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**ISSUANCE DATE:**  May 20, 2015

**QUESTION DUE DATE:**  June 4, 2015 at 5:00 PM (EST)

**CLOSING DATE:**  June 22, 2015 at 5:00 PM (EST)

**SUBJECT:**  Request for Application (RFA) No.: RFA-OAA-15-000021
FY 2015 human resource for health (HRH) program

Dear Prospective Applicants:

Pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended, the United States Government, represented by the United States Agency for International Development (USAID) is seeking applications from eligible non-federal entities for a project titled, "HRH2030". USAID strongly encourages Applicants to develop teaming approaches or consortiums with other responsible organizations (U.S. or Non-U.S. Organizations).

HRH2030 builds on over 30 years of USAID's human resources for health programming worldwide. The program's goal is to improve the accessibility, availability, acceptability and quality of the health workforce needed to improve health outcomes and advance universal health coverage.  This will ultimately contribute to achieving U.S. Government (USG) commitments and priorities such as Ending Preventable Child and Maternal Deaths (EPCMD), AIDS-Free Generation (AFG) as part of the President's Emergency Plan for AIDS Relief (PEPFAR), Protecting Communities from Infectious Diseases, and Family Planning 2020 (FP2020). Proposed project objectives include: 1) Increase performance and productivity of the health workforce; 2) Increase the number, skill mix and competency of the health workforce:  3) Strengthen HRH/HSS leadership and governance capacity: and 4) Increase sustainability of investment in the health workforce.

Pursuant to 2 CFR 200.400(g), USAID Standard Provisions for U.S NGOs and USAID Standard Provisions for Non-U.S. NGOs, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the project and are in accordance with applicable cost standards, may be paid under the eventual award.

This Request for Applications (RFA) consists of this cover letter and the following:

1.  Section I – Funding Opportunity Description
2.  Section II – Federal Award Information
3.  Section III – Eligibility Information
4.  Section IV – Application and Submission Information
5.  Section V – Application Review Information
6.  Section VI – Federal Award and Administration Overview
7.  Section VII – Federal Awarding Agency Contacts

8.     Section VIII – Other Information

The preferred method of distribution of USAID's RFA information is via the Internet. The RFA and any future amendments can be downloaded from http://www.grants.gov. Those organizations unable to retrieve the RFA from Grants.gov may request a PDF version by emailing Albert Asante at aasante@usaid.gov.

The federal grant process is now web-enabled, allowing for applications to be received on-line on the grants.gov website, http://www.grants.gov. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

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 US government 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. 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.

**CLOSING DATE:** Applications shall be uploaded to www.grants.gov no later than the date stated above. 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 the date specified above. Any additional information regarding this RFA will be provided, as necessary, through an amendment that will be posted to www.grants.gov.

**POINTS OF CONTACT:**

Primary Point of Contact:

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Thank you for your consideration of this USAID initiative. We look forward to your organization's participation.

Sincerely,

Christopher Egaas
Agreement Officer, M/OAA/GHI
USAID Office of Acquisition and Assistance (OAA)

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| | |
|---|---|
| ADS | Automated Directives System |
| AFG | AIDS-Free Generation |
| AIDS | Acquired Immune Deficiency Syndrome |
| ASSIST | Applying Science to Strengthen and Improve Systems |
| CA | Cooperative Agreement |
| CBO | Community-Based Organizations |
| CDC | Center for Disease Control |
| CPD | Continuous Professional Development |
| CFR | Code of Federal Regulations |
| CHW | Community Health Worker |
| CSHGP | Child Survival and Health Grants Program |
| DFID | Department for International Development |
| EPCMD | Ending Preventable Child and Maternal Deaths |
| E2A | Evidence to Action |
| FP | Family Planning |
| FY | Fiscal Year |
| GFATM | Global Fund to Fight AIDS, Tuberculosis, and Malaria |
| GH | Global Health Bureau |
| GHSA | Global Health Security Agenda |
| GHWA | Global Health Workforce Alliance |
| HFG | Health Financing and Governance |
| HIDN | Office of Health, Infectious Disease and Nutrition |
| HIV | Human Immunodeficiency Virus |
| HPP | Health Policy Project |
| HRH | Human Resources for Health |
| HRIS | Human Resource Information System |
| HSS | Health Systems Strengthening |
| IEE | Initial Environmental Examination |
| IST | In-Service Training |
| JICA | Japanese International Cooperation Agency |
| JLI | Joint Learning Initiative |
| LMG | Leadership, Management and Governance |
| MCH | Maternal and Child Health |
| MCSP | Maternal and Child Survival Project |
| MDG | Millennium Development Goals |
| MOH | Ministry of Health |
| NGO | Non-governmental organization |
| NORAD | Norwegian Agency for Development Cooperation |
| OMB | Office of Management and Budget |
| OHS | Office of Health Systems |

| | |
|---|---|
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PRH | Office of Population and Reproductive Health |
| PSE | Pre-Service Education |
| PVO | Private Voluntary Organizations |
| RFA | Request for Applications |
| RH | Reproductive Health |
| RNMCH | Reproductive, Maternal, Newborn and Child Health |
| SDGs | Sustainability Development Goals |
| SHOPS | Strengthening Health Outcomes through the Private Sector |
| TEC | Technical Evaluation Committee |
| UHC | Universal Health Coverage |
| UN | United Nations |
| UNFPA | United Nations Fund for Population Activities |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| USG | United States Government |
| WB | World Bank |
| 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 $145 million Cooperative Agreement (CA) that supports the sufficient, fit-for-purpose and fit-to-practice health workforce needed to improve health outcomes and advance countries towards universal health coverage (UHC) through global leadership and the introduction, scale-up and sustainability of innovative human resource for health (HRH) interventions. Country-level activities will focus primarily on USAID's priority countries for Ending Preventable Child and Maternal Deaths (EPCMD), AIDS-Free Generation (AFG), and Family Planning 2020 (FP2020).

## A1. Vision

USAID envisions a program that supports countries to build strong health systems and economies in order to achieve their priority health goals by addressing their health workforce needs. A very broad definition of "health workforce" will be applied, including anyone whose functioning is needed to run and support the health system. It moves beyond traditional cadres of health care workers, such as doctors, nurses, pharmacists, midwives and community health workers (CHWs), to include new clinical cadres, non-clinical cadres such as medical shop keepers and traditional healers, health managers, the supply chain workforce, the social welfare workforce, and others throughout the public and private sectors.

The program will engage on the global level to advance technical and policy dialogue on HRH and support implementation of a globally defined strategy through tailored country-level technical assistance that meets context-specific priorities for local human resource and health systems. In doing so, it will address HRH issues across all levels of the health system while also aligning with the health workforce needs for family planning (FP), reproductive health (RH), Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), maternal and child health (MCH) and other health areas in priority countries. It will address overarching issues of leadership, governance and financing that impact country level planning, recruitment, development, deployment and support of the health workforce. The focus on building capacity and country ownership for the health workforce will contribute to the sustainability of investment and make a lasting contribution to achieving health goals. To further address sustainability, it will contribute significantly to supporting efforts to enhance the accountability for HRH both locally and globally. In five years, this effort will demonstrate measurable progress toward health workforce goals and its impact in supporting achievement of health priorities in the post-2015 agenda.

## A2. Goal

To support countries in developing the sufficient, fit-for-purpose and fit-to-practice health workforce needed to end preventable child and maternal deaths by 2035, increase access to modern contraceptive methods, and achieve and maintain an AIDS-free generation, the project will have as **its goal to improve the accessibility, availability, acceptability and quality of the health workforce needed to achieve improved health outcomes and advance universal health coverage**. It will move beyond simply increasing the number of workers, to address issues of distribution, skill mix, competencies, key workforce characteristics, leadership and governance and the sustainable systems needed to support the health workforce.

### A3. Objectives

Key areas of effort needed to achieve the project's goal are embodied in the following objectives:

- **Objective 1:** Increase performance and productivity of the health workforce.

- **Objective 2:** Increase the number, skill mix and competency of the health workforce.

- **Objective 3:** Strengthen HRH/HSS leadership and governance capacity.

- **Objective 4:** Increase sustainability of investment in health workforce.


### B. BACKGROUND


### B1. Global Progress and Continued Challenges in Human Resources for Health

A decade ago, the Joint Learning Initiative (JLI) published Human Resources for Health: Overcoming the Crisis. Written by a consortium of 100 health leaders from around the globe, the document described the vital role of the health workforce in creating and sustaining effective and efficient health systems, and identified the global deficit in human resources for health as a key barrier to health systems strengthening. The World Health Report 2006, Working Together for Health, provided an expert assessment of the crisis in global health workforce, revealing an estimated shortage of almost 4.3 million doctors, nurses, midwives and support workers worldwide. It also set forth ambitious proposals for countries to build their health workforces, with the support of global partners over the following 10 years.

In the past 10 years, there has been significant progress in addressing HRH challenges but important gaps persist moving into the post-2015 agenda. None of the original 57 HRH crisis countries (less than 2.3 workers/1,000 population) identified in the JLI report, have moved out of that category. The gap in health workers is growing – recent re-calculation of the threshold density of workers needed to achieve universal health coverage has raised the bar from 22.8/10,000 population to 34 workers/10,000 population, resulting in a current shortage of 7.2 million and a projected shortage of 12.9 million by 2035. Even in countries reporting improvements in workforce numbers, some are still falling behind as these gains do not correspond to population growth A Universal Truth 2013 .

Countries face a complex set of challenges in addressing human resources for health issues. With the World Health Organization (WHO) estimating that there are more than 1 billion people who have little to no access to health workers and the estimated gap in health workers rising, a major challenge is simply not having enough workers. This challenge is compounded by poor geographic distribution of health workers within a country (urban vs rural), as well as the migration of workers, especially highly skilled workers, away from more socioeconomically disadvantaged work environments; an imbalance in the composition of the workforce by cadre and skills sets; the imbalance of resources available among different levels of service and health facilities, including between the public and private sectors; and gender inequality both within the health workforce and in the populations served.

## B2. The Changing HRH Landscape

The current discourse on HRH is evolving from an exclusive focus on availability of health workers, i.e., numbers, toward giving equal importance to accessibility, acceptability, quality and performance. By *availability*, we mean an adequate supply of health workers, with the required competencies to match the health needs of the population. *Accessibility* is also critical as it implies equitable distribution across urban and rural areas ensuring access to under-served populations. Accessibility also implies addressing some of the gender inequalities that arise and affect when and how underserved populations receive services. *Acceptability* refers to health workforce characteristics (e.g. sex, language, culture, age, etc.) and their ability to treat all patients with dignity and promote a demand for services. *Quality* refers to the skills, knowledge and behavior of health personnel, assessed according to professional norms, international standards, national guidelines, and as perceived by users of health services.

In response to the limited progress to date and to galvanize global action, the Global Health Workforce Alliance (GHWA), a multisectoral partnership hosted by WHO, has been coordinating since early 2014 a broad-based consultation process to collate evidence in support of a global strategy on HRH. USAID is a key partner in this process, along with United Nations (UN) agencies, the World Bank (WB), bilaterals, health care professional associations, civil society, academia, and others. In May 2014, a resolution of the World Health Assembly (WHA) requested that the WHO Director General develop a global strategy on human resources for health, for consideration by WHO Member States at the 69th WHA in May 2016. The broad consultation process will be completed in 2015, and provide recommendations to WHO for inclusion in the strategy. Both the consultation process and the final strategy will inform the efforts of HRH2030, as USAID's flagship project for HRH.

Through the consultation process, eight thematic papers, each examining in-depth a different health workforce issue, have been developed. A synthesis paper of the eight thematic papers was drafted for consultation, *Health workforce 2030: towards a global strategy on human resources for health.* The synthesis paper identifies a strategic vision for the health workforce in the 21st century, which will now serve to inform the global HRH strategy and agenda, and inspire and catalyze more incisive, multisectoral action at the country level by planners and policy-makers, and at the global level by the international community. HRH2030 will have the capacity to address these priorities for the global HRH strategic agenda, in response to expressed needs from countries and other partners in the field. HRH2030 will incorporate into its efforts the vision's key concepts, which include:

- **The health workforce will be critical to achieving health and wider development objectives in the next decades.** The health targets under consideration in the proposed Sustainable Development Goals (SDGs), including a renewed focus on equity and universal health coverage, will only be attained through substantive and strategic investments in HRH. The Ebola crisis has also demonstrated how global health security hinges on a fit-for-purpose health workforce and resilient public health systems.

- **The foundations for a strong and effective health workforce able to respond to the priority needs of the 21st century require matching today's supply of professionals with the demands of tomorrow's populations.** The ongoing challenges of health workforce deficits and imbalances, prevalent in countries at all levels of socioeconomic development, combined with ageing populations and epidemiologic transformations, require the global community to reappraise and re-evaluate the effectiveness of past efforts on the health workforce, and instill these lessons in a new, contemporary agenda on HRH. In parallel, there is an opportunity to ensure that much-needed investments in the health workforce also lead to the creation of qualified employment opportunities, in particular for women, spurring economic growth.

- **A paradigm shift is needed in how we plan, educate, deploy and reward health workers.** Building on the lessons learned in health workforce development efforts over the past decade, future efforts need to:
  - See health workforce investment as a strategy for the creation of employment opportunities, particularly for women, and as a driver of socioeconomic development, rather than a recurrent expenditure to contain.
  - Work towards dramatic improvement in efficiency, made possible by stronger national institutions able to devise and implement more effective strategies for health workforce education, policies for a more sustainable and responsive skills mix, and improved working conditions, reward systems and career pathways for HRH.
  - Overhaul national and global governance for HRH, laying the grounds for a substantive scaling up of public sector and international financing to meet current and future HRH needs.

- **Better evidence will be a critical enabler for enhanced governance and accountability at national and global levels.** Evidence-based planning and forecasting of workforce requirements, informed by reliable and updated health workforce information, labor market analyses, and scanning of future scenarios, will be required to inform the development and implementation of workforce strategies. Ensuring effective governance in countries and aligning the required efforts of different sectors and constituencies in society is critical, and requires the political will – and accountability of – heads of government. Similarly, a fit-for-purpose mechanism for global governance for HRH is needed in order to support global accountability on HRH, effectively linked with United Nations system processes and mechanisms for monitoring of universal health coverage and sustainable development goals; and to be a catalyst for and advocate of a multisectoral and multi-stakeholder HRH agenda.

## B3. The Changing Global Health Landscape and USAID's Role

At the same time that the HRH landscape has moved forward, so too has global health. A number of global initiatives and movements offer opportunities to leverage efforts across donors as well as other USAID funded programs in order to address both key health issues and the health workforce challenges that must be overcome in order to achieve the U.S. Government's (USG) goals of Ending Preventable Maternal and Child Deaths (EPCMD) and Achieving an AIDS Free Generation (AFG), accomplish the Agency's mission of building resilient societies and partnering to end extreme poverty, and reach the goals of global movements such as FP2020.
Significant investments in human resources for health are needed for the implementation and sustainability of the country plans and achievement of EPCMD goals - to reduce child mortality to 20 or fewer child deaths per 1,000 live births in every country by 2035, with a focus on delivering results for the most vulnerable families in the most vulnerable communities. All of the 24 EPCMD priority countries are also designated as HRH crisis countries (less than 2.3 health care workers/1000 population), severely limiting their ability to provide needed health services. At the June 2014 meeting *Acting on the Call* in which progress in the first year of the initiative was shared, the severe shortage of a skilled health workforce was repeatedly identified as a critical constraint to progress.

USAID's maternal and child health programs focus on perinatal and child care with specific prioritization on alleviating factors that contribute to preventable maternal and child death. These programs include perinatal and child nutrition, vaccinations, and promotion of healthy timing and spacing of pregnancy and comprehensive family planning to prevent unwanted pregnancies as key strategies to improve both maternal and child health. As envisioned in an evolving maternal health strategy, USAID will intensify programs where most maternal and child deaths occur, address barriers and scale up access towards equity for those now underserved, and base maternal and child health programs on local causes of maternal and child death. 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. A key strategy for alleviating maternal and child deaths is investing in human resources to ensure women are attended by skilled birth attendants during pregnancy, childbirth and the immediate postpartum phase. A workforce that is sufficient, fit-to-practice and fit-to service, as well as a supportive health systems environment, is required to effectively implement and sustain such programs, which in turn will ultimately improve the health and wellness of populations. HRH2030 will assist in the development and support of such a workforce.

At the London Family Planning Summit in 2012, donor and developing country commitments totaled $4.2 billion towards the goal of enabling 120 million more women to use modern contraception by 2020. Reaching more women and their partners with quality family planning services requires well prepared healthcare workers in adequate numbers, but as with EPCMD, priority countries for FP2020 are also HRH crisis countries. USAID's family planning program will contribute to achieving this goal by focusing on: reaching key subpopulations —adolescent girls and boys, the poor, newly married couples, post-partum women, and men— who do not have equitable access to the FP/RH services they want and deserve; addressing unequal gender norms that continue to disadvantage women and girls in multiple health and non-health arenas;

strengthening public sector supply systems which are struggling to meet the needs of their populations for high-quality information, services, and products; and improving the availability, affordability, accessibility and acceptability of long acting and permanent methods of contraception (LAPM) . Addressing the need for adequate numbers of well-prepared family planning providers positioned within both the public and private sectors, so as to ensure access to high quality FP products, information and services by women and men of all ages who want them will be a core focus for HRH2030.

A strong health work force composed of both facility- and community-based workers is essential for achieving an AIDS-free generation. However, in most countries with a high HIV burden, health work force shortages are commonplace and create significant barriers to combating the epidemic. Health workers are key to making sure that people living with HIV can access the appropriate services at the right time, ensuring effective linkages across HIV services and clients' continuum of care. Health workers also play a critical role in providing HIV services to vulnerable populations, including children, adolescents and other key populations. Aligned with the PEPFAR 3.0 Agenda, the PEPFAR HRH Strategy focuses on the need to be more directly supportive of HIV services and populations where the highest impact gains towards an AIDS-free generation will be felt. HRH2030 will support implementation of the PEPFAR HRH Strategy that emphasizes a data-driven focus for HRH activities that are grounded in a better understanding of site-level challenges. Clear linkages will be made between HRH activities and the delivery of HIV services in order to achieve sustained HIV epidemic control. Activities will be implemented in collaboration with other PEPFAR efforts and priorities in country that are based in consultation and planning with National HIV and HRH plans.

The World Health Organization (WHO) reports that as of April 7, 2015, 840 health workers have been infected with Ebola since the onset of the epidemic, and 491 of them have died caring for the more than 24,000 people confirmed or suspected to be infected with the virus. The Ebola virus disease epidemic in West Africa has highlighted the urgent need for increased support for health workers and the systems that support them in the region and around the world. The outbreak also revealed a number of underlying HRH and health systems issues that must be addressed to prevent a recurrence of similar health crises in the future, such as: the need for adequate numbers of qualified healthcare workers to care for the sick; the need for maintaining the delivery of essential services to all individuals; the need to protect health workers from both risk of their own infection and the stigma many are now facing as a result of their work with infected individuals; the need for basic health supplies; and better information on and management of the workforce. HRH2030 will be able to address these and related issues not only in West Africa, but in any country with the result being stronger, more resilient health systems that can cope with new challenges and deploy solutions when they arise.

## B4. USAID's Role in HRH Leadership

USAID/GH has been at the forefront on the global level to advance the field of HRH and in addressing system level HRH challenges impeding attainment of global health goals. USAID has

been a key partner and supporter of WHO and its HRH Department as well as the Global Health Workforce Alliance (GHWA). Through GHWA board membership, USAID has strong working relationships with other donors working on addressing HRH challenges in-country including the World Bank, the Department for International Development (DFID), the Norwegian Agency for Development Cooperation (NORAD), and the Japanese International Cooperation Agency (JICA). In-country, USAID and donor efforts are often coordinated through active membership in national working groups established for HRH investment. Leveraging this leadership role, USAID/GH has led a process for developing a USG strategy for HRH and facilitated the global consultation with WHO and the World Bank for informing the recently-mandated WHO HRH strategy for 2030. These collaborative relationships and partnerships will be fostered and supported by HRH2030.

In its programming, USAID/GH has an extensive history dating back to the 1980's in investing in the education and training of a wide range of health care providers and has been a technical leader in the development of the evolving HRH field. GH has supported a variety of mechanisms that addressed education, training, supervision, quality improvement and other HRH-related issues, often for a specific area of health. In the past decade, USAID/GH's approach to HRH has evolved to focus on expanding evidence for the impact of comprehensive investments in HRH systems and developing and implementing innovative approaches for addressing HRH challenges at various system levels. To support this, the Capacity Project was launched in 2004; as USAID's first cross-bureau project focused on human resources for health, it focused on improving the policy, planning and leadership of HRH; advancing workforce development through stronger education and training programs; and strengthening systems to support workforce performance. In 2009, Capacity*Plus* was awarded to build on the work of its predecessor and to further advance USAID's contribution to human resources for health. Capacity*Plus* has continued to work across these same three areas, building on the efforts of Capacity Project and addressing emerging areas of concern at the global and country levels.

New priorities and opportunities for addressing HRH at USAID have resulted from its involvement in EPCMD and FP2020, recent shifts in PEPFAR, the USG Ebola response, the developing Global Health Security Agenda (GHSA), and the Global HRH Strategy development process. GH has responded across its technical offices as well as at the Bureau level. The Office of Health Systems (OHS) is finalizing its "Vision for Action for Health Systems Strengthening", which endorses an integrated, comprehensive, and holistic approach to improve health systems at the country level, and outlines strategic priorities for strengthening HRH. The Office of HIV/AIDS (OHA) has extensively contributed to the development of PEPFAR's new HRH Strategy, the Office of Population and Reproductive Health (PRH) has identified the FP workforce as one of its five focus areas for prioritized action, the Office of Health, Infectious Disease and Nutrition (HIDN) has prioritized improving HRH as key to its work under EPCMD, and USAID/GH is working with a donor group, the "Health Systems Resilience Initiative", to develop a strategy for post-Ebola rebuilding and health systems strengthening in which HRH will be a central focus. Efforts by HRH2030 will enhance and support HRH interventions and priorities throughout GH.

The flagship HRH2030 program, which will be based in the Office of Health Systems, will work in a complementary and collaborative fashion with the other USAID technical programs at the global level, as well as with global and bilateral programs as needed at the country level. While the landscape of USAID support varies by need from country to country, HRH2030 will develop

partnerships, coordination, and working relationships as appropriate at the global and country levels with relevant USAID programs, including but not limited to: the Applying Science to Strengthen and Improve Systems (ASSIST ) Project and the Health, Finance and Governance (HFG ) Project in OHS; the Health Policy Project (HPP ), Strengthening Health Outcomes through the Private Sector (SHOPS ) Project, DELIVER , and the Leadership, Management and Governance (LMG ) Project in PRH; and in HIDN, The Maternal and Child Survival Project (MCSP ) and the Child Survival and Health Grants Program (CSHGP). HRH 2030 will build on the prior work and accomplishments of USAID 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 support UHC and improve health outcomes.

Aligned with the emerging cross-sectorial focus for a more comprehensive understanding of and response for HRH, opportunities for partnerships with non-health focused offices and programs will be identified. Discussions are underway with the Bureau for Economic Growth, Education and Environment (E3), particularly the Office of Education, to identify areas of collaboration on approaches to strengthening institutes of higher education. E3's workforce development programming, particularly for youth, as part of the larger economic transition currently underway in many countries, is another area of potential collaboration.

## C. STRATEGIC PRIORITIES

The HRH2030 program will be called upon to provide a breadth and depth of technical expertise that will vary by country context, opportunities for collaboration with other partner efforts, and the evolution of the global policy dialogue on HRH (e.g., the post-2015 agenda and the development of the Sustainable Development Goals [SDGs]). The following strategic priorities will serve as critical guideposts to carrying out HRH work at all levels.

**Enhance country capacity and sustainability:** All activities under HRH2030 will be conducted in partnership with local institutions, organizations and host country governments, both public and private, that are currently responsible for HRH planning, recruitment, development and retention. Activities will incorporate capacity building and in-country resource mobilization, while gradually transitioning responsibility to the partners in order to foster sustainability. Consistent with USAID Forward priorities to promote local solutions and enhance local capacity, HRH2030 will include local and/or regional partners with explicit and substantial roles in implementing the project.

**Ensure mutual accountability for advancing the status of the health workforce and moving towards improved health outcomes:** HRH2030 will support the development and implementation of country-led plans and strategies to accelerate improvements in the availability, accessibility, acceptability, quality and performance of the health workforce. It will support efforts to "lead from behind" in supporting plans that are owned and led by host countries. HRH2030 will also support mutual accountability through its support of transparency in results from global, regional, to local levels, engaging in efforts to unify HRH efforts with a shared goal and common metrics; and invest in systems to capture data, monitor and evaluate progress and share knowledge.

**Exploit efforts in other sectors to foster an enabling environment for improved HRH outcomes:** These include education, economic growth, empowerment, and environmental

improvements. HRH2030 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.

**Focus geographically:** HRH2030 will focus the majority of its efforts on countries identified by USAID as "priority countries" for MCH, FP/RH, and HIV/AIDS in order to accelerate achievement of the health goals of EPCMD, FP2020, and AFG in the places where they are most prevalent in terms of severity, magnitude, or both. Even so, the program will need to be flexible and 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 and HIV infection rates remain unacceptably high, use of modern contraception remains low, and rates of overall improvement mask significant inequities within country.

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. For FP, these are also priority countries, along with seven additional Ouagadougou Partnership countries: Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mauritania, Niger, and Togo. PEPFAR countries are: Angola, Botswana, Cameroon, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, Cambodia, India, Indonesia, Vietnam, Dominican Republic, Guatemala, Guyana, and Haiti.

**Expand collaboration and partnerships for HRH.** Strategic partnering at the global, regional, and country levels is critical to expanding and directing available resources to shared HRH priorities and driving health system improvements. HRH2030 should seek opportunities to collaborate and establish partnerships at these different levels to demonstrate impact and achievement of HRH strategic goals and program objectives. Opportunities that can help expand the partner base (e.g., private sector, cross-sectorial partners) and comprehensive understanding and response for HRH should be explored. In particular, effective engagement of the private sector to build capacity for efficiency and sustainability is encouraged to address important HRH issues and program objectives.

**Apply innovative solutions to the most important barriers to developing the workforce needed to achieve UHC and improved health outcomes.** Current trends and challenges, such as health sector reform and decentralization, gaps in leadership and governance, continuing inadequacies in resources despite economic transition, and the call for transformative education in response to changing public health priorities are placing ever greater pressures on country systems, while at the same time opening new opportunities for advancement. New paradigm shifts and "out-of-the-box" creative thinking are needed to inform how to best achieve optimal enabling environments for improved HRH and health systems sustainability. At the same time, "innovative" does not mean "new"; many innovative approaches and tools already exist. HRH2030 is expected to apply these approaches and tools, documenting the experience and results, for the program's

larger knowledge management agenda. The need to develop new or additional approaches and tools will have to be demonstrated to USAID as part of work plan development.

**Enable enhanced governance and accountability at national and global levels through the use of better evidence.** Evidence-based planning and forecasting of workforce requirements, informed by reliable and updated health workforce information, labor market analyses, and scanning of future scenarios, will be required to inform the development and implementation of workforce strategies. Ensuring that countries collect, analyze, cost, disseminate and use high quality information bolsters their ability to forecast, and project workforce supply and demand and plan accordingly to meet their health sector needs. HRH2030 will support the use of major tools such as National Health Accounts or their equivalents, Demographic and Health Surveys (DHS), and health information systems. The creation of a culture of evidence-informed decision-making at the country level, increases local capacity and reduces the need for technical assistance.

**Advance the evidence base for the effect of HRH interventions on health outcomes.** USAID's implementation science culture aims to go beyond merely identifying various approaches to HRH to reach a deeper understanding of the factors associated with success and failure and to share this knowledge for the benefit of other countries. HRH2030 will contribute to that culture by advancing shared learning and utilization of data for evidence-based decision making at the global and country levels. It will improve the logical link between investments in human resources for health, health outcomes and broader development goals.

**Increase efforts to achieve equitable health outcomes for under-served populations.** Inequity in health outcomes and use of health care services between poor and non-poor households persists. In many countries, for key health indicators, the poorest 40 percent have made less progress than the richest 60 percent. In some countries, access to care and health outcomes for the poor have even deteriorated in absolute terms WB global-monitoring-report 2015 . A key factor in determining access to essential services is the health workforce – the number, distribution, skills sets, and other characteristics of health care providers all play a role. HRH2030 will focus on approaches to improve equity in the delivery and use of essential health services by scaling up access for under-served populations.

## D.  PROPOSED PROGRAMMATIC RESULTS FRAMEWORK

### D1. Project Goal and Objectives

As part of the programmatic monitoring and evaluation process, USAID will co-create the project Results Framework with the successful Applicant, and views the RFA process as a starting point. **In responding to the RFA, the Applicant will propose a preliminary results framework that expands on the core components presented in the RFA (the goal and objectives), to include the following: 1) outputs or results under each objective; and 2) illustrative ideas for inputs or activities under each output/result.** The full results framework will then be finalized with the USAID Management Team no later than three (3) months post-award.

The core components of the project results framework are the goal and the objectives. The objective paragraphs below will describe each objective. It is expected that each objective will not

work in isolation. Rather, the Applicant would propose ideas to ensure all objectives and the related outputs/results and inputs are aligned to achieve the project's overall goal of improving the accessibility, availability, acceptability, and quality of the health workforce needed to achieve improved health outcomes and advance universal health coverage. Ultimately, by improving health outcomes, they will also support the achievement of USG priorities in EPCMD, AFG and FP 2020. Planned project key categorical inputs include technical assistance (TA), training, and research. Although this may change in the future, for the purpose of this RFA, **Applicants should plan on the level of effort and funding to be equal across the four objectives, that is, each is 25% of the program.**

## D2. Project Objectives and Illustrative Areas of Work

HRH2030 will have the capacity to address and achieve results under the objectives of the program as identified below, in response to expressed needs from countries and other partners in the field. The illustrative areas of work included below are offered only for the applicants' consideration; it is not intended that applicants incorporate all of them into the results framework, nor should applicants limit themselves to only the activities listed.

## Objective 1:  Increase performance and productivity of the health workforce (25%).

The performance and productivity of health workers is a critical factor of a health systems ability to ensure access to quality care. Comprehensive strategies for improving productivity and performance require consideration of various functions across all levels of the health system, including the potential role of communities. These functions span regulation, human resources management, recognition systems and quality management. Grounded by the standards put forward for practice, these functions and respective processes together influence and support the performance and productivity of health workers. Routine availability of HRH data and mature human resource information systems (HRIS) are integral to effective human resource management. While not only working to maximize performance and productivity of the existing health workforce, human resource managers data-driven planning for the sufficient development and deployment of health workers can help further alleviate pressure placed on health systems that are challenged with health workforce shortages.  Overcoming barriers impacting performance and productivity ultimately helps strengthen health systems' ability to support an expanded well-performing and productive health workforce once they become available. Although many global health programs have incorporated interventions meant to improve performance, productivity and ultimate quality of services delivered, more focus is needed on developing strategies and supporting implementation of interventions that incorporate and link the various functions and processes to yield better results.

*Illustrative Areas of Work*

- Provide technical assistance to countries to develop more robust and comprehensive strategies to improve health worker performance and productivity that utilize existing tools and are informed by HR and population data at the facility, subnational, and national levels.

- Develop and implement research protocols to build further knowledge and evidence for how various system functions (e.g., human resources management, recognition systems, quality management, regulations) interact and work together for influencing and supporting health worker performance and productivity.

- Support the development of a cadre of professional HR managers and build capacity of human resource management functions at the national and sub-national levels.

- Support the scale-up and institutionalization of human resource information systems (HRIS) and in-country capacity for the use of HR data for decision-making (e.g., projecting, planning, and deployment).

- Provide technical assistance in developing and strengthening performance management functions at national and sub-national levels and measuring impact on health worker engagement and quality service delivery.

- Strengthen the role of communities to contribute in supervising, monitoring and providing feedback on health worker performance.

- Provide technical assistance to implement interventions that create better working conditions and more positive practice environments that are focused on addressing gender disparities.

- Provide technical assistance to countries to align and integrate strategies for improving health worker performance and productivity within clinically focused programs at the service delivery level.

## Objective 2: Increase the number, skill mix and competency of the health workforce (25%).

As stated in *Health workforce 2030: towards a global strategy on human resources for health,* the foundations for a strong and effective health workforce able to respond to the priority needs of the 21st century require matching today's supply of professionals with the demands of tomorrow's populations. However, health workforce education systems are not currently well equipped to respond to the challenges of the 21st century. A transformative agenda on health workforce education should be embraced, comprising changes in the way students are taught, in the way teaching institutions operate, and in how broader health system policies enable health education, including through the strategic use of in-service training (IST) and continuous professional development (CPD) , reorienting competencies towards a primary care model to deliver patient-centered health services and incorporating information and communications technology (ICT). At the instructional level, teaching should transition towards competency-based learning, interprofessional and transprofessional education and team building, and community-based learning with community and student engagement. Public sector investment is required to improve the quality and efficiency of health workforce education, as well as joint education and health planning mechanisms.

*Illustrative Areas of Work*

- Support the use of data and evidence in the multi-sectorial planning of a continuum of education and IST/CPD training to ensure a health workforce composition (e.g., number, cadre, skills mix) and quality that is responsive to local health priorities.

- Provide technical assistance to strengthen pre-service curricula so that it is responsive to local health priorities including addressing the needs of youth, distinguishing specific needs of women and men, low-income and other marginalized groups as well as other characteristics of the population.

- Provide technical assistance to implement instructional and institutional reforms needed for transformative education.

- Support engagement of stakeholders, e.g., ministries of health, education, and finance, academic institutions, and regulators, required for the provision of adequate resources and stewardship mechanisms for guiding the educational reform process,

- Scale up models for strong, nationally designed and managed IST systems, based on data and evidence.

- Build the capacity of professional associations to provide leadership to and promote quality of the health workforce.

- Scale-up innovative training methodologies, including mobile technologies, to maximize the effect of education, IST and CPD.

- Develop tools and approaches for addressing common challenges in managing the human, financial, material and intellectual resources required to deliver relevant, high-quality academic programs.

## Objective 3: Strengthen HRH/HSS leadership and governance capacity (25%).

This objective focuses on strengthening accountability and governance for HRH/HSS, increasing in-country professional and institutional expertise for HRH/HSS and fostering greater participation of civil society in governance of the health care system. Strengthening leadership and governance would include efforts to support global and national accountability for HRH/HSS, coordination of different sectors and constituencies in support of long-term action, building the technical and management capacities of in-country public and private organizations, support civil society's role as social custodians, professionalize the field of health workforce planning and management as part of the public health workforce and support for investments in health governance (in governing bodies, governing practices, structures and processes).

*Illustrative Areas of Work:*

- Support government counterparts to develop their technical, leadership and governance skills to reinforce local ownership and responsibility.

- Encourage approaches and mechanisms that engage civil society in the setting of the HRH agenda by national authorities.

- Develop and scale up models for the ethical and efficient use of resources for health programming and expenditures.

- Contribute to the development of a leadership cadre for both HRH and HSS through a variety of education and training channels.

- Scale up models for strong, accountability systems based on data and strategic intelligence.

**Objective 4: Increase sustainability of investment in health workforce (25%).**

The increasing pace of the economic transition underway in many countries provides momentous opportunity for the investment in human resources for health. In order to finance strategies to increase and sustain the health sector workforce, resource envelopes that comprise the changing mix of domestic and donor resources need to be taken into account. Meanwhile, evidence is starting to emerge on the broader socioeconomic impact of investments in the health workforce in terms of improving synergies with education, creating career opportunities for women, facilitating decent employment in the formal sector, and fuelling economic growth. While additional analysis is needed, this suggests a wider need for stakeholder engagement and partnership at global and country levels for more comprehensive understanding and sustainable response for health workforce issues and investment. Better availability, use, and ownership of HRH data and evidence are key to enhancing the governance and accountability on health workforce investments. Greater harmonization and routinized HRH data collections efforts will support greater ownership of data at the country level and better understanding of progress aligned with the global agenda for HRH.

*Illustrative Areas of Work*

- Provide technical assistance to countries to support implementation of globally agreed upon mechanisms for collecting, reporting, and monitoring HRH data across relevant stakeholders.

- Increase sharing and utilization of HRH data that is aligned and harmonized with global accountability mechanisms for HRH at the global level.

- Support countries in the use of major tools such as National Health Accounts or their equivalents, Demographic and Health Surveys (DHS), and health information systems to create of a culture of evidence-informed decision-making.

- Support local country stakeholders in utilizing data and evidence to advocate for increased accountability of HRH (e.g., allocation of domestic resource mobilization for greater investment to HRH).

- Provide technical assistance to countries to conduct analysis needed to forecast finances needed for HRH that are aligned with that country's specific needs.

- Establish greater coordination and partnership with cross-sectorial partners to help contribute to a more comprehensive understanding of the socioeconomic impact on the investment of HRH.

- Develop innovative strategies and approaches that expand the use of mobile technology in financing the health workforce.

## E. MONITORING AND EVALUATION PLAN and LEARNING APPROACH

Monitoring of results is a key element of USAID programs. USAID seeks data and information to improve performance and effectiveness, as well as to inform planning and management decisions as part of the overall learning approach. Accurate and timely monitoring will enable HRH2030 to adapt to changing conditions and make mid-course corrections as necessary. Data also must be available to demonstrate program impact.

USAID's implementation science culture also looks to contribute to the global body of knowledge and evidence on HRH by going beyond merely identifying various approaches to HRH to reach a deeper understanding of the factors associated with success and failure and to share this knowledge for the benefit of others. HRH2030 will contribute to that culture by advancing shared learning and utilization of data for evidence-based decision making at the global and country levels. HRH2030 will also support transparency in results from global, regional, to local levels, engaging in efforts to unify HRH efforts with a shared goal and common metrics; and invest in systems to capture data, monitor and evaluate progress and share knowledge.

With the release of the USAID's 2011 Evaluation Policy, the Agency renewed its commitment to grow the body of knowledge generated through high-quality evaluations. Consistent with the intent of the Policy, HRH2030 will contribute to the generation and use of knowledge that will be widely disseminated, so that those who design and implement projects and those who develop programs and strategies are better able to refine designs and introduce improvements into future efforts. Specific evaluation and research might include:

- Topic-specific evaluations, experimental and quasi-experimental design on research priorities for HRH, including the impact of HRH interventions on the health workforce, service delivery, health systems and health outcomes in conjunction with international, regional, or local research partners, based on priority areas.
- External performance evaluation(s) conducted at midterm and/or end of project.

**To adequately support and encourage research and evaluation by HRH2030, a minimum of fifteen percent (15%) of all core and field support budgets will be dedicated to implementing research and evaluation activities that contribute to the evidence base on HRH by demonstrating the impact of project interventions and advance the discussion on causal pathways from HRH interventions to improved health outcomes.**

In addition, in keeping with the Evaluation Policy standards, the Recipient will develop a performance management plan (PMP) to monitor activities, collect program performance data, and measure progress toward results. Specific indicators and targets for achievement of the results in the proposed Results Framework will be developed and submitted as part of the overall PMP. The PMP will be subject to approval of the USAID Management Team who will monitor performance throughout the life of the project. Implementing project staff will report progress and status related to health and gender outcomes discussed below through semi-annual and annual reports and at other times as needed.

## F. GENDER INTEGRATION

Gender, or the socio-culturally constructed roles and responsibilities assigned to males and females, has significant implications for the development and capacity of human resources. Gender norms and the imbalance in power dynamics between men and women are often reflected within health systems and institutions. Interventions that improve the health system's workforce, worker skills, and access to and quality of services, have the opportunity to positively affect gender equity.

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.

Going forward, HRH2030 will take the above policy objectives into consideration and will integrate gender issues during the design, implementation, and monitoring and evaluation of program activities. HRH2030 will require addressing gender norms about health workers, gender imbalances in the health workforce, and leadership and management roles for women and men. This goes beyond merely counting the number of women and men reached; applicants must fully fold gender considerations into their program design, implementation and monitoring & evaluation to address *both* women's empowerment and constructive engagement of men in their roles as husbands, partners, and community leaders.

HRH2030 emphasize the integration of gender equality strategies into country-led HRH interventions around the production, recruitment, retention and deployment of the health workforce, as well as the creation of a health workforce that will promote gender equality in its interactions with client populations; development of a health workforce that is responsive to and supportive of other characteristics of its client populations, such as age, gender, ethnic, sexual minorities and economic quintile; and increase country ownership.

This project 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. In addition, programs will be expected to develop strategies to monitor gender-based inequities and promote solutions.

## G. KEY PERSONNEL

The following are designated Key Personnel: Project Director, Deputy Project Director, Research and Evaluation Director, and Finance and Operations Director. The proposed set of Key Personnel should present a complimentary set of skills that demonstrate the team's ability to address the results framework of HRH2030 and advance the state-of-the art in human resources for health and health systems programming. Additionally, among the proposed Key Personnel there should be complementary experience and skills in the priority area of Gender.

1. Qualifications for the proposed Project Director:

The proposed Project Director has the leadership qualities, depth and breadth of technical expertise and experience, professional reputation, supervisory and program management experience, interpersonal skills and professional relationships that demonstrate his or her ability to be a global thought leader in HRH, as well as provide the leadership needed to ensure that HRH 2030 fulfills its goal and objectives. This is a full-time position. The Project Director must have:

- At least ten years of experience designing, implementing and managing large, complex public health projects in/for developing countries, of which at least five years have been spent focusing on HRH/HSS issues.
- Demonstrated international credibility as a leader on matters of HRH/HSS for developing countries.
- Demonstrated experience in collaboration and building partnerships to achieve mutual goals and objectives.
- Experience interacting with U.S. government agencies, host country governments and counterparts, and international organizations and donor agencies.
- Strong writing and oral presentation skills in English.
- Strong interpersonal skills for effective communications and interaction within the project and to promote and position the project in the broader HRH arena.
- A Master's Degree or higher (PhD, DrPh, MD) in public health, medicine, midwifery or nursing, business administration, international development, or a related advanced degree.

2. Qualifications for the proposed Deputy Project Director position:

A Deputy Project Director position is proposed to support the Project Director by providing sufficient management coverage to field and headquarter staff. The proposed Deputy Project Director must be experienced in addressing the special challenges of HRH programming described in this RFA, as well as possess supervisory and program management experience. A key responsibility of the Deputy Director will be to ensure coordination and collaboration across technical areas and between headquarters and the field, thereby promoting a comprehensive approach to HRH interventions. This is a full-time position. The Deputy Project Director must have:

- At least eight years of experience designing, implementing and managing large, complex public

health projects in/for developing countries, of which at least four years has been spent focusing on HRH/HSS issues
- Demonstrated experience in leading and coordinating diverse teams and individuals
- Strong writing and oral presentation skills in English.
- Strong communication and interpersonal skills that will enhance coordination and collaboration throughout the project.
- A Master's Degree or higher in public health, medicine, midwifery or nursing, business administration, international development, or a related advanced degree.

3. Qualifications for the proposed Research and Evaluation Director:

The proposed Research and Evaluation Director will oversee research and evaluation activities related to evidence building for HRH models and approaches while making the link to strengthened service delivery and health systems, and improved health outcomes. S/he will provide technical oversight for the design, implementation, and dissemination of all research and evaluation activities carried out under this agreement. These activities will require working with external stakeholders, other Global Health Bureau offices and GH monitoring, evaluation and research specialists, USAID Missions, and Regional Bureaus. S/he will also be responsible for ensuring robust and innovative dissemination of research and evaluation activity results as part of HRH2030's knowledge management portfolio. This is a full-time position. S/he will have:

- At least eight years of experience designing, implementing and supervising research and evaluation for multi-country, multi-faceted health programs in/for developing countries.
- Extensive knowledge of qualitative and quantitative methodologies and utilization of statistical software.
- Demonstrated experience in development and dissemination of analytical data on HSS/HRH activities.
- Demonstrated experience in leading and managing scientific and research staff.
- Strong writing and oral presentation skills in English.
- Master's Degree or other higher degree such as (PhD, DrPh, MD) degree in health, biostatistics, behavioral/social sciences or related field.

4. Qualifications for the proposed Finance and Operations Director:

The proposed Finance and Operations Director will provide financial oversight to the project, tracking core and field obligations from multiple funding accounts in close coordination with the USAID management team in Washington and the field. S/he is responsible for coordinating and directing all administrative support needed to effectively and efficiently implement programs. S/he will serve as a central point for coordination and communication within the project and with USAID. This is a full-time position on HRH2030. S/he will have:

- At least five years of experience managing large, complex USG health projects in/for developing countries, including financial management.
- Demonstrated knowledge of USG policies, processes and procedures related to finances and administrative management.

- Knowledge of USG financial and assistance guidelines including budget reporting and USG compliance regulations on financial aspects of cooperative agreements.
- Demonstrated ability to lead and manage the multiple teams needed to ensure financial and administrative accountability and accuracy.
- Master's Degree or higher in business administration, finance, public health, and/or health administration or a related advanced degree, or relevant experience that has adequately equipped the person to fulfill the role.

**Authority**

USAID is authorized to initiate this project pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended.

**End of Section I**

# Section II – Federal Award Information

## A. Estimated Total Amount

USAID intends to make an award up to $145 million, including both Washington "core" funding and Mission/field support buy-in funding. An estimated 5% percent of the Award will be funded through core funds, with 95% of funding for the Award provided through field support. The project can accept funds from any earmark or account, though it will be funded mainly from the Global Health Programs account, including funds appropriated for the President's Emergency Plan for HIV/AIDS. Activities under this Agreement will conform to relevant guidance on use of these funds, including USAID guidance on the use of PRH and other funds.

In addition to the USAID-funded amount, the Applicant is expected to provide cost share as described further in Section III.

Contingent upon availability of funds USAID anticipates awarding one (1) CA resulting from this RFA to the responsible applicant whose application offers the best value to the U.S. Government. USAID reserves the right to sign a single or multiple CAs. USAID reserves the right to fund any or none of the applications submitted.

## B. Period of Performance

The anticipated start date of this award is October 1, 2015 and the estimated period of performance is on/or about October 1, 2015 through September 30, 2020 (five-year), subject to availability of funds.

## C. Type of Award

USAID will issue one Cooperative Agreement (CA) as a result of this RFA.

## D. Substantial Involvement

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

1. Approval of Recipient's Implementation/Work plans: Approval includes planned activities for the following year and any subsequent revisions, planned expenditures, knowledge management plans, event planning/management, research studies/protocols, international meeting preparation, and changes to any activities, locations, or beneficiary population under the cooperative agreement;
2. Approval of Specified Key Personnel: Approval of proposed key personnel and any changes to specified key personnel;
3. Monitoring and Reporting: USAID involvement in monitoring progress toward the achievement of objectives during the performance of the project, including written guidelines for the content of semi-annual and annual reports and final evaluations in accordance with 2 CFR 200.328;

4. Subawards: All subawards not included and approved in the original cooperative agreement require Agreement Officer approval, per 2 CFR 200.308 for US NGOs.
5. Agency and Recipient Collaboration or Joint Participation:
    a. Collaborative involvement in selection of advisory committee members;
    b. Agency concurrence of sub-award recipients (see 22 CFR226.25 for requirements);
    c. Agency monitoring to permit specified kinds of direction or redirection because of interrelationship with other projects, as included in the Changing Global Health Landscape integration and made part of the award.

## E.  Geographic Code

The authorized geographic code for procurement of goods and services for the award issued under this RFA, with period of performance 2015-2020, is 937.

## F.  Geographic Coverage

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. For FP, these are also priority countries, along with seven additional Ouagadougou Partnership countries: Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mauritania, Niger, and Togo. PEPFAR countries are: Angola, Botswana, Cameroon, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zambia, Cambodia, India, Indonesia, Vietnam, Dominican Republic, Guatemala, Guyana, and Haiti.

**End of Section II**

# Section III – Eligibility Information

## A.     Eligible Entities

To be eligible to receive this Cooperative Agreement, an organization must be US organizations or non-US organizations registered and working in developing countries.

Each Recipient must be a responsible entity. The Agreement Officer 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.

USAID encourages applicants from organizations which have not previously done business with the Agency.

Pursuant to 22 Code of Federal Regulations (CFR) 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, related to the application program and in accordance with applicable costs standards 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 nonprofit organizations, and 48 CFR 31 for profit organizations. This CA will be fully competed, and competition is unrestricted.  For-profit businesses must
waive profits and/or fees to be eligible to submit an application

## B.     Cost Share

To be eligible, Applicants must propose a minimum cost share of 15% of the projected USAID funded amount. Such funds should not count existing donations or commitments from sources such as existing pharmaceutical drug donation programs. Funds or in-kind donations may be contributed from the Recipient, other multilateral, bilateral, and foundation donors, local organizations, and private businesses that contribute financially and in-kind to the implementation of activities. If partners are proposed, the cost share may be distributed among partners. The cost share, whether it will be in-kind or dollars, must have a direct impact on this program. For NGO recipient contributions to qualify as cost share, the cost share must be verifiable from the recipient's records; for U.S. organizations it is subject to the requirements of 2 CFR 200.306, and for non-U.S. organizations it is subject to the Standard Provision, "Cost Share"; and can be audited.

Applicants must comply with required cost share application instructions detailed in Section IV, Application and Submission Information. Per Section V, Application Review Information, cost share will be reviewed as part of the Agreement Officer's cost review.

## 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 are 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 is expected to comply with host country environmental regulations unless otherwise directed in writing by USAID.

**End of Section III**

# Section IV – Application and Submission Information

## A.    General Information

The preferred method of distribution of USAID assistance information is www.grants.gov. This RFA contains all necessary information, web links, and materials to submit a full application. Any additional information regarding this RFA will be furnished through amendments and will be communicated through www.grants.gov. This RFA and any future amendments can be downloaded from www.grants.gov. For instructions on how to register for www.grants.gov, see Appendix A. If you have difficulty registering or downloading the RFA from www.grants.gov, please contact the Grants.gov Contact Center at 1-800-518-4726 or via e-mail at support@grants.gov for technical assistance.

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

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

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

## B.    Submission Dates and Times

Please refer to the Key Information and Dates on the Cover Page. Applications shall be submitted electronically via www.grants.gov before the due date and time on the Cover Page. The Grants.gov system date and time stamp will be used to determine the online application 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 and will not be considered for award. Late submissions will NOT be accepted. The submission of hard copies whether it is hand delivered or by postal mail will NOT be accepted.

Point of Contact: An applicant may obtain any materials needed for the application or otherwise communicate regarding the application requirements with the following points of contact (POCs):

Primary Point of Contact:

Albert Asante
Agreement Specialist, M/OAA/GHI
aasante@usaid.gov

Alternate Point of Contact:

Christopher Egaas
Agreement Officer, M/OAA/GHI
cegaas@usaid.gov

## C.     Content and Format of Application Submission

Content and format instructions must be followed, or Applicants risk being found non-compliant and eliminated from the review. The following requirements apply for documents submitted for this RFA, with the exception of Government-issued forms:

- 8.5"x11" with 1" margins.
- Written in English.
- 12-point Times New Roman font for all narrative and tables.
- Graphics/charts may use 10-point Times New Roman font.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- Budgets must be detailed in US Dollars (USD)

The required format for the technical application is:

### C1. Cover Page

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

### C2. Executive Summary (1-3 pages)

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

### C3. Technical Application Format (maximum 40 pages)

- **Technical Approach**

Applicants must:

- Describe how they will meet the goal and objectives of HRH2030 using an evidence-based approach, that demonstrates technical leadership and innovation, and is supported by a results framework that expands on the goal and objectives presented in the RFA by including outputs or results, and illustrative ideas for inputs or activities.

- Describe how project activities will contribute to the strategic goal of achieving the USG priorities of AFG, EPCMD and FP2020.

- Describe how the proposed approaches are feasible, efficient, sustainable, incorporate capacity building, and have potential to be scaled-up.

- Describe strategies for actively engaging a variety of stakeholders, including local partners, networks and institutions and collaborating with other USAID Cooperating Agencies and projects. Specifically, Applicants should describe how they will involve local partners in program implementation and ensure capacity building within in-country organizations and institutions that will allow them to assume responsibility for interventions, thereby increasing transfer and sustainability.

- *Case Studies*

  Applicants' responses to both case studies must be no more than a total of 15 pages, as part of the 40-page limit. Applicants may decide how to most effectively divide up the 15 pages between the two case studies.

  **Case Study 1:** Choose a developing country in which you have been asked to develop a three-year HRH program to strengthen the health workforce in alignment with the country's health priorities that will support improved service delivery health outcomes and strengthen health system in an impactful and cost-effective way. Present the health indicators data for the country along with an overview of the health system. Describe the country health goals and targets for AFG, EPCMD, and/or FP2020 and how health workforce challenges are impacting achievement of these goals. Describe the different public and private sector health actors and other key stakeholders, particularly including other donors and partners.

  Describe how you would utilize field support funding for this work with an annual budget of $500,000 from HIV/AIDS and $300,000 from family planning, for a period of three-years. Demonstrate alignment with USG plans, strategies, and approaches for AFG, EPCMD, and FP2020. Describe the intended impact on beneficiary populations including certain populations of interest. Describe how you would coordinate and collaborate with key stakeholders in your work.

  Present key sources of country data. Describe how you will work to fill data gaps for the purpose of activity design, implementation, and monitoring and evaluation. Explain how you will monitor and evaluate these interventions over time to determine effectiveness and how you would determine and document lessons learned and disseminate this information to a wider global community. Provide a performance management plan (PMP) with a list of illustrative indicators for monitoring and evaluating at the activity and project levels.

  **Case Study 2:** Create an HRH logical framework analysis for a different developing country of your choice. Assume that the Ministry of Health will use this logical analysis and highlighted recommendations to develop a five-year country specific HRH/HSS strategy. Also assume your organization's work will eventually be presented to USAID Mission(s) to help

inform future HRH/HSS programming based on the level of impact on health outcomes and indicators.

Clearly articulate key assumptions and demonstrate the logical links between investments and activities in HRH and broader strategic development goals. Include the impact HRH interventions and programming can have on country's health outcomes and economic growth. Detail the indicators and means of verification that would be used to measure impact and map linkages to specific health indicators.

Please include a narrative to describing your recommendations for utilizing the framework and operationalizing key learnings to support continuous evidence-based decision-making for policy development/reform, program design and implementation. Describe other stakeholders that you would involve in developing the logical framework analysis and proposed processes of continuously engaging these stakeholders to support alignment of activities.

- **Monitoring and Evaluation** (3-4 pages) **and not included into the 40 page limit**

Applicants must:

- Propose a Performance Management Plan (PMP) (to be included as an annex), based on the Results Framework, that clearly outlines its approach to M&E, including ambitious but achievable year 3 and end of project performance targets and benchmarks. It includes a plan for the oversight of compliance with any USAID legal and policy requirements, such as those for population funding.

- Describe how the PMP indicators will be regularly collected and reported to facilitate results reporting to USAID Washington and USAID Missions, tracking the impact of HRH2030's activities, and for project management, including in-course corrections or other changes

- Propose a research plan contributes to the HRH evidence base, and M&E strategies that will advance demonstration of the links between HRH interventions and health outcomes.


- **Management and Institutional Capacity** (2-3 pages) **and not included into the 40 page limit**

Applicants must:

- Describe a management plan for project implementation showing how responsibility and lines of authority will be managed within the project and across any proposed partnerships as well as its proposed management and administrative structure, policies and practices for overall implementation of the project including personnel, financial and logistical support, and coordination.

- **Include at least one partnership with a global, regional or national entity that has either has or has the potential to assume a leadership role for HRH. This partner should have a clearly defined role within the proposed management structure and technical efforts that will both enhance its leadership capacity and contribute to achievement of the project's goal.** The participation and contributions of this partner(s) will be monitored throughout the life of the project.

- Describe how the project will relate to and respond to USAID Washington and to Mission priorities in the field, beginning with plans for rapid start-up of the project, including plans for rapidly accessing and deploying key personnel and essential technical staff to support the implementation of the technical project and concurrently meet Washington and Mission needs on the ground while avoiding excess staffing.

**NOTE:** USAID expects that all key personnel and core technical staff be located at the HRH2030 headquarters. Further, USAID strongly recommends that the headquarters of the project be located in the Washington D.C. metropolitan area. If a Washington, D.C. headquarters is not planned, a strong rationale for such a decision must be given and a set of standing practices and procedures described for maintaining a close and regular working relationship with the USAID/Washington team.

- **Key Personnel and Staffing** (2-3 pages) **and not included into the 40 page limit**

Applicants must:

- Describe a comprehensive staffing plan that demonstrates an appropriate balance of skills that will enable achievement of objectives and results and which reflect the minimum number of highly experienced technical staff sufficient to manage and implement program activities.

- Propose a set of key personnel in which each candidate meets or exceeds the qualifications detailed for that position in Section I, while the set of key personnel provide a complementary set of the skills needed to successfully lead and manage the project.

- 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 30% 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.

**NOTE:** Full key personnel and staffing plan information will be provided in Annexes.

- **Annexes**

**Annex A: Performance Monitoring and Evaluation**

The Applicant will provide a draft Project Monitoring and Evaluation Plan based on the project objectives described in Section 1 and the results framework proposed by the applicant.

## Annex B: CVs and Letters of Commitment of Key Personnel

The Applicant must provide CVs of all proposed Key Personnel. The Applicant is encouraged to limit each CV to two pages maximum. The Applicant must also provide contact information for up to three references per Key Personnel. The Applicant must all submit signed letters of commitment from the proposed Key Personnel.

## Annex C: Staffing Plan and Biographical Statements

The Applicant must provide a complete staffing plan including Key Personnel and core technical staff, with underlying rationale, including an organizational chart demonstrating lines of authority and staff responsibility accompanied by position descriptions. Staffing plans are expected to include non-program staff, core technical staff and an explanation of how additional technical expertise will be obtained with attention to cost-containment and avoiding unnecessary staffing. The staffing plan must also indicate personnel who are already employed by the organization (Applicant or sub-recipient) and the level of effort of proposed staff on the project. Please be sure to cross check level of effort in the staffing plan with that of the cost application to ensure consistency and accuracy.

The applicant should propose the staffing matrix that they regard as optimal to complete the program description, including use of part-time, host country, and third-country nationals, and consultants. Applicants must submit a staffing matrix outlining the name of the person proposed; position; specific experience relevant to the statement of work and number of years; and language skills. The matrix must also indicate the firm where the person will be employed and the duration of the person's employment with that firm, if any. Consultants must be listed separately. Key personnel positions should be identified within the matrix.

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

## Annex D: Past Performance References

Using the template in Appendix B, the Applicant must provide three recent and relevant past performance references for itself. Recent is defined as the last three years. Relevant is defined as projects of similar size, scope and complexity. Past performance references shall be for contracts, grants, and cooperative agreements for recent and relevant projects carried out by the Applicant. If sub-awardees are anticipated, one past performance reference is required for each proposed sub-awardee. Sub-awardee past performance references does not count as part of the three required past performances for the Applicant. If any past performances have completed Contractor Performance Assessment Reporting System (CPARS) reports, please note that on the past performance form.

## D. COST/BUSINESS APPLICATION

While no page limit exists for the full cost application, Applicants are encouraged to be as concise as possible, but still provide the necessary details. The cost/business application must illustrate the

full period of performance, using the budget format shown in the SF-424A. The Cost Application must contain the following sections:

1) Cover Page

2) SF 424 Forms

3) Budget

4) Budget Narrative

5) Dun and Bradstreet and SAM.gov Registration

6) Funding Restriction Acknowledgement

7) Certifications, Assurances and Other Statements of the Recipient


## 1.    Cover Page

The Cost Application Cover Page must contain the same information as the Technical Application Cover Page.

## 2.    SF 424 Form(s)

The Applicant must submit the application using the SF-424 series:

| Instructions for SF-424 | http://www.grants.gov/assets/SF424Instructions.pdf |
| --- | --- |
| SF-4249 | 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 2010 or later versions) with visible formulas and references and shall be broken out by project year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the time required to make award, and will result in a rejection of the cost application.

The Budget with narratives must include the following worksheets or tabs, and contents, at a minimum (**for prime and subs alike**):

a) Summary Budget, inclusive of the total project costs (federal and non-federal), broken out by major budget category across the five-year period of performance for activities implemented by the Applicant. The sub-recipients budget must include their separated summary sheet that can be traced back into the prime's detail and summary budget.

b) Detailed Budget, including a breakdown by year, by budget category and budget line items for all federal funding (core and field support) and cost share and/or resource leverage for the entire implementation period of the project.

c) Detailed Budgets for each sub-recipient, for all federal funding and cost share and/or resource leverage, broken out by budget category and by year, for the entire implementation period of the project.

d) Budget Narrative, including the budget assumptions, base of estimates, and description of the proposed prices for both the prime and lower tier sub-recipients across the consortium.

Both the excel budget with narrative detail must contain the following budget categories and information, at a minimum:

*Salary* and Wages must be identified by U.S. and non-U.S. personnel and proposed in accordance with the Applicant's personnel policies. The Budget Narrative must include as much as possible information about the personnel's name, position, status, daily rate, level of effort and salary escalation factors. Explain assumptions in the Budget Narrative. If the organization has standing policies across all projects for annual salary escalations that exceed current inflation rates, those policies, their application in the organization (entire organization, select projects, etc.) and the effective date of those policies must be provided with the application. Proposed annual salary increases must be justified and supported by appropriate documentation, such as written company policy stating which employees receive what amount of salary increase when and for what reason. Specify the number of working days per year, as supported by company policy.

*Fringe Benefits,* if applicable, must be applied to the salaries and wages in a manner that allows USAID to ensure proper application of the fringe benefits. Adequate justification for the proposed rate must also be provided. If the Applicant has a fringe benefit rate approved by an agency of the U.S. Government, the Applicant must use such rate and provide evidence of its approval. If an Applicant does not have a fringe benefit rate approved, the Applicant must propose a rate and explain how the Applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries. Specify if paid leave is included in fringe benefits.

*Consultants,* if used by the prime Applicant, must contain a line item for each consultant that will be used, including daily or hourly rates as appropriate. The Budget Narrative must detail why the consultant is being used, proposed hours, proposed rate and totals.

*Travel and Transportation* must be separated into international and domestic travel. Within each category, details must be provided to explain the purpose of the trips, the number of trips, the departure and arrival cities, the number of travelers, and the duration of the trips. Per Diem must be based on the applicant's travel policies. USAID will not pay per diem in excess of that authorized by Department of State Standard Regulations (DSSR).When appropriate, provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

*Allowances,* if provided must be detailed in terms of the type of allowance and its application.

*Programmatic Costs* not included under any other cost element must be included here. This may include meeting costs, training sessions, advertisements, etc. The Budget Narrative must detail the number of meetings/trainings, training/meeting costs such as facility rental, audio visual rental, meals, local travel for participants, etc. Meals and local travel must not be duplicated for the Applicant's staff in travel and transportation, but should only cover non-Applicant or non-sub-recipient employees attending the meetings/trainings.

*Equipment* must include information on estimated types of equipment, models and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and the basis for the estimates.

*Supplies* must include information on supplies (expendable) and the cost per unit and quantity. The Budget Narrative must include the basis for the estimates.

*Other Direct Costs* include but are not limited to: office rent, utilities, communication equipment service costs, report preparation costs, insurance (other than insurance included in the Applicant's indirect rates), etc. The Budget Narrative must support the unit number and price and reason for all other direct costs.

*Contractual* must specify the services or goods provided by the sub-recipient. The sub-recipients must prepare similar Detailed Budgets and Budget Narratives that align with the same requirements as the Applicant. If using a U.S. sub-recipient, the sub-recipient must provide its USAID NICRA or an approved letter from a cognizant U.S. Federal audit agency to substantiate fringe or indirect rates. If none exists, the U.S. organization must provide three-years of audited financial data and a narrative that supports how the fringe and indirect rates were calculated.

*Indirect Costs* must be supported with information to substantiate the calculation of the indirect cost. If the Applicant has received one of the following, it must provide it to substantiate the indirect cost: a letter from a cognizant U.S. Federal audit agency or a Negotiated Indirect Cost Agreement (NICRA). Otherwise, a narrative explanation of the calculation and application of indirect costs is required.

**4.    Budget Narrative**

The cost elements provided in the Detailed Budget should also be provided in the Budget Narrative, but with text that explains the rationale for the choices and costs. As noted throughout the cost elements above, the Budget Narrative should contain sufficient detail so that USAID can read the Budget Narrative while reviewing the Detailed Budget and understand the proposed costs. The Budget Narrative should be thorough, including sources for costs to more quickly enable USAID to determine the cost as fair and reasonable.

## 5.     Dun and Bradstreet and SAM.gov Requirements

All Applicants are required to:

(i)      Be registered in the System for Award Management (SAM) (www.sam.gov);
(ii)     Provide a valid DUNS number; and
(iii)    Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

USAID may not make a Federal award to an Applicant until the Applicant has complied with all applicable DUNS and SAM requirements and, if an Applicant has not fully complied with the requirements by the time USAID is ready to make a Federal award, USAID may determine that the Applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another Applicant.

## 6.     Funding Restriction Acknowledgment

Construction is not permitted under this RFA. The Applicant shall acknowledge this restriction in its application. 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. The Government reserves the right to reject any or all applications received.

Please review the USAID Eligibility Rules for Goods and Services in the Standard Provisions, for a list of goods and services restricted from purchase with USAID funding. Pursuant to 22 CFR 226.81, no funds shall be paid as profit to any recipient that is a commercial organization. However, all reasonable, allowable and allocable expenses, both direct and indirect, which are related to the Agreement program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities and the Federal Acquisition Regulation (FAR) Part 31 for for-profit organizations, may be paid under the agreement.

Final award of any resultant CA cannot be made until funds have been fully appropriated, allocated and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public of 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.

## 7.    Required Certifications, Assurances, and Solicitation Provisions

Applicants must complete the Certifications, Assurances, and Representations and include a PDF with the full application submission:
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

Note: Past performance is not required to be completed in the form since it is being provided via the Past Performance Form.

**End of Section IV**

# Section V – Application Review Information

## Overview of the Application Review

The Government anticipates the award of one CA as a result of this solicitation and intends to evaluate applications and conduct discussions and/or negotiations with applicants to determine the application most advantageous to the U.S. Government, technical, cost and other factors considered.

However, USAID reserves the right, without discussions and/or negotiations, to award a CA to the most responsible Applicant whose application conforms to the requirements of this RFA and offers the best value to the Government. Therefore, Applicants' initial application should contain the best terms from a technical and cost standpoint.

Further, USAID reserves the right not to make any award at all, and will not pay for any application preparation costs. USAID intends to award one cooperative agreement to the Applicant whose application best meets the program description and represents the *greatest value* to the U.S. Government. See the below:

1. All applications will be reviewed in accordance with the review criteria set forth below. Applicants should note that these criteria serve both to: (a) identify significant matters which applicants should address in their applications and (b) set the standard against which all applications will be reviewed.

2. The technical applications will be reviewed in accordance with the review criteria set forth below. Thereafter, the cost application of all applicants submitting a technically acceptable application will be opened and costs will be reviewed for general reasonableness, allowability and allocability.

3. The Cost Application will be reviewed separately from the Technical Application. Although the Cost Application will not be scored, the Applicant should have a structure that will allow it to provide the greatest value at the lowest cost; minimizing non-value added costs.

4. USAID may request clarification and supplemental materials from applicants whose applications have a reasonable chance of being selected for award. The entry into discussions is to be viewed as part of the review process and shall not be deemed by USAID or the applicants as indicative of a decision or commitment upon the part of USAID to make an award to the applicants with whom discussions are being held.

5. Award will be made to the responsible applicant whose application offers the greatest value to the U.S. Government, technical and cost factors considered.

6. Review and Selection Process. The Selection Committee (SC) will be constructed consistent with ADS 303.3.6.3. USAID staff will comprise a majority of the members on the SC. Note that the Agreement Officer makes the final selection.

**Relative Importance of Review Criteria and Review Plan**

The technical applications will be reviewed in accordance with the following review criteria, which are listed in descending order of importance:

1. Technical Approach;

2. Monitoring and Evaluation;

3. Management and Institutional Capacity;

4. Key Personnel and staffing; and

5. Past Performance

Within these five criteria, the importance/weighting of each is presented below. Where sub-criteria exist all sub-criteria are equal in relative weight. Elements within sub-criteria will not receive ratings but will be considered when determining a rating for the sub-criteria. An overall rating for the application will be determined using the adjectival rating and the relative weights of the evaluation criteria.

| Application Criteria | Relative Weight (in %) |
|---|---|
| Technical Approach | 40 |
| Monitoring and Evaluation | 20 |
| Management and Institutional Capacity | 15 |
| Key Personnel and staffing | 15 |
| Past Performance | 10 |

The Application Criteria and Sub-criteria will be evaluated and reviewed in accordance with the adjectival rating methodology below.

## A. ADJECTIVAL RATING METHODOLOGY

The following adjectival ratings will be used in the review of applications:

OUTSTANDING: The application exceeds the fullest expectations of the Government. The applicant has convincingly demonstrated that the evaluation requirements have been analyzed, evaluated, and should result in an outstanding, effective, efficient, and economical performance under the award/agreement. An assigned rating within "outstanding" indicates that, in terms of the specific factor (or sub-factor), the application demonstrates an "outstanding" understanding of the factor, contains essentially no weaknesses, and exceeds the fullest expectations of the Government.

VERY GOOD: The application demonstrates a level of effort that fully meets the evaluation's requirements and that this effort has produced, or could produce, results which should prove to be substantially beneficial to the project. The application may or may not have any weaknesses. Fulfilling the definition of "very good" indicates that, in terms of the specific factor (or sub-factor), the application demonstrates a level of effort that fully meets the evaluation's requirements and that this effort has produced, or could produce, results which should prove to be substantially beneficial to the project.

GOOD: The application meets the requirements. The application may contain weaknesses and/or significant weaknesses that are correctable but no deficiencies. An assigned rating of "good" indicates that, in terms of the specific factor (or sub-factor), the application demonstrates a "good" understanding of the factor. If any weaknesses and/or significant weaknesses are noted, they should not seriously affect the applicant's performance.

MARGINAL: The application demonstrates a shallow understanding of the requirements and approach and marginally meets the minimum evaluation standard. The application contains weaknesses and/or significant weaknesses and may contain deficiencies. If deficiencies exist, they may be correctable. A rating of "marginal" indicates that, in terms of the specific factor (or sub-factor), the application marginally meets the standard for minimal but acceptable performance. The applicant may complete the assigned tasks; however, there is at least a moderate risk that the applicant will not be successful.

UNACCEPTABLE: The application fails to meet a minimum requirement or contains a major deficiency or major deficiencies. The application is incomplete, vague, incompatible, incomprehensible, or incorrect as to be unacceptable. The evaluator feels that the deficiency or deficiencies is/are uncorrectable without a major revision of the application. The assignment of a rating within the bounds of "unacceptable" indicates that in terms of the specific factor (or sub-factor) the application fails to meet performance or capability standards. The specific factor to be evaluated contains deficiencies.

The Past Performance Criteria will be evaluated and receive a rating in accordance with the below table.

| Past Performance Confidence Assessments | |
|---|---|
| Rating | Description |
| Substantial Confidence | Based on the Applicant's performance record, the Government has a high expectation that the Applicant will successfully perform the required effort. |
| Satisfactory Confidence | Based on the Applicant's performance record, the Government has a reasonable expectation that the Applicant will successfully perform the required effort. |
| Limited Confidence | Based on the Applicant's performance record, the Government has a low expectation that the Applicant will successfully perform the required effort. |
| No Confidence | Based on the Applicant's performance record, the Government has no expectation that the Applicant will be able to successfully perform the required effort. |

## B. REVIEW CRITERIA

The application reflects excellent understanding of the overall program description and its goal and objectives, and the ability to synthesize and apply the lessons learned from past and current USAID agreements and other critical sources. The technical approach will be evaluated on the overall merit (creativity, clarity, analytical depth, state-of-the-art technical knowledge, and responsiveness) and feasibility of the program approach and strategies proposed to achieve the program's goal, objectives, and results. The applicant must demonstrate clearly throughout the technical approach their understanding and compliance with USAID's gender Equality and Female Empowerment policy.

## B1. Technical Approach

The technical approach will be evaluated based on the applicant's technical merit and feasibility of proposed approach in meeting the following sub-criteria. Responsiveness to each of the bullets provided below will be taken into account by the technical evaluation panel in determining the overall score for this category.

- The extent to which the application presents an evidence-based approach for achieving the project goal and objectives that demonstrates technical leadership and innovation and is effectively conveyed by the proposed results framework

- The extent to which the application reflects strategies and approaches that will contribute to achieving the USG priorities for AFG, EPCMD, and FP2020.

- The extent to which the proposed approaches are feasible, efficient, sustainable, incorporate capacity building, and have potential to be scaled-up.

- The extent to which the application reflects strategies actively engaging a variety of stakeholders, including local partners, networks and institutions and collaborating with other USAID Cooperating Agencies and projects, that will build capacity of in-country organizations and institutions.

- The extent to which the case study response reflects a thorough understanding of the country context and addresses it with evidence-based approaches that make effective use of technical and financial resources.

## B2. Monitoring and Evaluation

The M&E Plan will be evaluated according to the following sub-criteria. Responsiveness to each of the bullets provided below will be taken into account by the technical evaluation panel in determining the overall score for this category.

- The extent to which the PMP reflects the results framework and includes year 3 and end of project performance targets and benchmark, and includes a plan for the oversight of compliance with any USAID legal and policy requirements, such as those for population funding.

- The extent to which the application describes how the PMP indicators will be regularly collected and reported to facilitate results reporting to USAID Washington and USAID Missions, tracking the impact of HRH2030's activities, and for project management, including in-course corrections or other changes.

- The extent to which the application presents a research plan that contributes to the HRH evidence base, and M&E strategies that will advance demonstration of the links between HRH interventions and health outcomes.

## B3. Management and Institutional Capacity

The management and institutional capacity will be evaluated according to the following criteria. Responsiveness to each of the bullets will be taken into consideration by the technical evaluation panel in determining the overall score for this category.

- The extent to which the application describes a management plan for project implementation showing how responsibility and lines of authority will be managed within the project and across any proposed partnerships as well as its proposed management and administrative structure, policies and practices for overall implementation of the project including personnel, financial and logistical support, and coordination.

- The application includes at least one partnership with a global, regional or national entity that has either has or has the potential to assume a leadership role for HRH. This partner has a clearly defined role within the proposed management structure and technical efforts that will both enhance its leadership capacity and contribute to achievement of the project's goal.

- The extent to which the application describes how the project will relate to and respond to USAID Washington and to Mission priorities in the field, beginning with plans for rapid start-up of the project, including plans for rapidly accessing and deploying key personnel and essential technical staff to support the implementation of the technical project and concurrently meet Washington and Mission needs on the ground while avoiding excess staffing.

## B4. Key Personnel and Staffing

Responsiveness to each of the criteria below will be taken into account by the technical evaluation panel in determining the score for this category.

- The extent to which the application describes a comprehensive staffing plan that demonstrates an appropriate balance of skills that will enable achievement of objectives and results and which reflect the minimum number of highly experienced technical staff sufficient to manage and implement program activities.

- The extent to which each proposed candidate for a key personnel position meets or exceeds the qualifications detailed for that position in Section I, while the set of key personnel provide a complementary set of the skills needed to successfully lead and manage the project.

- The extent to which the staffing plan demonstrates an appropriate balance of skills for achieving the goal and objectives of the project that avoids overstaffing and includes a minimum of 30% of the total professional LOE for non-key personnel from developing countries, while highlighting a description of how additional expertise will be obtained as needed, with attention to cost containment.

## B5. Past Performance

Past performance summaries will be evaluated on the basis of the following technical and management performance criteria:

- The extent to which the past performance information obtained demonstrates successful past performance implementing and achieving objectives and outcomes in previous work requiring similar management capacity to the project, especially large, complex projects involving multiple partners in/for developing countries. USAID may give more weight to performance information that is considered more relevant and/or more current.

- The quality of the products or services including compliance with project requirements, standards of good workmanship, customer satisfaction and performance of key individuals.

- The adherence to project schedules including timeliness against milestones and administrative requirements and responsiveness to technical direction.

- Demonstrated cost control including the ability to complete the project within or below budget, use of cost efficiencies, forecasting accurate and timeliness and the ability to provide timely, current, complete and accurate billings.

- The management of staffing including quality and effectiveness of selecting, retaining, supporting and replacing staff. Note that USAID reserves the right to obtain past performance from other sources, which may include those not named in the Applicant's submission.

### B6. Cost Effectiveness and Cost Realism

Once the technical review of the applications is completed, USAID will review the cost application of the apparently successful Applicant for effectiveness, realism, general completeness, reasonableness, allowability and allocability.

A cost realism review will be conducted to assess the accuracy with which proposed costs represent the most probable cost of performance within the Applicant's technical and management approach. The cost realism review will be performed as part of the review process to (a) verify the Applicant's understanding of the requirements, (b) assess the degree to which the cost application reflects the approaches and/or risk assessments made in the technical application as well as the risk that the Applicant will provide the supplies or services for the offered cost; and (c) assess the degree to which the cost included in the cost application accurately represents the work effort included in the technical application.

Information gathered from such considerations may clarify the evaluators' understanding of various application details and lend itself to an adjustment of scores. In the event that applications, exclusive of cost, are ranked/scored substantially the same, the Applicant that represents the best value in terms of cost may be the determining factor for award.

Cost sharing is an important element of the USAID-recipient relationship and Applicant's compliance with Section III will be a consideration for award. The cost application should clearly demonstrate the Applicant's plan for providing the required cost share. The proposed contributions should meet the standards in the "Cost Share" Standard Provision for U.S. NGOs 2 CFR 200.306 and 700.1.

### C. TECHNICAL VERSUS COST CONSIDERATIONS

All technical review factors—when combined—are significantly more important than cost. While cost may be a determining factor in the final award decision, the technical merit of the application is substantially more important under this solicitation.

**End of Section V**

# Section VI – Federal Award and Administration Overview

## A.    Federal Award Notices

1. Applicants will be notified in writing via email of their application status (successful or unsuccessful) upon completion of the review process.

2. The Applicant 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 are advised that they are able to request additional information within 10 working days following receipt of the notice. The unsuccessful Applicant may send a written request for additional information to Albert Asante at aasante@usaid.gov.

4. Resulting awards to **U.S. non-governmental organizations** will be administered in accordance with 2 CFR 700, 2 CFR 200, and Chapter 303 of USAID's Automated Directives System (ADS), including ADS 303maa, Standard Provisions for U.S. Nongovernmental Organizations.

   These policies and federal regulations are available at the following websites:

   - 2 CFR 700:
     http://www.ecfr.gov/cgi-bin/text-idx?SID=c51d0ac519854fd1da7a3c31f3b3f301&node=pt2.1.700&rgn=div5
   - 2 CFR 200:
     http://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-subtitleA-chapII.xml
   - ADS 303maa, Standard Provisions of U.S. Nongovernmental Organizations:
     http://www.usaid.gov/ads/policy/300/303maa
   - ADS Chapter 303:
     http://www.usaid.gov/ads/policy/300/303

   Resulting awards to **non-U.S., non-governmental organizations** will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS), including ADS 303mab, Standard Provisions for Non-U.S. Nongovernmental Organizations. The Standard Provisions for Non-U.S. Nongovernmental organizations are available at http://www.usaid.gov/ads/policy/300/303mab. ADS Chapter 303 is available at http://www.usaid.gov/ads/policy/300/303.

**B.      Standard Provisions**

If awarded a CA 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. Other Information, Regulations and References. In addition to the Mandatory Standard Provisions, mentioned above, the following provisions shall also apply and are therefore incorporated into all awards made under this RFA.

**C.      USAID Technical Office Involvement**

HRH2030 will be an Agency project that is not "owned" by any one office, but is a collaborative effort across several offices. HRH2030 will be managed by an AOR in GH/PRH/OHS, who will meet the Agency's requirements for monitoring, compliance, and dedicated management in close collaboration with a Steering Group. The Steering Group will be made up of technical managers representing participating bureaus and offices contributing core funding to the project, and will provide technical input and guidance to the AOR. Together with the AOR, Steering Group members from each office will also ensure that individual office and bureau considerations and reporting requirements are met. Activity manager(s) from each office will monitor the use of their funds to ensure that outcomes are achieved. Similarly for Mission-funded activities, activity managers among Mission teams will be identified who will work closely with the AOR.

**D.      Mandatory Standard Provisions**

If awarded a cooperative agreement under this RFA, the Recipient shall adhere to and govern itself under the Mandatory Standard Provisions for U.S. NGOs. Links to these Standard Provisions can be found in Section VII, Other Information.

**E.      Reporting Requirements**

1. <u>Annual Work Plan:</u> The Recipient will prepare annual work plans for the Award on a schedule and according to a format established by USAID, to be submitted to the AOR for approval. The first work plan to be submitted will not necessarily be for a full year or may be for more than a full year, depending on the start date of the Agreement.

2. <u>Annual Reports:</u> to be submitted 90 calendar days after the award year which is in accordance with 2 CFR 200.328(b).

3. <u>Final Report:</u> to be submitted 90 calendar days after the expiration or termination of the award which is in accordance with 2 CFR 200.328(b).

a. The Recipient shall submit an original and at least one copy of the final report to the AOR. Additionally, a copy will be electronically submitted to the USAID Development Experience Clearinghouse through the following website: https://dec.usaid.gov/dec/home/Default.aspx

- Financial Reporting: in accordance with 2 CFR 200.327, the SF 425 and SF 272 will be required on a quarterly basis.

- Performance Management Plan (PMP) and Reporting: The Recipient shall submit an updated report on progress toward agreed upon performance every six (6) months based on the PMP to be developed by the Recipient in collaboration with USAID. This will include information on activities in all countries and regions. The reports must also include the following:
    a. Explanation of quantifiable output of the programs or projects, if appropriate and applicable;
    b. Reasons why established goals were not met, and proposed solutions to rectify or modify, if appropriate; and
    c. Analysis and explanation of cost overruns or high unit costs (recipients must immediately notify USAID of developments that have a significant impact on award-supported activities).

Further, notification must be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

## F. Program Income

Any program income generated under the award will be treated in accordance with 2 CFR 200.307 for U.S. NGOs.

## G. Environmental Compliance

An Initial Environmental Examination (IEE) has been approved for this activity (see Appendix D). The IEE covers activities expected to be implemented under a cooperative agreement 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 cooperative agreement.

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 the cooperative agreement 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 an IEE that contains one or more Negative Determinations with conditions, 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 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)


**End of Section VI**

# Section VII – Federal Awarding Agency Contacts

The Applicant may contact the following USAID personnel in writing via email regarding this RFA. Applicants must use the email address below in contacting either point of contact.

Primary Point of Contact:

Albert Asante

Agreement Specialist

M/OAA/GH/OHS

aasante@usaid.gov

Alternate Point of Contact:

Christopher Egaas

Agreement Officer

M/OAA/GH/OHS

cegass@usaid.gov

# Section VIII – Other Information

## A. USAID Rights and Funding

USAID 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

[2 CFR 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards](#)

[USAID Policies and Procedures](#)

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

See the following Appendices:

       Appendix A – Grants.gov Instructions
       Appendix B – Past Performance Form
       Appendix C – USAID Priority Countries
       Appendix D – Standard Provisions

# Appendix 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**

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**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.

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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 SAM registration in time to meet the overall application deadline, contact the USAID 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 Section VII above as soon as possible.

## Appendix B: Past Performance Form

| PAST PERFORMANCE SUMMARY |
| --- |
| 1. Information Provided in Response to RFA No: |
| 2. Applicant: |

| PART I: Award Information |
| --- |
| 3. Awarding Organization: |
| 4. Reference Name and Title: (individual completing this questionnaire) |
| 5. Award Number: |
| 6. Award Has a Completed CPARS Report in PPIRS (Yes or No – only for contracts): |
| 7. Award Type: |
| 8. Award Value: |
| 9. Description of Work/Services: |
| 10. Problems: (if problems encountered on this award, explain corrective action taken) |

## Appendix C: USAID Priority Countries

| | FP/RH | MCH | PEPFAR |
|---|---|---|---|
| **Africa** | | | |
| Angola | | | x |
| Benin | x | x | |
| Burkina Faso | x | | |
| Botswana | | | x |
| Cameroon | | | x |
| Cote D'Ivoire | x | | x |
| Democratic Republic of Congo | | x | x |
| Ethiopia | x | x | x |
| Ghana | x | x | x |
| Guinea | x | | |
| Kenya | x | x | x |
| Liberia | x | x | |
| Lesotho | | | x |
| Madagascar | x | x | |
| Malawi | x | x | x |
| Mali | x | x | |
| Mauritania | x | | |
| Mozambique | x | x | x |
| Namibia | | | x |
| Niger | x | | |
| Nigeria | x | x | x |
| Rwanda | x | x | x |
| Senegal | x | x | |
| South Africa | | | x |
| S. Sudan (Sudan) | x | x | x |

| | | | |
|---|---|---|---|
| Tanzania | x | x | x |
| Togo | x | | |
| Uganda | x | x | x |
| Zambia | x | x | x |
| **Asia** | | | |
| Afghanistan | x | x | |
| Bangladesh | x | x | |
| Cambodia | x | x | x |
| India | x | x | x |
| Indonesia | | x | x |
| Nepal | x | x | |
| Pakistan | x | x | |
| Philippines | x | | |
| Vietnam | | | x |
| **LAC** | | | |
| Dominican Republic | | | x |
| Guatemala | x | x | x |
| Guyana | | | x |
| Haiti | x | x | x |

## Appendix D: Standard Provisions

See the attached document titled "Appendix D – Standard Provisions".