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time

Subject: Request for Applications USAID-Cambodia-442-08-008-RFA
Title: Health Systems Strengthening

The United States Agency for International Development (USAID), is seeking applications (proposals for funding) from U.S. or non-U.S. nongovernmental organizations (NGOs), public international organizations (PIO or IO), or other qualified organizations to implement a program to improve the Health Systems Strengthening in Cambodia. The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended.

The chosen recipient will be responsible for ensuring achievement of the program objectives that support Health Systems Strengthening activities in Cambodia. Please refer to the Program Description (RFA section C) for a complete statement of goals and expected results.

Pursuant to 22 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, which are related to the program and are in accordance with applicable cost standards (22 CFR 226, plus OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation Part 31 for for-profit organizations), may be paid under the award.

Subject to the availability of funds, USAID/Cambodia plans to provide approximately \$36 million in total USAID funding for this activity to be allocated over a five year period, with the possibility of extensions. The estimated amount for year 1 is \$3.9 million. USAID/Cambodia reserves the right to fund any or none of the applications submitted. Although it is anticipated that an award of one cooperative agreement will be made under this RFA, USAID at its discretion may make awards to more than one organization.

For the purposes of this program, this RFA is being issued and consists of this cover letter and the following:

1. Section A - Application Format;
2. Section B - Selection Criteria;
3. Section C - Program Description;
4. Section D - Certifications, Assurances, and Other Statements of Applicant/Recipient; and
5. Section E – Standard Provisions and Other Requirements
6. Section F – Annexes and Appendices

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To be eligible for award, the applicant must provide all required information in its application, including the requirements found in any attachments to this www.Grants.gov opportunity. Applicants must submit the full application package by one of the methods indicated in Section A of this RFA. For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

Any questions concerning this RFA should be submitted in writing to Mealea S. Prak and Thomas Stephens, via email to sprak@usaid.gov and tstephens@usaid.gov, respectively, or via fax at (855-23) 430-468 (email is preferred). If you decide to submit an application, it must be **received** by the closing date and time indicated at the top of this cover letter at the place designated below for receipt of applications.

The federal grant process is now web-enabled. As of December 19, 2005, grant and cooperative agreement Request for Application (RFA) and Annual Program Statement (APS) announcements, modifications to the announcements, and the corresponding application packages must be posted via Grants.gov on the World Wide Web (www) to allow for electronic submission of applications. Applicants may upload applications to www.grants.gov, however, hard copy submissions are still required by USAID/Cambodia. This RFA and any future amendments can be downloaded from this website www.grants.gov. It is the responsibility of the recipient of the application document to ensure that it has been received from www.grants.gov in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

Faxed proposals are not acceptable. Applicants may also submit their applications by e-mail attachment formatted in Microsoft Word or PDF file (up to 2MB limit per email). **Important:** please see Section A.1.g of the RFA for detailed instructions regarding submission of applications via email. Applications and modifications thereof shall be submitted with the name and address of the applicant and the RFA number (referenced above) inscribed thereon, via email, to sprak@usaid.gov and tstephens@usaid.gov.

Applicants shall confirm with Agreement Specialist Mealea S. Prak that their electronic submissions were successfully received by the required due date. In addition to the submission of applications via email or www.grants.gov, an original and five (5) hard copies of the technical applications, and an original and five (5) hard copies of the cost proposals, shall be sent to:

By Courier:

Mealea S. Prak
Agreement Specialist
USAID Cambodia, American Embassy
#1, Street 96 Khan Daun Penh
Phnom Penh, Cambodia

By Mail:

Office of Procurement
USAID Cambodia
APO AP 96546

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Hard copies of submissions must arrive by the due date, regardless of whether or not the electronic submissions were successfully received by the due date. It is recommended that applicants use courier service instead of international mail for the hard copies. Applications will be accepted for consideration as long as they arrive in Phnom Penh by the time stipulated. See RFA Section A.1.b regarding late applications.

Applicants are requested to submit the technical and cost portions of their applications in separate volumes so that they may be reviewed separately. Award will be made to that responsible applicant(s) whose application(s) best meets the requirements of this RFA and the selection criteria contained herein.

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

In the event of any inconsistency between the sections comprising this RFA, it shall be resolved by the following order of precedence:

- (a) Section B - Selection Criteria;
- (b) Section A - Grant Application Format;
- (c) Section C - The Program Description; and
- (d) This Cover Letter.

Applicants should take account of the expected delivery time required by the proposal transmission method they choose, and are responsible to ensure that proposals are received at USAID in Phnom Penh, Cambodia (and not at another location) by the due date and time specified above.

Applicants should retain for their records one copy of all enclosures which accompany their application.

Thank you for your interest in USAID/Cambodia activities.

Sincerely,

Thomas Stephens
Regional Agreement Officer
USAID Regional Development Mission/Asia
Bangkok, Thailand

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SECTION A - GRANT APPLICATION FORMAT

1. PREPARATION GUIDELINES

- a. All applications received by the deadline will be reviewed for responsiveness and programmatic merit in accord with the specifications outlined in these guidelines and the application format. Section B addresses the technical evaluation procedures for the applications. Applications shall be submitted in two separate parts: (a) technical, and (b) cost or business application. An original and five (5) hard copies of the technical application and an original and five (5) hard copies of the cost application shall be submitted in addition to the email submission, as described in the cover letter of this RFA.
- b. Applications must be received no later than the date and time indicated on the cover page of this RFA, to the location stated in the cover letter accompanying this RFA. Applications which are received late or are incomplete run the risk of not being considered in the review process. Such late or incomplete applications will be considered in USAID's sole discretion depending on the status of USAID's application review process as of the time of receipt and/or the quality of other applications received.
- c. Technical applications should be specific, complete and presented concisely. A lengthy application does not in and of itself constitute a well thought out proposal. Applications shall demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Applications should take into account the technical evaluation criteria found in Section B.
- d. Explanations to Prospective Recipients: Any prospective applicant desiring an explanation or interpretation of this RFA must request it in writing to the Agreement Specialists at the email addresses set forth in the RFA cover letter. The questions and answers (Q&A) will be posted as an amendment to the RFA on www.grants.gov. The deadline for receipt of questions is July 7, 2008, 4:00 PM, Cambodia time. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding. Any information given to a prospective grantee concerning this RFA will also be furnished to all other prospective grantees as an amendment to this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective grantees.
- e. Applicants should retain for their records one copy of the application and all enclosures which accompany their application. Erasures or other changes on hard copies must be initialed by the person signing the application. To facilitate the competitive review of the applications, applications should conform to the format prescribed below.
- f. [Reserved].
- g. Submission of Applications by Email (**Important**):

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1. Software for email attachments: Microsoft Word (for narrative text) or Excel (for tables). PDF files are acceptable. Please be advised that the apparently successful applicant will be requested to submit a detailed budget in Excel with calculations.
 2. After you have sent your proposals by email, please immediately check your own email to confirm that the attachments you intended to send were sent. If you discover an error in your transmission, please send the material again and **note in the subject line of the email that it is a "corrected" submission**. Each applicant is responsible for its submissions.
 3. Please do not send the same email to us more than one time unless there has been a change, and if so, please note that it is a corrected email.
 4. Your organization should appoint **one** person to send in the email submissions.
 5. If you send your application by multiple emails, please indicate **in the subject line of the email** whether the email relates to the technical or cost proposal, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "no. 1 of 4", etc.). For example, "[name of organization], Cost Proposal, Part 1 of 2". We request that each technical and each cost proposal be submitted as a single email attachment, e.g. that you consolidate the various parts of a technical proposal into a single document before sending it. But if this is not possible, please provide instructions on how the multiple parts are supposed to fit together, especially the sequence.
- h. Hard copies of applications and modifications thereof shall be submitted in sealed envelopes or packages addressed to the office specified in the cover letter of this RFA, with the RFA number, the name and address of the applicant, and whether the contents contain technical and/or cost proposals noted on the outside of the envelopes/packages.
 - i. Telegraphic applications will not be considered; however, applications may be modified by written or telegraphic notice, if received by the specified deadline for receipt of applications.
 - j. Preparation of Applications:
 1. 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.
 2. Each applicant shall furnish the information required by this RFA. On the hard copies of applications, the applicant shall sign the application and certifications and print or type its name on the Cover Page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.
 3. Applicants which include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes should:

(a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in page(s) ____."; and

(b) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

2. TECHNICAL APPLICATION FORMAT

a. **Technical approach:** The technical application must set forth in sufficient detail the conceptual approach, methodology, and techniques for the implementation of the 4 major program components: (1) Strengthening public and private health service delivery systems; (2) Improving the quality and potential impact of maternal, neonatal and infant/child health (MNCH) services and interventions; (3) Strengthening Management and Control of Infectious Disease; and (4) Building the capacity of local Cambodia non-governmental organizations in the health sector, and three Cross-Cutting Themes: a) Gender, b) Poverty, and c) Partnering and Linkages.

The technical application should demonstrate responsiveness to the current Cambodian development context as described in this RFA. The implementation plan must clearly outline links between the proposed results, conceptual approach, and performance milestones, as well as a realistic timeline for achieving the semi-annual, annual, and end-of-program results. The technical proposal should include a clear Monitoring & Evaluation plan to deliver data in line with the program log frame (Appendix A, Attachment 2).

It is important to note that USAID is committed to gender equality. In less than one page, the application should outline the most significant gender issues related to integrated community health service provision in Cambodia. Applicants are encouraged to refer to gender analyses, especially "USAID/Cambodia Gender Analysis and Assessment", Volume I (http://pdf.dec.org/pdf_docs/Pnadf575.pdf) and Volume II (http://pdf.dec.org/pdf_docs/Pnadf576.pdf) as well as "A Fair Share for Women, Cambodia Gender Assessment." (UNIFEM, WB, ADB, UNDP and DFID/UK, 2004) which can be found on the World Bank website (www.worldbank.org/kh) under "Publications and Reports."

b. **Staffing Plan and Key Personnel:** Applicants must propose which positions should be designated as Key Personnel (the following will be considered Key Personnel under this proposal: The Chief of Party, all technical experts proposed for implementation of Components 2 and 3, and a Health

Financing Specialist) and provide resumes and references for the candidates proposed for such positions. Specify the qualifications and abilities of proposed key personnel relevant to successful implementation of the proposed technical approach. The Chief of Party should have a proven track record of managing such programs. The applicant shall also include, in an annex, resumes for all key personnel candidates. Resumes may not exceed three pages in length and shall be in chronological order starting with most recent experience. Each resume shall be accompanied by a SIGNED letter of commitment from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. As references may be checked for all proposed long-term personnel, a minimum of three references for each proposed long-term person is required. Applicants shall provide current phone and email address for each reference contact. Current fax number for reference contact should also be included, if available.

c. Institutional Capability: Applicants must provide evidence of their technical and managerial resources and expertise (or their ability to obtain such) in program management, grants management and training, as well as their experience in managing similar programs in Cambodia in the past. Information in this section should include (but is not limited to) the following:

- Brief description of organizational history/expertise;
- Past experience and examples of accomplishments in developing and implementing similar programs in Cambodia;
- Relevant experience with proposed approaches;
- Institutional strength as represented by breadth and depth of experienced personnel in project relevant disciplines/areas and working relationships in the Cambodian public health systems;
- Sub-awardee or subcontractor capabilities and expertise; and
- Financial controls.

d. Past Performance: Applicants must submit a list of the three most recent U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, email address and telephone number of the Project Officer, activity manager or other contact person. Include the following for each award:

- Name of awarding organization or agency;
- Address of awarding organization or agency;
- Place of performance of services or program;
- Award number;
- Amount of award;
- Term of award (begin and end dates of services/program);
- Name, current telephone number, current fax number, and email address (if one is available) of a responsible technical representative of that organization or agency; and
- Brief description of the program.

e. Management Plan: Applications shall: (1) identify all proposed partners and discuss their respective roles and responsibilities; (2) specify the composition and organizational structure of the entire project team (including country office and field sub-offices); (3) describe each staff member's role, technical expertise, and estimated amount of time each will devote to the project; and (4) identify

areas in which technical assistance is needed to build or augment the Applicant's organizational capacity, in specific technical or administrative areas, and provide an illustrative estimate of level of effort for each identified local or international TA needs. Applicants may propose a mix of international and domestic advisors and specialists to cover the full range of objectives and activities.

Subgrantees/Subcontracts: An organization might not possess all the skills required to achieve all the results identified in this RFA; therefore, organizations may enter into partnerships with other organizations or international non-profit organizations, including but not limited to non-profit indigenous Cambodian, if that makes the most technical sense. Under this RFA, only one organization shall be designated to serve as the prime organization and will be responsible for the achievement of results and the implementation of the program. However, if Applicants intend to utilize subgrantees and /or subcontractors the applications should indicate the extent intended, the method of identifying subgrantees, and the tasks/functions they will perform. Applicants shall state whether or not they have existing relationships with these other organizations and the nature of the relationship (e.g., subgrantee, subcontractor, partnership, etc). A SIGNED letter of commitment from the proposed partner must be submitted. The applicant must specify the technical resources and expertise of proposed subcontract/sub recipient organizations. Applicants must also submit signed letters of commitment and/or collaboration from the Ministry of Health at national and provincial levels.

f. **Page Limitation:** The length of the Technical proposal shall not exceed 30 (thirty) typed pages, with 1.0 line of spacing, 11 point Arial (or equivalent) font, and standard one inch margins. The performance monitoring plan/results framework, past performance information, and personnel resumes are excluded from this page limitation. All other parts of the technical proposal are included in the 30 page limit. There is no page limitation on the Cost Proposal. Elaborate artwork, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

g. **Application Layout:** Applicants shall organize their proposals according to the selection/evaluation criteria outlined in Section B of the RFA.

3. COST APPLICATION FORMAT

The Cost or Business Application is to be submitted separately from the technical application. Certain documents are required to be submitted by an applicant in order for the Grant Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

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

A. Include a budget with an accompanying budget narrative which provides in detail the total proposed costs for implementation of the program your organization is proposing. Detailed **budget notes which explain how the estimated cost per line item was determined to be fair and reasonable (basis of estimate)**, and supporting justification of all proposed budget line items shall be included. A summary of the budget must be submitted using Standard Form 424 and 424A which can be downloaded from the USAID web site, www.grants.gov. The budget shall include:

- a) The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;
- b) The breakdown of all costs according to each partner organization (or sub-awardee) involved in the program (note: if proposing subawardees, please provide in your budget notes for how you (prime) determined that the budget of the subawardee was fair and reasonable);
- c) The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;
- d) The breakdown of the financial and in-kind contributions of all organizations involved in implementing the expected Cooperative Agreement;
- e) Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement; and
- f) The procurement plan for commodities.
- g) Other instructions for preparation of proposed budgets:

(1) Indicate the name, annual salary, and expected level of effort of each person charged to the project. Provide resumes showing work experience and annual salary history for at least the three most recent years for major personnel.

(2) If not included in an indirect cost rate agreement negotiated with the U.S. Government, specify the applicable fringe benefit rates for each category of employees, and explain the benefits included in the rate.

(3) The same individual information for consultants shall be provided for regular personnel.

(4) Allowances shall be broken down by specific type and by person, and must be in accordance with the applicant's policies.

(5) Travel, per diem and other transportation expenses shall be detailed in your proposal to include number of international trips, expected itineraries, number of per diem days and per diem rates.

(6) Specify all equipment to be purchased and the expected geographic source.

(7) Financial Plans for all proposed subgrants and subcontracts shall have the same format and level of detail as those of the applicant.

(8) Other direct costs such as supplies, communication costs, photocopying, visas, passports and other general costs should be separate cost line items.

B. A copy of your organization's current Negotiated Indirect Cost Rate Agreement, if you have one with a US federal agency;

C. Required certifications and representations (as attached below):

D. Details regarding the level of cost share your organization is proposing for this activity. While there is no stated minimum required cost share amount, applicants are encouraged to give serious consideration to the amount they propose as a signal of the applicant's commitment to the activity (see also sec. B below, selection criteria, under costs).

E. Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency (USAID or another agency of the US federal government) shall also submit the following information:

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

F. Applicants shall submit any additional evidence of responsibility deemed necessary for the Grant Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Have adequate financial, management and personnel resources and systems or the ability to obtain such resources as required during the performance of the award.
2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, non-governmental and governmental.
3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
4. Has a satisfactory record of integrity and business ethics; and
5. Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

G. Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal office has a copy.

H. Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your Organization's systems have been certified by the USAID/Washington's Office of Acquisition and Assistance (M/OAA, formerly known as M/OP).

4. COOPERATIVE AGREEMENT AWARD

1. The Government may award one or more cooperative agreements resulting from this RFA to the responsible applicant(s) whose application(s) conforming to this RFA offers the greatest value in terms of the selection criteria (see Section B of this RFA). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.
2. The Government may award one or more cooperative agreements on the basis of initial applications received, without discussions or negotiations. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint. As part of its evaluation process, however, USAID may elect to discuss technical, cost or other pre-award issues with one or more applicants. Alternatively, USAID may proceed with award selection based on its evaluation of initial applications received and/or commence negotiations solely with one applicant.
3. A written award mailed or otherwise furnished to the successful applicant(s) within the time for acceptance specified either in the application(s) or in this RFA (whichever is later) shall result in a binding cooperative agreement without further action by either party. Before the application's specified expiration time, if any, the Government may accept an application, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received before award. Negotiations or discussions conducted after receipt of an application do not constitute a rejection or counteroffer by the Government.
4. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting cooperative agreement unless explicitly stated otherwise in the agreement.
5. To be eligible for award of a cooperative agreement, in addition to other conditions of this RFA, organizations must have a politically neutral humanitarian mandate, a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, and political affiliation.

5. AUTHORITY TO OBLIGATE THE GOVERNMENT

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

6. UNSUCCESSFUL APPLICATIONS

Unsuccessful applications will not be returned to the Applicant.

7. U.S. EXECUTIVE ORDERS AND LAW REGARDING TERRORISM

The Contractor/Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/Recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/sub awards issued under this contract/agreement.

8. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES

Funds in the agreement may not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" at <http://www.info.usaid.gov/pubs/ads/300/refindx3.htm> or as approved by the Agreement Officer.

9. SALARY SUPPLEMENTS

Any payments by the Recipient to employees at any level of the Cambodian government shall be subject to the USAID policy on salary supplements (dated April 1988 or as amended). If this issue arises during the period of the agreement, the Recipient shall consult with USAID on any questions regarding the applicability of the policy. (Please read Salary Supplement Guidance in attachment 3)

[END OF SECTION A]

SECTION B - SELECTION CRITERIA

The criteria presented below have been tailored to the requirements of this RFA. The Applicant should note that these criteria serve to identify the significant issues that Applicants should address in their applications, and to set standards against which all applications will be evaluated. To facilitate the review of applications, Applicants are requested to organize the narrative sections of technical proposals according to the evaluation criteria set forth below.

Applications will be evaluated in accordance with the evaluation criteria set forth below:

Technical Evaluation Criteria

I. Technical and Management Approach (25%)

The technical approach will be evaluated based on the extent to which the application (1) responds to the priorities laid out in the Program Description for each of the 4 program components; (2) sets forth a clear, justifiable, and technically sound course of action to achieve the program objectives and anticipated results; (3) shows originality and creativity in proposing activities that will contribute to the desired outcomes; (4) is responsive to the Cambodian context and the specific health systems and epidemiological needs; and (5) adequately addresses the cross-cutting themes identified in Part I of Section C: Program Description.

The management approach will be evaluated based on: demonstration of efficient, effective and logical relationships between applicant, partners, and any possible sub-awardees for the core and sub-award components; the capability to implement and monitor activities on the ground and to coordinate with USAID/Cambodia, demonstration of ability to address USAID communication and outreach requirements including annual reporting, success stories, case studies, media outreach, etc.; and complementarity of staffing plan and proposed personnel.

II. Staffing Plan and Key Personnel (35%)

The following will be considered Key Personnel under this proposal: The Chief of Party, all technical experts proposed for implementation of Components 2 and 3, and a Health Financing Specialist. For each of these personnel, CVs and a signed letter of availability shall be provided. In addition, Applicants shall provide a schedule clearly showing the dates and duration of each Key Position's inputs and the areas of responsibility assigned to each. The Staffing Plan will be evaluated in terms of adequacy of inputs, appropriateness of timing relative to the work to be carried out, and the technical and leadership experience of key personnel. Key Positions will be evaluated based on their relevant prior experience directly related to the proposed positions and work to be carried out, including technical qualifications, professional competence, relevant academic background, proven technical leadership and demonstrated experience.

III. Institutional Capacity (20%)

The institutional capability of the Applicant and any proposed sub-recipients will be evaluated based on their: 1) organizational history and expertise in the area of health systems strengthening, MNCH and Infectious Disease Management and Control; 2) capacity to develop and implement programs of the type required under this RFA; and 3) financial controls and management information systems.

IV. Past Performance (20%)

Past performance of the Applicant and any proposed sub-recipients will be evaluated based on their records in (1) successful implementation of similar activities; (2) past record in maintaining positive and effective relationships with host country government and partners; and (3) timeliness in meeting milestones and ability to implement activities within budget.

TOTAL (TECHNICAL EVALUATION CRITERIA): 100 POINTS

Cost Evaluation: Cost will not be assigned a numerical score but will be evaluated for cost reasonableness, allocability, allowability, cost effectiveness and realism, adequacy of budget detail and financial feasibility and cost sharing.

Notes on cost sharing:

- a. Cost share is defined by USAID as “contributions, both cash and in-kind, which are necessary and reasonable to achieve program objectives and which are verifiable from the recipient’s records.” Please take note of the provision on cost sharing in 22 CFR 226.23.

- b. Although there is no requirement that applicants propose a specific cost share, USAID policy is that cost sharing is an important element of the USAID-recipient relationship. USAID requires applicants to demonstrate their commitment to program success by addressing the issue of cost-sharing.

USAID reserves the right to determine the resulting level of funding for any awards made under this RFA.

[END OF SECTION B]

SECTION C - PROGRAM DESCRIPTION

A. Background

Country Context

The 2008 population of Cambodia is approximately 13.3 million, about 80% of whom live in rural areas. Although still very much a least developed country, economic growth over the 1994-2004 period averaged 7% per annum and the proportion of people living below the poverty line declined from 47 to 35%. As a result of a massive “baby boom” from 1980 through the mid 1990’s (following the end of the genocidal Khmer Rouge regime), the country has an extremely young demographic structure, with almost two thirds of the population under the age of 30 with the first wave of “baby boomers,” are now in their early 20’s, generating a second, smaller “boom” as they marry and start families. Consequently, despite a steadily decreasing total fertility rate, the crude birth rate is a high 25.6 per 1,000. The youth of the population and onset of economic growth, together with a recent history of massive cultural upheaval and a generally open attitude to new ideas creates a dynamic and rapidly changing environment.

Most of the population is engaged in subsistence agriculture (rice farming) but this is beginning to change with more non-agricultural employment in the under-30 age group. The reach of mass media – television and radio, in that order – is substantial, even in non-electrified rural areas.

Although the level and quality of education is low by international standards, it is significantly higher than in the recent past (57.8% of 15 to 19 year-olds have completed primary school, a more than 20 percentage point increase over the age group immediately ahead of them, and a huge difference when compared to less than 10% of persons aged 40 and over). Equally important, the gains in basic education have been equitable and a formerly pronounced gender gap is rapidly closing. For the age group 20 to 24 years the female: male ratio for completion of primary school is 0.68, whereas for the age group 15 to 19 years it has risen to 0.92 and the trends seem certain to continue as net attendance ratio for primary school is at an all-time high and the gender parity index for primary school attendance is now 1.02. Although males still outnumber females with respect to secondary schooling, that gap has narrowed in recent years.

The average age of marriage is 20 for women and 22 for men and has remained constant over the past decade. There has also been little change in the median age at first birth, which remains about 21-22 years; however, young couples are now beginning to delay the onset of child-bearing and reduce overall family size. The percentage of young married women with no children who say they want to wait 2 or more years before becoming pregnant was less than 10% in 1998 but rose to 14.5 % in 2000 and 18.3% in 2005.

Fertility and infant and child mortality decreased significantly in Cambodia between 2000 and 2005, along with a noticeable improvement in intermediate indicators such as child immunization and contraceptive prevalence. However, at 84/1,000 live births, the under 5 death rate is still one of the highest in Southeast Asia, and maternal mortality has shown no improvement at a very high 472 deaths per 100,000 live births. Progress has been made in curtailing new transmission of HIV but the

epidemic is far from over and transmission from mother to child remains a neglected area in terms of prevention. Tuberculosis remains hyper-endemic, with smear-positive pulmonary TB affecting approximately 269/100,000 persons¹. Dengue fever is endemic with major outbreaks occurring every 2-3 years. Malaria is endemic in more remote, forested parts of the country and anti-malarial drug resistance is of high concern along the Cambodia-Thai border areas. The population remains vulnerable to unpredictable out-breaks of other infectious diseases such as SARS, avian influenza (AI) and other influenza-like illnesses.

Infant/child Mortality

Facility-based data and verbal autopsy results from surveillance sites and the 2005 Cambodia Health and Demographic Survey (CDHS) paint a fairly uniform picture of the causes of death among under-fives. Neonatal deaths in Cambodia are primarily due to low birth weight/prematurity, obstetrical problems and neonatal tetanus, with the lion's share falling into the first two categories. It should be noted that, due to a larger decrease in deaths in the 1 to 11 month age group than among neonates, the proportionate contribution of neonatal deaths to overall infant mortality in Cambodia has increased from 37% to 42%.

Table 1: Child Health Indicators

Indicator	2000	2005
Neonatal Mortality	37	28
Infant Mortality	99	66
Child Mortality	33	19
Under 5 Mortality	124.4	83
Percent of children ages 12-23 months Fully Immunized	39.9%	66.6%
Percent of Children 0-59 Months \leq -2 SD Weight-for-Age	45.2%	35.6%
Percent of Children 0 – 59 Months \leq -2 SD Height-for-Age)	44.6%	37.3%
Percent of Children 6 – 59 Months who are Anemic	64.1%	61.9%

Source: Cambodia Demographic and Health Surveys 2000 and 2005

Post-neonatal deaths are primarily due to Acute Respiratory Infection (ARI), sepsis/meningitis/encephalitis, dengue hemorrhagic fever (DHF), malaria, diarrhea, and measles. Malaria deaths in children are largely limited to a small number of rural provinces with endemic transmission, whereas the other causes mentioned are found nationwide. Malnutrition underlies many of the deaths from infectious disease; over a third of Cambodian children are moderately or severely underweight and two thirds are anemic.

ARI and DHF are also leading causes of child (ages 12 – 59 month) deaths, along with accidents (primarily traffic-related and drowning). Fewer than half of all children with symptoms of an ARI are taken to a trained provider. When they are, it is usually to a government Health Center (HC). Treatment fees are affordable, but for persons living beyond walking distance, transport costs can be a barrier. In addition, HCs are equipped only to handle simple illnesses; serious cases must be referred to a hospital, usually at the patient's expense. Treatment fees at hospitals, unlike HCs, are comparatively high and present a serious barrier for the poor. Children who are not treated by a trained provider are usually given medicines bought from a shop or pharmacy.

¹ CENAT/JICA TB Prevalence Survey 2002.

Consumer demand for injections, infusions and antibiotics – in the mistaken belief that these indicate the best possible treatment in all cases – are another factor leading to skewed treatment practices, with both trained and untrained (pharmacy²/shop) private providers capitalizing on these to enhance their profits.

Family Planning

Modern contraceptive prevalence increased from 19% in 2000 to 27% in 2005. The most commonly used methods are the pill and hormonal injectables (11 percent and 8 percent, respectively). Despite this increase, the country is still far from on track in meeting its Millennium Development Goal (MDG) of 60% coverage by 2015. In addition, the CDHS 2005 estimates that 25% of currently married women of reproductive age have an unmet need for family planning, and a secondary analysis of the CDHS data set found that almost 30% of ever married women experienced an unplanned pregnancy in the 5 years before the survey.

Maternal Health

Despite increases in ante-natal coverage and in the percent of deliveries performed by trained personnel and in a health facility (see table 3 below) there has yet to be any improvement seen in the unacceptably high maternal mortality ratio, estimated at 472/100,000 live births in 2005³.

Table 3: Maternal Health

Indicator	2000	2005
Maternal Mortality Ratio	437	472
Percent of Births Preceded by Trained Antenatal Care	37.7%	69.3%
Percent of Births Delivered by Trained Attendant	31.8%	43.4%
Percent of Births Occurred in Health Facility	9.9%	21.5%

Source: Cambodia Demographic and Health Surveys 2000 and 2005

The failure of increases in ante-natal coverage and trained deliveries to translate into reduced maternal mortality reflects both the need to increase health care coverage but perhaps more importantly to improve the quality of existing services. Although over two-thirds of women with a birth in the past five years reported receiving ANC, only 44% received two or more checks from a trained provider that met the minimal requirement of a blood pressure check and iron supplementation. Significant numbers of ANC clients -- 29% of those served by the public sector and 39% of those served in the private -- fail to receive these basic and important high impact interventions.

Delivery by a trained attendant, even in a health facility, does not necessarily equal a safe delivery as comprehensive and basic essential obstetric care services are only partially developed. Maternal death audits show post-partum hemorrhage to be the leading cause of maternal death, followed by eclampsia and infection in that order and surveys show that only 14-18% of women with life-threatening obstetric complications reach a hospital and when they do it is generally too late. More than a third of the

² Although most pharmacies have an affiliation with a trained pharmacist on paper, the actual staff present is often untrained.

³ Cambodia Demographic and Health Survey 2005

women delivered by a trained provider in the CDHS reported that they did not receive any post-natal care within 24 hours of the birth. Even when delivery occurred in a health facility, more than 20% of the women waited, with their newborns, more than 24 hours before receiving a post-natal or neo-natal check.

In addition, training of midwives has often not been competency-based or followed by consistent, effective supervision and coaching to ensure application of evidence-based standards of care and experience in complex decision-making when faced with an obstetric complication.

While the incidence of neonatal death is lower among women with a trained delivery attendant, all other factors controlled for, it does not differ significantly regardless of where the delivery took place (home or health facility). The increase in facility deliveries which occurred between 2000 and 2005 is primarily the result of deliveries in HCs, which do not have the human or material resources necessary to provide emergency obstetric or neonatal care. The second largest increase occurred in Referral Hospitals, more than half of which are similarly unequipped. Transportation to another facility with emergency obstetric/neonatal care capability can be difficult to arrange and, above all, time-consuming and expensive. These constraints are reflected in the very low rate of caesarean section (1.9%) between 2000-2005, despite a more than doubling in the percent of facility-based deliveries over the same period.⁴

The Ministry of Health (MoH)'s Health Information System (HIS) indicates a higher incidence of maternal death in 2005 among deliveries in HCs than in hospitals, despite the fact that the latter contain a disproportionately high percentage of complicated deliveries due to referral:

Location	Number of Deliveries	Number of Maternal Deaths	% Deliveries resulting in Maternal Death
Health Center	42,383	85	0.20%
Referral Hospital	19,701	19	0.10%
National Hospital	29,143	34	0.12%
Total	91,227	138	0.15%

Source: HIS 2005

Based on a crude birth rate of 25.6/1,000⁵ and an estimated mid-year 2005 national population of 13.3 million⁶, the facility deliveries reported in 2005 represent about 26.8% of all deliveries, indicating that the trend in favor of facility deliveries is ongoing. This is to be expected since, owing to the very young demographic structure of the country, an increasingly high percentage of births are occurring to young women who are more educated than their mothers' generation⁷ and show a strong disposition towards trained maternity care. Demographics alone virtually assure continued increases in coverage for ANC, trained delivery attendant and facility delivery, but without an improvement in the quality and content of these services the expected mortality benefit may not accrue.

⁴ Secondary Analysis of 2005 CDHS, Ministry of Planning 2007

⁵ CDHS 2005

⁶ Projection based on 2004 Inter-Censal population Survey of Cambodia 2004

⁷ 58.5% of women now aged 15-19 years have completed primary school compared to only 11.6% of women aged 45-49 years; more than 90% have had at least some primary schooling.

In addition to unmet need for emergency obstetric care, iron deficiency anemia contributes significantly to excess maternal mortality. Anemia afflicts almost half of all Cambodian girls by the age of 15. It increases in both prevalence and severity during pregnancy, creating a serious risk factor for death from the blood loss associated with even a normal delivery:

	Mod/Severe Anemia	Mild Anemia	Normal
Not Pregnant	9.8%	36.2%	54.0%
Pregnant	34.4%	20.6%	45.0%

Source: Secondary Analysis of CDHS 2005, Ministry of Planning 2007.

Another factor placing women at unnecessary risk is the widespread demand for unnecessary and often potentially harmful interventions such as use of oxytocin in the first stage of labor and routine injections of iron afterwards. While MoH protocols prohibit such practices within health facilities, midwives working in a private capacity are anecdotally reported to engage in them due to the higher fee they can then demand. Indeed, the mistaken belief that injections, intravenous infusions etc equal good care may be a factor in deciding to have a trained delivery at home.

HIV/AIDS and STIs

HIV in Cambodia is primarily transmitted through heterosexual intercourse, with commercial and quasi-commercial sex the main avenue. Cambodia has made striking progress in the reduction of HIV/AIDS prevalence, which declined from 2% in 1998 to less than 1% in 2007 among the general population. It is estimated that 85% of HIV+ people eligible for antiretroviral therapy are now receiving it. However, HIV transmission and high prevalence continue in high risk groups, demonstrating the continued need for strong prevention. HIV testing and counseling and HIV care services are largely hospital-based and not integrated into antenatal and family planning services. Not surprisingly, there has been little progress in implementing prevention of mother-to-child transmission (PMTCT) services as few ANC locations can provide on-site counseling and testing and only a handful of hospitals provide ARV prophylaxis for pregnant women. USAID has significant investments in prevention of HIV among high risk populations and care and treatment of persons living with HIV/AIDS (PLWHAs) in other, on-going programs. The new Program will complement existing HIV/AIDS interventions and will be expected to address critical integration, reform, financing and health information systems weaknesses that negatively impact the overall delivery of health care.

Tuberculosis, Avian Influenza and other Infectious Diseases

Significant progress has been made in raising the TB cure rate (89% in 2006) above the medium-term target of 85%; the national program aims to maintain this high level mainly through expansion of Directly Observed Treatment Short-course (DOTS) at community level (C-DOTS). Case detection (65% in 2006) remains below its target of 70%. Expanded opportunities for detection are now being sought, including a public-private mix (PPM) program. TB/HIV co-infection is significant: HIV prevalence among TB patients was around 8% in 2007, despite HIV prevalence nationally now falling below 1%. While most newly diagnosed HIV patients are screened for TB, the reverse is not the case; uptake of VCCT among TB patients is low, largely because the service is generally not available at HC level.

Dengue fever infections have been rising throughout South East Asia for the last three years and

Cambodia has moved from occasional urban outbreaks to large numbers of annual infections nationwide (over 9,600 cases recorded in 2005 rising to over 34,000 in the January to August period of 2007, including 365 deaths). Major epidemics occur at 2-3 year intervals and are no longer limited to cities and towns. Avian Influenza remains a latent threat, especially along the Vietnam border. Awareness of the transmission methods and risks remain low and epidemiological surveillance and response systems, for any potential infectious disease outbreak, need strengthening to provide a platform for effective response to AI or other influenza-like outbreaks.

Health System Development

Public Sector

Even prior to 1975, Cambodia was an underdeveloped country with little in the way of rural public health services. After the Khmer Rouge regime, a Vietnamese-backed government (1979 – 1993) recruited and trained a large number of health workers to re-create a rudimentary care system but quality was poor due to lack of basic literacy and numeracy skills among the recruits and the fast and sketchy nature of the training. Education and skill development has remained weak and the bulk of the present-day health workforce, despite extensive investments in in-service training to upgrade their competencies, suffers from the grossly inadequate nature of their pre-service training and basic education. In recent years the quality of pre-service training for nurses and midwives has improved, although there are still weaknesses particularly with respect to hands-on clinical experience. Many midwives still graduate without having performed a delivery. Following the United Nations-organized elections of 1993, international recognition was given to the Cambodian government and massive amounts of foreign assistance (multi-lateral and bi-lateral) followed. The formidable task of creating a Ministry of Health and health service delivery infrastructure with only a handful of trained people began as key sectoral policies were formulated, and a master plan of location of facilities and services to be provided at various levels was developed in the "Health Coverage Plan" (HCP), completed in 1997.

Today almost all public sector health services are provided by the national Ministry of Health and organized at the sub-national level under an administrative hierarchy of 24 Provincial Health Departments (PHDs) and 76 Operational Districts ODs. Within each OD is a network of Health Centers (HCs) designed to provide primary preventive and curative health services known as the "Minimum Package of Activities"(MPA). Although the HCs each cover a catchment area of only about 10-15,000 people, roads are poor and distances can be considerable. Consequently, immunization and other key preventive services are provided on an outreach basis. Service delivery has wide variations and tends to occur most reliably where technical/logistical support from NGOs or other external agencies is present.

Supporting the HCs is a "Referral Hospital"(RH) which provides inpatient care and an expanded set of services known as the "Complementary Package of Activities"(CPA). The CPA in turn has 3 levels: CPA 1 provides only medical care and minor surgery, CPA 2 includes provision of general surgical services, and CPA 3 provides, in theory, both surgical services and some specialized medical care. Development of the RHs to their officially designated CPA status is still a work in progress and many RHs lack surgical and blood-banking capacities and, by extension, the ability to handle obstetrical emergencies. The higher cost of hospital development and lack of human resources - particularly, lack

of medical assistants, nurses and doctors willing to work in rural areas, and nation-wide lack of trained surgeons - have been the main constraints.

Family planning services became available in Cambodia in the mid 1990's when government approval was obtained for NGO clinic activities. Around the same time, a previous restriction on private pharmacies was lifted and oral contraceptives and injectable contraceptives began to be available on the open market. Provision of a range of modern methods has been a part of the MPA and CPA since the inception of the Health Coverage Plan.

The MOH was quick to recognize the threat posed by HIV/AIDS, establishing a National AIDS Program in late 1991, the first year in which HIV was documented in Cambodia. This later became the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) which is responsible for the health sector response to HIV/AIDS as well as for provision of technical support to other government agencies and national partners. There is one important exception to NCHADS' role with respect to HIV in the health sector: it is not responsible for PMTCT services, which fall instead under the National Maternal and Child Health Center (NMCHC). In addition, treatment of tuberculosis remains under the national TB program (CENAT).

Weaknesses in the public sector service delivery system include:

- Provincial and district health systems have limited managerial autonomy and are highly dependent on strong central programs with direct accountability to the central MOH, national program directors, or donors.
- Parallel to the MOH's centralized management of sub-national service delivery are several well-funded national programs for disease control (TB, HIV, and Malaria) which implement separate vertical programs, thereby increasing planning, budgeting and management complexities at central, provincial, district and health center levels. The de facto autonomy of multiple vertical national programs has in some cases been helpful in ensuring rapid action in response to specific public health needs (e.g. the HIV epidemic), but creates a considerable obstacle for needs that cut across administrative program lines, e.g. PMTCT and diagnosis/treatment of HIV/TB co-infection and the overall integration of health services.
- The overall system has inadequate financing, and a very low share of resources reaches peripheral service delivery level. There is erratic provision of essential drugs and equipment, and procurement procedures are neither transparent nor timely. Medicines and commodities are procured centrally by the MOH and distributed through the Central Medical Stores (CMS) based on top-down central decisions and not OD needs.
- Planning and budgeting processes are disconnected, sometimes duplicative and are not based on actual needs planning. Provincial Governors have decentralized authority to allocate the provincial health budgets but without any direct linkages to the Health Strategic Plan or the MOH's Annual (Budget) Operating Process (AOP).
- Health provider incentives do not reward quality service delivery and performance; the health systems suffers from overlapping, counterproductive payment and incentive schemes, and low public sector salaries lead to simultaneous practice in the private sector creating conflicts of interest and diversions of time and resources.

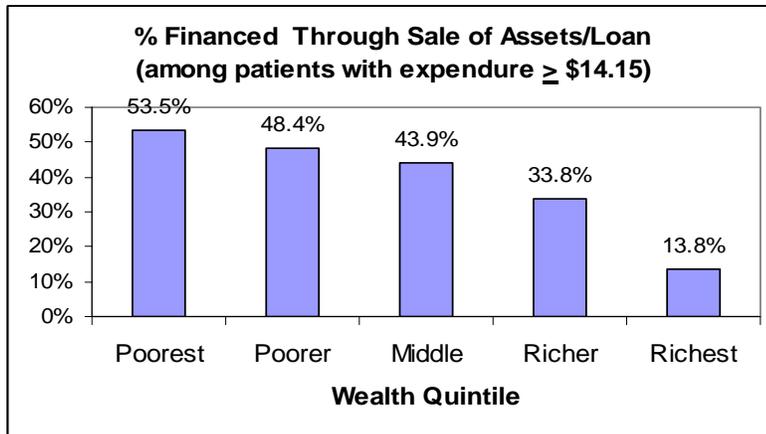
- Inadequate (numbers and skill-level) human resources at the service delivery level and inappropriate allocation of available human resources, especially midwives.
- A general lack of accountability and transparency, and organizational culture which is not merit-based or performance-oriented.

The MoH's first Health Sector Strategic Plan (HSP) ran from 2002- 2007 and largely involved nationwide operationalization of the HCP along with continued vertical initiatives in immunization, family planning, HIV/AIDS, TB and malaria control. A Health Sector Support Project (HSSP) co-financed by the World Bank (WB), Asian Development Bank (ADB) and Department for International Development (DFID) provided support directly to the MoH for these purposes, while USAID and other donors provided complementary technical assistance and NGO support at the community level. The HSSP also funded an initiative whereby the MoH contracted with NGOs to manage health services on the government's behalf in 11 ODs, based on a previous successful pilot. NGOs were paid a fixed sum against objectively verified service outputs; to achieve these, they in turn established performance-based payment contracts with the individual health facilities and OD managers. This "Contracting of Health Services" was successful in rapidly achieving and maintaining high levels of preventive service coverage and utilization of public facilities for curative care; it was also found to reduce out-of-pocket health care costs.

The basic structure of ODs, HCs and RHs are now in place and, in the vast majority of locations, functional. Positive impacts of HC activities were evident in the 2005 CDHS which showed improved coverage of immunization (almost exclusively provided through HCs) and antenatal care (primarily provided through HCs), although with marked geographical variation. In addition, HCs are in most provinces the primary source of trained treatment for common child illnesses. HCs are disproportionately utilized by the rural poor and by children and women of reproductive age, exactly the groups they are meant to serve. As previously noted, treatment costs at HCs are highly affordable, although transportation costs can be a barrier. The median expense for persons treated at a HC who did not incur transport costs is \$0.29, whereas it is \$2.24 for those who had to pay for transport. The latter cost exceeds the cost of self-treatment with drugs bought at a shop or pharmacy, the most common alternative to HCs.

Government Hospitals (Reference Hospitals), however, still perform poorly, especially in rural areas and both service statistics and the CDHS data indicate very low levels of utilization. While the previously described limited range of services available in many of the hospitals, as well as poor quality of care (both technical and interpersonal) undoubtedly plays a role, there is data to support the common belief that financial barriers are paramount. The median health expenditure for treatment in a government hospital is \$26.63 for an illness of moderate to serious severity, slightly higher than the median expense found in private hospitals⁸. Most importantly, all but the highest socioeconomic quintile experience problems in meeting this expense, as indicated by the percentage who report having taken a loan or sold an asset:

⁸ Secondary analysis of the 2005 CDHS, unpublished



Source: Secondary analysis of 2005 CDHS, unpublished

In contrast, Referral Hospitals in ODs contracted through NGOs have been largely successful in developing revised cost structures which are affordable for all but the poor and yet generate *increased* user fee revenues as a result of much higher utilization.

Organizations working in Cambodia have several times documented health care expenditures as a leading cause of impoverishment, and that the population – even the very poor – pays significant out-of-pocket sums for health care. These problems led a number of organizations to experiment with innovative health financing schemes including donor-financed contracts with NGOs to manage health services in some districts; the introduction of health equity funds (HEFs) to purchase hospital and health center services for the poorest people; and community-based health insurance schemes (CBHI). The health equity fund (HEF) schemes are among the most successful and in 2005 the MoH developed a National Equity Fund Implementation and Monitoring Framework intended to provide a blueprint for a single national HEF. However, there is still a lack of clarity or cohesion about how the different schemes interface under a broader health financing strategy, how the schemes differ in their incentive effects on health service providers and consumers, and where they overlap and should be complimentary so considerably more work is needed to translate broad visions into a cohesive and actionable plan. Meanwhile, HEFs have already been established with HSSP funding in 7 provinces, and by various NGOs with other funding sources in various locations; all told, about half of the country's 76 ODs have some sort of HEF in place, although the structure and services covered vary greatly. Many of the NGO-supported HEFs were begun with the expectation that government budget resources would take them over, and many of the NGOs currently financing HEFs do not have the wherewithal to continue doing so on a long-term basis.

The MoH's second Health Sector Plan (HSP2) covering the period 2008-2015 has just been developed and a second multi-donor co-financed sector-wide program, the Health Sector Support Project 2 (HSSP2), will provide funds to the Ministry of Health for its implementation. The HSSP2 is expected to take effect 1 January 2009. Discussions of key measures under the HSP2 which will be supported through the HSSP have, to date, included:

- Provision of "Provincial Block Grants" (PBGs) to PHDs who meet specific criteria with respect to financial management, using a formulation still under development. PBG funds will be used, at least in part, by PHDs to establish performance-based contracts ("Health Service Agreements") with ODs with payment based on measured performance in respect to pre-negotiated service

delivery targets. This is an adaptation of the contracting done through NGO managers under HSSP, but without an external line manager in the process. Funding to ODs will depend on achieving contracted performance levels, and aims to ensure that staff that performs well are paid adequately and therefore have less incentive to divert time and resources to unofficial private practices.

- Separate from the PBG allocation process – which will not involve specific performance targets for the PHD other than fulfillment of financial management criteria for eligibility – the MoH will develop contracts (“Performance Agreements”) with PHDs which contain specific performance targets which, if achieved, render PHD staff eligible for merit-based performance incentive (MBPI) pay, although service delivery performance may factor into the calculated allotment.

Given limited capacity in the Provincial Health Departments and Operating Districts, the establishment of internal contracting mechanisms will be through a phased approach which will focus on first building PHD/OD capacity.

Another important feature of the HSSP2 will be introduction of a single government HEF as an intermediate measure to ensure access to hospital services for the poor, while simultaneously working towards introduction of mandatory social health insurance (SHI) for wage earners in the formal sector and supporting the establishment of Community-based health insurance (CBHI) to provide a risk-pooling mechanism for informal sector workers who are above the poverty line. These efforts have as their ultimate aim “to bring all prepayment schemes under a common Social Health Insurance umbrella”⁹. In the nearer term, however, there is still a great deal of policy work and planning needed to create a cohesive national HEF. A major challenge will be balancing this need with the pressing need for access to health care by the poor and averting an interruption in funding of existing HEFs. In addition, past experience suggests that, while the government will approve the use of HSSP2 funds for HEF beneficiaries, it may not allow their use for payment of third party management costs. Experience has shown that the presence of a third party fund manager contributes to effectiveness and transparency, and also that such managers can utilize the leverage provided as purchaser of health services to promote improved quality of service.

Other aspects of the HSP2 which HSSP2 resources are expected to support include:

- Introduction of some type of regulation of the quality of care provided through the private sector, although the details of this remain to be determined.
- Provision of a free “package” of maternal and child health (MCH) services through public facilities. The exact content of this “package” has yet to be determined but it is expected to be inclusive of comprehensive obstetric care (ANC, trained delivery, PNC etc)

The HSSP2 is expected to commence in January 2009 with pooled financing from the World Bank, AusAID, DFID and UNFPA at a level of over \$100 million for five years. Over this same period, USAID is expected to provide at least \$150 million to Cambodia’s health sector. While only certain donors are pooling finances for disbursement through a government sector support channel under the HSSP2 itself, there is strong consensus throughout the donor community to support implementation of

⁹ HSP2 section 4.2.A

the HSP2. “Non-pooled” donors, such as USAID, will serve a vital function in addressing weaknesses which can not easily be resolved through assistance channeled within the government system, particularly at the service delivery point and demand increase through community mobilization, which will not easily be resolved through supply-side assistance channeled within the government system. The need for transparency of the flow of the HSSP2 resources through the government system is paramount, particularly in terms of resources actually reaching the level of service delivery and payments being truly performance-based. The latter will require both well-designed monitoring systems and external involvement in the monitoring process and perhaps in financing arrangements which empower the client. In addition, considerable capacity building will be necessary to enable PHDs and ODs to manage these resources. The new USAID Program has been specifically designed with this in mind.

Private Sector Health Services

An almost totally unregulated private sector offers services of questionable quality. The most commonly used type of private provider is a shop/pharmacy, of which there are many in the cities and towns selling a wide array of drugs, including injectables and intravenous preparations. Although many are owned in name by a licensed pharmacist, the actual seller is often untrained and studies have shown that treatment obtained are often ineffective and sometimes dangerous.

The decision to utilize a pharmacy/shop is often a financial one, especially if the nearest government HC is not within walking distance. Other factors include the limited working hours of the HCs (Monday through Friday, often only for a few hours in the morning) and poor interpersonal behavior on the part of public providers.

The second most common source of private sector care in Cambodia is a government health care provider working either out of their home or in the home of the patient; as noted, low salaries in the public sector make this a prevalent practice. Although such providers are trained, it is not possible to ensure their adherence to MoH treatment protocols in this informal context. In addition, diversion of drugs, equipment and staff time to this purpose further weakens the quality of care in the health facility, to the detriment of those who cannot afford a private consultation.

The last category of for-profit private sector care, commercial clinics/hospitals, is increasing in number but remains primarily urban-based and utilized by wealthier quintiles of the population. In 2001, there were an estimated 114 private polyclinics and 1,283 general consultation/consulting rooms registered with the Cambodian Medical Association. While the government acknowledges the importance of both public and private healthcare services, it has thus far done little to accredit or regulate the quality of services offered by qualified and unqualified private providers. It is noteworthy in that regard that, despite being much more costly, ANC services provided through the private sector were less likely than those in the public sector to meet the minimal quality standard of checking blood pressure and prescribing iron.

In addition to the commercial for-profit private sector there is a large subsidized social marketing program which accounts for a significant market share for condoms and oral contraceptives, and urban-based NGO reproductive health clinics serve a sizable population with a comprehensive package of integrated family planning and reproductive health services.

B. USAID's Strategic Objectives for Cambodia's Health Sector

The USAID/Cambodia Strategy for 2006-2010 has three priority goals: good health, good education and good governance. The Strategy aims to support “good health” by building on previous investments in public health while creating opportunities to link health services with improved governance and oversight at the local and national level e.g. by supporting civil society organizations, consumers and commune councils to play a stronger role in monitoring and advocacy for consumers of health care. The Strategy directly supports the US government's (USG) Goal 3, *Investing in People* which implements initiatives to “build the capacity of partner countries to invest in their people”.

The current USAID/Cambodia Office of Public Health & Education (OPHE) Strategic Objective is “*Improved Health Services in HIV/AIDS and Infectious Diseases as well as in Maternal, Child and Reproductive Health*”. Program elements include HIV/AIDS, Tuberculosis, Maternal and Child Health, Family Planning and Reproductive Health, Avian Influenza and Malaria (through a regional mechanism).

C. USAID Past Investment in Health System Strengthening

USAID has supported health sector assistance through a number of NGO programs since the early 1990's which provided on-the-job training and coaching, technical assistance and logistical support to improve the content and coverage of basic (HC and HC outreach) health services by the public sector. Coverage rates for such important indices as child immunization and ante-natal care are substantially higher in those parts of the country where USAID-funded NGOs have had a long-term presence. However, these achievements have been obtained in part through NGO support which compensated for chronic weaknesses in the health system and their sustainability requires durable solutions to the underlying problems of poor staff motivation/accountability, distorted and counterproductive incentives, and inadequate operating budget.

From 2002 to present USAID has supported a “Health Systems Strengthening in Cambodia Project” (HSSC) to complement its ongoing support for grassroots service promotion through NGOs. This Project, due to end in September 2008, focuses on 1) improving the quality of public hospital and health center services; 2) strengthening capacity for managing, planning, supervising, and providing services at PHD, OD, and facility levels; 3) improving equity through health care financing mechanisms; and 4) strengthening aspects of services for specific infectious illnesses (TB, HIV/AIDS, Avian Influenza (AI)). The project has worked at national level with counterparts in the MoH Department of Planning and Health Information (DPHI) and the Quality Assurance Office (QAO), and with a variety of technical working groups (TWG). It also worked at PHD and/or OD level in 7 provinces.

Major achievements of the HSSC include assistance to the MoH in development of:

- A Quality Improvement (QI) system for hospitals and health centers. The QI tools assess infrastructure, equipment and supplies, health information record systems, and the quality of service (adherence to standards in practice.)

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- A Provider Behavior Change Intervention (PBCI) to improve the empathy, ethics and interpersonal behavior of health care providers at HC and Referral Hospital level.
- A Capacity Development Assessment Tool for PHD and OD management teams.
- Policy formulation for Health Equity Funds (HEF), including policies that link HEF reimbursement with the quality of services as assessed through the afore-mentioned QI system and client feedback.

All of these have been officially adopted by the MoH for nationwide use, although the roll-out is gradual and still in process.

The HSSC also assisted the MoH's tuberculosis agency (CENAT) in:

- identification of problems contributing to low case-detection rates and inadequate treatment for TB
- development of guidelines for diagnosis in TB/HIV
- Introduction of new strategies for public-private partnerships in TB diagnosis and treatment (the Public-Private Mix, or PPM initiative).

Lastly, the HSSC also supported national- level health service preparations for managing potential cases of Avian Influenza (AI). Activities included developing protocols and guidelines, training, and refurbishing sites to meet infection control standards.

At sub-national level, the HSSC:

- Provided technical and financial support for on-the-job counterpart training and TA for PHD and OD managers in development of annual operational plans (AOPs), review of actual performance against that planned using the Health Information System (HIS) and other data, and general management skills.
- Managed HSSP-financed Health Equity Funds through sub-contracts with various NGOs in 14 ODs in 6 provinces to handle beneficiary identification, case verification, and reimbursement to facilities for services provided to eligible clients tied to demonstrated quality of care.

An external evaluation commissioned by USAID in late 2007 found that the HSSC had made significant contributions to the development of the health sector in Cambodia, particularly with respect to its inter-related work on HEFs and QI. It found that the QI system had a positive impact on the quality of services, and that linking the QI tool with equity funds is an effective mechanism for leveraging compliance. "In addition to improved service conditions, there is evidence that the QI tool supports facility managers in following MoH guidelines including using MoH mandated hospital disciplinary committees, which several of the facilities had not formed prior to the QI process...: the process and tool for QI, including linking reimbursement to quality, have a high probability of being successful in improving sustainable quality within the MoH-managed facilities. The development of tools for QI and management assessment has been a highly effective approach for achieving MoH

endorsement for measuring quality and capacity, and for ultimate use of the findings in planning and allocating resources.¹⁰”

The evaluation also noted that “implementation of third-party payment mechanisms for communities and for the poor are strengthening a civil society role in demanding, as well as taking responsibility for supporting government health services....efforts to link payment mechanisms such as equity funds to quality standards for health services are resulting in increased utilization, increased demand for services and increased client demand for quality. This has led to improved facility quality and more client-oriented service provider behavior.”¹¹

Key Recommendations emerging from this evaluation were to:

- Support institutionalization of the QI system
- Expedite implementation of the Performance-Based Contracting Initiatives (PBCI)
- Continue TA to the MoH to improve the health financing mechanisms and their practical application, including linking payment to quality of services.
- Explore long-term institutionalization of HEF management
- Explore support for strengthening private sector professionalism and standards to address a rapidly expanding and utilized, yet unregulated or monitored, private sector.
- Enhance current capacity-building and sector reform activities to improve government management, transparency and accountability, and further strengthen linkages between incentives and salaries to improve staff motivation and performance.

D. Purpose of New Health Systems Strengthening Program in Cambodia

The purpose of the program is to contribute to the following Cambodia-specific goals for September 2013:

- Reduce maternal and under-5 mortality by 25%.
- Increase modern contraceptive use to at least 33%.
- Reduce TB prevalence by 20%.
- Reduce HIV prevalence in the 20-24 age group by 10%.

These objectives and the supporting outputs, expected results, risks and assumptions are laid out in Appendix A.

The program aims to achieve this purpose through the following components:

- (1) Strengthening public and private health service delivery systems;

10 Fronczak et al, Strategic Assessment Of Three Integrated Health Projects In Cambodia, Global Health Technical Assistance Project 2007, p.27

11 Fronczak et al, Strategic Assessment Of Three Integrated Health Projects In Cambodia, Global Health Technical Assistance Project 2007

- (2) Improving the quality and potential impact of maternal, neonatal and infant/child health (MNCH) services and interventions;
- (3) Strengthening Management and Control of Infectious Disease; and
- (4) Building the capacity of local Cambodia non-governmental organizations in the health sector.

These 4 components are expected to jointly contribute to the following outcomes:

- Enhanced accountability and transparency in planning, budgeting and disbursement of funds to the health sector.
- Increased receipt of funds at the periphery with consequently enhanced service delivery.
- Establishment of effective performance-based management and contracting systems which link the four levels of the service delivery system: national-provincial-operating district-health facility.
- Increased access to health services by the most disadvantaged populations and protection from debt/poverty due to health care costs.
- Increased MoH ownership/stewardship of the planning and implementation process for health sector reform at all four levels.
- Improved capacity of local citizens, civil society, and commune councils to engage with provincial and district health authorities to advocate for their priorities and to promote greater monitoring, accountability and responsiveness of local health and governance authorities to citizen's needs.
- Improved *quality* and *coverage* of maternal, newborn and child health (MNCH), nutrition and family planning (FP) services
- Improved monitoring and supervision of maternal and neonatal care through mechanisms which ensure consistent delivery of high impact interventions.
- Improved integration of HIV, TB and MCH services resulting in increased coverage of primary and secondary PMTCT and TB-HIV co-infections.
- Strengthened national Health Information System (HIS) and improving the capacity for epidemiological surveillance and response to AI and other emergent public health threats.

Although it is anticipated that a Cooperative Agreement will be awarded to only one lead organization, it is recognized that the award components cover a wide, diverse and complex technical range. Applicants may partner with other sub-recipient organizations in order to secure the necessary institutional expertise to achieve results but the management plan should be efficient, well-structured yet simplified.

If proposing sub-recipients, the implementer shall describe the role and responsibilities of each sub organization, justification of the sub-recipient's proposed labor mix, and why the teaming is the most efficient and effective arrangement in meeting the objectives of this program. Coordination and management responsibilities should be clarified. USAID discourages partnering with organizations that already receive direct funding from USAID/Cambodia or teaming arrangements that may create a

management burden on the prime or complicate program implementation; this is of particular concern if more than two sub-recipients are proposed. Thus, a compelling rationale for more than two sub-recipients must be provided if proposed. Please note that there exists no privities between USAID and the sub recipients and that it is the prime organization's responsibility to effectively manage their sub-recipients.

E. Coverage under this Program

Geographical Scope

NATIONAL: The program will work directly at the national level to develop MoH capacities in terms of both management and financing of the health system; improving the technical content/potential impact of health service interventions; and developing MOH leadership.

PROVINCIAL: The Program may work at the PHD level to build capacity to qualify for and effectively utilize PBGs, MBPI, or Standard Operating Agencies (SOA) in the following focus provinces: Siem Reap, Banteay Meanchey, Kampong Cham, Phnom Penh, Pursat, Kampong Speu, Prey Veng, Koh Kong, Sihanoukville and Battambang.

COMMUNITY (CIVIL SOCIETY): The Program will support, through sub-contracts or sub-grants, local non-government outreach activities at OD and health facility level which may require external technical assistance, monitoring or management.

Target groups and inclusion of the poor and vulnerable

Health care financing initiatives are explicitly intended to benefit the poorer segment of Cambodian society. Other systems capacity building activities will serve the entire population through improved public sector service delivery, but bring particular benefit to poorer families who cannot afford private sector care. Since maternal/newborn and infant/child mortality rates are markedly higher among persons of lower socio-economic status, improvements in the quality and coverage of high-impact MCHN interventions will likewise be of disproportionate benefit to the poor, as will improved management and control of TB and other infectious diseases, to which the poor and under-nourished are more susceptible.

Estimated funding: Funds available for this program are not expected to exceed \$36 million for the 5 year period.

F. Key Elements of the Health Systems Strengthening Program

Component 1: STRENGTHENING PUBLIC AND PRIVATE HEALTH SERVICE DELIVERY SYSTEMS

Applicants shall propose strategies and activities to strengthen the MoH's stewardship in health care planning, financing and service provision which specifically address the weaknesses identified in the preceding sections.

Proposed activities shall serve to maximize the chance of effective utilization of the resources expected to be provided under the HSSP2 and ensure that the envisaged internal contracting mechanisms between MOH and PHDs, PHDs and ODs, and ODs and facilities, are implemented in a transparent performance-based manner and that payments reach the periphery in a timely manner and in full amount and supplement rather than replace government budget allocations.

In addition, Applicants shall propose strategies and activities to assist the MoH in development and implementation of a viable Health Insurance and Financing Strategy in which well-designed National HEF are a critical early component. Health financing arrangements must simultaneously meet the urgent need for access to services by the poor, be well integrated with community-based health insurance and other voucher schemes and ensure that government managers are responsible for their implementation and sustainability.

In addition to activities with nationwide scope, Applicants shall propose specific activities for (1) capacity building of PHDs in the USAID focus provinces (see Section E) to enable PHDs to meet the Public Finance Management criteria necessary for receipt of a PBG or other contracting arrangement and to equip them with the necessary skills and knowledge to effectively use contracted resources to strengthen service delivery, including the skills required to establish and manage performance-based contracts with ODs, and (2) to fulfill the targets set in their Performance Agreements with the MoH in order to qualify for merit-based incentives.

Activities under this component shall include, but need not necessarily be limited to:

National/nationwide:

- Technical assistance/advocacy to the central MoH in (1) establishing clear national strategies, policies and guidelines with respect to both HEFs at referral hospital and health center levels as well as with respect to longer term mechanisms to ensure universal access to health care; (2) incorporating into the national HEF mechanisms which link reimbursement to quality of care and ensure existing incentive schemes complement (not duplicate) each other, (3) bringing existing HEFs within the broader health financing framework.
- Technical Assistance/training to the MoH to scale-up implementation of quality assessment tools and ensure their appropriate application and use, periodic revision/up-grading as necessary, and *linkage to HEF reimbursement and other financial incentives*.
- Technical assistance/advocacy to the central MoH and outreach to local authorities in the establishing of clear national strategies, policies and guidelines with respect to community-based health volunteers and increasing community ownership, oversight and support for local volunteers.
- Award and management of sub-contracts to NGOs to administer MOH Health Equity Funds (HEFs) as third party payers according to national guidelines.
- Technical Assistance to the MoH in conducting an appraisal of patient expenditures for care in Referral Hospitals (including both formal and “informal” payments) and development of guidelines and monitoring mechanisms that ensure that services are affordable for the majority of citizens and competitive to costs in the private sector.

- Technical assistance and/or training to the MoH to improve the national Health Information Systems and in the use of performance-related data to improve service delivery and establish performance targets for the PHD or other “contracting” Performance Agreements, with a focus on quality as well as quantity of services.
- Technical assistance and/or training to the MoH in development of systems to assess PHD eligibility for MBPI/SOA under the MoH-PHD Performance Agreements, possibly including the award and management of contracts to non-governmental entities to conduct external assessments.
- Technical Assistance/advocacy to the MoH in development of systems for external monitoring of actual government budget receipt (timing and amount) against the approved AOP at provincial, OD and facility level, with feedback to central MOH and HSSP2 partners.

In focus provinces only:

- Technical assistance to enable PHD/ODs to achieve the Public Finance Management threshold necessary for PBG or other contracting eligibility.
- Technical assistance to PHDs which are eligible for Block Grants in development and negotiation and management of OD-specific performance based contracts.
- Award and management of sub-contracts to NGOs to conduct external monitoring of performance under new decentralized contracting arrangements.
- Subject to USAID approval, NGO sub-contracts may also be awarded in selected focus provinces to support community-based activities to promote appropriate health and health care-seeking behaviors through delivery of a standardized set of community-level interventions.
- Technical assistance to PHD/ODs to enable them to achieve the targets specified in their Performance Agreements with MoH.
- Technical assistance to HC and RHs to strengthen referral and feedback systems between health facilities.
- Technical assistance to PHDs to enable them to increase Referral Hospital revenues while simultaneously improving financial access through better pricing structures, drawing on lessons learned elsewhere in Cambodia.
- Community and local governance mobilization to strengthen the oversight and monitoring role of commune councils, local authorities and the local population.
- Technical assistance to strengthen PHDs ability to (1) guide and support ODs in the preparation of Annual Operations Plans (AOP) and (2) consolidate these into a provincial AOP which will ensure program integration and effective channeling of available resources to health priorities articulated in the HSP2.
- Technical assistance/coaching to build the capacity of PHDs to conduct meaningful, integrated supportive supervision as per MoH guidelines¹².

12 Current MoH guidelines are for PHDs to supervise Referral Hospitals and ODs, while ODs supervise HCs. It is unclear whether the responsibility for Referral Hospital Supervision will change upon the institution of OD-Referral Hospital contracts.

Component 2: IMPROVING THE QUALITY AND POTENTIAL IMPACT OF MATERNAL, NEONATAL AND INFANT/CHILD HEALTH (MNCH) SERVICES AND INTERVENTIONS.

Applicants shall propose a team of persons with appropriate technical expertise and experience in maternal, neonatal and infant/child health (MNCH) and experience serving in an advisory capacity to host country governments to provide technical assistance to the MoH, relevant national programs, and NGOs. Activities shall include, but need not be limited to:

- Technical assistance to the MoH and relevant national programs in an evidence-based review and revision of current guidelines and systems of supervision with respect to high-impact interventions which address the main causes of maternal and neonatal morbidity and mortality in Cambodia. These may include, but are not limited to: active management of the third stage of labor (AMTSL), misoprostol, management of postpartum hemorrhage and pre-eclampsia/eclampsia, and essential newborn care.
- Technical assistance to the MoH and NMCHC in nationwide institutionalization of systems to identify problems in maternal and newborn health care, e.g.: reporting of maternal/newborn deaths and maternal/newborn death audits (both facility and community based); reporting and case review of non-fatal delivery complications (“near-misses”) and consistent use of existing data in client records and facility registers to identify problems in coverage of high-impact interventions.
- Technical assistance to the NMCHC and Regional Training Centers in an evidence-based review of current pre and post service training of midwives and in implementation of revisions as indicated.
- Technical assistance to referral hospitals (in focus provinces) for in-service training of physicians, nurses and nurse-midwives in emergency obstetric care and basic infection control.
- Technical assistance to the MoH and relevant national programs in an evidence-based review and revision of current guidelines and systems of supervision with respect to high-impact interventions which address the main causes of infant and child morbidity and mortality in Cambodia. These may include, but are not limited to: child immunization, strategies for the delivery of VAC supplementation, detection and management of malnutrition, and case management of ARI and DHF.
- Technical assistance to the MoH in development and implementation of a strategy to reduce harmful self-medication practices through interventions targeting both suppliers (pharmacies/shops) and consumers, with special attention to drug use in children and during pregnancy.
- Technical assistance to the MoH, relevant national programs and NGOs in developing a targeted, evidence-based response to the factors which inhibit use of modern family planning as previously detailed in Section A.
- Technical assistance to NGOs in ensuring that community-based MNCH interventions reflect internationally recognized best practices and are standardized among all USAID contractors and grantees.
- Technical assistance/advocacy to the MOH, NCHADS and NMCHC in development and

implementation of a strategy for primary and secondary prevention of maternal to child transmission of HIV as a routine and required part of antenatal, delivery and postpartum care, and development of appropriate monitoring and supervisory tools to ensure follow-through.

- Technical assistance/advocacy to the MOH, NCHADS and NMCHC in expanding the availability of HIV counseling and testing and ARV prophylaxis in pregnancy to primary care levels while maintaining an appropriate standard of care.
- Technical Assistance/advocacy to the MOH and national programs to ensure provision of primary PMTCT (FP counseling and services) as a routine, integral part of services to HIV+ persons.
- Technical assistance to the MOH and the USAID Social Marketing Project in identification of potential new social marketing products which address major MNCH priorities.
- Technical assistance to the government and NGOs in the implementation and monitoring of national vitamin A distribution.
- Technical assistance to the government and NGOs in the development, implementation and monitoring of infant and young child feeding programs.
- Technical assistance to government, NGOs and the Private Sector in assessing the feasibility of expanding current food fortification efforts.

Technical Assistance Teams for Component 2: Applicants shall propose the composition of the technical assistance team and respective levels of effort and provide, in an Annex, full C.V.s for all proposed members plus a signed statement of availability. Applicants shall also briefly describe the approaches that will be taken in providing the TA described above and any additional TA/training or other capacity-building activities they may wish to propose in addition to those specified.

Component 3: STRENGTHENING MANAGEMENT AND CONTROL OF INFECTIOUS DISEASES

The Applicant shall propose a methodology and one or more appropriately qualified experts to strengthen the MoH's ability to (1) detect, treat and contain TB; (2) work effectively across vertical program lines to address TB-HIV co-infection, and (3) rapidly identify and respond to outbreaks of Avian Influenza (AI) or other influenza-like illnesses, dengue fever and any other emergent epidemics. Illustrative activities may include, but need not be limited to:

- Technical Assistance and/or training to building the MoH's capacity in epidemiologic surveillance and response and developing shared platforms for recognizing and responding to outbreaks of AI/ other influenza-like diseases, dengue fever, and other emerging threats.
- Integration of national infectious disease programs into service delivery at provincial and district levels.

Technical Assistance Teams for Component 3: Applicants shall propose the composition of the

technical assistance team and respective levels of effort and provide, in an Annex, full C.V.s for all proposed members plus a signed statement of availability. Applicants shall also briefly describe the approaches that will be taken in providing the TA described above and any additional TA/training or other capacity-building activities they may wish to propose in addition to those specified.

Component 4: BUILDING THE CAPACITY OF LOCAL CAMBODIA NON-GOVERNMENTAL ORGANIZATION IN THE HEALTH SECTOR

As listed above, the Applicant will administer a small grants (sub-grants) program to local NGOs for activities related to health equity funds, MBPI eligibility, external monitoring of sub-contracts and support of community-based activities. The Applicant will devise methods to further build the technical and managerial capacity and quality of proven local Cambodian NGOs working in the health sector when carrying out these tasks, while cost-effectively increasing essential health care coverage in rural or under-served operating districts.

G. Sustainability Plan

Capacity building activities are, by definition, sustainable to the extent that they succeed; consequently sustainability will largely be assessed in terms of how likely the methodology and personnel proposed are to achieve the desired outcomes. Illustrative examples of sustained capacity-building should include, but are not limited to:

- (1) Assist government in institutionalization of the national HEF and any future mechanisms to ensure universal access to health care in an appropriate locus;
- (2) Assist government in widening the financial base to fund health care financing schemes in a manner which decreases dependency on external donors;
- (3) Assist the government in institutionalization and integration of maternal, child and neo-natal services under a cohesive and comprehensive decentralization program.
- (4) Develop capacity at all levels of the MOH to utilize data and advocate within the MOH for increased funding and commitment for their particular operating unit.
- (5) Assist the government in the establishment and institutionalization of a functional national health information system.

H. Monitoring and Evaluation

The purpose, outputs, indicators, and risks/assumptions for this program are set out in the log frame attached at Appendix A. The goal and purpose level indicators are taken from national monitoring and evaluation frameworks. These are referenced in the log frame. At the output level, applicants shall propose robust indicators which capture the intended outputs and describe how these will be measured. The proposed indicators will be reviewed and, if accepted by USAID, will form the initial basis for routine monitoring as well as periodic reviews of progress in delivering the outputs and towards achievement of the program purpose. Accurate and timely monitoring should enable program adjustments and corrections to changing conditions (policy, economic, health or political) as necessary.

USAID will monitor and evaluate the Program through:

- Semi-annual progress reports submitted by the Awardee to USAID/Cambodia will be reviewed for progress against planned activities and outputs. These reports will document progress towards outputs and highlight any emerging issues which may affect the likelihood of achieving the program purpose. Receipt of the reports will be followed by a formal meeting with USAID/Cambodia to discuss issues arising and document any actions agreed to.
- USAID anticipates commissioning an external evaluation in year 4 of the Program.

I. Cross-Cutting Themes

The following cross-cutting themes shall be addressed with some specificity in the Application.

a. Gender: USAID promotes specific attention to and gender mainstreaming in all programs. Two guiding questions that shall be considered in addressing gender issues are:

1. Are men and women involved or affected differently by the context or work to be undertaken?
2. If so, how will this difference be addressed in order to manage for sustainable program impact?

Applicants shall address these questions by taking into account not only the different roles of men and women in Cambodia, but also the relationship and balance between them and institutional structures that support them.

b. Poverty: Poverty reduction one of the USG's assistance priorities. Successful applications will demonstrate a clear understanding of how health and poverty interact in the Cambodian context and how this program will contribute to access of quality health care by the poor and vulnerable.

c. Partnering and Linkages: Fostering collaborative linkages and partnerships among USAID implementing partners and within the wider public, NGO, and commercial/private health sector community, including the Cambodian Ministry of Health and its associated national programs, will be an important principle throughout the award period. In particular, Applicants shall describe (1) how they will leverage the activities and inputs of other organizations to enhance Program impact; (2) how the proposed activities will enhance the capacity of the public and private sector; and (3) how successful efforts and lessons learned will be disseminated. In focus provinces it is expected that other USAID partners will be providing support to improve the health system and the Applicant shall be expected to work collaboratively and closely with existing USAID grantees and contractors and ensure the programs are mutually supportive.

J. Substantial Involvement Understanding

USAID/Cambodia considers collaboration with the awardee(s) crucial for the successful implementation of this program. Substantial involvement under the proposed award(s) shall include the following:

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- 1) Approval of key personnel;
- 2) Approval of the initial and annual work plans, including the Performance Monitoring and Evaluation Plan; and changes to the approved work-plan or the performance monitoring plan; and
- 3) Approval of sub-agreements except those covered by 22 CFR 225.25(c)(8).

K. Authorized Geographic Code

The authorized geographic code for the procurement of goods and services under this award is 935.

[END OF SECTION C]

SECTION D: CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT (May 2006)

Note: [1] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term “Grant” means “Cooperative Agreement”. [2] The Recipient must obtain from each identified sub-grantee and (sub) contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Transactions. The Recipient should reproduce additional copies as necessary.

PART I - CERTIFICATIONS AND ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

- (a) The Recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:
- (1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;
 - (2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;
 - (3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;
 - (4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and
 - (5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.
- (b) If the Recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the Recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

(c) This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Recipient.

2. CERTIFICATION REGARDING LOBBYING

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

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report

Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

3. CERTIFICATION REGARDING TERRORIST FINANCING IMPLEMENTING E.O. 13224

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

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.
2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:
 - a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website: <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.
 - b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Osama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient must refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.
 - c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.
 - d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.
3. For purposes of this Certification-
 - a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false

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

b. "Terrorist act" means-

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

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

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

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

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

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

4. KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

CAMBODIA 442-08-008-RFA

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that certain key individuals of organizations must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

5. PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

1. I hereby certify that within the last ten years:
 - a. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
 - b. I am not and have not been an illicit trafficker in any such drug or controlled substance.
 - c. I am not or have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.
2. I understand that USAID may terminate my training if it is determined that I engaged in the above conduct during the last ten years or during my USAID training.

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

6. CERTIFICATION OF RECIPIENT

By signing below the Recipient provides certifications and assurance for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Certification Regarding Terrorist Financing Implementing Executive Order 13224, (4) the Key Individual Certification Narcotics Offenses and Drug Trafficking and (5) the Participant Certification Narcotics Offenses and Drug Trafficking, above.

RFA No.: _____

Application No.: _____

Date of Application: _____

Name of Recipient: _____

Typed Name and Title: _____

Signature: _____

Date: _____

7. CERTIFICATION OF COMPLIANCE WITH STANDARD PROVISIONS ENTITLED “CONDOMS” AND “PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING”

This certification requirement only applies to the prime recipient. Before a U.S. or non-U.S. non-governmental organization receives FY04-FY08 HIV/AIDS funds under a grant or cooperative agreement, such recipient must provide to the Agreement Officer a certification substantially as follows:

“[Recipient's name] certifies compliance as applicable with the standard provisions entitled “Condoms” and “Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking” included in the referenced agreement.”

PART II - OTHER STATEMENTS OF RECIPIENT

1. AUTHORIZED INDIVIDUALS

The Recipient represents that the following persons are authorized to negotiate on its behalf with the Government and to bind the Recipient in connection with this application or grant:

Name	Title	Telephone No.	Facsimile No.
------	-------	---------------	---------------

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

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

TIN: _____

3. CONTRACTOR IDENTIFICATION NUMBER - DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) In the space provided at the end of this provision, the Recipient must supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients must take care to report the number that identifies the Recipient's name and address exactly as stated in the proposal.

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

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

(c) Recipients located outside the United States may obtain the location and phone number of the local Dun and Bradstreet Information Services office from the Internet Home Page at <http://www.dbisna.com/dbis/customer/custlist.htm>. If an offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

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

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

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

LOC: _____

5. PROCUREMENT INFORMATION

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

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

\$ _____

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

TYPE/DESCRIPTION
QUANTITY
ESTIMATED UNIT COST

(d) Source, Origin, and Componentry of Goods. If the Recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, please indicate below (using a continuation page, as necessary) the types and quantities of each, estimated unit costs of each, and probable source and/or origin. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase. However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced. A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or re-labeling items does not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION
QUANTITY
ESTIMATED GOODS

PROBABLE GOODS
PROBABLE (Generic)
ESTIMATED UNIT COST
GOODS COMPONENTS
PROBABLE SOURCE
GOODS COMPONENTS
PROBABLE ORIGIN

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

TYPE/DESCRIPTION
QUANTITY
ESTIMATED UNIT COST
PROBABLE SOURCE
PROBABLE ORIGIN
INTENDED USE

(f) Supplier Nationality. If the Recipient plans to purchase any goods or services from suppliers of goods and services whose nationality is not in the U.S., please indicate below (using a continuation page, as necessary) the types and quantities of each good or service, estimated costs of each, probable nationality of each non-U.S. supplier of each good or service, and the rationale for purchasing from a non-U.S. supplier. Any supplier whose nationality is a non-Free World country is ineligible for USAID financing.

TYPE/DESCRIPTION
QUANTITY
ESTIMATED UNIT COST
PROBABLE SUPPLIER
PROBABLE NATIONALITY
RATIONALE FOR NON-U.S.

(g) Proposed Disposition. If the Recipient plans to purchase any nonexpendable equipment with a unit acquisition cost of \$5,000 or more, please indicate below (using a continuation page, as necessary) the proposed disposition of each such item. Generally, the Recipient may either retain the property for other uses and make compensation to USAID (computed by applying the percentage of federal participation in the cost of the original program to the current fair market value of the property), or sell the property and reimburse USAID an amount computed by applying to the sales proceeds the percentage of federal participation in the cost of the original program (except that the Recipient may deduct from the federal share \$500 or 10% of the proceeds, whichever is greater, for selling and handling expenses), or donate the property to a host country institution, or otherwise dispose of the property as instructed by USAID.

TYPE/DESCRIPTION
QUANTITY
ESTIMATED UNIT COST
PROPOSED DISPOSITION

6. PAST PERFORMANCE REFERENCES

On a continuation page, please provide a list of the three most current U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., and the name, address, and telephone number of the Contract/Agreement Officer or other contact person.

7. TYPE OF ORGANIZATION

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

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

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

8. ESTIMATED COSTS OF COMMUNICATIONS PRODUCTS

The following are the estimate(s) of the cost of each separate communications product (i.e., any printed material [other than non-color photocopy material], photographic services, or video production services) which is anticipated under the grant. Each estimate must include all the costs associated with preparation and execution of the product. Use a continuation page as necessary.

ATTACHMENT A

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

(a) Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," ineligible, "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. 1/ You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier covered Transaction," 2/ without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Applicant/Subgrantee _____

Typed Name and Title _____

Signature _____

1/ See ADS Chapter 303, 22 CFR 208.

2/ For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the USAID grant standard provision for U.S. nongovernmental organizations entitled "Debarment, Suspension, and Related Matters" (see ADS Chapter 303), or in the USAID grant standard provision for non-U.S. nongovernmental organizations entitled "Debarment, Suspension, and Other Responsibility Matters" (see ADS Chapter 303).

KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

1. I have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
2. I am not and have not been an illicit trafficker in any such drug or controlled substance.
3. I am not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

Date of Birth: _____

NOTICE:

1. You are required to sign this Certification under the provisions of 22 CFR Part 140, Prohibition on Assistance to Drug Traffickers. These regulations were issued by the Department of State and require that key individuals of organizations must sign this Certification.
2. If you make a false Certification you are subject to U.S. criminal prosecution under 18 U.S.C. 1001.

PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

[Required if the identity of participant trainees is known by the time application is made].

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

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

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

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

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

Signature: _____

Name: _____

Date: _____

Address: _____

Date of Birth: _____

NOTICE:

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

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

FORMATS: Rev. 06/16/97 (ADS 303.6, E303.5.6a) When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". The recipient must obtain from each identified subgrantee and (sub) contractor, and submit with its application/proposal, the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Transactions, set forth in Attachment A hereto. The recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the recipient is a U.S.

nongovernmental organization, or in the grant standard provision entitled "Debarment, Suspension, and Other Responsibility Matters" if the recipient is a non-U.S. nongovernmental organization.

CERTIFICATION REGARDING TERRORIST FINANCING

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

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.
2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:
 - a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website: <http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf>, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.
 - b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Osama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.
 - c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.
 - d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.
3. For purposes of this Certification-
 - a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means-

(i) an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site:

<http://untreaty.un.org/English/Terrorism.asp>); or

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

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

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

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

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

Signed: _____

Name and Title: _____

Name of Organization: _____

Date: _____

PART III -Survey on Ensuring Equal Opportunity for Applicants

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

1. Does the applicant have 501(c)(3) status?

Yes No

2. How many full-time equivalent employees do the applicant have? (Check only one box).

3 or Fewer 15-50
 4-5 51-100
 6-12 over 100

3. What is the size of the applicant's annual budget? (Check only one box.)

Less than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

Yes No

5. Is the applicant a non-religious community based organization?

Yes No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

Yes No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

Yes No

8. Is the applicant a local affiliate of a national organization?

Yes No

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money our organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, 7th and D Streets, SW, ROB-3, Room 3671, Washington, D.C. 20202-4725.

SECTION E: STANDARD PROVISIONS AND OTHER REQUIREMENTS

1. IMPLEMENTATION OF EXECUTIVE ORDER 13224 ON TERRORIST FINANCING

The Recipient is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the contractor/Recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all subcontracts/sub-awards issued under this contract/agreement.

2. REVISED REGULATIONS CONCERNING DEBARMENT AND SUSPENSION AND DRUG-FREE WORKPLACE APPLICABLE TO ASSISTANCE

A. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (JANUARY 2004)

(1) The Recipient agrees to notify the Agreement Officer immediately upon learning that it or any of its principals:

(a) Are presently excluded or disqualified from covered transactions by any Federal department or agency;

(b) Have been convicted within the preceding three-years period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;

(c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b); and

(d) Have had one or more public transactions (Federal, State, or local) terminated for cause or default within the preceding three years.

(2) The Recipient agrees that, unless authorized by the Agreement Officer, it will not knowingly enter into any sub agreements or contracts under this grant with a person or entity that is included on the Excluded Parties List System (<http://epls.arnet.gov>). The Recipient further agrees to include the following provision in any sub agreements or contracts entered into under this award:

B. DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION (DECEMBER 2003)

The Recipient/contractor certifies that neither it nor its principals is presently excluded or disqualified from participation in this transaction by any Federal department or agency.

(1) The policies and procedures applicable to debarment, suspension, and ineligibility under USAID-financed transactions are set forth in 22 CFR Part 208.

C. DRUG-FREE WORKPLACE (JANUARY 2004)

(1) The Recipient agrees that it will publish a drug-free workplace statement and provide a copy to each employee who will be engaged in the performance of any Federal award. The statement must:

(a) Tell the employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in its workplace;

(b) Specify the actions the Recipient will take against employees for violating that prohibition; and

(c) Let each employee know that, as a condition of employment under any award, he or she

(1) Must abide by the terms of the statement, and

(2) Must notify you in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace, and must do so no more than five calendar days after the conviction.

(3) The Recipient agrees that it will establish an ongoing drug-free awareness program to inform employees about

(a) The dangers of drug abuse in the workplace;

(b) Your policy of maintaining a drug-free workplace;

(c) Any available drug counseling, rehabilitation and employee assistance programs; and

(d) The penalties that you may impose upon them for drug abuse violations occurring in the workplace.

(4) Without the Agreement Officer's expressed written approval, the policy statement and program must be in place as soon as possible, no later than the 30 days after the effective date of this award, or the completion date of this award, whichever occurs first.

(5) The Recipient agrees to immediately notify the Agreement Officer if an employee is convicted of a drug violation in the workplace. The notification must be in writing, identify the employee's position title, the number of each award on which the employee worked. The notification must be sent to the Agreement Officer within ten calendar days after the Recipient learns of the conviction.

(6) Within 30 calendar days of learning about an employee's conviction, the Recipient must either

(a) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 USC 794), as amended, or

(b) Require the employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.

(7) The policies and procedures applicable to violations of these requirements are set forth in 22 CFR Part 210.

3. SUPPORTING USAID'S DISABILITY POLICY IN CONTRACTS, GRANTS AND COOPERATIVE AGREEMENTS

USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004):

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

(b) USAID therefore requires that the Recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or cooperative agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the Recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities.

4. REVISED STANDARD PROVISIONS FOR NON-GOVERNMENTAL ORGANIZATIONS

APPLICABILITY OF 22 CFR PART 226 (MAY 2005)

(a) All provisions of 22 CFR 226 and all Standard Provisions attached to this agreement are applicable to the Recipient and to sub recipients which meet the definition of "Recipient" in Part 226, unless a section specifically excludes a sub recipient from coverage. The Recipient shall assure that sub recipients have copies of all the attached standard provisions.

(b) For any sub-awards made with Non-U.S. sub recipients, the Recipient shall include the applicable "Standard Provisions for Non-U.S. Non-Governmental Grantees." Recipients are required to ensure compliance with sub recipient monitoring procedures in accordance with OMB Circular A-133.

5. ANTI-TRAFFICKING ACTIVITIES -- LIMITATION ON THE USE OF FUNDS; RESTRICTION ON ORGANIZATIONS PROMOTING, SUPPORTING OR ADVOCATING PROSTITUTION:

ORGANIZATIONS ELIGIBLE FOR TIP ASSISTANCE (MAY 2007)

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. No funds made available under an agreement resulting from this Request for Application or Annual Program Statement for the purpose of monitoring or combating trafficking in persons may be used to promote, support or advocate the legalization or practice of prostitution. Nothing in the immediately preceding sentence shall be construed to preclude assistance designed to combat trafficking in persons, including programs for prevention, protection of victims, and prosecution of traffickers, by ameliorating the

suffering of, or health risks to, victims while they are being trafficked or after they are out of the situation that resulted from such victims being trafficked. U.S. and foreign organizations, Public International Organizations and collaboration agreement non-traditional partners, in each case, whether prime or sub-recipients, that receive U.S. Government funds to carry out programs that target victims of severe forms of trafficking, which means sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age, cannot promote, support or advocate the legalization or practice of prostitution. The preceding sentence shall not apply to such organizations or non-traditional partners that provide services to individuals solely after they are no longer engaged in activities that resulted from such victims being trafficked.

In accordance with the information-sharing requirements in Section 105(f)(4) of the 2003 TVPRA and subject to the review procedures of the Senior Policy Operating Group (SPOG) -- an inter-agency coordinating body statutorily established by the 2003 TVPRA -- before USAID makes any award for anti-trafficking programs or activities or makes an award with a significant anti-trafficking component, USAID is required, to the extent permitted by law, share information on its proposed action with the other primary grant-making SPOG member agencies (Department of State, USAID, Department of Justice, Department of Labor, Department of Health and Human Services, and Department of Homeland Security). Such information shared by the awarding SPOG member agency shall include (i) the name of the funding recipient (including subgrantees or sub-awardees); (ii) location of proposed project; (iii) proposed amount of the award; and (iv) a one or two sentence description of the project. SPOG member agencies shall have the opportunity to comment on (but not clear) any proposed anti-trafficking award of USAID's with respect to (1) whether the proposed action will duplicate anti-trafficking activities of other member agencies; (2) whether the proposed action presents opportunities for partnership with anti-trafficking activities of other member agencies; or (3) whether the proposed action or award to a funding recipient is consistent with U.S. Government policies on combating trafficking in persons. This review and comment process may take twenty-seven business days or longer.

6. IMPLEMENTATION OF THE UNITED STATES LEADERSHIP AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA ACT OF 2003 – ELIGIBILITY LIMITATION ON THE USE OF FUNDS AND OPPOSITION TO PROSTITUTION AND SEX TRAFFICKING

ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (ASSISTANCE) (JUNE 2005)

An organization that is otherwise eligible to receive funds under this agreement to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection.

CONDOMS (ASSISTANCE) (JUNE 2005)

Information provided about the use of condoms as part of projects or activities that are funded under this agreement shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled, "USAID: HIV/STI Prevention and Condoms. This fact sheet may be accessed at:

http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/condomfactsheet.html"

PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (JUNE 2005)

- (a) The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.
- (b) Except as noted in the second sentence of this paragraph, as a condition of entering into this agreement or any sub agreement, a non-governmental organization or public international organization recipient/sub recipient must have a policy explicitly opposing prostitution and sex trafficking. The following organizations are exempt from this paragraph: the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.
- (c) The following definition applies for purposes of this provision: Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C.7102(9).
- (d) The recipient shall insert this provision, which is a standard provision, in all sub agreements.
- (e) This provision includes express terms and conditions of the agreement and any violation of it shall be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

7. MARKING UNDER USAID-FUNDED ASSISTANCE INSTRUMENTS (December 2005)

(a) Definitions

Commodities mean any material, article, supply, goods or equipment, excluding Recipient offices, vehicles, and non-deliverable items for Recipient's internal use, in administration of the USAID funded grant, cooperative agreement, or other agreement or sub agreement.

Principal Officer means the most senior officer in a USAID Operating Unit in the field, e.g., USAID Mission Director or USAID Representative. For global programs managed from Washington but executed across many countries, such as disaster relief and assistance to internally displaced persons, humanitarian emergencies or immediate post conflict and political crisis response, the cognizant Principal Officer may be an Office Director, for example, the Directors of USAID/W/Office of Foreign Disaster Assistance and Office of Transition Initiatives. For non-presence countries, the cognizant Principal Officer is the Senior USAID officer in a regional USAID Operating Unit responsible for the non-presence country, or in the absence of such a responsible operating unit, the Principal U.S Diplomatic Officer in the non-presence country exercising delegated authority from USAID.

Programs mean an organized set of activities and allocation of resources directed toward a common purpose, objective, or goal undertaken or proposed by an organization to carry out the responsibilities assigned to it.

Projects include all the marginal costs of inputs (including the proposed investment) technically required to produce a discrete marketable output or a desired result (for example, services from a fully functional water/sewage treatment facility).

Public communications are documents and messages intended for distribution to audiences external to the Recipient's organization. They include, but are not limited to, correspondence, publications, studies, reports, audio visual productions, and other informational products; applications, forms, press and promotional materials used in connection with USAID funded programs, projects or activities, including signage and plaques; Web sites/Internet activities; and events such as training courses, conferences, seminars, press conferences and so forth.

Sub recipient means any person or government (including cooperating country government) department, agency, establishment, or for profit or nonprofit organization that receives a USAID sub award, as defined in 22 C.F.R. 226.2.

Technical Assistance means the provision of funds, goods, services, or other foreign assistance, such as loan guarantees or food for work, to developing countries and other USAID Recipients, and through such Recipients to sub recipients, in direct support of a development objective – as opposed to the internal management of the foreign assistance program.

USAID Identity (Identity) means the official marking for the United States Agency for International Development (USAID), comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that our assistance is “from the American people.” The USAID Identity is available on the USAID website at www.usaid.gov/branding and USAID provides it without royalty, license, or other fee to Recipients of USAID-funded grants, or cooperative agreements, or other assistance awards

(b) Marking of Program Deliverables

(1) All Recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or sub award with the USAID Identity, of a size and prominence equivalent to or greater than the Recipient's, other donor's, or any other third party's identity or logo.

(2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.

(3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.

(4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, Recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the Recipient is encouraged otherwise to acknowledge USAID and the American people's support.

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

(6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government's identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.

(7) The Agreement Officer may require marking with the USAID Identity in the event that the Recipient does not choose to mark with its own identity or logo.

(8) The Agreement Officer may require a pre-production review of USAID-funded public communications and program materials for compliance with the approved Marking Plan.

(9) Sub recipients. To ensure that the marking requirements "flow down" to sub recipients of subawards, Recipients of USAID funded grants and cooperative agreements or other assistance awards will include the USAID-approved marking provision in any USAID funded sub award, as follows:

"As a condition of receipt of this sub award, marking with the USAID Identity of a size and prominence equivalent to or greater than the Recipient's, sub recipient's, other donor's or third party's is required. In the event the Recipient chooses not to require marking with its own identity or logo by the sub recipient, USAID may, at its discretion, require marking by the sub recipient with the USAID Identity."

(10) Any 'public communications', as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:

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

(11) The Recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the Recipient will submit one electronic or one hard copy of all final documents to USAID's Development Experience Clearinghouse.

(c) Implementation of marking requirements.

(1) When the grant or cooperative agreement contains an approved Marking Plan, the Recipient will implement the requirements of this provision following the approved Marking Plan.

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the Recipient will propose and submit a plan for implementing the requirements of this provision within 30 days after the effective date of this provision. The plan will include:

(i) A description of the program deliverables specified in paragraph (b) of this provision that the Recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) the type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,

(iii) when in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

(3) The Recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

(i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;

(ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;

(iii) USAID marking requirements would undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as "by" or "from" a cooperating country ministry or government official;

(iv) USAID marking requirements would impair the functionality of an item;

(v) USAID marking requirements would incur substantial costs or be impractical;

(vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;

(vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements is provision.

(d) Waivers.

(1) The Recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country.

The Recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale for any use of Recipient's own identity/logo or that of a third party on materials that will be subject to the waiver.

(3) Approved waivers are not limited in duration but are subject to Principal Officer review at any time, due to changed circumstances.

(4) Approved waivers "flow down" to Recipients of subawards unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.

(5) Determinations regarding waiver requests are subject to appeal to the Principal Officer's cognizant Assistant Administrator. The Recipient may appeal by submitting a written request to reconsider the Principal Officer's waiver determination to the cognizant Assistant Administrator.

(e) Non-retroactivity. The requirements of this provision do not apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature

(for example, agriculture, forestry, water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the grant does not extend past January 2, 2006.

8. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)

Requirements for Voluntary Sterilization Programs

None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

Prohibition on Abortion-Related Activities

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (MAY 2006)

APPLICABILITY: This provision is applicable to all awards involving any aspect of voluntary population planning activities.

a. Voluntary Participation and Family Planning Methods:

(1) The Recipient agrees to take any steps necessary to ensure that funds made available under this award will not be used to coerce any individual to practice methods of family planning inconsistent with such individual's moral, philosophical, or religious beliefs. Further, the Recipient agrees to conduct its activities in a manner which safeguards the rights, health and welfare of all individuals who take part in the program.

(2) Activities which provide family planning services or information to individuals, financed in whole or in part under this agreement, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

b. Requirements for Voluntary Family Planning Projects

(1) A Family planning project must comply with the requirements of this paragraph.

(2) A project is a discrete activity through which a governmental or nongovernmental organization or public international organization provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.

(3) Service providers and referral agents in the project shall not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.

(4) The project shall not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

(5) No person shall be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.

(6) The project shall provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.

(7) The project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits.

(8) With respect to projects for which USAID provides, or finances the contribution of, contraceptive commodities or technical services and for which there is no sub award or contract under this award, the organization implementing a project for which such assistance is provided shall agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.

(9) (i) The Recipient shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph;

(ii) the Recipient shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.

(iii) The Recipient shall provide USAID such additional information about violations as USAID may request.

c. Additional Requirements for Voluntary Sterilization Programs

(1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(2) The Recipient shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this award are performed only after the individual has voluntarily appeared at the treatment facility and has given informed consent to the sterilization procedure. Informed consent means the voluntary, knowing assent from the individual after being advised of the surgical procedures to be followed, the attendant discomforts and risks, the benefits to be expected, the availability of alternative methods of family planning, the purpose of the operation and its irreversibility, and the option to withdraw consent anytime prior to the operation. An individual's consent is considered voluntary if it is based upon the exercise of free choice and is not obtained by any special inducement or any element of force, fraud, deceit, duress, or other forms of coercion or misrepresentation.

(3) Further, the Recipient shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or (ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to the patient, and that the patient thereafter consented to the performance of the operation. The receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient.

(4) The Recipient must retain copies of informed consent forms and certification documents for each voluntary sterilization procedure for a period of three years after performance of the sterilization procedure.

d. Prohibition on Abortion-Related Activities:

(1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

e. Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning.

I. Grants and Cooperative Agreements with U.S. Nongovernmental Organizations

(1) The Recipient agrees that it will not furnish assistance for family planning under this award to any foreign nongovernmental organization that performs or actively promotes abortion as a method of family planning in USAID-Recipient countries or that provides financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

(2) Prior to furnishing funds provided under this award to another nongovernmental organization organized under the laws of any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, the Recipient shall obtain the written agreement of such organization that the organization shall not furnish assistance for family planning under this award to any foreign nongovernmental organization except under the conditions and requirements that are applicable to the Recipient as set forth in this paragraph (e).

(3) The Recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the sub recipient) unless:

(i) The sub recipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-Recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and

(ii) The Recipient obtains the written agreement of the sub recipient containing the undertakings described in subparagraph (4) below.

(4) Prior to furnishing assistance for family planning under this award to a sub recipient, the sub recipient must agree in writing that:

(i) The sub recipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-Recipient countries or provide financial support to other foreign nongovernmental organizations that conduct such activities;

(ii) The Recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the sub recipient in the usual course of its operations that describe the family planning activities of the sub recipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the sub recipient; (C) consult with family planning personnel of the sub recipient; and (D) obtain a copy of the audited financial statement or report of the sub recipient, if there is one;

(iii) In the event that the Recipient or USAID has reasonable cause to believe that a sub recipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the Recipient shall review the family planning program of the sub recipient to determine whether a violation of the undertaking has occurred. The sub recipient shall make available to the Recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also review the family planning program of the sub recipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request;

(iv) The sub recipient shall refund to the Recipient the entire amount of assistance for family planning furnished to the sub recipient under this award in the event it is determined that the certification provided by the sub recipient under subparagraph (3), above, is false;

(v) Assistance for family planning provided to the sub recipient under this award shall be terminated if the sub recipient violates any undertaking in the agreement required by subparagraphs (3) and (4), and the sub recipient shall refund to the Recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning; and

(vi) The sub recipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the subsubrecipient) only if: (A) the sub-

sub recipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-Recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the sub recipient obtains the written agreement of the sub-sub recipient that contains the same undertakings and obligations to the sub recipient as those provided by the sub recipient sent to the Recipient as described in subparagraphs (4)(i)-(v) above.

(5) Agreements with sub recipients and sub-sub recipients required under subparagraphs (3) and (4) shall contain the definitions set forth in subparagraph (10) of this paragraph (e).

(6) The Recipient shall be liable to USAID for a refund for a violation of any requirement of this paragraph (e) only if: (i) the Recipient knowingly furnishes assistance for family planning to a sub recipient who performs or actively promotes abortion as a method of family planning; or (ii) the certification provided by a sub recipient is false and the Recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the sub recipient; or (iii) the Recipient knows or has reason to know, by virtue of the monitoring which the Recipient is required to perform under the terms of this award, that a sub recipient has violated any of the undertakings required under subparagraph (4) and the Recipient fails to terminate assistance for family planning to the sub recipient, or fails to require the sub recipient to terminate assistance to a sub-sub recipient that violates any undertaking of the agreement required under subparagraph 4(vi), above. If the Recipient finds, in exercising its monitoring responsibility under this award, that a sub recipient or sub-sub recipient receives frequent requests for the information described in subparagraph (10)(iii)(A)(II), below, the Recipient shall verify that this information is being provided properly in accordance with subparagraph (10)(iii)(A)(II) and shall describe to USAID the reasons for reaching its conclusion.

(7) In submitting a request to USAID for approval of a Recipient's decision to furnish assistance for family planning to a sub recipient, the Recipient shall include a description of the efforts made by the Recipient to verify the validity of the certification provided by the sub recipient. USAID may request the Recipient to make additional efforts to verify the validity of the certification. USAID will inform the Recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (6) above, the Recipient shall not be liable to USAID for a refund in the event the sub recipient's certification is false unless the Recipient knew the certification to be false or misrepresented to USAID the efforts made by the Recipient to verify the validity of the certification.

(8) It is understood that USAID may make independent inquiries, in the community served by a sub recipient or sub-sub recipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(9) A sub recipient must provide the certification required under subparagraph (3) and a sub-sub recipient must provide the certification required under subparagraph (4)(vi) each time a new agreement is executed with the sub recipient or sub-sub recipient in furnishing assistance for family planning under the award.

(10) The following definitions apply for purposes of this paragraph (e):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post abortion care.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public information campaign in USAID-Recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest, or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this

definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(C) Action by an individual acting in the individual's capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that the individual is acting on behalf of the organization.

(iv) To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the Recipient, sub recipient or sub-sub recipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(11) In determining whether a foreign nongovernmental organization is eligible to be a sub recipient or sub-sub recipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the sub recipient or sub-sub recipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The Recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, that would not be considered separate under the preceding sentence, if the Recipient believes, and provides a written justification to USAID therefore, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one to the other.

(12) Assistance for family planning may be furnished under this award by a Recipient, sub recipient or sub-sub recipient to a foreign government event though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(13) The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

II. Grants and Cooperative Agreements with Non-U.S., Nongovernmental Organizations

- (1) The Recipient certifies that it does not now and will not during the term of this award perform or actively promote abortion as a method of family planning in USAID-Recipient countries or provide financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (e), a foreign nongovernmental organization is a nongovernmental organization that is not organized under the laws of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.
- (2) The Recipient agrees that the authorized representative of USAID may, at any reasonable time: (i) inspect the documents and materials maintained or prepared by the Recipient in the usual course of its operations that describe the family planning activities of the Recipient, including reports, brochures and service statistics; (ii) observe the family planning activity conducted by the Recipient, (iii) consult with the family planning personnel of the Recipient; and (iv) obtain a copy of the audited financial statement or report of the Recipient, if there is one.
- (3) In the event USAID has reasonable cause to believe that the Recipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the Recipient shall make available to USAID such books and records and other information as USAID may reasonably request in order to determine whether a violation of the undertaking has occurred.
- (4) The Recipient shall refund to USAID the entire amount of assistance for family planning furnished under this award in the event it is determined that the certification provided by the Recipient under subparagraph (1), above, is false.
- (5) Assistance for family planning to the Recipient under this award shall be terminated if the Recipient violates any undertaking required by this paragraph (e), and the Recipient shall refund to USAID the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning.
- (6) The Recipient may not furnish assistance for family planning under this award to a foreign nongovernmental organization (the sub recipient) unless: (i) the sub recipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-Recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (ii) the Recipient obtains the written agreement of the sub recipient containing the undertakings described in subparagraph (7), below.
- (7) Prior to furnishing assistance for family planning under this award to a sub recipient, the sub recipient must agree in writing that:
 - (i) The sub recipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in USAID-Recipient countries or

provide financial support to other nongovernmental organizations that conduct such activities.

(ii) The Recipient and authorized representatives of USAID may, at any reasonable time: (A) inspect the documents and materials maintained or prepared by the sub recipient in the usual course of its operations that describe the family planning activities of the sub recipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the sub recipient; (C) consult with family planning personnel of the sub recipient; and (D) obtain a copy of the audited financial statement or report of the sub recipient, if there is one.

(iii) In the event the Recipient or USAID has reasonable cause to believe that a sub recipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the Recipient shall review the family planning program of the sub recipient to determine whether a violation of the undertaking has occurred. The sub recipient shall make available to the Recipient such books and records and other information as may be reasonably requested in order to conduct the review. USAID may also review the family planning program of the sub recipient under these circumstances, and USAID shall have access to such books and records and information for inspection upon request.

(iv) The sub recipient shall refund to the Recipient the entire amount of assistance for family planning furnished to the sub recipient under this award in the event it is determined that the certification provided by the sub recipient under subparagraph (6), above, is false.

(v) Assistance for family planning to the sub recipient under this award shall be terminated if the sub recipient violates any undertaking required by this paragraph (e), and the sub recipient shall refund to the Recipient the value of any assistance furnished under this award that is used to perform or actively promote abortion as a method of family planning.

(vi) The sub recipient may furnish assistance for family planning under this award to another foreign nongovernmental organization (the sub-subrecipient) only if: (A) the sub-sub recipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in USAID-Recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities; and (B) the sub recipient obtains the written agreement of the sub-sub recipient that contains the same undertakings and obligations to the sub recipient as those provided by the sub recipient to the Recipient as described in subparagraphs (7)(i)-(v), above.

(8) Agreements with sub recipients and sub-sub recipients required under subparagraphs (6) and (7) shall contain the definitions set forth in subparagraph (13) of this paragraph (e).

(9) The Recipient shall be liable to USAID for a refund for a violation by a sub recipient relating to its certification required under subparagraph (6) or by a sub recipient or a sub-sub recipient relating to its undertakings in the agreement required under subparagraphs (6) and (7) only if: (i) the Recipient knowingly furnishes assistance for family planning to a sub recipient that performs or actively promotes abortion as a method of family planning; or (ii) the

certification provided by a sub recipient is false and the Recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the sub recipient; or (iii) the Recipient knows or has reason to know, by virtue of the monitoring that the Recipient is required to perform under the terms of this award, that a sub recipient has violated any of the undertakings required under subparagraph (7) and the Recipient fails to terminate assistance for family planning to the sub recipient, or fails to require the sub recipient to terminate assistance to a sub-sub recipient that violates any undertaking of the agreement required under subparagraph 7(vi), above. If the Recipient finds, in exercising its monitoring responsibility under this award, that a sub recipient or sub-sub recipient receives frequent requests for the information described in subparagraph (13)(iii)(A)(II), below, the Recipient shall verify that this information is being provided properly in accordance with subparagraph 13(iii)(A)(II) and shall describe to USAID the reasons for reaching its conclusion.

(10) In submitting a request to USAID for approval of a Recipient's decision to furnish assistance for family planning to a sub recipient, the Recipient shall include a description of the efforts made by the Recipient to verify the validity of the certification provided by the sub recipient. USAID may request the Recipient to make additional efforts to verify the validity of the certification. USAID will inform the Recipient in writing when USAID is satisfied that reasonable efforts have been made. If USAID concludes that these efforts are reasonable within the meaning of subparagraph (9) above, the Recipient shall not be liable to USAID for a refund in the event the sub recipient's certification is false unless the Recipient knew the certification to be false or misrepresented to USAID the efforts made by the Recipient to verify the validity of the certification.

(11) It is understood that USAID may make independent inquiries, in the community served by a sub recipient or sub-sub recipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(12) A sub recipient must provide the certification required under subparagraph (6) and a sub-sub recipient must provide the certification required under subparagraph (7)(vi) each time a new agreement is executed with the sub recipient or sub-sub recipient in furnishing assistance for family planning under this award.

(13) The following definitions apply for purposes of paragraph (e):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals that do not include abortion in their family planning programs. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning; and

(IV) Conducting a public information campaign in USAID-Recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape or incest or if the life of the mother would be endangered if the fetus were carried to term. Also excluded from this definition is the treatment of injuries or illnesses caused by legal or illegal abortions, for example, post-abortion care.

(C) Action by an individual acting in the individual's own capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent the individual is acting on behalf of the organization.

(iv) To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this award to the family planning program of the organization, and includes the transfer of funds made available under this award or goods or services financed with such funds, but does not include the purchase of goods or services from an organization or the participation of an individual in the general training programs of the Recipient, sub recipient or sub-sub recipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(14) In determining whether a foreign nongovernmental organization is eligible to be a Recipient, sub recipient or sub-sub recipient of assistance for family planning under this award, the action of separate nongovernmental organizations shall not be imputed to the Recipient, sub recipient or subsubrecipient, unless, in the judgment of USAID, a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (e). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The Recipient may request USAID's approval to treat as separate the family planning activities of two or more organizations, which would not be considered separate under the preceding sentence, if the Recipient believes, and provides a written justification to USAID therefore, that the family planning activities of the organizations are sufficiently distinct so as to warrant not imputing the activity of one of the other.

(15) Assistance for family planning may be furnished under this award by a Recipient, sub recipient or sub-sub recipient to a foreign government even though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(16) The requirements of this paragraph are not applicable to child spacing assistance furnished to a foreign nongovernmental organization that is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care services to mothers and children and child spacing is one of several health care services being provided by the organization as part of a larger child survival effort with the objective of reducing infant and child mortality.

III. Exceptions

The paragraphs set forth in sections (I) and (II) above are not applicable in the situations described below:

(1) While the paragraphs are to be used in grants and cooperative agreements (and assistance sub agreements) that provide financing for family planning activity or activities, if family planning is a component of an activity involving assistance or other purposes, such as food and nutrition, health for education, paragraph (e), "Ineligibility of Foreign Nongovernmental Organizations that Perform or Actively Promote Abortion as a Method of Family Planning," applies only to the family planning component.

(2) When health or child survival funds are used to provide assistance for child spacing as well as health purposes, these paragraphs are applicable to such assistance unless: (a) the foreign nongovernmental organization is one that primarily provides health services; (b) the objective of the assistance is to finance integrated health care services to mothers and children; and (c)

child spacing is one of several health care services being provided as part of a larger child survival effort with the objective of reducing infant and child mortality. These paragraphs need not be included in the assistance agreement if it indicates that assistance for child spacing will be provided only in this way. USAID support under these circumstances is considered a contribution to a health service delivery program and not to a family planning program. In such a case, these paragraphs need not be included in an assistance agreement.

(3) These paragraphs need not be included in assistance agreements with United States nongovernmental organizations for family planning purposes if implementation of the activity does not involve assistance to foreign nongovernmental organizations.

f. The Recipient shall insert paragraphs (a), (b), (c), (d), and (f) of this provision in all subsequent sub agreements and contracts involving family planning or population activities that will be supported in whole or in part from funds under this award. Paragraph (e) shall be inserted in sub agreements and sub-sub agreements in accordance with the terms of paragraph (e). The term sub agreement means sub grants and sub cooperative agreements.

[END OF SECTION E]

SECTION F – ANNEXES AND APPENDICES

Attachment - 1

STANDARD FORMAT FOR ANNUAL WORKPLANS

The purpose of Annual Work plan is to ensure that USAID programs are managed for results. At the initiation of each program, there should be a clearly identified results framework. This framework will include the relevant USAID Strategic Objective (SO), Program Components (PC), Intermediate Results (IR), Performance Indicators, Activities, and Annual Performance Targets that the program will be managed, monitored and reported against. The Annual Work plan process will allow the implementing partner and USAID to review and adjust, if need be, the Activities and Annual Performance Targets so that the program achieves the stated results. Overall, the Annual Work plan should be a practical document that assists both the implementing partner and USAID in managing the implementation of the program. The Annual Work plan, Performance Monitoring Plan and Quarterly Program Reports will follow the results framework in structure, thus ensuring consistency across each document.

ANNUAL WORKPLAN

The Annual Work plan should contain:

- I. Cover Letter** – The cover letter should be approximately one or two pages. For new programs submitting the first Annual Work plan this cover letter should present the expected results for the first year of the program. For subsequent Annual Work plans (year 2, 3, etc.) a brief background paragraph of the past years’ expected results should be provided, followed by 2-3 paragraphs summarizing whether the results were achieved during the previous year. In writing the cover letter, it should be understood that the USAID CTO is fully cognizant of the core documents for the program, e.g. Scope of Work, original proposal, contract/cooperative agreement/grant document, and quarterly reports. There is no need to present the core documents again in the work plan. Therefore, the work plan is primarily a management tool that follows the results framework and establishes the sequence of activities planned to accomplish the stated Annual Performance Targets that in turn will produce the stated results.
- II. Matrix of Activities** – The majority of the Annual Work plan document should be the matrix of activities. **See Attached Format.** The matrix should provide “Annual Performance Targets” that are expected to be achieved during the period covered by the annual work plan. These targets will be directly linked to the stated Performance Indicators (e.g. % of accomplishment of an indicator).
- III. Narrative Annex** – The narrative part of the work plan should supplement the matrix and only provide clarification to the information presented that deviates from previously submitted core documents. It should be short and concise using bullet format as much as

possible. The narrative annex should consist of two sections for each Intermediate Result mentioned in the work plan:

- A) Description of Activities. If the IR or Activity has been included in the core document, or if the stated activity is descriptive enough, it does not require a narrative description. If new activities are added, a description is required. If a previously implemented activity is canceled, an explanation should be provided.
- B) Assumptions and Risks. This should include the assumptions made in developing a new activity and the possible risks (outside the control of the implementer) that the activity will not be able to achieve the stated result.

The narrative should also provide a statement of how program activities will be in compliance with USAID's environmental procedures (codified in 22 CFR 216) and grant agreement provisions such as Congressional restrictions on working with the government.

ANNUAL WORKPLAN MATRIX FORMAT

STRATEGIC OBJECTIVE: (From USAID Cambodia Strategic Statement)																
PROGRAM COMPONENT: (From USAID Cambodia Strategic Statement)																
INTER-MEDIATE RESULTS	PERFORMANCE INDICATORS	ANNUAL PERFORMANCE TARGET	ACTIVITIES	J	F	M	A	M	J	J	A	S	O	N	D	
				a	e	a	p	a	u	u	u	e	p	t	v	c

SAMPLE WORKPLAN MATRIX

STRATEGIC OBJECTIVE: SO12 - Improved Political and Economic Governance																	
PROGRAM COMPONENT #1: Promote and Support Anti-Corruption Reforms																	
INTER-MEDIATE RESULTS	PERFORMANCE INDICATORS	ANNUAL PERFORMANCE TARGET	ACTIVITIES	J	F	M	A	M	J	J	A	S	O	N	D		
				a	e	a	r	a	u	u	g	e	c	o	e		
				n	b	r	r	y	e	y	p	t	v	e	c		
#1: Core Stakeholders' Working Group (SWG) develops strong horizontal and vertical linkages to other constituency groups	1. SWG is implementing a written strategic plan	Strategic Plan Developed	1.1a. Interview potential SWG members to assess willingness and commitment to collaborative efforts	X	X												
			1.1b Facilitate first SWG meeting; support SWG in conducting stakeholders' analysis				X										
				1.1c Build OD capacity and strengthening of SWG group cohesion			X		X		X				X		
				1.1d Assist SWG in developing a strategic plan including implementation Action Plan					X		X						
	2. SWG emerges as neutral source of fact based data on the state of corruption and applies data to support strategic advocacy, social marketing and media efforts designed to fight corruption	Priority List of Research Needs Developed		1.2a Assist SWG in determining research needs and obtaining outside expertise to conduct research			X		X		X		X			X	
				1.2b SWG commissions baseline study				X									
			Baseline Survey Completed and Data used for Annual TI Index	1.2c SWG commissions survey to establish Cambodia as a participant in TI Annual Corruption Index													

APPENDIX A. LOGICAL FRAMEWORK

Hierarchy of Aims	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
OBJECTIVES	1. Reduce maternal mortality from 472 per 100,000 live births to 354 by 2015 2. Reduced under five mortality from 83/1,000 live births in 2005 to 65 in 2015 3. Increase modern contraceptive use from 27% in 2005 to 33% in 2015 4. Reduce HIV Prevalence among 20 -24 year olds in the general population from 0.6% to 0.5% by 2015 5. Reduce Prevalence of TB from 269/100,00 to 215 by 2015	1. Cambodia DHS 2015 2. “ “ 3. “ “ 4. “ “ 5. CENAT/JICA TB Prevalence Surveys	
OUTPUTS Increased coverage and quality of family planning/reproductive health, maternal, newborn, child health, HIV and TB services	1. % ANC clients tested for HIV and received results 2. % HIV+ women using a modern form of FP 3. Number and % of known HIV+ pregnant women who received ARV prophylaxis 4. % deliveries preceded by ≥ 4 ANC visits 5. % births attended by a trained provider 6. % birth receiving emergency obstetric care interventions 7. % children aged 0-5 months exclusively breastfed 8. % births received PNC/newborn care within 24 hours 9. % births with BF initiated within 1 hour of delivery 10. % children with diarrhoea treated with ORT and zinc 11. % children aged 12-23 years fully immunized	Cambodia DHS 2010, 2015 and/or HMIS “ “ “ “ “ “ “ “ “ “ “ “ “ “ “ “ “ “	Continued socio-economic development Continued increases in education, especially female education Improvements in physical infrastructure (roads) Continued investments by government and donors in prevention of HIV transmission among high risk groups Government and donor support to the health sector is maintained at current levels or increased

Hierarchy of Aims	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
	12. % of children who receive Vitamin A 13. TB Case Detection Rate	“ “ “ “ “ “ HIS/CENAT	
Result 1: Improved HEF policy and implementation at hospital level	<i>Note: result-level indicators are illustrative so Applicants should review and propose alternatives as needed</i> Number of ODs with HEFs which follow national standards and which link reimbursement to quality of care.	HEF program data	MOH willing to link HEF reimbursements to quality of care nationally
Result 2: Improved HEF policy and implementation at health center level	Number of health centers participating in HEFs with reimbursement linked to measures of quality of care	HEF program data	MOH willing to link HEF to health center services and to quality of care measure nationally
Result 3: Adoption of quality assessment tools by MOH	Number of health facilities (hospitals and health centers) routinely assessed for quality of care using MOH approved quality assessment instruments	Quality assessment program reports	MOH willing to adopt standard quality assessment tools as a routine for hospitals and health centers.
Result 4: Use of standard assessments for eligibility of provinces for MBPI/SOA	Adoption of a standard, objective system to assess PHD eligibility for MBPI/SOA and the number of PHDs assessed on an annual basis.	MoH-approved protocol MoH records of assessments	MOH willing to adopt an objective standard for assessment and apply it routinely to PHDs.
Result 5: Improved receipt of budgets by ODs and health facilities.	Number of ODs, referral hospitals and health centers that receive, in a timely fashion, their full budgets against the approved AOP.	OD and facility financial records	Transparency in recording receipt of AOP budget funds.
Result 6: Improved ability of PHDs/ODs to achieve Public Finance Management thresholds.	Number of PHDs/ODs in target provinces that have met the Public Finance Management threshold for PBG or other contracting.	MoH approved standard MoH records of assessments	Continued socio-economic development Continued population shifts towards urban areas

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Hierarchy of Aims	Objectively Verifiable Indicators	Means of Verification	Risks and Assumptions
Result 7: External performance monitoring under decentralized contracting	Number of health facilities whose performance under decentralized contracting is monitored through an external or externally validated mechanism	MoH approved standards for external assessment MoH records of assessments	MoH adopts external monitoring or external validation of monitoring as a standard.
Result 8: Achievement of performance agreement targets by PHDs	Number of PHDs in target provinces who achieve their annual targets as specified in their performance agreements with the MoH.	Routine HMIS or special studies of performance parameters as agreed between provinces and MoH.	MoH forms performance agreements with target provinces and carries out assessments
Result 9: Improved consistency of PHD/OD supervision	Numbers of supervision visits by PHD/OD staff to health facilities compared to standards for frequency and content.	Supervision forms	MoH clarifies division of labor for health facility supervision between PHD and OD.

Result 10: Improved analysis and use of data in maternal/newborn health	Number of hospitals with active quality improvement processes for improve maternal and newborn health encompassing key parameters	Program reports	MoH/NMCHC adopt improved data analysis for continuous quality improvement for maternal/newborn health
Result 11: Health facilities meet improved standards for emergency obstetric care	Number of health facilities meeting improved human resource standards for emergency obstetric care (e.g. midwives and other staff)	Facility assessments	MoH establishes improved standards and assesses facilities
Result 12: Validated improvement in OD immunization coverage	Number of ODs with validated targeted improvements in health center immunization coverage	HMIS and validation studies	Validation of health facility performance extents to outreach services.
Result 13: Validated improvement in OD Vitamin A coverage	Number of ODs with validated targeted improvements in health center Vitamin A coverage	HMIS and validation studies	Validation of health facility performance extents to outreach services.
Result 14: Improvements in family planning	Numbers of health facilities that have adopted improvements in family planning services according to MoH guidelines	Facility assessments	MoH establishes guidelines for improved FP services

services			
Result 15: Improved management of childhood illness	Number of health facilities that have adopted improvements in management of childhood illnesses according to MoH guidelines (e.g. zinc and ORS for diarrhea; standard management of ARI; suspected DHF management)	Facility assessments	MoH establishes guidelines for improve sick child services
Result 16: Improved coverage of HIV screening in pregnancy	Number of health facilities with HIV screening of at least 50% of their ANC women.	Program reports	PMTCT ANC services expand either through increased sites with testing or better referral systems
Result 17: Increased coverage of family planning services for HIV+ women	Increased rate of met need for FP among women attending OI/ART clinics	Program reports	OI/ART services cooperate in identifying unmet need for FP
Result 18: Improved breast feeding initiation for facility based deliveries	Number of facilities doing deliveries who meet baby friendly hospital criteria	Program reports	MoH supports baby friendly hospital expansion to all public and private delivery facilities
Result 19: Improved TB to HIV referrals	Rate of HIV testing among TB patients	CENAT	MoH acceptance of improved approaches to getting new patients tested.
Result 20: Improved outbreak surveillance	Rate of timely surveillance reports from involved health facilities	Surveillance record system	Establishment of improved facility based surveillance systems for one or more conditions
Result 21: Improved capacity of contracted NGOs	Numbers of NGOs contracted under this project who meet standards for improved capacity	Internal evaluation	Agreed capacity building targets and measurement methods with USAID.

Attachment 3

Salary Supplement Guidance

Due to the size of the RFA, this attachment is posted separately. It called Attachment 3 to the RFA.