of labor between the Project Director and Deputy Project Director than proposed here, consistent with the skills and experience of each.

Country Support Team Leader: The Country Support Team Leader will focus directly on increasing use of proven RMNCH interventions integrated with nutrition, HIV/AIDS, malaria as appropriate in country programs. S/he will be responsible for managing technical assistance to other mechanisms such as USAID-supported Mission bilateral projects, as well as direct implementation of country programs, where applicable. S/he will also be responsible for defining specific, quantifiable performance indicators and targets for country programs, and reporting results. Required attributes of the Country Support Team Leader include: 10 years in-country experience managing RMNCH or integrated health programs.

Health Systems and Equity Team Leader: The Health Systems and Equity Team Leader will be responsible for overall strategic direction for strengthening health systems in country programs and ensuring that programs are designed towards achieving equitable health outcomes. S/he will work collaboratively with other USAID global and bilateral health systems strengthening projects to keep abreast of the state of the art issues. S/he will also work with the Country Support Team Leader to define performance indicators for health systems strengthening in country programs. Required attributes Health Systems and Equity Team Leader include: 10 years global and in-country experience in health systems strengthening.

Civil Society and Community Health Team Leader: The Civil Society and Community Health Team Leader will be responsible for overall strategic direction and management of mobilizing global and local civil society networks and relevant assets within and across sectors, building effective partnerships and capacity to advance key priorities globally and in country programs. S/he will be the primary point of contact for the USAID managers for the CSHGP and will work collaboratively with other relevant USAID global and bilateral projects. S/he must have demonstrated ability and leadership in nurturing diverse partnerships among global and local NGOs and with other actors across sectors, and effective communication and thought leadership to advance community health approaches in global and national policies and programs. Required attributes of the Civil Society and Community Health Team Leader include: 10 years experience providing technical assistance and management support to civil society collaboration and capacity for learning and action; capacity building of local civil society (including NGOs) and MOH as a part of systems strengthening; and advancing state of the art in community health policies, strategies, implementation, and measurement.

Guidance:

The personnel section of the application will include:

- Brief statements of major duties for each of the key personnel and any other full-time senior program (i.e. non-administrative) staff proposed;

- Experience, academic background and resumes for each of the key personnel and other senior program staff. (Resumes for key personnel, other senior program staff and any long-term professional staff/advisors will be limited to three pages in length and should be included in the annex); and
- A roster, including name, date of availability, level of effort (LOE), organization (or consultant status) of experts who are likely to assist with program activities and can address the broad range of RMNCH programming envisioned in the RFA on an as-needed basis. These should minimally cover the range of high-impact, rapidly scaleable services and interventions discussed above. A minimum of 50 percent of those proposed should be from developing countries. The roster should be no longer than four pages in length and should be included in the Annex.
- A matrix mapping proposed personnel (including key, other full-time, and as-needed) against the core technical elements of the project: maternal health, newborn health, immunization, prevention and treatment of childhood illnesses, and other areas as relevant.

Applicants may propose and justify an alternative staffing structure, including a different configuration of the five key staff positions, if they feel that a different structure is more conducive to achieving the program's specified objectives, while still addressing the full range of capabilities/responsibilities described in the Key Personnel positions above.

6. Management Plan (7 pages)

This section provides an overview of the management of the proposed program activities. The Applicant should propose a management plan consistent with this program's technical complexity, that addresses its ability to manage a) overall operations; b) the country-specific approaches, and c) partnerships with organizations or groups, each bringing a particular set of experiences and expertise that would contribute to the accomplishment of the activities undertaken within this RFA. Please highlight those areas of program management that were **not** discussed in other sections.

Guidance:

The management plan should include the following elements:

- One organizational chart, which will reflect proposed roles and responsibilities and lines or authority and reporting within the project including both technical and administrative. It should also demonstrate roles and responsibilities for external communication with USAID headquarters and field missions, other donors and stakeholders (e.g. other USG agencies, private foundations, international organizations, development partners), and other USAID-supported activities.
- Accompanying narrative, which will:
 - Discuss how responsibilities will be assigned and managed across all operational units that will contribute to the project, including both those within the overall organizational structure of the Applicant as well as any named sub-

- Awardees, addressing how each will be utilized to take advantage of their strengths, while maximizing the cohesiveness of overall project activities;
 - Specify the management and administrative arrangements for overall implementation of the program, including lines of authority, communications, and reporting
 - Describe lines of communication and liaison with USAID, including both the headquarters based AOR and field-based USAID staff in missions.
 - Describe how the Applicant will coordinate with other organizations, as well as other USG agencies, international organizations, and development partners that are working in subject areas relevant to the project
 - Describe effective and efficient management practices, including approaches to cost containment, avoidance of duplication of effort, and use of technology.
- A plan for engaging and managing local and regional developing country organizations in implementation of the project, including specification of agreed roles. Signed letters confirming such collaborative relationships shall be provided in an annex.

7. Institutional Capability (1-2 pages)

This section of the application provides information about the Applicant's capability to undertake this program as well as the Applicant's past performance record in implementing programs with similar magnitude and complexity.

Guidance:

The applicant shall:

- Discuss how applicant and any proposed partners or sub-Recipients possess the array of skills needed to effectively and efficiently address the issues within the scope of the project;
- Describe the applicant and any proposed partners' or sub-Recipients' ability to work with multiple partners
- Demonstrate applicants and any proposed partners' or sub-Recipients' ability to plan, implement, and support complex programming and the range of activities within the scope of the project.

8. Past Performance (1-2 pages)

This section of the application provides information about the applicant and any sub-partners' previous experience that demonstrates a proven track record of developing and implementing effective programs.

Guidance:

In an attachment, the Applicant shall:

- Articulate and document experience and past performance with similar work as requested by this RFA, including demonstrated experience and publications in programmatic areas outlined in [Section I](#), for all proposed members of the consortium;
- Provide as an attachment three (3) past performance reference forms (please see [Annex C](#)) for any similar programs implemented by the Applicant and its sub-partners over the past three years. Please note that USAID reserves the right to obtain past performance information from other sources, including those not named in this application.

F. Preparation Guidelines for the Cost Application

USAID will evaluate the cost/business application separately for cost effectiveness and realism. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible, but still provide the necessary details. The cost/business application should illustrate the 5-year period of performance, using the budget format shown in the SF-424A. The anticipated amount of the award is \$500 million – approximately 10% Core funding and 90% Field support.

If the Applicant has established a consortium or another legal relationship among its partners, the Cost application must include a copy of the document establishing the parameters of the legal relationship between the parties. The agreement should include a full discussion of the relationship between the Applicants including identification of the Applicant with which USAID will treat for purposes of Agreement administration, identity of the Applicant 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.

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.

The cost application should contain the following sections:

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

1. Cover page

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

2. SF 424 Form(s)

Applicant shall submit the application using the SF-424 series:

Instructions for SF-424 <http://www.grants.gov/assets/SF424Instructions.pdf>

SF424⁶ http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf
 Instructions for SF-424A <http://www.grants.gov/assets/InstructionsSF424A.pdf>
 SF 424A <http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>
 Instructions for SF-424B <http://www.grants.gov/assets/InstructionsSF424B.pdf>
 SF 424B <http://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf>

Failure to accurately complete these forms could result in a non-funded application.

3. Budget

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and shall be broken out by project year, demonstrating the activities funded by Core funding and Field support, as well as itemization of the Applicant's non-federal (cost share) amount. The Budget will include the following worksheets or tabs, and contents, at a minimum:

- a) **Summary Budget**, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential subrecipients for the entire 5-year period of the program.
- b) **Detailed Core Budget** (10% of the total estimated cost), including a breakdown by year, by budget category and budget line items for all Core federal funding and cost share for the entire implementation period of the program.
- c) **Detailed Field Support Budget** (90% of the total estimated cost), including a breakdown by year, by budget category and budget line items for all Field support funding and cost share for the entire implementation period of the program.
- d) **Detailed budget for each Case study** (please see [Section IV.E.3.](#) of this RFA). There will be a USAID funding assumption in both cases of \$10 million per year, drawn from MCH, nutrition, and family planning field support.
- e) **Subpartners' Detailed Budgets** for core funding, field support and cost share for each subpartner, broken out by budget category and by year, for the entire implementation period of the program.

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

Salaries and Wages should be proposed in accordance with the Applicant's personnel policies and should include as much as possible information about the personnel's name, position, status, salary rate, level of effort and salary escalation factors. If the level of effort for a particular staff position is split between the core and the field budgets, the total level of effort per person should not exceed 100%. Please explain your assumptions in the Budget Narrative.

⁶ Please disregard the expiration date 03/31/2012 as the form is still valid.

Fringe Benefits (if applicable). Please provide adequate justification for the proposed rate.

Travel, including information about the number of trips, domestic, regional, and international, the estimated costs, the purpose of the trip, the origin and destination for proposed trips, duration of travel, and number of individuals traveling. Per Diem shall be based on the Applicant's travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain your assumptions in the Budget Narrative.

Equipment, including information on estimated types of equipment, models, cost per unit and quantity.

Supplies related to this activity.

Contractual, identifying any goods and services being procured through a contract mechanism.

Other Direct Costs including but is not limited to: communications, report preparation costs, passports, visas, medical exams and inoculations, insurance (other than insurance included in the Applicant's indirect rates). The narrative shall support and provide additional information for all other direct costs.

Indirect Costs: The Applicant shall support the proposed indirect cost rate with a letter from a cognizant U.S. Federal audit agency, a Negotiated Indirect Cost Agreement (NICRA), or with sufficient information for USAID to determine the reasonableness of the rates (For example, a breakdown of the costs comprising the base and the pool for each one of the proposed indirect rates, the method of determining the rates, etc.).

4. Budget Narrative Contents

To support proposed costs for the project, all Applicants must provide a detailed Budget Narrative that explains how the costs were estimated and the methodologies used. The Budget Narrative must provide detailed explanation of all costs and the reasoning behind any assumptions:

- a) All federal costs associated with the program.
- b) All costs proposed by each sub-partner.
- c) The costs associated with 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 (cost share) in accordance with 22 CFR 226.23 and/or 2 CFR 215.
- f) Procurement plan for commodities, goods and services (if applicable).

5. Certifications, Assurances, and Representations

Applicants must provide Certifications, Assurances, and Representations using the template provided in [Annex B](#) of this RFA.

G. Preparation Guidelines for the Oral Presentations

Applicants who have submitted written applications that have been determined to be responsive will be contacted by the Agreement Officer to schedule an oral presentation. The oral presentation will be required and evaluated as part of the application. The oral presentation will occur within 90 days after the RFA closing date. The instructions for the oral presentation are below.

- Notification of requirement to attend the oral presentations will be within 6 weeks after application submission if the application is deemed to be responsive to the advertised RFA.
- The proposed Project Director and Deputy Director are required to participate in presenting the applicant's approach. It is preferred that as many as possible of the proposed key personnel attend the presentation.
- The applicant shall prepare visual aids for the oral presentation in MS PowerPoint and shall provide to the Agreement Officer 10 copies of any printed materials at the beginning of the presentation session as well as two CDs with the electronic files for the presentation.
- The presentation is will be timed by the Agreement Officer and cannot exceed 1 hour. At the conclusion of the presentation, the Technical Evaluation Committee will convene for up to 30 minutes to determine any points of clarification with regards to material presented. A joint Question and Answer period (TEC/Applicant) will immediately follow the TEC 30-minute convening session for a period of up to one hour and then the meeting will be adjourned.

The presentations are expected to focus on the following areas of the technical application:

1. Technical approach and understanding
2. Management Plan.

The presentation shall include a strategic framework with milestones, illustrative activities, and management approach. The presentation shall clearly describe and include convincing evidence that the approach is sound, cost-effective, and sustainable. All steps taken to accomplish the objectives in the program description shall be presented. A description of how the activities shall enhance, complement, and/or integrate with existing interventions or programs currently being implemented shall be included.

End of Section IV

SECTION V: Application Review Information

The technical applications will be evaluated in accordance with the technical evaluation criteria set forth below. After that the cost application of all applicants submitting a technically acceptable application will be opened and costs will be evaluated for general reasonableness, allowability, and allocability. Awards will be made to responsible applicants whose application is the most advantageous to the US Government, technical, cost and other factors considered. In evaluating the different components of the technical application, the U.S. Government will examine the overall merit and feasibility of the application, as well as examine specific criteria relevant to each component, as elaborated below.

A. Technical Evaluation Criteria (100 points total)

The technical application evaluation criteria are presented below. The relative importance of each criterion is indicated by the points allotted to the assigned score. These criteria have been tailored to the requirements of this particular RFA and serve to (a) identify the significant matters that applicants should address in their applications and (b) set standards against which all applicants will be evaluated. To facilitate the review of applications, applicants should organize the narrative portions of their application in the same order as the broad evaluation criteria and should refer to detailed guidelines found in [Section IV.E](#) Preparation Guidelines for the Technical Application.

1. Technical Understanding and Approach (30 points)

The technical approach demonstrates a thorough understanding of the interrelationships of the strategic priorities, objectives, and results, opportunities, and constraints to feasible approaches for achieving impact.

a. Response to the Strategic Priorities:

- Focus geographically: The technical approach demonstrates understanding of the program strengths and challenges, epidemiology, political, and social landscape of USAID's 24 priority countries where the majority of efforts will be focused while remaining flexible to evolving technical and geographical priorities.
- Achieve equitable health outcomes: The technical approach demonstrates analytical depth and creative equity-focused approaches to achieve equitable health outcomes among high burden populations.
- Apply high impact solutions: The technical approach demonstrates analytical and technical breadth and depth to contextualize high impact interventions and service delivery approaches.
- Address the broader context: The technical approach demonstrates a creative and effective approach for linking to other development sectors that have an impact on maternal, newborn, and child health outcomes, including education, empowerment, economy and environment
- Ensure mutual accountability: The technical approach demonstrates clarity and analytical depth in supporting efforts to "lead from behind" to support country-led plans and strategies.

- Changing nature of USAID assistance: The technical approach demonstrates understanding of the role of USAID assistance in supporting country-led programming, including support for government-to-government funding as well as increased USAID support for local implementing partners.

b. Response to the Program Objectives

Objective 1: Support countries to increase coverage and utilization of evidence-based, high-quality RMNCH interventions at the household, community, and health facility levels.

The application proposes feasible and effective technical activities to support countries to increase coverage of evidence-based high quality RMNCH services, commodities, and health behaviors among high burden and vulnerable populations through the public and private sector.

Objective 2: Close innovation gaps needed to improve health outcomes among high burden and vulnerable populations through engagement with a broad range of partners.

The application proposes effective equity-focused approaches to identifying vulnerable populations and scaling up approaches to achieve improved and equitable health outcomes among high burden and vulnerable populations. The application proposes feasible approaches to identifying innovative technologies and program approaches that are ready for deployment at scale to increase availability, access, demand, and use of services, commodities, and behaviors. The application also proposes creative ways to expand and support partnerships with the private sector, professional associations, and civil society.

Objective 3: Foster effective policy, program learning, and accountability for strengthening RMNCH outcomes across the continuum of care.

The applicant demonstrates significant knowledge of the global policy architecture surrounding RMNCH and demonstrates a capability to engage in international dialogue about RMNCH with global stakeholders and advance program learning. The application also articulates a plan for supporting and enhancing community oriented PVO/NGO programs (i.e., CSHGP); proposes a flexible technical assistance plan to build the technical and organizational capacity of local NGOs and social enterprises; and proposes effective approaches of harnessing civil society networks to increase responsiveness and accountability of government and private sector providers. .

c. Case Studies

Per the instructions, the applicant will present two country case studies. In both case studies, the applicant will demonstrate a clear understanding of the RMNCH and health sector context in a country and provides a strategic, programmatic approach that is feasible within the given timeframe and budget. The case study will describe the sequence of strategic activities that will be needed to support a country program, including data analysis, development of an implementation plan that is based on the data, identification and mapping of vulnerable populations, identification and deployment of innovations at scale, capacity building, systems strengthening, monitoring and evaluation, knowledge management, and program learning. The case study demonstrates a clear understanding of the opportunities and challenges to achieving the task in the country; describes appropriate expected results and targets; identifies appropriate interventions and describes appropriate strategy to deliver interventions; demonstrates realistic

understanding of the local and regional partners available and how to engage these partners; and proposes appropriate indicators and feasible monitoring and evaluation plan for the task. The case study demonstrates how limited project funds will be effectively leveraged against other USAID activities in country, including malaria and HIV/AIDS activities, as well as all funding (external support, government, and out-of-pocket) that may be leveraged to support the objectives and sub-objectives of the project.

d. Response to Gender issues

The applicant must demonstrate clearly throughout the entire application their understanding and compliance with USAID's Gender Equality and Female Empowerment policy. The application has to incorporate in a clear and concise manner applicant's vision for addressing the three outcomes, outlined in [Section I.E](#) during the design, implementation and monitoring and evaluation stages of the program.

2. Performance Monitoring and Evaluation (10 points)

The application provides a complete and feasible illustrative performance monitoring plan that can be used to monitor project progress, collect data, and disseminate lessons learned and best practices; provides a robust data quality assurance plan; and offers the type and level of proposed results, indicators and targets for results to be achieved that are challenging and appropriate.

3. Personnel (20 points)

Key Personnel will be evaluated with a higher level of importance than Other Proposed Personnel.

a. Key Personnel

The applicant will assemble a team capable of supporting global leadership and technical assistance functions and a flexible approach to working with Missions on building the capacity of local NGOs as well as supporting other areas of need to achieve the objectives of the RMNCH flagship program.

The application will demonstrate that proposed key personnel have requisite experience and expertise to meet or exceed requirements specified in [Section IV.E.5](#). Preparation Guidelines for the Technical Application: breadth and depth in technical expertise and experience in management, design and implementation of complex programs; and individually and collectively, strong leadership skills and ability to build collaborative relationships. If the applicant chooses alternative key personnel structure, the application should clearly demonstrate how the alternative 5 key personnel positions match all of the skills and the experience of the positions outlined in [Section IV.E.5](#).

(Expertise, experience, and attributes will be verified in part on past performance and references provided in annexes, and may be verified through interviews, at the discretion of the technical review panel.)

b. Other Proposed Personnel

The staffing pattern and the number and type of positions proposed are responsive to technical and management requirements and principal challenges, with an optimal configuration for efficiency and cost containment. The application's staffing plan demonstrates that the proposed specialists have technical and operational experience in the subject areas for which they are proposed.

4. Management Plan (20 points)

Note: Program and Personnel Management will be evaluated with a higher level of importance than Financial Management.

a. Program and Personnel Management

The application describes effective management and administrative arrangements for implementation of the program including organizational structure, location of office(s), and dissemination of publications are well thought out and appropriate for this project; how the project will take advantage of each partner's strengths; clear lines of authority between prime, partners and in-country partners; how personnel will be managed among the prime, partners, and in-country offices; feasible and cost-effective approaches for interaction with USAID Bureaus, Regional Offices, Missions, Cooperating Agencies and in-country partners; and feasible plans for transitional start-up of the project to full operation in year 2.

b. Financial Management

The proposed approach for financial management describes effective strategies to contain costs, including publication and media costs; how financial disbursement to in-country partners will be managed; the lines of authority between prime and partners; where approval authority is located for expenditures of Mission funds and of core funds; and how the applicant will assure timely and accurate financial reporting of multiple funding streams.

5. Institutional Capability and Past Performance (10 points)

The application demonstrates institutional capability to plan, implement, and support complex programming and the range of activities outlined in the RFA; produce results and innovations in health in developing countries; and work with multiple partners and to report results and financial information to each partner and to Missions and USAID. The application further demonstrates the institutional capability of the proposed prime recipient to manage the proposed institutional relationships including the ability to identify subcontractors and sub grantees; allocate the time each partner will devote to the project; and minimize non-productive costs.

6. Past Performance (10 points)

The application demonstrates the past performance capability of the prime and any principal partners in effectively undertaking a similar or related project, in both complexity and diversity, to the RMNCH program.

Notes

- Applicant(s) will be evaluated on past performance over the past 10 years.
- A principal partner is any partner proposed to accomplish at least 15% of the activities, as determined by budget share.

Firms lacking relevant past performance history shall be given a “neutral” past performance rating that neither rewards nor penalizes those applicants.

B. Cost Effectiveness and Cost Realism

The Applicant’s Cost Application will be evaluated but not scored, however, the results from its analyses have scoring implications. The proposed costs should be allowable and allocable to the project, as well as fair and reasonable, and cost effective. Failure to comply with these basic requirements will result in unacceptable cost application. All Cost Applications are subject to a cost realism analysis. Information gathered from such considerations may clarify the evaluators’ understanding of various application details and lead to an adjustment of scores. In the event that the responsive Technical Applications are ranked/scored substantially the same, cost will be the determining factor for award.

Cost sharing is an important element of the USAID-recipient relationship and applicant’s compliance with [Section III.B](#) will be a consideration for award. The cost application should clearly demonstrate applicant’s plan for providing 10% cost share. The proposed contributions should meet the standards set in [22 CFR 226.23](#) for U.S. organizations or the Standard Provision “Cost Share” for non-U.S. organizations.

C. Oral presentations

The oral presentations will be evaluated by the TEC, using the criteria outlined in [Section V.A.1](#) and [Section V.A.4](#) above. The apparently successful applicant will be notified in writing by the Agreement officer.

End of Section V

SECTION VI: Award and Administration Information

A. Award Notices

1. Applicants will be notified in writing via email of their application status (successful or unsuccessful) upon completion of the application review process.
2. Applicants notified of a successful application status will be requested to provide a Branding and Marking Plan. Notification of successful application status is **not** an authorization to begin performing proposed activities or performance in general.
3. Applicants notified of an unsuccessful application will not be considered for an award under this RFA. Applicants with an unsuccessful application are advised that a debriefing may be requested within 10 working days after the applicant receives the notice. The unsuccessful applicant may send a written request for a debriefing to bboncheva@usaid.gov.

B. Authority to Obligate the Government

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

C. Standard Provisions

If awarded a cooperative agreement under this RFA, the Recipient shall adhere to and govern itself under the Mandatory Standard Provisions and the Required as Applicable Provisions for U.S. NGOs and Non-U.S. NGOs. Links to these Standard Provisions can be found in [Section VIII.B](#), Other Information, Regulations and References.

In addition to the Mandatory Standard Provisions, mentioned above, the following provisions shall also apply and is therefore incorporated into all awards made under this RFA.

BRANDING STRATEGY - ASSISTANCE (June 2012)

- a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.
- b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Branding Strategy must include, at a minimum, all of the following:
 - (1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.
 - (2) The intended name of the program, project, or activity.
 - (i) USAID prefers to have the “USAID Identity,” comprised of the USAID logo and brandmark, with the tagline “from the American people” as found on the USAID Web site at transition.usaid.gov/branding, included as part of the program or project name.
 - (ii) USAID prefers local language translations of the phrase “made possible by (or with) the generous support of the American People” next to the USAID Identity when acknowledging contributions.
 - (iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
 - (iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.
 - (v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos.
 - (3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.
 - (4) Planned communication or program materials used to explain or market the program to beneficiaries.
 - (i) Describe the main program message.
 - (ii) Provide plans for training materials, posters, pamphlets, public service

announcement, billboards, Web sites, and so forth, as appropriate.

- (iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, “USAID is from the American People.”
 - (iv) Provide any additional ideas to increase awareness that the American people support this project or program.
 - (5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.
 - (6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.
- f. The Agreement Officer will consider the Branding Strategy's adequacy in the award criteria. The Branding Strategy will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
- g. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement.

MARKING PLAN – ASSISTANCE (June 2012)

- a. Applicants recommended for an assistance award must submit and negotiate a “Marking Plan,” detailing the public communications, commodities, and program materials, and other items that will visibly bear the “USAID Identity,” which comprises of the USAID logo and brandmark, with the tagline “from the American people.” The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at <http://transition.usaid.gov/branding>.
- b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the

grant, cooperative agreement or other assistance instrument.

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

- (1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:
 - (i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;
 - (ii) Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;
 - (iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and
 - (iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
 - (v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.
- (2) A table on the program deliverables with the following details:
 - (i) The program deliverables that the applicant plans to mark with the USAID Identity;
 - (ii) The type of marking and what materials the applicant will use to mark the program deliverables;
 - (iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;
 - (iv) What program deliverables the applicant does not plan to mark with the USAID Identity , and
 - (v) The rationale for not marking program deliverables.
- (3) Any requests for an exemption from USAID marking requirements, and an

explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

- (i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.
 - (ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.
 - (iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.
 - (iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.
 - (v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.
 - (vi) Offend local cultural or social norms, or be considered inappropriate. The applicant must identify the relevant norm, and explain why marking would violate that norm or otherwise be inappropriate.
 - (vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.
- f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness in the award criteria, and will approve and disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
- g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

**CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) –
SOLICITATION PROVISION (FEBRUARY 2012)**

- a. An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—
 - (1) Must not be required, as a condition of receiving such assistance—
 - (i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
 - (ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
 - (2) Must not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.
- b. An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Standard Provision “Notices” as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.
- c. In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror’s proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

(END OF PROVISION)

2. Environmental Compliance Terms

Environmental Compliance

An Initial Environmental Examination (IEE) has been approved for the NGO Polio Eradication Activity (see Annex D). The IEE covers activities expected to be implemented under

cooperative agreements awarded under this RFA. USAID has determined that a **Negative Determination with conditions** applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this RFA.

1. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under cooperative agreements awarded under this RFA to determine if they are within the scope of the approved Regulation 216 environmental documentation.
2. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.
3. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.
4. When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the recipient shall:
 - a) 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.
 - b) Integrate a completed EMMP or M&M Plan into the initial work plan.
 - c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

(END OF PROVISION)

3. Implementation and Procurement Reform

The successful applicant is expected to fully support USAID's Implementation and Procurement Reform objectives for greater sustainability and long-term effectiveness of the program. Building institutions that can continue to provide needed goods and services in country after a project or program ends is a critical part of development. A broader range of local partners can

also help USAID and other stakeholders benefit from new ideas and approaches. Local organizations may also have a better understanding of the local economic and political context and environment and greater sensitivity to social and cultural issues for greater empowerment of their clients. USAID wants to help assisted countries develop a vibrant civil society and private sector. Therefore, our partners are encouraged to partner with local organizations to implement project activities throughout the duration of project activities and to ensure that project activities strengthen the capacity of local organizations either directly or indirectly.

4. Reporting

1. Reporting Requirements:

- a. Annual Reports: to be submitted 90 calendar days after the award year which is in accordance with 22 CFR 226.51(b).
- b. Final Evaluation Report: to be submitted 90 calendar days after the expiration or termination of the award which is in accordance with 22 CFR 226.51(b).
- c. Financial Reporting: in accordance with 22 CFR 226.52, the SF 425 and SF 272 will be required on a quarterly basis.

End Section VI

SECTION VII: Agency Contacts

The Applicant may contact the following USAID personnel in writing via email regarding this RFA:

Primary Point of Contact:

Boryana Boncheva

Agreement Officer

M/OAA/GH/HIDN

bboncheva@usaid.gov

Alternate Point of Contact:

Stella Alexander-Sergeeff

Agreement Specialist

M/OAA/GH/HIDN

salexander-sergeeff@usaid.gov

End of Section VII

SECTION VIII: Other Information

A. USAID Rights and Funding

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

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

B. Regulations and References

[Code of Federal Regulations, Title 22 Foreign Relations, Chapter II - Agency for International Development](#)

[USAID Policies and Procedures](#)

[Mandatory Standard Provisions for U.S., Nongovernmental Recipients](#)

[Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients](#)

[2 CFR 230 - Cost Principles for Non-Profit Organizations \(OMB Circular A-122\)](#)

[2 CFR 215 - Uniform Administrative Requirements for Grants And Agreements with Institutions Of Higher Education, Hospitals, and Other Non-Profit Organizations \(OMB Circular A-110\)](#)

[FAR Part 31](#)

[Application for Federal Assistance \(SF-424\)](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

[Assurances for Non-Construction Programs \(SF-424B\)](#)

End of Section VIII

ANNEX A: Grants.gov Registration Process

Before submitting an application under this RFA, it is highly recommended that applicants read the entire Section IV, Application and Submission Information in this RFA. Reviewing these sections thoroughly will assist an applicant in submitting a complete, full application.

Register Online at Grants.gov

New Applicants Applying to Grants.gov:

It is **strongly encouraged** that new organizations immediately begin the 5-step Grants.gov registration process (listed below), while simultaneously completing the Application Package. The registration process may take up to two weeks to complete. USAID understands that delays in the registration process may be beyond your control. If an organization has begun the registration process but experiences delays that make it difficult for to meet the application deadline, contact the RFA POC(s) who will work with you to find a solution. If an organization is having difficulties, contact the Agency POC(s) listed in the RFA as soon as possible.

[Register as an organization](#) on Grants.gov if you are not already registered. All organizations must register. See below for a brief overview of the registration steps. Grants.gov is also available to lead you through the process.

STEP 1: Obtain a Data Universal Number (DUNS)

The Data Universal Number System (**DUNS**) number is a unique nine-character number that identifies your organization. It is a tool of the federal government to track how federal money is distributed. Most large organizations, libraries, colleges and research universities already have DUNS numbers. Ask your grant administrator or chief financial officer to provide your organization's DUNS number or search online by using the [DUNS search](#).

If your organization does *not* have an existing DUNS number, you will need to request one. You can request a DUNS Number [here](#).

STEP 2: Register Your Organization with the System for Awards Management (SAM)

You must also register with [SAM](#). SAM is the primary registrant database for the U.S. Federal Government. SAM collects, validates, stores and disseminates data about the federal government's trading partners in support of the contract award, grants and the electronic payment processes.

STEP 3: Username and Password

If your organization's E-Business Point of Contact (E-Biz POC) has assigned you AOR rights,

you are authorized to submit grant applications on behalf of your organization. AORs must create a username and password to serve as their "electronic signature" when submitting an application on behalf of their organization. To register as an AOR and create a username and password, go to: <https://apply07.grants.gov/apply/OrcRegister>

STEP 4: AOR Authorization

Your E-Biz POC must then [login](#) to Grants.gov (using the organization's DUNS number for the username and the "MPIN" password obtained in Step 2) and approve the AOR, thereby giving permission to submit applications. When an E-Biz POC approves an AOR, Grants.gov will send the AOR a confirmation email that includes the requesting AOR's name, e-mail address and phone number. In some cases the E-Biz POC can also be the AOR for an organization. If the E-Biz POC wishes to submit applications on behalf of their organization, he or she must also complete a separate AOR profile with username and password (Step 3 of the registration process) using a different email than the one used for their E-Biz POC registration.

STEP 5: Track AOR Status

To verify that your organization's E-Biz POC has approved you as an AOR, please [track your status](#). You cannot apply for grants without E-Biz POC approval.

For questions, please consult:

- [Organization Registration User Guide](#)
- [Organization Registration Checklist](#)
- Grants.gov Contact Center: 1-800-518-4726 or support@grants.gov. Hours of Operation: 24 hours a day, 7 days a week.

If you are concerned that you will not finish your CCR registration in time to meet the overall application deadline, contact the RFA POC(s) listed in Section VII who will work with you to find a solution. If an organization is having difficulties, contact the Agency POC(s) listed in the RFA in [Section VII](#) as soon as possible.

ANNEX B: Certifications, Assurances and Other Statements of the Recipient**CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF THE RECIPIENT (JUNE 2012)**

NOTE: When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement."

There are five parts to this section to include the following:

- Part I Certifications and Assurances
- 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 Employment Opportunity for Applicants
- Part V Other Statements of Recipients

Certifications, Assurances, and Other Statements of the Recipient are to be submitted by the closing date of this RFA. The applicant shall review, comply and fill out all five applicable parts of this section to be considered for award. Any parts or subsections that do not apply to the applicant shall be indicated with "n/a" and a brief explanation of why it does not apply.

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

Please note that per USAID policy, all RFA's must include the referenced Survey on Ensuring Equal Opportunity for Applicants in the RFA package. While inclusion of the survey by Agreement Officers in RFA packages is required, the Applicant's completion of the survey is voluntary, and it is not a requirement of the RFA. The absence of a completed survey in an application is not a basis upon which the application will be determined incomplete or non-responsive. Applicants who volunteer to complete and submit the survey under a competitive or non-competitive action are instructed within the text of the survey to submit it as part of the application process.

This survey can be found at this website: <http://www.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) **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

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.

ANNEX C: Past Performance Short Form**Past Performance Short Form***Please attach additional pages if necessary.***PART I: Award Information (completed by Applicant)**

1. Name and Address of Organization for which this Past Performance form is assessing

2. Name and Address of Organization for which the work was performed (State name and address of Organization of awarding entity also, if different)

3. Award Number and Project Name

4. Award Type

5. Award Value (Total Estimated Cost, if Subagreement - subagreement value)

6. Period of Performance

7. Contact(s): (Name, Title, Organization, Telephone Number and E-mail address)

8. Agreement Officer/Contracting Officer Name and Contact information, if applicable

9. Agreement Officer's Representative/ Contracting Officer's Representative Name and Contact Information, or equivalent, if applicable

10. Title/Brief Description of Product/Service Provided

11. Problems: (if problems encountered on this award, explain corrective action taken)

PART II: Performance Assessment – completed by client organization

A. Name and Contact Information of Past Performance Reference (Name, Title, Organization and Contact Information):

B. Brief Description of Product/Service Provided.

C. How well Applicant/Contractor performed:

(1) Quality of product or service, including consistency in meeting goals and targets, and cooperation and effectiveness in fixing problems. Comment:

(2) C2. Cost control, including forecasting costs as well as accuracy in financial reporting. Comment:

(3) C3. Timeliness of performance, including adherence to schedules and other time-sensitive project conditions, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks. Comment:

(4) C4. Customer satisfaction, including satisfactory business relationship to clients, initiation and management of several complex activities simultaneously, coordination among subawardees and developing country partners, prompt and satisfactory correction of problems, and cooperative attitude in fixing problems. Comment:

(5) C5. Effectiveness of key personnel including: effectiveness and appropriateness of personnel for the job; and prompt and satisfactory changes in personnel when problems with clients were identified. Comment:

D. Comment on instances of good performance:

E. Comment on instances of poor performance or significant problems:

F. Comment on significant achievements or indications of excellent or exceptional performance in the most critical areas:

ANNEX D: Initial Environmental Examination
SUMMARY OF PROGRAMMATIC INITIAL ENVIRONMENTAL EXAMINATION (PIEE)
Maternal, Newborn, and Child Health (MNCH) Project

PROGRAM/ACTIVITY DATA

IEE Number: GH-13-16
Program/Project Number: RFA-OAA-13-000009
Country: Global
Functional Objective: Investing in People
Program Area: Health
Program Elements: 3.1-3.9
Funding Period: 2013-2018 (5 years)
Life of PIEE: Five years from date of signature, unless amended
Is this a Supplemental IEE (SIEE) (an amendment to PIEE for either for country-specific activities or for new activities not covered by PIEE)? Yes No **X**
If yes, IEE number and date of original PIEE: _____
PIEE Prepared by: Rochelle Rainey GH/HIDN/MCH

Current date: February 4, 2013

ENVIRONMENTAL ACTION RECOMMENDED

Categorical Exclusion	_____
Negative Determination	_____
Negative Determination with Conditions	_____ X _____
Positive Determination	_____

SUMMARY OF FINDINGS

The purpose of this document is to review the overall activities and the potential environmental impact that will be undertaken by USAID's MNCH Program. The Programmatic Initial Environmental Examination (PIEE) evaluates the potential impacts of the activities described in the MNCH Project Appraisal Document (PAD), which are mainly training, technical assistance and capacity building. It has been determined that a **Negative Determination with Conditions** is appropriate to prevent or mitigate the potential impacts of the activities. If additional activities are proposed that were not included in the MNCH PAD, they will require documentation and review in a Supplemental Initial Environmental Examination (SIEE), and may possibly have a different recommended determination.

THRESHOLD ENVIRONMENTAL DETERMINATIONS

The overall environmental determination for the MNCH Project is a **Negative Determination, with Conditions**.

Pursuant to 22 CFR216.3(a)(2)(iii), a **Negative Determination with Conditions** is recommended for any MNCH Project direct or indirect activities that have potential for negative impact on the environment in the following categories:

- 1) Procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.
- 2) Actions that directly or indirectly result in the generation and disposal of hazardous or highly hazardous medical waste (e.g., basic and emergency obstetric care techniques, administration of injectables, HIV or TB testing, disease diagnosis and treatment, etc.)
- 3) Malaria control programs
- 4) Small-scale rehabilitation of health or educational facilities
- 5) Small-Scale water and sanitation activities (such as covered wells and latrines)
- 6) Small scale gardening/farming activities

SUMMARY OF MONITORING AND REPORTING MEASURES

1. **Agreement Officer/Contracting Officer (AO/CO) Responsibilities:** USAID procurement should include consideration of the implementing partner's ability to perform the mandatory environmental compliance requirements as envisioned under the Program/ Project. The AO/CO shall include required environmental compliance and reporting language into each implementation instrument, and ensure that appropriate financial resources, qualified staff, equipment, and reporting procedures are dedicated to this portion of the project.
2. **Agreement Officer's Representative/Contract Officer's Representative (AOR/COR) Responsibilities:** The AOR/COR will ensure that the mitigation measures and monitoring criteria found in the EMMPs must be incorporated into Performance Monitoring Plans and Annual Workplans.

The AOR/COR and/or on-site manager or their representative of the Program/Project will undertake field visits, as possible, and consultations with implementing partners to jointly assess the environmental impacts of ongoing activities, and associated mitigation and monitoring conditions, using the EMMP and EMMR.

The AOR/COR, in consultation with the mission activity managers and implementing partners, Mission Environmental Officers (MEO), Regional Environmental Officers (REO), and/or Bureau Environmental Officers (BEO) as appropriate, will actively monitor and evaluate whether environmental consequences unforeseen under activities covered by this PIEE arise during implementation, and modify or end activities as appropriate.

3. **Implementing Partners:** The MNCH Project implementing partners are responsible for ensuring that the EMMPs are reviewed and approved by the AOR/CORs and the MEO and submitted to the USAID Global Health Bureau's (GH) BEO.
4. **Supplemental Initial Environmental Examinations (SIEE):** Applicable country and environmental information will be detailed for each country activity in an SIEE that must be approved before implementation of country-level activities. Any activity that differs substantially from the type or nature of activities described here, or requires different or additional mitigation measures beyond those described will also require an SIEE. Any SIEEs prepared will be considered amendments and will reference this PIEE.

5. **Environmental Mitigation and Monitoring Plans (EMMP):** Funding for activities under this PAD will come from both core and field support funds, and awarded at the bilateral or the core level. For each major core and country activity under this program, an Environmental Mitigation and Monitoring Plan (EMMP) will be completed by the implementing partner and submitted to the AOR/COR, the Global Health BEO, and the MEO or the REO for their approval.
 - a. The EMMP(s) must be completed prior to the start of activities
 - b. Implementing partners will provide an EMMP for each primary award under this PAD and a country-specific EMMP for implementation of activities, that provides a detailed implementation plan for the conditions prescribed in this document
 - c. The EMMP(s) will be reviewed and approved by the GH BEO (unless authority to approve is delegated in writing to the MEO) prior to the commencement of activities. The mitigation measures and monitoring criteria found in the EMMPs must be incorporated into pertinent Performance Monitoring Plans and Annual Workplans. It is the AOR/COR's responsibility to ensure that this is done. The implementing partners' Project Work Plans will identify those activities outlined in this PIEE that have potential impacts to the environment and discuss plans for environmental management, mitigation approaches, and monitoring measures.
 - d. An evaluation of the implementation of the relevant EMMP(s) must be part of any midterm and end of project evaluations
 - e. Operating Units will ensure that implementing partners budget for and have sufficient capacity to implement mitigation and monitoring measures
 - f. The EMMP(s) must be stored in project files at the appropriate level
6. **Environmental Mitigation and Monitoring Report (EMMR):** Implementing partners under this award will complete an annual environmental mitigation and monitoring report (EMMR) for each EMMP prepared under this PIEE.
 - a. The environmental monitoring report should be submitted to the AOR/COR by November 1 of each year.
 - b. The EMMR(s) will record the environmental mitigation and monitoring measures outlined in the EMMP(s) and will indicate the activities used to ensure that those measures were implemented.
 - c. Based on the process outlined in the Project Work Plan, the implementing partners' annual reports to USAID will include brief updates on mitigation and monitoring measures being implemented, results of environmental monitoring, and any other major modifications/revisions in the development activities, and mitigation and monitoring procedures. The EMMR(s) will also identify issues and challenges associated with the implementation of the EMMP(s).
 - d. The EMMR(s) must be stored in project files at the appropriate level.
7. **Sub-Agreements or Funds Transfers:** Any sub-agreements or fund transfers from the implementing partners to other organizations must incorporate provisions stipulating:
 - a. the implementation of conditions outlined in the SIEE for country level programs or an IEE for regional or global programs.

- a. the implementation of conditions outlined in the SIEE for country level programs or an IEE for regional or global programs.
 - b. the completion of an annual environmental mitigation and monitoring plan (EMMP) and report (EMMR) , and submission to the implementing partner by the deadlines in effect for the implementing partner.
 - c. Any activity to be undertaken will be within the scope of the environmental determinations and recommendations of this PIEE. This includes assurance that any mitigating measures required for those activities be followed.
8. **Host Country:** Implementation will in all cases adhere to applicable host country environmental laws and policies.

APPROVAL OF ENVIRONMENTAL ACTION RECOMMENDED:

Recommended By: _____

Date

2/4/13

Concurrence: _____

Teresa Bernhard

Global Health Bureau Environmental Officer (acting)

Date

2/4/13

Approved: _____

Disapproved: _____

Filename: