



USAID | CAMBODIA

FROM THE AMERICAN PEOPLE

Issuance Date: July 30, 2013
Deadline for Questions: August 13, 2013
Closing Date: September 10, 2013
Closing Time: 4:00 pm Phnom Penh, Cambodia time

Subject: USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project

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 as primary recipients to improve the quality of facility-based services for reproductive, maternal, neonatal, and child health services, in eight focus provinces in Cambodia. Please refer to the Program Description (RFA Section I) for a complete statement of goals and expected results.

Subject to the availability of funds, USAID plans to award one cooperative agreement with a total estimated amount of up to approximately \$16.5 million subject to availability of funds, for a program not to exceed five years (from on or about January 01, 2014 - December 31, 2018). USAID reserves the right to fund any, a portion of, or none of the applications submitted.

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

1. Section I Funding Opportunity Description;
2. Section II Award Information;
3. Section III Eligibility Information;
4. Section IV Application and Submission Information;
5. Section V Application Review Information;
6. Section VI Award and Administration Information;
7. Section VII Agency Contacts; and
8. Attachments Representations and Certifications

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".

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). This RFA and any future amendments can be downloaded from the website www.grants.gov. It is the responsibility of the Recipient of the application document to ensure that it has been received the RFA from www.grants.gov in its entirety.

Applicants may submit their applications electronically on www.grants.gov or by e-mail attachment formatted in Microsoft Word (up to 2 MB limit per email) and must also submit hard copies by the due date. Please see Section IV 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

*USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project*

the RFA number (referenced above) inscribed thereon, via email, to sprak@usaid.gov and copied to rwhite@usaid.gov.

Applicants must confirm with Rebecca White/Sokunn Mealea Prak that their electronic submissions (either via grants.gov or via email) were successfully received by the required due date. USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions. An original and five (5) hard copies of the technical application, and an original and one hard copy of the cost proposal, must be sent to:

Sokunn Mealea Prak
Office of Procurement
USAID/Cambodia
c/o US Embassy Cambodia
Unit 8166, Box P
APO, AP 96546

or Sokunn Mealea Prak
Office of Procurement
USAID/Cambodia
c/o US Embassy Cambodia
#1, Street 96, Sangkat Wat Phnom, Khan Daun Penh
Phnom Penh, Cambodia

Hard copies of submissions must arrive by the due date. It is recommended that Applicants use courier service instead of international mail for hard copies. Applications will be accepted for consideration as long as they arrive at USAID/Cambodia by the time stipulated. See RFA Section II 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 the RFA and the selection criteria contained herein.

Faxed proposals are not acceptable.

Issuance of the 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 must be resolved by the following order of precedence:

- (a) Section V Application Review Information
- (b) Section IV Application and Submission Information

(c) Section I Funding Opportunity Description

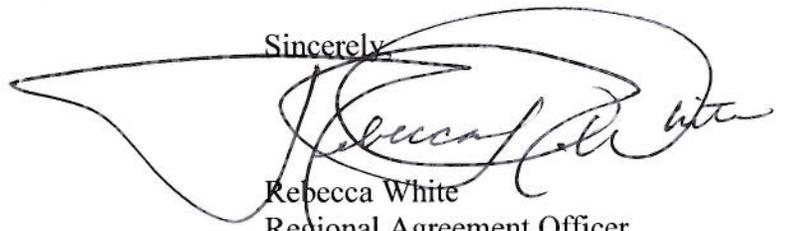
(d) This Cover Letter

Applicants should take into account the expected delivery time required by the proposal transmission method they choose, and are responsible to ensure that the electronic copies are sent to the right email address and the hard copies of the proposals are received at USAID/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 programs and activities.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rebecca White', is written over the word 'Sincerely,'. The signature is fluid and cursive, with a large loop at the end.

Rebecca White
Regional Agreement Officer
USAID/RDMA, Bangkok

TABLE OF CONTENTS

SECTION I: FUNDING OPPORTUNITY DESCRIPTION..... 5

1. PROGRAM DESCRIPTION 5

2. AUTHORIZING LEGISLATION 27

3. AWARD ADMINISTRATION 27

SECTION II: BASIC AWARD INFORMATION..... 29

1. ESTIMATED FUNDING 29

2. PERFORMANCE PERIOD 29

3. AWARD TYPE 29

4. AUTHORITY TO OBLIGATE THE GOVERNMENT 29

SECTION III: ELIGIBILITY INFORMATION 30

SECTION IV: APPLICATION SUBMISSION INFORMATION 32

I. PREPARATION GUIDELINES 32

II. TECHNICAL APPLICATION REQUIREMENTS AND FORMAT 34

III. COST APPLICATION FORMAT 37

SECTION V: APPLICATION REVIEW INFORMATION 39

SECTION VI: AWARD AND ADMINISTRATION INFORMATION..... 41

A. AGREEMENT AWARD 41

B. RELEVANT POLICY AND REGULATORY REFERENCES 41

C. GEOGRAPHIC CODE 42

D. U.S. EXECUTIVE ORDERS AND LAW REGARDING TERRORISM..... 42

E. FOREIGN GOVERNMENT DELEGATION TO INTERNATIONAL CONFERENCES 42

F. SALARY SUPPLEMENTS 43

G. UNSUCCESSFUL APPLICATIONS 43

H. NON-FEDERAL AUDITS 43

I. BRANDING STRATEGY AND MARKING PLAN 43

J. USAID DISABILITY POLICY – Assistance (December 2004) 43

K. STANDARD PROVISION: EQUAL PROTECTION OF THE LAWS FOR FAITH-BASED AND
 COMMUNITY ORGANIZATIONS (December 2009) 44

L. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER
 2010)..... 45

M. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010) 46

N. TRAFFICKING IN PERSONS (June 2012) 49

O. VOLUNTARY POPULATION PLANNING ACTIVITIES 49

P. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – SOLICITATION PROVISION
 (FEBRUARY 2012) 53

Q. CONDOMS (ASSISTANCE) (JUNE 2005) 53

SECTION VII: AGENCY CONTACTS..... 54

ATTACHMENT 1: CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT..... 55

Annex A. General Background..... 74

Annex B: Logical Framework..... 76

SECTION I: FUNDING OPPORTUNITY DESCRIPTION

1. PROGRAM DESCRIPTION

I. OVERVIEW

The purpose of this Request for Applications (RFA) is to solicit applications for a five-year Cooperative Agreement to improve the quality of facility-based services for reproductive, maternal, neonatal and child health services, in eight focus provinces in Cambodia. The total estimated cost of the project cannot exceed \$16.5 million (subject to availability of funds) and USAID anticipates an award to a non-governmental organization (NGO), private/non-profit organization, or for-profit company willing to forego profits. Given the large number of facilities involved, Applicants are encouraged to consider creating partnerships, alliances or a consortium with other organization(s) in order to achieve full geographical coverage and optimize local capacity-building efforts. However, the Applicant must be the prime organization in the arrangement and will be responsible for the achievement of results and the implementation of the program.

A successful application will reflect significant knowledge, on behalf of the Applicant, of Cambodia's health system, particularly as it relates to the capabilities of Health Centers (HC) and Referral Hospitals (RH) in the target provinces. The resulting project will advance efforts to achieve USAID/Cambodia's Development Objective 2 (DO2), "Delivery of health services strengthened for improved health status of vulnerable populations." Specifically, it will strengthen and improve the quality and availability of services in public health facilities (health centers and referral hospitals) in focus provinces in order to:

1. Improve availability, quality, and utilization of facility-based health services that address the major causes of maternal and newborn mortality;
2. Improve availability, quality, and utilization of family planning (FP) services, with an emphasis on long-acting and permanent methods (LAPM); and,
3. Improve the recognition and management of moderate/severe malnutrition in sick children, with particular attention to the detection of pediatric tuberculosis (TB) and other chronic wasting diseases in chronically malnourished children.

Proposed activities must link closely with a separately awarded USAID-funded project, "Empowering Communities for Health", which will address community-level health services and behavior change through village health volunteers (Village Health Support Groups, or VHSGs) and local governmental structures. The proposed activities will also coordinate closely with several other concurrent USAID projects, including projects focused on tuberculosis (TB), health metrics, and subsidization of health care costs of the poor.

PROGRAMMATIC BACKGROUND

A. General Country Context

While Cambodia has made significant gains in health outcomes, further investments in the health system are required to ensure healthy and productive lives for future generations. Rapid economic growth and related development has improved the living standards of many Cambodians in recent years, and the government has succeeded in creating, from a near-zero baseline, a comprehensive network of public health facilities. Utilization of these facilities has been steadily increasing, particularly for maternity care, but the quality of care remains sub-standard in many respects, as described below.

Cambodia is administratively divided into provinces, districts, communes, and villages. The public health system is well aligned to civil administration at provincial level, with one Provincial Health Department (PHD) per province, but below this operates through a network of “Operational Districts” (ODs) whose boundaries may include more than one administrative district. The OD is the locus of health service management. Each OD has a Referral Hospital (RH) and a network of Health Centers (HC); in some remote locations, Health Posts (HP) serve as satellite HCs. HCs deliver basic preventive and curative services, while RHs provide inpatient care. Rural RHs are divided into 3 categories: CPA 1 RHs provide only medical services and minor surgery, CPA 2 RHs provide medical services plus non-specialized surgical care (including caesarean section), and CPA 3 RHs provide medical, surgical, and some specialty services. CPA 3 RHs are usually the Provincial RH (PRH) for the province and the two terms, PRH and CPA3 RH, are often used interchangeably. Above the level of CPA 3 RH are national hospitals located in Phnom Penh, most of which currently enjoy a semi-autonomous status.

There is an extensive network of Village Health Support Groups (VHSG) in place promoting good health practices through outreach health education and mobilization, providing a platform for dissemination of information about service availability and a channel for receiving community feedback.

An Organic Law was enacted in Cambodia in 2008 and the country is in the early stages of rolling out Decentralization and De-concentration (D&D) reform under which some (as yet to be defined) elements of management and resource allocations for public sector services will gradually devolve to local government. The primary locus of D&D is at district level, where District Councils will be responsible for the planning and allocation of sectoral budgets for activities at district level and below. Planning and allocation of resources for those activities which by nature occur at provincial level – for example, the operation of Provincial Referral Hospitals – will be managed by Provincial Councils. Below district level, elected Commune Councils will be delegated responsibility for oversight of community level development activities and already oversee a discretionary budget (the *sangkat* fund) separate from sectoral allocations. A similar discretionary fund for District Councils commenced this year. The commune and district funds are mandated by law as a fixed percentage of the total national budget, and may be used for any development purpose. These funds are additional to the sector-specific budgets which District Councils will become responsible for managing and allocating, but have been historically under-utilized for the social sectors. The USAID “Empowering Communities for Health” Project will work closely with Commune and District Councils and seek to assist them in institutionalization of the VHSG workforce under local government. It is not envisioned that line management authority for health facilities and Ministry of Health (MoH) personnel will devolve to local government during the Project period, but District authorities may have increased influence in the allocation of facility operating budgets, and their increasing discretionary budgets afford an opportunity for increasing resource availability at the periphery, especially for small scale facility needs that

do not fit within the narrow confines of the health sector operating budget line items. Further information on the D&D initiative may be accessed at <http://www.ncdd.gov.kh/en/>.

More detailed country context and background is provided in Annex A.

B. USAID Past Efforts

The project will build upon USAID's efforts in quality improvement, which has included substantial training and technical assistance to HC staff (particularly midwives) and VHSGs, training and technical assistance (TA) in supervision for provincial and OD managers, development of Quality Assessment tools and, to a lesser extent, TA and training in the management of obstetrical emergencies in RHs. The project seeks to complement what has already been done by addressing next generation issues and gaps; it is not intended to continue or duplicate past assistance. The project also seeks to achieve specific results in a sustainable manner within the five-year period and further USAID assistance beyond that time should not be assumed. Rather, Applicants must describe how they will provide discrete inputs of a non-recurrent nature and assist the target facilities in mobilizing resources from other sources such as the government budget, local government discretionary funds, and the World Bank-led consortium project.

Other USAID projects which will be implemented concurrent to, and have synergies with, this project include:

- The aforementioned "Empowering Communities for Health" Project;
- A Health Information, Policy and Advocacy (HIPA) Project, which will assist the MoH to strengthen the relevance, quality, and use of health metrics, including development of improved indicators of quality of care;
- A Social Health Protection Project (SHP) which will assist the government in nationwide scale-up and institutionalization of the Health Equity Fund (HEF), a system which ensures financial access to services for the poor;
- A Tuberculosis (TB) Project to strengthen government capabilities in the areas of multi-drug resistant TB and detection/treatment of pediatric TB.

C. Links to the USAID Cambodia Mission Strategy

USAID/Cambodia recently drafted a 2014-2018 Country Development Cooperation Strategy (CDCS) that forms the underlying framework for USAID development assistance in Cambodia. The Goal of the USAID/Cambodia new draft Country Development Cooperation Strategy is "Cambodia's transformation to a healthy, prosperous, democratic country accelerated." Three Development Objectives (DOs) are defined to help achieve this Goal:

1. DO1: Stable democratization that promotes accountable governance and the rights of the people.
2. DO2: Delivery of health services strengthened for improved health status of vulnerable populations.
3. DO3: Poverty reduced in selected geographic areas and targeted populations.

This project directly contributes to DO2, supporting the following key Intermediate Results (IRs):

IR 2.1: Quality of maternal and child health (including RH/FP, WASH and Nutrition) services in communities and facilities improved in a sustainable manner.

IR 2.2: Capacity and accountability of health care service delivery strengthened.

IR 2.3: Effectiveness and efficiency of infectious disease control programs improved.

D. Relevant RGC Policies

Cambodia has achieved marked success in reducing infant, child, and maternal mortality and increasing facility-based delivery and coverage of ANC from skilled providers. These successes are indicative of a supportive enabling environment to increase access to and quality of Reproductive Maternal Newborn Child Health (RMNCH)/Family Planning (FP) services. The project will operate within the context of policies and strategies put in place by the Royal Government of Cambodia (RGC) Ministry of Health (MoH), including the National Health Strategic Plan II 2008-2015, National Strategy for Sexual and Reproductive Health 2013-16, the Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2010-2015, the Emergency Obstetric and Newborn Care (EmONC) Improvement Plan (2010-2015), the Community Participation Policy for Health, the Cambodia Child Survival Strategy 2006-2015, the Safe Motherhood Protocol and various disease-specific Clinical Practice Guidelines. Applicants can access these and other relevant material through the following links: www.mop.gov.kh, www.moh.gov.kh, www.mrd.gov.kh, www.nis.gov.kh, and www.niph.org.kh.

The RGC has committed to expand the HEF to all eligible public facilities nationwide, which will continue to reduce financial barriers to accessing quality RMNCH/FP services by the poor.

The newly developed protocol for basic newborn care and recently updated clinical protocol guidelines (CPG) for neonatal sepsis provide a solid technical foundation for quality improvements in newborn care. A Client Satisfaction survey tool has been developed, field tested, and officially recognized by the MoH, providing a platform which can be used to improve aspects of quality of care and strengthen provider accountability.

The RGC D&D initiative has the potential to increase local ownership of health services and provide opportunities for additional resources through the Commune and District Council discretionary funds.

E. Other Donor Support and Related Activities

A World Bank-led consortium, to which AusAID is the other major co-financer, provides over \$50 million annually through the Second Health Sector Support Project (HSSP2) in budget support to the MoH against Annual Operational Plans developed by Provincial Health Departments (PHDs) and the central MoH. Among the many activities supported are supervision (integrated and vertical) and training. HSSP2 runs through the end of 2014 and a follow-on project is expected.

In addition to its support through the WB-led sector-wide management approach, AusAID supports the Regional Training Centers which are the locus of pre-service training of midwives and nurses. Through a grant to WHO, it has also supported a recent Human Resource Development assessment and establishment of a multidisciplinary Center for the Development of Health Personnel, the primary focus of which is pre-service education.

WHO provides technical assistance to the MoH Department of Human Resources and various MoH technical programs, including safe motherhood and newborn care.

PROGRAM FRAMEWORK

A. Goals and Objectives

1. **Project goal** (aligned with DO2): Delivery of health services strengthened for improved health status of vulnerable populations.
2. **Project purpose** (aligned with IR 2.1): Quality of maternal and child health services in facilities improved in a sustainable manner.
3. **Project outputs:**
 - To improve the quality of basic newborn care through assisting the MoH in roll-out of the new newborn care protocol;
 - To improve the detection, referral, and management of neonatal complications;
 - To improve the timeliness and quality of care provided to women with obstetric complications at RHs; and,
 - To improve availability, quality, and utilization of family planning (FP), with an emphasis on long-acting and permanent methods (LAPM).
 - To improve counseling, screening, and referral of malnourished and severely malnourished children.

The underlying assumption is that the quality of health care is directly linked to both patient outcomes and community trust and satisfaction with public sector health services. Patient outcomes are directly linked to the quality of care provided; sub-standard care may not only fail to help, but may be more harmful than an absence of care. Strengthening providers' competencies will thus drive a virtuous cycle of improved supply and demand of public sector health services.

B. Geographic Focus and Implementation Considerations

This project will work in eight focus provinces: Banteay Meanchey, Battambang, Kampong Cham, Kampong Speu, Pailin, Prey Veng, Pursat, and Siem Reap. The following table shows the number of health facilities in each.

Province	Health Centers	Health Posts	Referral Hospitals	Comments
Banteay Meanchey	58	11	5	1 additional Health Post (HP) and 8 additional HCs planned.
Battambang	79	2	4	
Kampong Cham	144	0	12	1 HP and 2 additional HCs planned
Kampong Speu	50	0	3	

*USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project*

Pailin	6	0	1	
Prey Veng	91	0	7	
Pursat	36	3	2	
Siem Reap	85	0	4	3 additional HPs and 3 additional HCs planned
Total	549	16	38	

Applicants will describe how they propose to maximize coverage of HC and RHs in the focus provinces, with the level of intensity and duration of inputs varying in accordance with baseline conditions and potential for improvement. Applicants are discouraged from attempting to create a few model facilities and/or from approaches that are not feasible at scale within the five-year period. Facilities are not uniform in their starting conditions and it is not expected that they will be uniform at the Project’s end, but it is expected that visible measurable improvements will have occurred in all project-covered facilities relative to their baseline.

USAID has supported strengthening of community and HC level RNMCH services in Prey Veng and Kampong Cham provinces since 2009; these are very large provinces (91 and 144 HCs respectively) which started from a very low baseline in terms of quality of care. As a result, there may still be some HCs which do not yet have an acceptable level of midwifery services. In the remaining 6 provinces, USAID has supported community and HC level quality improvements for more than 10 years and the quality of HC midwifery care is generally acceptable.

USAID and other actors have provided prior quality improvement inputs to some RHs in these provinces, primarily the Provincial RHs (PRHs). The quality of care in RH Emergency Departments (EDs) and Intensive Care Units (ICUs) remains sub-standard in all PRHs and the overall quality of care in most CPA1 and CPA2 RHs requires substantial improvement.

At the HC and HP level, activities will primarily focus on improving basic newborn care through roll-out of the new MoH newborn care protocol, including institution of a “team approach” at the time of delivery, identification and referral of sick neonates, and provision of long acting methods of FP (IUDs and implants). In Kampong Cham and Prey Veng provinces only, where technical assistance and training inputs around basic obstetric care has been provided for a comparatively short time, assistance to bring basic midwifery services up to standard may be required for selected HCs. Applicants will present a clear proposal for this along with justification and indication of which HCs will be targeted. If and as the MoH is able to provide hemoglobin testing equipment and peripherals to HCs, assistance in incorporation of anemia screening and management into HC ANC may also be provided. Applicants should also describe a rational approach to ensure appropriate nutrition counseling and screening is being implemented.

At RH level, activities will focus on improving both basic and comprehensive newborn care, including identification and management of neonatal sepsis and other complications, and on improving the quality of emergency obstetric care, particularly in emergency departments and ICUs. While the primary focus will be on improving the quality of care to seriously ill mothers and newborns, it is recognized that some basic improvements in emergency department and ICU procedures will be needed to achieve this (e.g.: appropriate frequency of monitoring and timely response to changes in patient condition, prompt treatment on arrival,

etc.). RH activities will also focus on strengthening the provision of long-acting and permanent methods (LAPM) of FP, particularly as part of post-partum and post-abortion care.

Given that activities are focused in the provinces, the Applicant shall propose a project management structure, including staffing and office structure, that ensures the maximum technical and operational presence in these provinces while still successfully fulfilling essential project representation, coordination and communication responsibilities in Phnom Penh.

C. Guiding Principles

The following guiding principles are specific to this Request for Applications (RFA). Applicants need not address these through specific sections of the proposal; rather, they should be reflected throughout the proposed technical approach.

- **Understanding and adapting to the culture, socio-economic context, and the language of target populations:** All interventions will take into account, target, and make efforts to empower, elicit the participation of, and address the different needs of vulnerable groups such as the poor, youth, marginally literate, ethnic minorities, and women. Technical assistance and training activities will make optimal use of local health professionals and local organizations/institutions.
- **Client-focused services:** In close collaboration with the USAID Empowering Communities for Health Project, community input into facility services will be sought through Commune Councils (CCs) and Health Center Management Committees (HCMCs). Approaches will seek to ensure that client/community satisfaction with facility-based services is measured and addressed.
- **Decentralized ownership:** Activities will be tailored to strengthen health system governance and inputs will be carefully structured so as to leverage and complement, without replacing, the routine activities of MoH managers and service providers. Proposed activities deemed to be too donor-dependent, and thus likely to result in low government ownership, will not be accepted; neither will proposed activities in which the Implementer directly carries out functions that fall under the mandate of the MoH (e.g.: supervision). Proposed support should be facilitative, time-bound, focused on specific results, and designed to enable the government system to effectively manage services without external technical assistance by the end of the five-year project period.
- **Application of evidence-based best practices:** Proposed activities should incorporate global evidence-based best practices in RMNCH/FP and apply them to the Cambodian context in a manner consistent with existing World Health Organization (WHO) and RGC guidelines.
- **Pragmatic results orientation:** Proposed activities should represent practical and creative approaches to achieving rapid and sustainable improvements in the quality of facility-based RMNCH services given a host of constraints. Approaches which are ill-suited to the baseline level of the facilities or unlikely to obtain results in a five-year timeframe will not be favorably reviewed.

D. Program Components, Illustrative Activities, and Results

Applicants should present a detailed plan for delivery of interventions in the component areas below, such that all facilities significantly improve the quality of the target services within the five-year Project period. Emphasis should be given to institutionalizing the capacity to maintain gains after the Project ends through developing the capacity of MoH managers to continuously monitor the care provided using simple, practical approaches.

Activities are expected to be time-bound and results-oriented. HC level inputs in particular are anticipated to be fully completed and phased out within the five-year period. In-service clinical training should be carried out, wherever possible, in the actual work setting so as to minimize staff absences from post, but in any event occur in a setting where clinical skills can be adequately practiced. Follow-up should be undertaken to ensure the training was effective and appropriate to the needs of the trainee and his/her facility and that the desired competencies were achieved and are being applied.

Component 1: Improved quality of basic newborn care in HCs and RHs

The MoH and WHO have recently developed a new protocol and training package for basic newborn care which needs to be rolled out. Successful implementation of this will require more than training, since it calls for a significant change in how staff are organized and deployed (i.e.: the availability of at least one additional person at the time of delivery specifically charged with responsibility for the newborn). This approach, in turn, will have management and resource implications and present a special challenge in HCs with low numbers of staff.

Anticipated results:

- Improved quality and timeliness of basic newborn care;
- Improved capacity at OD and PHD levels to carry out training, supervision, and follow-up to ensure skill competency;
- Improved capacity of OD and PHD managers to assess the quality of care given to newborns; and,
- Improved infection control practices in HCs and RHs.

Illustrative activities:

- Assist PHD and OD MCH managers in facility-based training of HC and RH staff in the new newborn care procedures.
- Assist PHD and OD MCH managers in assessing the competencies attained by trainees.
- Assist PHD and OD MCH managers in developing robust systems for monitoring the quality of newborn care, e.g. through spot interviews with recently delivered mothers during routine supervision visits.
- Provide technical assistance to HC and RH managers in revising staffing patterns as needed to ensure that all deliveries are attended by both a midwife and a trained newborn care provider.
- Advocate as necessary with OD, PHD, and central MoH to ensure availability of night duty stipends for newborn care providers.

- Coordinate with the USAID Health Information, Policy, and Advocacy (HIPA) Project to develop measures of newborn morbidity and mortality suitable for management use at the local level.
- Work with OD and PHD managers to ensure that all facility staff have been trained in Infection Control Guidelines and have the necessary materials (gloves, disinfectant, working autoclave, etc.) to implement them.

Illustrative indicators:

- Percent of HCs and RHs trained in the new newborn care protocol and using a “team-based approach”.
- Percent of women who delivered in a HC or RH who report that the health of their newborn was checked immediately after delivery.
- Number of health care providers in USG-supported facilities trained in essential newborn care.
- Number of health managers trained to provide ongoing support/monitoring of newborn care.
- Percent of newborns receiving postnatal health check within two days of birth.
- Percent of HCs and RH maternity wards with a minimal set of infection control materials (e.g. working autoclave, gloves, disinfectant, hand-washing station).

Component 2: Strengthening identification, referral, and management of newborn complications

The three elements of identification, referral, and management of neonatal complications are inter-related. Referral and management presuppose that a problem was recognized, and the benefit of referral is contingent upon quality care being available at the receiving facility. Currently none of these pieces are in place. Communities, VHSGs, and front-line health workers must improve capacity to identify danger signs in newborns. Referrals and initial care-seeking practices are insufficient and proper management is largely unavailable. Applicants will propose approaches to break this cycle in a phased manner that links increased community, VHSG, and HC staff awareness of danger signs to availability of appropriate management at RHs.

Since it is critical that linkages with the community are forged in order to strengthen referral as well as to highlight the availability of neonatal health care and the importance of seeking care, this component will be implemented in very close coordination with the USAID-funded Empowering Communities for Health Project.

Since data on neonatal morbidity and mortality is critical to monitoring of this component, it will also be implemented in close collaboration with the HIPA Project which, among other things, will address the need for better age disaggregation and diagnostic classification of infant illnesses.

Both the ability of providers to deliver quality care and the ability of managers to monitor and assess whether they are doing so must be addressed. While there is a tool for Facility Quality Assessment in existence and a more extended version under development, these are labor-intensive instruments intended for application at infrequent intervals and designed to generate a score which can be used for accreditation-type purposes (see Component 2). While such exercises have their utility, this sub-component seeks instead to focus on continuous monitoring of quality using simple practical approaches that managers can incorporate into their existing supervisory routines.

It is expected that the HEF will expand nationwide during the Project period, thus increasing financial access to hospital services. In order to receive HEF reimbursement, health facilities will need to meet certain quality criteria, currently measured through the use of the MoH Level 1 Quality Assessment tool. While support of the HEF expansion will be the responsibility of the USAID-funded SHP Project, Applicants should consider means of facilitating and expediting facilities' qualification for HEF reimbursement. Applicants should also plan to work closely with facility HEF operators and the SHP Project to avail of the potential leverage HEF reimbursement provides in motivating quality improvement. Applicants should describe approaches that strengthen and build existing RGC health providers and managers. Approaches that are external to the RGC delivery system or unsustainable will not be favorably reviewed.

Anticipated results:

- Increased identification and referral of sick neonates, both by HCs and the community.
- All RHs have the capacity to diagnose and treat neonatal sepsis in accordance with the MoH approved CPG.
- Application of “Kangaroo care” for premature infants in all facilities.
- All health facilities in the target provinces receive HEF reimbursement.

Illustrative activities:

- Assist PHDs, ODs in provision of competency-based training of HC and RH maternity ward staff in identification of danger signs in newborns.
- Assist PHDs, ODs in provision of competency-based training of RH staff in diagnosis and treatment of neonatal sepsis, asphyxia, jaundice and prematurity/low birth weight.
- Collaborate with the USAID-funded Empowering Communities for Health Project to train VHSGs and communities in danger signs and the importance of timely referral of sick neonates.
- On-the-job training and coaching of RH, OD, and PHD managers in rapid assessment of quality of care during facility rounds/site visits using existing tools and introducing sustainable innovations in building clinical capacity where there are gaps.
- Collaborate with the HIPA Project in developing simple but robust indicators for monitoring the quality of curative care provided to sick neonates.
- In collaboration with the central MoH, PHD, and ODs, develop and implement a system of surveillance of neonatal deaths in facilities and periodic clinical audits.
- Support “dry run” QA assessments in advance of the actual assessment to help facilities proactively identify and rectify deficiencies in newborn care.
- Collaborate closely with facility HEF Operators and the SHP Project to ensure that HEF reimbursements are linked to quality of newborn care.

Illustrative indicators:

- Percent of HCs where staff trained in identification and referral of sick neonates.
- Percent of RHs where emergency department, ICU, and pediatric staff have been trained in diagnosis and management of neonatal sepsis, asphyxia, jaundice, and prematurity.
- Percent of HCs and RHs practicing “kangaroo care”.
- Number of newborns referred to RHs for suspected complications.
- Number of cases of neonatal sepsis identified and treated in RHs.
- Number of health providers and managers trained with USG support.

Component 3: Strengthened Quality and Utilization of Emergency Obstetric Care

As noted in Section II, tremendous progress has been made in improving basic midwifery practices in Cambodia and in ensuring prompt referral of complicated cases to a hospital, but the timeliness and quality of care once at a hospital remains sub-standard in many instances. Most emergency obstetric training inputs to date have focused on obstetric ward personnel and surgeons. The staff who first see the patient and who monitor the patient post-operatively or during acute illness have received little attention and the procedures in ICUs and emergency/admitting wards need to be improved. This component seeks to build on the substantial inputs already made/in progress in training midwives and surgeons to address broader aspects of care for critically ill patients. While the primary focus is on maternal and newborn cases, many of the interventions will be systems-based in approach, with spillover benefits to other patient groups.

Given the substantial amount of assistance already provided to HC level obstetric services (with accompanying improvements), the primary focus of this sub-component will be on RHs and those HCs which are designated to provide Basic Emergency Obstetric and Newborn Care (BEmONC). Some degree of assistance would be expected in all RHs and BEmONC HCs, but the level and duration should be tailored to their existing competencies. Applicants should propose a RH-specific plan for assistance.

Some activities to strengthen basic midwifery and detection/referral of complications at ordinary (non-BEmONC) HC level may be undertaken on a case by case basis in specific HCs which lag behind the norm. It is expected that these would primarily be in Kampong Cham and/or Prey Veng provinces where the duration of USAID-funded TA and training has been shorter than the other target provinces, or recently-established HCs where the midwives have not previously received competency-based training. Applicants should propose the specific HCs to be targeted for such assistance and provide a brief justification.

Identification and treatment of moderate and severe anemia in pregnancy is included in this component. Severe anemia in pregnancy is an obstetric emergency and moderate anemia places women at increased risk. The National Guidelines for the Use of Iron Folate Supplementation to Prevent and Treat Anemia in Pregnant and Post-partum Women calls for an increased dosage of iron/folic acid in pregnant women with mild or moderate anemia (two rather than one tablet daily) and for referral of severely anemic women to the hospital. Neither of these recommendations are followed in practice as neither hemoglobin nor hematocrit are measured in the course of antenatal care (ANC). Most ANC occurs in HCs which lack laboratory facilities. Applicants should propose approaches to address this, such as piggy-backing on the “linked response” system which conveys blood samples to laboratories for prenatal HIV screening, or introduction of hand-held battery-operated hemoglobin meters. The latter should be undertaken only if there is a clear MoH commitment to provide the necessary peripherals on a recurrent basis.

As noted in Section II, it is expected that the HEF will expand nationwide during the Project period, thus increasing financial access to EmONC. In order to receive HEF reimbursement, health facilities will need to meet certain quality criteria currently measured through the use of the MoH Level 1 Quality Assessment tool. It is also anticipated that the SHP Project will assist the MoH in developing a scheme to reduce financial barriers to EmONC for the near-poor, which may need to be piloted. While support for HEF expansion will be the responsibility of the SHP Project, Applicants should consider means of expediting facilities' qualification for HEF reimbursement. Applicants should also plan to work closely with facility HEF operators and the SHP Project to avail of the potential leverage HEF reimbursement provides in motivating quality improvement.

Anticipated results:

- RHs immediately assess/triage maternal patients on arrival.
- Timeliness and intensity of care provided in RHs is commensurate with patient severity and risk factors.
- Patient condition is closely monitored around the clock in ICUs and remedial measures are promptly instituted in response to abnormal findings/changes of condition.
- Appropriate laboratory investigations are undertaken in a timely manner, abnormal results are acted upon, and repeat investigations performed in a timely manner.
- OD/PHD managers identify and act upon serious deficiencies in the timeliness and/or quality of care provided to critically ill maternal patients.
- Increased identification of moderate and severe anemia in pregnancy and treatment in accordance with existing protocols.
- RH and HC staff routinely provide high impact interventions including AMSTL and provision of MgSO₄ for eclampsia.
- RH and HC staff implement good infection prevention and control practices.

Illustrative activities:

- Assist RH managers, ODs, and PHDs in revising emergency patient intake procedures to ensure that clear procedures for immediate triage are in place.
- Assist RH managers, ODs, and PHDs in revising ICU and ward procedures to establish and enforce minimum requirements for the frequency and content of patient monitoring in EDs, ICUs, post-operatively, and post-partum.
- Provide refresher training for RH/BEmONC HC staff on monitoring and responding to patient condition: vital signs, amount of blood loss, urine output, level of consciousness, etc.
- Assist OD and PHD managers to provide routine training, supervision, and monitoring on high impact maternal health interventions including AMSTL and treatment of pre/eclampsia.

*USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project*

- Work with RH/BEmONC HC managers to ensure adequate after hours staffing in emergency departments and ICUs, including on-call laboratory, blood bank, and surgical staff.
- Assist RH managers, ODs, and PHDs in revising patient records to include clear documentation of time of arrival, time of initial assessment, and time of repeat assessments and treatments.
- Work with RH/BEmONC HC managers, OD, and PHD to develop procedures to be followed in the event of abnormal laboratory results (e.g. severe anemia) including timeframe and method of notification, expected timeframe for interventions, and repeat investigations.
- Work with RH/BEmONC HC managers, OD, and PHD to develop specific supply and equipment lists for EDs and ICUs (including emergency carts/kits) and a system of daily inventory including regular replenishment.
- In collaboration with the National Reproductive Health Program, develop a system of periodic clinical audit for emergency maternal and newborn cases with feedback and follow-up of results.
- Work with RH managers, OD, and PHD MCH departments to develop and institute regular case reviews of “near misses”.
- Assist OD and PHD managers to develop practical, focused, and robust means of continuous monitoring of the quality of care provided to women with obstetric complications in RHs and critically ill patients in general.
- Work with the National Reproductive Health Program, PHDs, and ODs to develop and implement a system to integrate hemoglobin/hematocrit measurement into ANC.
- Assist OD and PHD managers in training/orienting midwives to procedures for measuring hematocrit/hemoglobin, including indications for follow-up testing and treatment based on results.
- Coordinate with the USAID-funded SHP Project to prepare facilities to qualify for HEF reimbursement.
- Support “dry run” QA assessments in advance of the actual assessment to help facilities proactively identify and rectify deficiencies.
- Collaborate closely with facility HEF Operators and the SHP Project to ensure that HEF reimbursements are linked to quality of care.
- In coordination with the USAID-funded SHP Project, implement/field-test a scheme to remove financial access barriers to EmONC for the near-poor.

Illustrative indicators:

- Percent of births receiving at least 4 antenatal care (ANC) visits during pregnancy.
- Time lag between arrival of patients at a BEmONC/CEmONC facility and assessment by a trained provider: mean interval and range.

- Percentage of obstetric cases attended by ICU staff that measured vital signs, blood loss (if applicable), urine output, and neurological status and recorded with specified frequency.
- Percentage of patients with pre or post-partum bleeding whose hemoglobin or hematocrit was measured at least once.
- Percentage of hospitalized obstetric patients with hematocrit or hemoglobin below a specified level who received blood transfusion within a specified time period.
- Percentage of ANC clients whose hematocrit or hemoglobin was tested.
- Percentage of ANC clients with severe anemia treated in accordance with established protocols.
- Percentage of pre-eclampsia and eclampsia treated with magnesium sulphate, per national protocol.
- Percentage of deliveries following the complete steps of active management of third stage of labor.
- Percent of deliveries in public health facilities performed by caesarean section.

Component 4: Increased availability and utilization of a full range of FP methods in public health facilities

FP services are often unavailable in RHs and limited in the range of methods offered at HCs. This poor access, in turn, has led to lack of FP as a part of post-abortion care (PAC) and to missed opportunities among post-partum women.

A revised MoH policy on post-partum IUD insertion (taking place within the first 48 hours after delivery) has not been leveraged, largely due to providers' lack of clinical confidence and absence of specific hands-on training.

Many HC midwives also lack basic proficiency in IUD insertion, either because they have not received training, training was insufficiently competency-based, and/or they have had insufficient opportunity to apply the skills taught and hence not maintained them. New training is being rolled out on implant insertion but may likewise lack sufficient hands-on practice and post-training follow-up. In addition, a disconnect between the provision of training and lack of availability of commodities constrains skill application.

There are also issues surrounding user fees for IUDs and implants, both methods which are very demanding of provider time. Most HCs have not revised their user fees for over a decade, despite rapid economic growth, with the result that the official user fee for IUDs is insufficient to motivate providers. Often, no official fee has been established for implants. The posting of unrealistically low fees (or no fee) leads to uncertainty on the part of clients as to what the service will actually cost.

Anticipated results:

- Increased modern contraceptive prevalence rate overall, and increased contribution from LAPM.
- Availability of a full range of FP methods in USG-assisted facilities.
- Integration of FP services into PAC and post-partum services.

Illustrative Activities:

- Advocacy/TA with RH managers and PHD/OD to ensure availability of contraceptives in RH maternity wards.
- Refresher training of RH maternity ward personnel on FP counseling and service provision.
- Technical assistance to PHD and OD MCH in introducing implant services with attention to ensuring adequate clinical competency and linking training to the supply chain.
- Competency-based training on basic IUD insertion for midwives not currently proficient, followed by on-the-job coaching and monitoring.
- Competency-based training in post-partum IUD insertion, followed by on-the-job coaching and monitoring.
- Work with OD and PHD to ensure an adequate supply chain of implants, IUDs, and related equipment to all facilities with a trained provider.
- Advocacy with RH and PHD/OD managers to make FP counseling a mandatory part of post-partum and post-abortion care.
- Support providers (coaching, TA) to integrate FP into ANC, post-partum care, and PAC.
- Assist/support MCH managers to monitor the inclusion of FP in post-partum care and PAC.
- Assist/support MCH managers to use the Health Management Information System to identify facilities with lower-than-expected levels of FP service provision and/or lack of IUD provision.
- Assist HCs and RHs in revising user fee schedules to ensure that IUD and implant fees are sufficient to compensate providers and are transparently followed.
- In close collaboration with the SHP Project, ensure that HEF reimburse the full range of FP methods at an appropriate rate based on actual costs per method and that HEF beneficiaries are aware of their entitlement to these services, including voluntary sterilization and other long-term methods.
- Coordinate and collaborate with the Empowering Communities for Health Project to ensure communities are aware of the range of FP methods available, especially as new methods are introduced in facilities.

Illustrative indicators:

- Percent of RHs providing FP services onsite to post-partum and post-abortion inpatients.
- Percent of HCs and CPA1 RHs which provide all of the following methods of FP: condoms, pills, injectables, IUD, and implant.
- Percent of HCs and CPA2/3 RHs which provide all of the following methods of FP: condoms, pills, injectables, IUD, implant, and voluntary sterilization.
- Number of new FP acceptors, by method.

- Number of new post-partum and post PAC FP acceptors.
- Percent of HEF beneficiaries aware that the HEF will cover long-acting methods of FP and voluntary sterilization.
- Number of post-partum IUD insertions performed.
- Number of providers trained in FP with USG assistance.

Component 5: Strengthen referral linkages for obstetric, newborn, and post-natal care

Referral linkages between HCs and RHs have improved considerably in the target provinces with regard to emergency obstetric cases. Referral from villages to HC for delivery has gradually improved, partially due to increasing affluence and better road infrastructure, but remains problematic in poor and remote locations. Some success has been encountered under current USAID assistance with Village Emergency Referral Systems developed in collaboration with, and supported by, Commune Councils, but coverage is neither complete nor optimally targeted. It has sometimes been instituted in comparatively accessible villages where the need and demand is low, and the neediest locations have sometimes been overlooked.

A well-designed system of community to health facility referral must be based on a detailed needs assessment that explores the specific circumstances of each village to distinguish those in need of intervention from those where access is already good. While the number of villages falling into the former group will be small, they account for a disproportionate amount of obstetric and newborn morbidity and mortality. This issue will need to be addressed in very close collaboration with the USAID Empowering Communities for Health Project. While development of village referral systems will fall primarily under the Empowering Communities for Health Project, the Strengthening Facilities for Health Project has an important role to play in identifying the villages from which expected referrals are not occurring/utilization is low and coordinating with the Empowering Communities for Health Project to ensure that these are prioritized for referral system support.

Post-natal care (PNC) coverage remains problematic. Due to the higher volume of facility-based deliveries in recent years, the coverage for the first PNC check is high, but coverage for PNC2 and PNC3, called for by MoH protocol, is very low; as is PNC1 for deliveries occurring at home. Post-partum women are reluctant to travel back to the facility for a check-up, and midwives are too busy to conduct much outreach. Given the epidemiological pattern of neonatal mortality in Cambodia, the second post-natal check, which should take place within 72 hours of the delivery, is especially important and if properly conducted could be expected to result in early identification of a significant number of neonatal complications. Applicants will propose locally appropriate approaches to increasing the coverage of three PNC visits and ensuring that they include substantive newborn content. This may include such things as training non-midwives (e.g. immunization staff, who typically conduct outreach in remote villages) to conduct the 2nd and 3rd PNC visits; facilitating comfortable transport for post-partum women to return to the HC for fixed-site services; the provision of incentives utilizing local government resources for women who return from PNC, or any other approach which the Applicant deems appropriate to local conditions. Close collaboration with the USAID Empowering Communities for Health Project will be necessary since the VHSG network is the primary platform for generation of referrals from community level and for informing communities of service availability.

It is envisioned that VHSG will be increasingly accountable to local government entities during the five-year Project period; however, strong technical linkages between VHSGs and health centers must be maintained to

ensure equitable access to and timely referral for RMNCH/FP services. This too will require coordination by the implementing partners of both projects.

Anticipated results:

- Increased coverage of 3 PNC visits.
- Increased identification of post-natal and newborn complications.
- Increased ANC and facility deliveries by women living in remote villages.

Illustrative Activities:

- Analyze HC data on facility deliveries and PNC to identify and prioritize underserved villages.
- Collaborate with the USAID Empowering Communities for Health Project to ensure that villages with significant physical access barriers develop and maintain systems that ensure transport to health facilities.
- Collaborate with the USAID Empowering Communities for Health Project to ensure that technical linkages with HCs are maintained as VHSGs come under the administrative authority of local government and that VHSG training needs (basic and refresher) continue to be met by HC personnel.
- In collaboration with the National Reproductive Health Program and PHD and OD MCH managers, develop and implement realistic, HC-specific systems for ensuring the delivery of the second and third PNC check.
- Train/assist PHD/OD MCH managers in monitoring the quality and coverage of PNC.

Illustrative indicators:

- Percent of deliveries receiving PNC2 and PNC3.
- Number of villages with emergency transportation systems in place as a percent of villages identified, based on needs assessment, to be in need of one.
- Number/percentage of emergency deliveries using emergency transportation systems.

Component 6: Strengthened Identification and Management of Child Malnutrition and malnutrition-related diseases (including Pediatric TB)

HC staff have recently been trained to incorporate growth monitoring and nutritional counseling into HC services, although compliance is minimal. In centers where scales are available, weight screening takes place, but use of that information to assess the child's nutritional status is rare, much less using this information during counseling with the caregiver; even in health centers that are using IMCI.

Similar training has not, however, been provided to RH staff, except as a part of IMCI, yet moderately/severely malnourished children make up a disproportionate share of pediatric hospitalizations. Many RHs fail to provide meals to inpatients, despite having a line in the government budget for this purpose, and very few provide nutritional counseling to mothers or monitor the food intake of hospitalized

children; hence, the vicious cycle of malnutrition to disease to worsened malnutrition is perpetuated. More recently, USAID has supported one of its implementing partner to develop with the National Nutrition Program and other development partners the Clinical Practice Guideline (CPG) on the treatment of Severe Acute Malnutrition (SAM). The CPG on SAM has been carried out in the last year in select hospitals in former USAID project area which included training and development of accompanying job aids. One gap identified, is that health workers who would be referring children with SAM to the treatment hospitals do not have the means (i.e. scales), nor the skills to assess nutritional status including SAM.

This component will seek to ensure that all hospitalized children (not only those suffering from severe acute malnutrition) are assessed for malnutrition both at admission and prior to discharge, with appropriate counseling and/or referral, and that optimal food intake during and after acute illness is encouraged. This component will also continue to build the capacity of the health facilities to diagnosis, refer, and treat SAM based on the new CPG. Screening, counseling, and referral implemented by health centers will also be emphasized with the aim being to take the quality of nutritional care to the next level beyond only the measuring and recording of the child's weight. It also seeks to ensure that children with persistent moderate/severe malnutrition and a history of frequent illness are evaluated for possible underlying TB and other wasting diseases, with appropriate referral. It will be implemented in close collaboration with a USAID TB Project which will provide expert technical assistance to the MoH in developing suitable screening checklists and protocols. Complementary community-based activities (including case finding and referral to health facilities) will be conducted through the USAID Empowering Communities for Health Project.

Anticipated results:

- Improved feeding of ill children during and after illness episodes.
- Improved management of severe malnourished children in referral hospitals.
- Increased detection and treatment of pediatric TB and other underlying wasting diseases.
- Increased quality of screening, counseling, referral, and treatment of malnutrition in the health centers.

Illustrative Activities:

- Work with RH managers, PHDs/ODs to develop systems for routine measurement and recording of weight for age on admission and discharge of pediatric patients, and interim measurement in cases where children are malnourished at intake.
- Advocate with RH managers, PHDs/ODs to ensure that nutritious meals are provided to pediatric patients.
- Work with RH managers, PHDs/ODs to develop systems for recording of food intake of pediatric inpatients.
- Support/assist training of RH staff in nutritional counseling of mothers of sick children and in understanding the disease-malnutrition linkage.
- Support the roll-out and follow-up of the CPG for SAM in hospitals.

- Work with HC staff to improve nutritional screening, counseling, and referral as well as ensure monitoring of weight loss.
- In collaboration with the USAID TB Project and National TB Program, develop simple systems and associated training for identification and referral of suspected pediatric TB.
- Develop referral linkages with tertiary facilities able to diagnose and manage other medical causes of persistent under nutrition, e.g. national hospitals, Kantha Bopha, Angkor Children's Hospital, etc.

Illustrative Indicators:

- Percent of pediatric inpatients with weight for age recorded at admission and prior to discharge.
- Percent of mothers of hospitalized children who report receipt of nutritional counseling.
- Percent of severely malnourished children treated and followed-up per protocol.
- Number of children screened for pediatric TB.
- Number of malnourished children identified using IMCI checklist.
- Number of children counseled and screened for malnutrition at the HC.
- Percent of caregivers counseled on appropriate feeding practices at the HC and RH.

KEY PERSONNEL

The Applicant should propose a practical cost-effective staffing plan. This section should include the overall rationale for the proposed staffing and a brief description of the qualifications of candidates proposed as Key Personnel, with their CVs presented in an annex. The staffing plan should demonstrate the depth of technical expertise and experience required to implement this program, and should demonstrate a solid understanding of key technical and organizational requirements.

The use of host country personnel are preferred whenever the appropriate qualifications can be obtained, and use of international TA should be limited to those whose skills are not currently available in-country. With that caveat, USAID leaves it to the Applicants to determine the appropriateness of employing overseas and/or local hires for each specific position.

USAID has identified the following 5 positions as Key Personnel:

- **Chief of Party:** The applicant is required to appoint a full-time Chief of Party (COP) for the length of the 5-year Project who must reside in Phnom Penh for the duration. The COP must have a clinical degree as well as a graduate degree (master's or higher) in public health or a related social science along with at least 12 years of experience managing complex maternal, newborn, and/or family planning programs in low resources settings in Asia (Cambodia is preferred). At least 3 of those years should be in a senior level management position and five of those years should involve specific work in improving the quality of government RMNCH clinical services. This person must also have a good track record of working with senior government officials at the MoH level influencing policy and supporting policy changes based on new evidence or technical developments. Ability to coordinate with donors and other NGOs working in the health sector is required. Prior experience

managing USAID-funded projects or similar international donor programs is also preferred. Excellent oral and written communication skills in English are required.

- **Regional Quality Improvement Coordinators (3):** The Applicant is required to propose 3 persons each with responsibility for a distinct set of provinces and answering directly to the COP. The Regional Coordinators must be medical doctors with at least 5 years clinical experiences in maternal, newborn care, and family planning. They must have strong backgrounds in strengthening government health services in Cambodia. Ability to coordinate with donors and other NGOs working in the health sector is strongly preferred. Fluency in both Khmer and English (written and spoken) is required. Strong backgrounds in clinical training/coaching in obstetric and newborn care are highly desired. Prior experience managing large programs is required.
- **Monitoring and Evaluation Officer:** The Applicant shall propose a candidate with an advanced (master's or higher) degree in a social science and at least 10 years demonstrated experience, in a developing country context, in monitoring and evaluation of RMNCH. The candidate must demonstrate strong skills in quantitative research and design of data systems/management information systems, and be thoroughly conversant with internationally used measures of health impact and coverage such as the indicators used in the Demographic and Health Surveys. Experience with tracking quality improvements and using data to help improve quality and comprehensiveness of services is also desired. Prior Cambodian experience and Khmer language fluency is strongly preferred, as is prior experience with Monitoring and Evaluation of USAID-funded programs or similar international donor programs. Excellent English language skills- written and spoken – are required.

The Key Personnel are those positions for which specific individuals must be proposed and their CVs attached in an annex. In addition to this, Applicants should describe a staffing plan that includes the type of personnel to implement the Program Description, indicating the number of positions, their duties, and the skills and experience they are expected to demonstrate. In the case of a consortium arrangement, the staffing plan should specify which staff will be from which partner agency. The Chief of Party must, however, be directly employed by the Prime Implementing Partner. The Applicant must demonstrate how Consortium partners (if applicable) will work together in innovative and cost-effective ways to ensure high levels of coordination and collaboration, including joint work planning and a joint monitoring and evaluation plan.

The Applicant also must describe how they will coordinate and work with government partners, USAID implementing partners, other USG and development partners. As a part of this plan, Applicants must describe how they will ensure regular information sharing, collaboration, and advocacy with technical staff within the MoH. The applicant must describe how they will ensure the lessons from project implementation are used across government programs, but also how project lessons will be used for advocacy for improved policy and technical guidelines.

REPORTING REQUIREMENTS

A. Substantial Involvement Understanding

USAID plans to negotiate and award a Cooperative Agreement with the applicant whose application offers the greatest value for the Program described herein. A Cooperative Agreement implies a level of “substantial involvement” by USAID. This substantial involvement will be through the Agreement Officer, except to the extent that the Agreement Officer delegates authority to the Agreement Officer’s

Representative (AOR) in writing. The intended purpose of the substantial involvement during the award is to assist the recipient in achieving the supported objectives of any agreement awarded as a result of this RFA. The substantial involvement elements for this award are listed below (this list does not include approvals required by 22 CFR 226 or other applicable law, regulation, or provision):

- Review and approval of key personnel and changes in key personnel;
- Approval of initial and annual costed implementation plans. Any significant changes to the approved work-plan will require additional approval;
- Agency and recipient collaboration and joint participation in implementation, including, but not limited to participation in advisory committees and direction and/or redirection of activities specified in the program description due to interrelationships with other programs;
- Approval of the Monitoring and Evaluation (M&E) Plan. Any significant changes to the approved M & E plan will require additional approval; and,
- Approval of all sub-contractors and sub-recipients and concurrence on the substantive provisions of all sub-awards.

Technical Direction and Coordination: The USAID AOR is responsible for all day-to-day management, oversight, and technical direction of the applicant. The AOR will provide information to the applicant both in writing and verbally. The applicant shall meet at least monthly during the first six months and then bi-monthly thereafter with the AOR or his/her designee to review the status of activities, and should be prepared to make periodic, unplanned verbal and written briefings to USAID and U.S. Embassy staff as appropriate.

B. Reports

All reports listed below shall be submitted by the specified due dates for approval of the USAID AOR unless otherwise agreed upon with the AOR. Recipients will consult the AOR on the format and expected content of reports prior to submission, but all reports must be of high quality. Each report shall be submitted, electronically, to the AOR and alternate AOR.

Annual work plan: Within 60 days of signing the agreement, the Recipient will submit an Annual Work Plan for Year 1, designed in consultation with key stakeholders including the host government, USAID, other USAID partners and other USG partners as relevant. This Annual Work Plan, and Annual Work Plans for subsequent years, will describe the activities and interventions to be carried out and the corresponding time frames. The proposed activities and interventions shall fall within approved program description of the Cooperative Agreement with USAID. Work plans for years 2 through 5 shall list activities which are a continuation of those in prior years separately from new activities. Each newly proposed activity in the annual work plan should be justified with measurable results which clearly contribute to one or more project objectives. Work plans are expected to reflect extensive discussions and joint planning exercises at the local, national, and regional levels. Work plans will take into consideration discussions and collaborative planning with other USAID partners and other USG agencies as relevant. The Annual Work Plan will also incorporate a Financial Report and annual budget plan. The AOR will review and approve plans to ensure that they are within the scope of the program description of the agreement. The work plan shall include at a minimum:

- Proposed accomplishments and expected progress towards achieving results and performance measures tied to indicators agreed upon within the M&E plan.

- (Year 2 onward only) Any new interventions/activities planned and their justification.
- Timeline for implementation of the year's proposed activities, including target completion dates.
- Information on how activities will be implemented.
- Personnel requirements to achieve expected outcomes.
- Major commodities to be procured.
- Details of collaboration with other major partners, including how activities will be coordinated with other USAID Implementing Partners, USG Partners (e.g. the CDC), and other donor partners (e.g. WHO).
- Clearly defined activities funded by other donors which link with or are leveraged by USAID funding.
- Detailed budget.

Monitoring and Evaluation Plan: During the initial program planning period, the awardee shall work closely with USAID to establish major milestones, program monitoring indicators, as well as baseline data and performance targets for each indicator as they relate to the descriptions of success. A Monitoring and Evaluation (M&E) plan developed in consultation with USAID is to be submitted for approval within 90 days of the award date. USAID and the Awardee will conduct periodic performance reviews to monitor the progress of work and the achievement of results as based on the targets specified in the M&E plan. The M&E plan will be revised as appropriate and only with AOR approval in collaboration with USAID and evolving requirements from USG. The M&E plan will include annual and five-year targets, indicator definitions, and the process for ensuring data quality. The M&E plan must include a detailed logframe. The approved M&E plan will be effective for the life of the Project and may be revised only with prior consent, in writing, from the AOR.

Semi-Annual progress reports: The Recipient shall prepare and submit to the USAID/ Cambodia AOR semi-annual reports due 30 days after the end of the first and fourth quarter of each fiscal year. These reports will be used by USAID to fulfill electronic reporting requirements to Washington; therefore, they need to conform to certain requirements. The applicant should consult the USAID AOR prior to submission, as USAID/Cambodia uses a standard semi-annual report format which will be provided. The report shall contain, at a minimum:

- Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by program area;
- Problems encountered and whether they were solved or are still outstanding;
- Proposed solutions to new or ongoing problems;
- Success stories (if available);
- Documentation of best practices that can be taken to scale; and,
- List of upcoming events with dates.

Monthly or Bi-monthly bulleted updates: The Recipient shall prepare and submit to USAID/Cambodia AOR a project update on a monthly or bi-monthly basis as deemed appropriate by the AOR. The report should be 1 – 2 pages in length at a maximum. The update should be in bulleted format and cover the following three areas:

- Project achievements
- Challenges / Constraints
- Upcoming activities / events

Financial Reports: Quarterly financial reports shall be submitted to USAID. They should be disaggregated by project component and contain, at a minimum:

- Total funds awarded to date by USAID;
- Total funds previously reported as expended by Recipient by main line items;
- Total funds expended in the current quarter by the recipient by main line items;
- Total unliquidated obligations by main line items; and
- Unobligated balance of USAID funds.

Short-term consultants' reports (if any) shall be submitted to USAID in a mutually agreed upon format and time frame.

Special reports: From time to time, the Recipient will be required to prepare and submit to USAID special reports concerning specific activities and topics.

Final Report: No later than 60 days after the completion date of the Cooperative Agreement, the Recipient shall submit a final report which includes an executive summary of the Recipient's accomplishments in achieving results, an overall description of the Recipient's activities during the life of the Cooperative Agreement with an assessment of progress made toward accomplishing the Objective, Results and Expected Outcomes, any important research findings, and a fiscal report that describes how the Recipient's funds were used. See 22 CFR 226.51

The Recipient shall submit an original and two copies of the final report to the AOR and one copy to the USAID Development Experience Clearinghouse.

Management Reviews and External Evaluations: The annual work plans will form the basis for joint annual management reviews by USAID and program staff to review program directions, achievement of the prior year work plan objectives, any major management and implementation issues, and to make recommendations for any changes as appropriate. These management reviews as well as work plan meetings may be broadened to include dialogue across the different cooperating agencies, and among relevant Ministries.

At any time during program implementation, USAID may conduct one or more external mid-term assessment/process evaluation(s) to review overall progress through external evaluators to assess the continuing appropriateness of the program design, and identify any factors impeding effective implementation. USAID will utilize the results of the assessment to recommend any mid-course changes in strategy if needed and to help determine appropriate future directions. Site visits may occur any time after startup.

2. AUTHORIZING LEGISLATION

The authority for this RFA is found in the Foreign Assistance Act of 1961.

3. AWARD ADMINISTRATION

***USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project***

For U.S. organizations, the award will be administered in accordance with 22 CFR 226, OMB circulars and the USAID Standard Provisions for U.S. Non-governmental Organizations. For non-US organizations, the USAID Standard Provisions for non-U.S. Non-governmental Organizations will apply. Web sites containing these regulations are provided in Section VI of this RFA.

SECTION II: BASIC AWARD INFORMATION

1. ESTIMATED FUNDING

Subject to the availability of funds, USAID intends to provide up to \$16,500,000 for this planned 5-year activity under this RFA. The distribution of this total funding will depend upon the application selected for award. USAID reserves the right to fund any or none of the applications submitted.

The Government plans to award one or more cooperative agreements resulting from this RFA to the responsible Applicant whose application conforming to this RFA offers the greatest value in terms of the selection criteria (see Section V 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.

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.

2. PERFORMANCE PERIOD

The estimated start date is January 1, 2014 through December 31, 2018.

3. AWARD TYPE

USAID anticipates award of a Cooperative Agreement. The USAID/Cambodia AOR's Substantial Involvement under the award is described in Section I of this RFA.

4. AUTHORITY TO OBLIGATE THE GOVERNMENT

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

SECTION III: ELIGIBILITY INFORMATION

1) USAID policy encourages competition in the award of grants and cooperative agreements. As stated previously, competition under this RFA is open all U.S. or non-U.S. nongovernmental organizations (NGOs), public international organizations (PIO or IO), or other qualified organizations as the Primary recipient, but the Applicant is encouraged to partner with other organizations to deliver results. The Applicant may include a sub-award to a non-local organization(s) but the amount provided to the non-local organization(s) must not be greater than 20 percent of the overall proposed budget per sub-award, sub-award totals not to exceed 40 percent of the total agreement. The application must provide a justification for including the organization(s). In addition, all aspects of project management from financial to programmatic must be performed by the Applicant, not the non-local organization(s). For the purposes of this solicitation, NGOs include any incorporated entity, either non-profit or for-profit, other than a governmental organization.

2) All applicants are required to demonstrate the ability to perform and implement the activities under this RFA in Cambodia.

3) All applicants should have a DUNS number and applicants that do not have a DUNS number are required to obtain one within 30 days after award (if successful). To obtain a DUNS number, applicants may contact Dun and Bradstreet or by calling 1-866-705-5711, or request a number via the internet at <http://fedgov.dnb.com/webform>

4) USAID encourages applications from organizations that have not received funding from USAID in the past.

5) 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.” Cost sharing or match refers to that portion of a project or program costs not borne by the Federal Government. Cost share or match is normally associated with contributions from the same prime and sub-recipients sources that also receive USAID funds. Examples of in-kind cost share may include the provision of technical assistance, commodities, distribution networks and other sources of support relevant to achieve program objectives. Cost share must be verifiable from the recipient’s records, is subject to the requirements of 22 CFR 226.23, and is subject to audit. A recipient’s failure to meet its cost share requirement can result in questioned costs.

According to USAID policy, cost sharing is an important element of the USAID-recipient relationship. The minimum required cost share for this award is 20 percent of total estimated budget of 16,500,000USD which is equal to 3,300,000USD. Applicants must be aware that all cash contributions and non-Federal third party in-kind contributions must meet all the criteria set forth in 22 CFR 226.23 and the applicable OMB cost principles.

6) 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

*USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project*

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.

7) Pursuant to 22 CFR 226.81, USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization), may be paid under the Agreement.

8) 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.

SECTION IV: APPLICATION SUBMISSION INFORMATION

I. PREPARATION GUIDELINES

a. Any prospective Applicant desiring an explanation or interpretation of this RFA must request it in writing to Ms. Rebecca White, Regional Agreement Officer, via email to rwhite@usaid.gov and copy Ms. Sokunn Mealea Prak, at sprak@usaid.gov, by August 13, 2013, 4:00 pm Phnom Penh time. The questions and answers (Q&A) will be posted as an amendment to the RFA on www.grants.gov. 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.

b. Applications must 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 one (1) hard copy of the cost application must be submitted in addition to the electronic submission, as described in the cover letter of this RFA.

c. 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. USAID may review and consider late or incomplete applications if: (i) USAID's treatment of the material is consistent with the terms of the RFA, (ii) all late applications are treated the same, (iii) they are evaluated before any agreements are awarded under the RFA and (iv) the Agreement Officer consents in writing to the review of late or incomplete applications.

d. Technical applications must be specific, complete, and presented concisely. A lengthy application does not in and of itself constitute a well thought out proposal. Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be construed as an indication of the Applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted. Applications must demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. Applications must take into account the technical evaluation criteria found in Section V of this RFA.

e. Submission of Applications Electronically (**Important**):

1. Preferred software for electronic submissions: Microsoft Word (for narrative text) or Excel (for tables). PDF files for narrative text are acceptable. The excel sheets should not be password protected. Applicants may post their applications electronically on www.grants.gov instead of submitting via email.
2. After you have sent your application via email, please immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email or make note in

the filename if submitted via grants.gov that it is a "corrected" submission. Each Applicant is responsible for their 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. Your organization must appoint one person to send in the email submissions who will serve as the contact person for future communications regarding this RFA.
 4. 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, if your cost proposal is being sent in two emails, the first email should have a subject line which says: "[organization name], Cost Proposal, Part 1 of 2".
 5. USAID's preference is that the technical proposal and the cost proposal be submitted as single respective email attachments, e.g., that you consolidate the various parts of a technical proposal into a single document before sending it. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling submitted electronic proposals if no instructions are provided or if instructions are unclear.
- f. The hard copies of applications and modifications thereof must 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.
- g. Telegraphic applications will not be considered; however, applications may be modified by written or telegraphic notice, if that notice is received by the time specified for receipt of applications.
- h. Preparation of Applications:
1. Applicants must review, understand, and comply with all aspects of this RFA. Failure to do so may be considered as being non-responsive and may be evaluated accordingly.
 2. Each Applicant must furnish the information required by this RFA. On the hard copies of applications, the Applicant must 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 must 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 USG except for evaluation purposes must:
 - (a) Mark the title page with the following legend:

"This application includes data that must not be disclosed outside the USG and must 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 USG must have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the USG'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 pages ____."; 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."

II. TECHNICAL APPLICATION REQUIREMENTS AND FORMAT

The Technical Application shall contain the following sections:

- ❖ Cover Page
- ❖ Technical Approach
- ❖ Key Personnel and Management Plan
- ❖ Monitoring and Evaluation Plan
- ❖ Institutional Capability
- ❖ Annexes:
 - CVs of Proposed Key Personnel
 - Past Performance References

The overall page limitation for the technical application is 30 pages, not including the cover page, table of contents, list of acronyms, and the required annexes. Additional annexes other than those listed will not be accepted. USAID will not review pages in excess of 30 pages. Applications shall be written in English on standard 8 1/2" x 11" or A4 paper, single-spaced, 12 point Times New Roman font with each page numbered consecutively.

❖ Cover Page

The Cover Page shall include the applicant's name, identification of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address). Applicants who 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 mark the cover 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, an agreement is awarded to this applicant as a result of this RFA, a final determination will be made regarding the extent to which data included in the cooperative agreement can be disclosed."

❖ Technical Approach

The Technical Application must include a clear description of the approach which will be taken for each of the Project Components detailed in this RFA. Particular attention should be given to the Guiding Principles detailed in the RFA Program Description and to the anticipated results listed under each Project Component. To be considered responsive, the Technical Approach must address all of the Project Components and anticipated results listed in the RFA, although the narrative may combine and present the components and results in any manner the Applicant deems logical.

The Technical Approach should address the different baseline conditions in the target health facilities, particularly the RHs, and indicate the duration and intensity of assistance proposed for each RH along with rationale. HCs may be described as a group except in cases where inputs to upgrade basic midwifery (as opposed to introducing new protocols) are envisioned, in which case, given the USAID inputs under prior Projects, the HCs should be specified and justification provided.

The Technical Approach should describe the proposed timing and staging of assistance. This may be done through narrative or a Gantt or other chart. Sufficient information should be provided to demonstrate that the Applicant has a clear plan for delivering all planned interventions to all target facilities within the five year Project period.

❖ **Key Personnel and Management Plan**

The applicant shall indicate the names of each proposed Key Personnel candidate along with a position description and brief statement of why the proposed individual is particularly suited to the position in the Technical Application, and include CVs for each Key Personnel in the Annex.

In addition, Applicants shall present a detailed management plan. Applications will be closely scrutinized to ensure that the management plan proposed is capable of effectively delivering quality interventions to a large number of health facilities across 8 provinces. Applicants are strongly encouraged to consider partnerships or sub-agreements with other agencies in order to ensure sufficient local understanding of conditions and a manageable staffing structure.

The management plan must specify the composition and organizational context of the entire implementation team and specify clear lines of supervision, accountability, decision-making and responsibility among staff. In the case of Consortium or other partnership arrangements, the role of the various agencies and mechanisms for coordination and accountability should be clearly delineated. Applications should also outline a clear scheme on how applicants will partner and collaborate with a diverse range of actors and stakeholders, including (but not limited to) USG and RGC agencies, other USAID Projects, other bilateral and multilateral donors and local governmental structures and communities. In particular, mechanisms for close coordination and cooperation with the USAID-funded Empowering Communities for Health Project should be demonstrated.

❖ **M&E Plan**

As described in the “Type of Award and Substantial Involvement” section of this RFA, the successful Recipient will be required to submit to USAID a detailed M&E Plan for approval within 90 days of the award date. In the technical application, Applicants should include a tentative M&E Plan with process, output and outcome indicators and specifies methodologies that will be used to establish baselines, set targets, and monitor the progress and impact of project activities. Applicants should also describe how the data generated will be shared with government counterparts and other partners. In addition, Applicants

should also offer evaluation questions to be considered in mid-term and final evaluations that will be commissioned by USAID and describe any special studies planned, including their purpose, audience, and general methodology.

❖ **Institutional Capability**

Applicants should furnish evidence that they, along with their proposed sub-recipient(s) have the ability to plan, implement, and monitor the program effectively. They should demonstrate their experience in the program areas identified in the RFA Program Description. Information in this section should include (but is not limited to) the following:

- Brief description of organizational history/expertise.
- Pertinent work experience and representative accomplishments in developing and implementing health sector strengthening programs.
- Relevant experience with proposed approaches.

❖ **Cost Share and Program Income**

The minimum cost share for this RFA is \$3,300,000. Applications with a cost share less than this are non-responsive and will not be considered for award.

❖ **Annexes**

- **Curriculum Vitae** - a CV shall be provided for each Key Personnel. CVs should not exceed 5 pages for each person. Each CV should include at least three (3) professional references.
- **Letters of Commitment** from the proposed Key Personnel.
- **Past Performance References**

The Applicant must provide performance information for itself and its sub-recipient(s) in a matrix format which shows a list of all current and recent (last five years) experience relevant to the technical description and proposed activities of this program. The matrix must include the following information for each listed activity:

- Contract or cooperative agreement number (as prime or sub) or project name
- Procuring agency or organization
- Funding sources and levels
- Period of performance
- Program objective
- Brief description of the work performed and objectives achieved
- Contact information (names, telephone numbers, email addresses, etc.) for the funding agency.

USAID recommends that you alert the contacts that their names have been submitted and that they are authorized to provide performance information concerning the listed contracts or agreements if and when USAID requests it. USAID reserves the right to obtain past performance information from other sources, both within and outside the U.S Government, including those not named in the application.

III. COST APPLICATION FORMAT

The Cost or Business Application must be submitted separately from the technical application. Certain documents are required to be submitted by an Applicant in order for the Agreement Officer to make a determination of responsibility.

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

- a. The Applicant must submit a budget and budget narrative that allows the Agreement Officer to reach the determination that all proposed costs are reasonable and the proposed budget is realistic to carry out the program the Applicant proposed in its technical application. The proposed budget should clearly identify the costs involved to perform the activities identified in the technical approach and the budget narrative should provide evidence that the proposed budget is both reasonable and will achieve the program objectives. A summary of the budget must be submitted using Standard Form 424 and 424A which can be downloaded from the grants.gov website at www.grants.gov
 1. The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices.
 2. The breakdown of all costs according to each partner organization (or sub-Recipient) involved in the program.
 3. The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.
 4. The breakdown of the financial and in-kind contributions of all organizations involved in implementing the expected Cooperative Agreement.
 5. Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement.
 6. The procurement plan for commodities.
 7. Indicate the name, annual salary, and expected level of effort of each person charged to the project. Provide key personnel resumes showing work experience and annual salary history for at least the three most recent years for key personnel.
 8. If not included in an indirect cost rate agreement negotiated with the USG, specify the applicable fringe benefit rates for each category of employees, and explain the benefits included in the rate.
 9. The same individual information for consultants must be provided as for regular personnel.
 10. Allowances must be broken down by specific type and by person, and must be in accordance with the Applicant's policies.
 11. Travel, per diem, and other transportation expenses must be detailed in your proposal to include number of international trips, expected itineraries, number of per diem days and per diem rates.
 12. Specify all equipment to be purchased and the expected geographic source.
 13. Financial Plans for all proposed sub-grants and subcontracts must have the same format and level of detail as those of the Applicant. Following the Applicant's detailed budget breakdown, detailed budget breakdowns for each sub-Recipients/(sub) contractor must be presented. Sub-Recipient/(sub) contractor budgets must not be intermingled. The first page must be a summary budget, following the same budget format and line items as are set forth above for the full term of the sub-agreement/subcontract. Detailed budget notes which explain how the subs' proposed

- budget was reviewed and how a determination was made that it is fair and reasonable must be provided.
14. Other direct costs such as supplies, communication costs, photocopying, visas, passports and other general costs must be separate cost line items.
- b. A copy of the latest Negotiated Indirect Cost Rate Agreement if your organization has such an agreement with the US Government;
 - c. Required certifications and representations (see Attachment I of this RFA); NOTE: Past Performance References requested in the certifications and representations should be attached to the technical application;
 - d. Applicants which do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency must also submit the following information:
 1. Copies of the Applicant's financial reports for the previous three-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; and,
 3. A copy of the organization's accounting manual.
 - e. Applicants should submit additional evidence of responsibility they deem necessary for the Agreement Officer to make a determination of responsibility. The information submitted must substantiate that the Applicant:
 1. Has adequate financial resources 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, nongovernmental 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 cooperative agreement under applicable laws and regulations (e.g., EEO).
 - f. Applicants that have never received a cooperative agreement, grant or contract from the USG will be required to submit a copy of their accounting manual if their application is chosen for a potential award. If a copy has already been submitted to the USG, the Applicant must advise which Federal Office has a copy.
 - g. 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 Procurement.

NOTE: This RFA does not provide for reimbursement of any pre-award costs.

SECTION V: APPLICATION REVIEW INFORMATION

A technical evaluation committee will review the applications based upon the criteria set forth below. Government counterparts may take part in or provide input to the evaluation process.

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

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

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

To facilitate the review of applications, narrative portions of applications should be organized in the same order as the broad evaluation criteria.

For the purpose of this RFA, technical considerations are more important than cost. Cost criteria will be analyzed for cost realism, reasonableness, completeness, effectiveness, allowability and allocability. Proposed costs may be adjusted based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

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

Technical Approach: 35 points

- Thorough understanding of the goal, objectives, and components of the RFA;
- Feasibility, sustainability, and creativeness of proposed interventions;
- Builds on existing foundations and is clearly focused on gaps in what has already been achieved;
- Demonstrates a clear plan for collaboration with other USAID partners and projects;
- Leverages rather than replaces government and other donor resources;
- Approaches are consistent with international best practices and host country protocols;
- Approaches maximize the involvement and ownership of government and host country institutions;
- Approaches are tailored to, and practical within the local context;
- Approaches demonstrate reasonable potential for long-term sustainability after the end of the Project period without further USAID investment.

Key Personnel, Staffing Structure, and Management Plan: 30 points

- Management plan reflects the scope and complexity of the Project and offers realistic approaches to ensuring the efficient delivery and monitoring of interventions;
- Experience and expertise of key personnel;
- A well-articulated staffing pattern and consortium of partners (when relevant) that maximizes efficient use of resources and links to results;
- Roles and responsibilities of staff and sub-partners clearly spelled out;
- Maximizes participation of host country organizations and individuals and lays out a clear plan for coordination between other USAID projects, donor partners, the MoH, and other USG agencies.
- Coordinated staffing plan that maximizes strengths of each partner (if relevant).

M&E Plan: 5 points

- Monitoring and Evaluation plan and draft PMP reflect a clear understanding of the goal and expected results of the Project;
- Linkages between interventions and results are clear and logical;
- Demonstrated ability to ensure effective data collection, analysis *and use of the data* for program improvement.
- A clear plan for ensuring dissemination and advocacy of lessons learned and best practices that have potential for scale-up amongst key stakeholders.

Institutional Capacity: 20 points

- Capability of Prime Applicant to plan, implement, and support complex technical programming as outlined in the RFA, including management of institutional relationships, sub-recipients, and resources.
- Demonstrated ability of both Prime and Sub Applicants (if any) to work effectively with MoH institutions and individuals in an effort to support country-led development strategies.

Past Performance: 10 points

The past performance evaluation will focus on the applicant's record of conforming to contract/agreement requirements and to standards of good workmanship, record of forecasting and controlling costs, adherence to contract/agreement schedules, including administrative aspects of performance, history of reasonableness and cooperation, and the competency of personnel who worked on the contract/agreement.

USAID may use performance information obtained from other than the sources identified by the Applicant/sub-recipient.

If performance information contains negative information on which the Applicant has not previously been given an opportunity to comment, USAID will provide the Applicant an opportunity to comment on it prior to its consideration in the evaluation, and any Applicant comment will be considered with the negative performance information.

The Technical Evaluation Committee may give more weight to past performance information that is considered more relevant and/or more current.

SECTION VI: AWARD AND ADMINISTRATION INFORMATION

A. AGREEMENT AWARD

1. Following selection for award and successful negotiations, a successful applicant will receive an electronic copy of the notice of the award signed by the Agreement Officer which serves as the authorizing document. The Agreement Officer will only do so after making a positive responsibility determination that the applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID.
2. The award will be issued to the contact as specified in the application as the Authorized Individual in accordance with the requirements in the Representations and Certifications.
3. Pre-award Surveys

For organizations that are new to working with USAID or for organizations with outstanding audit findings, USAID may perform a pre-award survey to assess the applicant's management and financial capabilities. If notified by USAID that a pre-award survey is necessary, applicants must prepare, in advance, the required information and documents. Please note that a pre-award survey does not commit USAID to make any award.

4. The reporting requirements indicated in Section I will be incorporated as part of the award made under this RFA.

B. RELEVANT POLICY AND REGULATORY REFERENCES

Resulting awards to U.S. non-governmental organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS-303), 22 CFR 230 for nonprofit organizations (formerly OMB Circular A-122), and OMB Circular A-133 for both universities and non-profit organizations, and Standard Provisions for U.S. Nongovernmental Organizations. These policies and federal regulations are available at the following web sites:

ADS-303: <http://www.usaid.gov/policy/ads/300/303.pdf>

22 CFR 226: http://www.access.gpo.gov/nara/cfr/waisidx_03/22cfr226_03.html
http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a21.pdf

22 CFR 230 (formerly OMB Circular A-122)
http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a122.pdf

OMB Circular A-133 - Audits of States, Local Governments and Non-Profit Organizations
<http://www.whitehouse.gov/omb/circulars/index.html>

48 CFR 31.2: <http://www.arnet.gov/far/>

Mandatory Standard Provisions for U.S. Nongovernmental Recipients can be accessed through USAID's website <http://www.usaid.gov/policy/ads/300/refindx3.htm>

Mandatory Standard Provisions for Non-U.S., Nongovernmental Recipients can be accessed through USAID's website <http://www.usaid.gov/policy/ads/300/refindx3.htm>

Resulting awards to non-U.S. non-governmental organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS-303), 22 CFR 220 for universities (formerly OMB Circular A-21), 2 CFR 230 for non-profit organizations (formerly OMB Circular A-122), or 48 CFR 31.2 (for for-profit organizations), and Standard Provisions for non-U.S. Nongovernmental Organizations. Standard Provisions for Non-U.S. Nongovernmental organizations are available at: <http://www.usaid.gov/policy/ads/300/303mab.pdf>

Resulting awards to PIOs will be administered in accordance with Chapter 308 of USAID's Automated Directives System (ADS-308), 22 CFR 220 for universities (formerly OMB Circular A-21), 2 CFR 230 for non-profit organizations (formerly OMB Circular A-122), or 48 CFR 31.2 (for for-profit organizations), and Standard Provisions for Public International Organizations. Standard Provisions for Non-U.S. Nongovernmental organizations are available at: <http://www.usaid.gov/policy/ads/300/303mab.pdf>

C. GEOGRAPHIC CODE

Goods and services provided by the Recipients under this USAID-financed award will be subject to the 937 Geographic Code which is defined as the United States, the cooperating country, and developing countries other than advanced developing countries, and excluding prohibited sources. Please refer to ADS 310 and 22CFR228 for more information on this subject.

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

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 Recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all sub-awards issued under this agreement.

E. FOREIGN GOVERNMENT DELEGATION 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.

F. SALARY SUPPLEMENTS

Any payments by the Recipient to employees at any level of any foreign government must 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 must consult with USAID on any questions regarding the applicability of the policy.

G. UNSUCCESSFUL APPLICATIONS

Unsuccessful applications will not be returned to the Applicant.

H. NON-FEDERAL AUDITS

In accordance with 22 C.F.R. Part 226.26 Recipients and sub-Recipients are subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–7507) and revised OMB Circular A–133, “Audits of States, Local Governments, and Non-Profit Organizations.” Recipients and sub-Recipients must use an independent, non-Federal auditor or audit organization which meets the general standards specified in generally accepted government auditing standards (GAGAS) to fulfill these requirements.

I. BRANDING STRATEGY AND MARKING PLAN

The apparently successful applicant(s) will be required to submit a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer. A Branding Implementation Strategy and Marking Plan must be in accordance with USAID Branding and Marking Plan as required per ADS 320 at the following link: <http://www.usaid.gov/policy/ads/300/>. The Recipient must comply with the requirements of the USAID “Graphic Standards Manual” available at www.usaid.gov/branding, or any successor branding policy.

J. USAID DISABILITY POLICY – Assistance (December 2004)

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 USG agencies, host country counterparts, governments, implementing organizations, and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website: <http://www.usaid.gov/about/disability/DISABPOL.FIN.html>.

USAID therefore requires that the Recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it makes every effort to comply with the objectives of the USAID Disability Policy in performing the program under any Grant or Cooperative Agreement awarded pursuant to this RFA. 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.

K. STANDARD PROVISION: EQUAL PROTECTION OF THE LAWS FOR FAITH-BASED AND COMMUNITY ORGANIZATIONS (December 2009)

a. All the requirements of 22 CFR Part 205, Participation By Religious Organizations In USAID Programs, are applicable to the recipient and to sub recipients which meet the definition of "Recipient" in 22 CFR Part 226. The requirements of 22 CFR Part 205 apply to both religious and secular organizations.

b. If the recipient makes subawards under this agreement, faith-based organizations must be eligible to participate on the same basis as other organizations, and must not be discriminated for or against on the basis of their religious character or affiliation.

c. The recipient must not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services directly funded with financial assistance from USAID. If the recipient engages in inherently religious activities, such as worship, religious instruction, and proselytization, it must offer those services at a different time or location from any programs or services directly funded by this award, and participation by beneficiaries in any such inherently religious activities must be voluntary. These restrictions do not apply to programs where USAID funds are provided to chaplains to work with inmates in prisons, detention facilities, or community correction centers, or where USAID funds are provided to religious or other organizations for programs in prisons, detention facilities, or community correction centers, in which such organizations assist chaplains in carrying out their duties.

d. The recipient must not use USAID funds for the acquisition, construction, or rehabilitation of structures to the extent that those structures are used for inherently religious activities. Where a structure is used for both eligible and inherently religious activities, USAID funds may not exceed the cost of those portions of the acquisition, construction, or rehabilitation that are attributable to eligible activities in accordance with applicable cost accounting principles. Sanctuaries, chapels, or other rooms that the recipient uses as its principal place of worship are ineligible for acquisition, construction, rehabilitation, or improvements using USAID funds.

e. The recipient may not discriminate against any beneficiary or potential beneficiary under this award on the basis of religion or religious belief. Accordingly, in providing services supported in whole or in part by this agreement or in its outreach activities related to such services, the recipient may not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

f. When the recipient is a religious organization, the recipient

(1) Retains its independence and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs, provided that it does not use direct financial assistance from USAID to support any inherently religious activities, such as worship, religious instruction, or proselytization.

(2) Retains its authority over its internal governance and may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

(3) Retains its exemption from the Federal prohibition on employment discrimination on the basis of religion, set forth in Sec. 702(a) of the Civil Rights Act of 1964, 42 U.S.C. 2000e-1.

(4) May use space in its facilities, without removing religious art, icons, scriptures, or other religious symbols.

g. The Secretary of State may waive the requirements of this provision in whole or in part, on a case-by-case basis, where the Secretary determines that such waiver is necessary to further the national security or foreign policy interests of the United States.

L. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (OCTOBER 2010)

a. Requirement for Central Contractor Registration (CCR). Unless you are exempted from this requirement under 2 CFR 25.110, you as the recipient must maintain the currency of your information in the CCR until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

b. Requirement for Data Universal Numbering System (DUNS) numbers. If you are authorized to make subawards under this award, you:

(1) Must notify potential sub recipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you unless the entity has provided its DUNS number to you.

(2) May not make a subaward to an entity unless the entity has provided its DUNS number to you.

c. Definitions. For purposes of this award term:

(1) Central Contractor Registration (CCR) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR Internet site (currently at <http://www.ccr.gov>).

(2) Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>).

(3) Entity, as it is used in this award term, means all of the following, as defined at 2 CFR part 25, subpart C:

(i) A Governmental organization, which is a State, local government, or Indian tribe;

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;

(iv) A domestic or foreign for-profit organization; and

(v) A Federal agency, but only as a sub recipient under an award or subaward to a non-Federal entity.

(4) Subaward:

(i) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible sub recipient.

(ii) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, —Audits of States, Local Governments, and Non-Profit Organizations).

(iii) A subaward may be provided through any legal agreement, including an agreement that you consider a contract.

(5) Sub recipient means an entity that:

(i) Receives a subaward from you under this award; and

(ii) Is accountable to you for the use of the Federal funds provided by the subaward.

M. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (OCTOBER 2010)

a. Reporting of first-tier subawards.

(1) Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e of this award term).

(2) Where and when to report.

(i) You must report each obligating action described in paragraph a.1. of this award term to www.fsrc.gov.

(ii) For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

(3) What to report. You must report the information about each obligating action that the submission instructions posted at www.fsrc.gov specify.

b. Reporting Total Compensation of Recipient Executives.

(1) Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if –

(i) the total Federal funding authorized to date under this award is \$25,000 or more;

(ii) in the preceding fiscal year, you received—

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and
Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards);
and

*USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project*

(B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(iii) The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

(2) Where and when to report. You must report executive total compensation described in paragraph b.(1) of this award term:

(i) As part of your registration profile at www.ccr.gov.

(ii) By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Sub recipient Executives.

(1) Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier sub recipient under this award, you shall report the names and total compensation of each of the sub recipient's five most highly compensated executives for the sub recipient's preceding completed fiscal year, if –

(i) in the sub recipient's preceding fiscal year, the sub recipient received—

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

(2) Where and when to report. You must report sub recipient executive total compensation described in paragraph c.(1) of this award term:

(i) To the recipient.

(ii) By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and

USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project

31), you must report any required compensation information of the sub recipient by November 30 of that year.

d. Exemptions

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

(1) subawards, and

(2) the total compensation of the five most highly compensated executives of any sub recipient

e. Definitions. For purposes of this award term:

(1) Entity means all of the following, as defined in 2 CFR part 25:

(i) A Governmental organization, which is a State, local government, or Indian tribe;

(ii) A foreign public entity;

(iii) A domestic or foreign nonprofit organization;

(iv) A domestic or foreign for-profit organization;

(v) A Federal agency, but only as a sub recipient under an award or subaward to a non-Federal entity.

(2) Executive means officers, managing partners, or any other employees in management positions.

(3) Subaward:

(i) This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible sub recipient.

(ii) The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A- 133, —Audits of States, Local Governments, and Non- Profit Organizations).

(iii) A subaward may be provided through any legal agreement, including an agreement that you or a sub recipient considers a contract.

(4) Sub recipient means an entity that:

(i) Receives a subaward from you (the recipient) under this award; and

(ii) Is accountable to you for the use of the Federal funds provided by the subaward.

(5) Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or sub recipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

(i) Salary and bonus.

(ii) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

(iii) Earnings for services under nonequity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

(iv) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans

(v) Above-market earnings on deferred compensation which is not tax-qualified.

(vi) Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

N. TRAFFICKING IN PERSONS (June 2012)

a. USAID is authorized to terminate this award, without penalty, if the recipient or its employees, or any sub recipient or its employees, engage in any of the following conduct:

(1) Trafficking in persons (as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime) during the period of this award;

(2) Procurement of a commercial sex act during the period of this award; or

(3) Use of forced labor in the performance of this award.

b. For purposes of this provision, “employee” means an individual who is engaged in the performance of this award as a direct employee, consultant, or volunteer of the recipient or any sub recipient.

c. The recipient must include in all sub agreements, including subawards and contracts, a provision prohibiting the conduct described in a(1)-(3) by the sub recipient, contractor or any of their employees.

O. VOLUNTARY POPULATION PLANNING ACTIVITIES

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 (JANUARY 2009)

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, must provide a broad range of family planning methods and services available in the country in which the activity is conducted or must 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, nongovernmental, 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 must 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 must 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) A person must not 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 must 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 must 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 subaward or contract under this award, the organization implementing a project for which such assistance is provided must agree that the project will comply with the requirements of this paragraph while using such commodities or receiving such services.

(9) i) The recipient must 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 must 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 must 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 must provide USAID such additional information about violations as USAID may request.

c. Additional Requirements for Voluntary Sterilization Programs:

- (1) Funds made available under this award must not 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 must 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 any time 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 must 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 must be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who speaks 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, must 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. The recipient must insert this provision in all subsequent sub agreements, including subawards and contracts, involving family planning or population activities that will be supported, in whole or in part, from funds under this award.

P. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – SOLICITATION PROVISION (FEBRUARY 2012)

An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—

(a) Shall not be required, as a condition of receiving such assistance—

- (1) To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
- (2) To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

(b) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a) above.

Q. 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.

SECTION VII: AGENCY CONTACTS

The USAID/Cambodia contacts for this RFA are:

1. Rebecca White, Contracting Officer, email: rwhite@usaid.gov
2. Sokunn Mealea Prak, Acquisition & Assistance Specialist, email sprak@usaid.gov

ATTACHMENT 1: CERTIFICATIONS, ASSURANCES, AND OTHER STATEMENTS OF RECIPIENT

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 were 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 DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

- (1) By signing and/or submitting this application or grant, the Recipient is providing the certification set out below.
- (2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the Recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- (3) For Recipients other than individuals, Alternate I applies.
- (4) For Recipients who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

- (1) The Recipient certifies that it will provide a drug-free workplace by:
 - (A) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (B) Establishing a drug-free awareness program to inform employees about:
 1. The dangers of drug abuse in the workplace;
 2. The Recipient's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (C) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);
 - (D) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--

1. Abide by the terms of the statement; and
 2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (E) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1, from an employee or otherwise receiving actual notice of such conviction;
- (F) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--
1. Taking appropriate personnel action against such an employee, up to and including termination; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (G) Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).
- (2) The Recipient shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Alternate II

The Recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

3. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS

- (a) Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. 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, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. [4] You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary 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 entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," [5] provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. 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 methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. 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 dealing.

10. Except for transactions authorized under paragraph 6 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 may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(B) Have not within a three-year 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, or receiving stolen property;

(C) Are not 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) of this certification;

(D) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

4. CERTIFICATION REGARDING LOBBYING

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal 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.

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

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub grants, 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.

5. PROHIBITION ON ASSISTANCE TO DRUG TRAFFICKERS FOR COVERED COUNTRIES AND INDIVIDUALS (ADS 206)

USAID reserves the right to terminate this [Agreement/Contract], to demand a refund or take other appropriate measures if the [Grantee/ Contractor] is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned shall review USAID ADS 206 to determine if any certifications are required for Key Individuals or Covered Participants.

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

The Recipient has reviewed and is familiar with the proposed grant format and the applicable regulations, and takes exception to the following (use a continuation page as necessary):

Solicitation No. _____

Application/Proposal No. _____

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

Signature _____ Date _____

[1] FORMATS\GRNTCERT: Rev. 06/16/97 (ADS 303.6, E303.5.6a) [2] When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement". [3] 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, set forth in Attachment 1 hereto. The Recipient should reproduce additional copies as necessary. [4] See ADS Chapter E303.5.6a, 22 CFR 208, Annex 1, App A. [5] 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.

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 should supply the Data Universal Numbering System (DUNS) number applicable to that name and address. Recipients should take care to report the number that identifies the Recipient's name and address exactly as stated in the proposal.

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

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

(c) Recipients located outside the United States may 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 Applicant 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 Applicant has an existing Letter of Credit (LOC) with USAID or another US federal agency, 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 sub grantee 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 (Generic)	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, a 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 relabeling items does not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for

USAID Cambodia RFA-442-13-000005
Strengthening Facilities for Health (SFH) Project

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/ PROBABLE DESCRIPTION ORIGIN (Generic)	QUANTITY EST.	GOODS UNIT COMPONENTS	PROBABLE SOURCE	GOODS COMPONENTS
	COST			

(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, USG-Owned Excess Property, and Fertilizer.

TYPE/ INTENDED DESCRIPTION (Generic)	QUANTITY ESTIMATED	UNIT COST	PROBABLE SOURCE	PROBABLE ORIGIN	PROBABLE 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/ RATIONALE DESCRIPTION (Generic) NON-US	QUANTITY	ESTIMATED UNIT COST	PROBABLE SUPPLIER (Non-US Only)	NATIONALITY for

(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 (Generic)	QUANTITY	ESTIMATED UNIT COST	PROPOSED	DISPOSITION
-------------------------------	----------	------------------------	----------	-------------

(h) The source and origin of procurements under this agreement will be subject to the Standard Provisions titled “USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (APRIL 1998)” and “Local Procurement”.

6. PAST PERFORMANCE REFERENCES

On a continuation page or as part of your cost proposal, please provide a list of the USG and/or privately-funded contracts, grants, cooperative agreements, etc., received during the last three years, 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.

PART III - OTHER CERTIFICATIONS

1. 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 which 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).

2. KEY INDIVIDUAL CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING

I hereby certify that within the last ten years:

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

Signature: _____

Date: _____

Name: _____

Title/Position: _____

Organization: _____

Address: _____

Date of Birth: _____

NOTICE:

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

**3. PARTICIPANT CERTIFICATION NARCOTICS OFFENSES AND DRUG TRAFFICKING
[not required to be completed pre-award].**

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 assister, 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\GRNTCERT: 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 sub grantee 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 1 hereto. The Recipient should reproduce additional copies as necessary. See ADS Chapter E303.5.6a, 22 CFR 208, Annex 1, 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.

4. CERTIFICATION REGARDING MATERIAL SUPPORT AND RESOURCES

As a condition of entering into the referenced agreement, _____ hereby certifies that it has not provided and will not provide material support or resources to any individual or entity that it knows, or has reason to know, is an individual or entity that advocates, plans, sponsors, engages in, or has engaged in terrorist activity, including but not limited to the individuals and entities listed in the Annex to Executive Order 13224 and other such individuals and entities that may be later designated by the United States under any of the following authorities: § 219 of the Immigration and Nationality Act, as amended (8 U.S.C. § 1189), the International Emergency Economic Powers Act (50 U.S.C. § 1701 et seq.), the National Emergencies Act (50 U.S.C. § 1601 et seq.), or § 212(a)(3)(B) of the Immigration and Nationality Act, as amended by the USA Patriot Act of 2001, Pub. L. 107-56 (October 26, 2001)(8 U.S.C. §1182).

_____ further certifies that it will not provide material support or resources to any individual or entity that it knows, or has reason to know, is acting as an agent for any individual or entity that advocates, plans, sponsors, engages in, or has engaged in, terrorist activity, or that has been so designated, or will immediately cease such support if an entity is so designated after the date of the referenced agreement.

For purposes of this certification, "material support and resources" includes currency or other financial securities, financial services, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

For purposes of this certification, "engage in terrorist activity" shall have the same meaning as in section 212(a)(3)(B)(iv) of the Immigration and Nationality Act, as amended (8 U.S.C. § 1182(a)(3)(B) (iv)).

For purposes of this certification, "entity" means a partnership, association, corporation, or other organization, group, or subgroup.

This certification is an express term and condition 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.

Signature: _____

Name: _____

Date: _____

Address: _____

NOTICE:

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

5. CERTIFICATION REGARDING LOBBYING

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

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

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

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub grants, 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.”

Date of Application/Proposal _____

Name of Recipient _____

Typed Name and Title _____

Signature _____ Date _____

6. 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 does 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.

Annex A. General Background

Newborn Health

Post-neonatal and child mortality have steadily declined since 2000, concurrent with substantial increases in immunization and Vitamin A Capsule coverage, as well as other-evidence based interventions. Neonatal deaths, however, dropped only slightly between 2000 and 2005 and have remained stagnant since. At 27 per 1,000 live births, neonatal deaths now account for 50% of under-five-mortality. Seventy percent of neonatal deaths occur in the first 3 days of life and 36% within 24 hours of birth. The main causes of neonatal death are sepsis, asphyxia, low birth weight and/or prematurity (often poorly distinguished), congenital anomalies and pneumonia. Most deliveries occur in HCs attended by a single midwife, and there is a tendency not to focus on the newborn until the third stage of labor has safely passed. Recently the MoH, with assistance from the World Health Organization (WHO) has developed a detailed protocol and competency based training package for immediate newborn care which is based on a “team approach” whereby additional providers have specific responsibility for the newborn immediately after birth. This new protocol and associated training were piloted in several Operational Districts (ODs) of Kampong Cham province but still need to be brought to scale. In addition, a new clinical practice guideline (CPG) for the hospital management of neonatal sepsis has been developed by the MoH, but has not been fully disseminated, and many providers lack the necessary skills to apply it. An additional problem is that identification and referral of sick neonates is weak at both primary care (HC) and community levels.

Maternal Health

The Maternal Mortality Ratio has declined from a very high rate of 472/100,000 live births to an estimated 206/100,000 live births (2010) in the wake of substantial investments by USAID and other donors in improving the quality of basic obstetric care, and successful government initiatives to promote delivery in health facilities. This much-reduced maternal mortality rate is still extremely high by international standards, and further reductions will require going beyond improvements in basic obstetrical care to improve the management of obstetric complications. Although deliveries by skilled birth attendants and deliveries in facilities have greatly increased, most deliveries occur in Health Centers (HCs) which provide only basic obstetric care. *Access* to emergency obstetric care at Referral Hospitals (RH) has improved, but the *quality* of such care remains sub-standard. The cesarean section rate overall was 3.0% in 2010. Excluding private hospitals, where cesarean sections are suspected too often to be unnecessary or elective, it was only 2.4%. However, this is an increase over 2005 when it was well under 1%. The mid-term review of the current USAID health program found that HCs were doing a good job of identifying and referring women with delivery complications, and most RH maternity services were likewise skilled and well-motivated, but that the more severely complicated cases were managed in RH Intensive Care Units (ICU) and/or Emergency Departments (ED) where providers had not been sensitized to maternal health as a priority, and the quality of care in ICUs and EDs was often seriously deficient.

The leading cause of maternal death, according to a system of maternal death audits, is post-partum hemorrhage. Very high levels of anemia are likely a predisposing risk factor, as many women go into delivery unable to sustain even blood loss within the expected range. Nearly 53% of currently pregnant women in 2010 were anemic, about half of them moderately so. While routine provision of iron and folic acid supplementation during antenatal care (ANC) is high, existing guidelines for the management of moderate and severe anemia in pregnancy are rarely followed, in part because there is currently no objective measure of anemia during antenatal care (ANC).

A system of maternal death audits is already in place, and its procedures have recently been revised in keeping with international best practices, but clinical audits have not yet been introduced.

Family Planning Information and Services

Although use of modern family planning (FP) methods has increased in Cambodia, with a modern contraceptive prevalence rate of 34.9%, the country is not on track to meet its 60% Millennium Development Goal by 2015. Additionally, there are still strong indications that abortion is being used as a FP method. There has also been a rise in the percentage of women using unreliable traditional forms of FP, which has been partially attributed to myths and misconceptions regarding modern methods as well as dissatisfaction with side effects of hormonal contraception. Not counting those using unreliable traditional methods of FP, unmet need is 17% with the main reason given for non-use being side effects/health concerns. Including users of traditional methods, the unmet need for modern family planning is over 30%. Although Cambodian women have nearly universal knowledge of at least a few modern FP methods, the only widely available methods are oral contraceptives, contraceptive injections and condoms. NGO-run reproductive health (RH) clinics provide long-acting and permanent methods (LAPM) in most of the country's urban areas, but rural women still have limited access, a particular concern since the majority of women with an unmet need for FP are higher-parity "limiters" who want no more children. The MoH recently introduced implants into the national FP program but roll out of the training has been erratic and not synchronized with the supply chain. In addition, the training often lacks sufficient hands-on practice. IUDs have long been a part of the national program but many midwives have either never been trained, or trained with insufficient clinical practice, with the result that they lack the necessary skill and confidence to offer the method. Unrealistically low user fees for LAPM, which is comparatively time consuming to provide, is also a disincentive.

Most RH maternity services do not stock contraceptives or provide FP, although the MoH has specifically allowed them to do so since 2011. Among other things this has led to an absence of FP services in conjunction with post abortion care (PAC), as well as to missed opportunities for FP in the immediate post-partum period. The MoH recently revised its policy on IUDs to allow insertion in the first 48 hours post-partum, but most providers remain reluctant to perform this and special training has not yet been conducted.

Child Malnutrition and Linkages with TB

Nutritional indicators among infants and children have shown no improvement in recent years, and over a third of children under five are moderately or severely stunted. Attempts to integrate growth monitoring and other nutritional considerations into child health services have to date met with only limited success, and nutritional linkages are frequently overlooked in treating ill children, even those with repeated hospitalizations and an obvious failure to thrive. TB in children – which usually takes an extra-pulmonary form, and is both a cause and a consequence of under-nutrition – has until recently been an invisible killer. In just 9 of the country's 77 Operational Districts (ODs), 1,000 new cases were recently confirmed, indicating that there is a substantial amount of undiagnosed pediatric TB. Cambodia has made great progress in decreasing the prevalence of pulmonary tuberculosis (TB) in adults, but as most mothers are tuberculin-positive, the prevalence of pediatric TB will remain high for some years to come despite declining pulmonary TB in adults, especially given the high prevalence of child malnutrition.

Annex B: Logical Framework

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Goal: Delivery of health services strengthened for improved health status of vulnerable populations (DO2 CDCS)</p>	<ul style="list-style-type: none"> • Maternal, neonatal, post-neonatal and child mortality rates • Unmet need for family planning • TB prevalence in children 	<p>CDHS National Tuberculosis Prevalence Survey (CENAT)</p>	<p>There will be synergistic benefits from GHI and RGC Fast Track Initiative investments</p>
<p>Project Purpose: Improved maternal and child health practices in communities and facilities (IR 2.1 CDCS)</p>	<ul style="list-style-type: none"> • Caesarean section rate • Modern Contraceptive Prevalence • Prevalence of children under five ≤ -2 SD below weight for age • Case fatality rate for neonatal sepsis 	<p>HMIS CDHS</p>	<p>Improvements in maternal, newborn and child health in target provinces will impact health status at the national level</p>
<p>Outputs:</p> <ol style="list-style-type: none"> 1. Improved basic newborn care in RHs and HCs 2. Improved detection and management of neonatal illnesses 3. Reduced unmet need for FP, with a focus on increased utilization of LAPM 4. Improved timeliness and quality of emergency obstetric care 5. Improved nutritional 	<ul style="list-style-type: none"> • % of facilities implementing new newborn care protocol • % of facilities providing LAPM counseling and services • % RHs trained to diagnose and treat neonatal sepsis • Number of RHs providing regular monitoring to critically ill patients • # health providers trained in management of critically ill patients • # suspected pediatric TB cases 	<p>HMIS USAID grantee records</p>	<p>Improved healthcare provider skills, improved quality of care, and community linkages will increase demand for and utilization of health services</p>

*USAID Cambodia RFA-442-13-000005
 Strengthening Facilities for Health (SFH) Project*

<p>practices during illness</p> <p>6. Increased detection of pediatric TB</p>	<p>referred</p> <ul style="list-style-type: none"> • % RHs integrated nutritional considerations into pediatric curative care 		
---	--	--	--