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Subject: USAID Cambodia RFA-442-13-000004
Empowering Communities for Health (ECH) Project

The United States Agency for International Development (USAID), is seeking applications (proposals for funding) from Cambodian nongovernmental organizations (NGOs) as primary recipients to enhance the skills of Village Health Support Groups (VHSG), strengthen their technical linkages to Health Centers (HCs), and institutionalize them under local government structures for long-term sustainability. 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 or more cooperative agreement(s) with a total estimated amount of up to approximately \$15 million subject to availability of funds, for a program not to exceed five years (from on or about January 1, 2014 through 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

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Empowering Communities for Health (ECH) 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,

Rebecca White
Regional Agreement Officer
USAID/RDMA, Bangkok

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SECTION I: FUNDING OPPORTUNITY DESCRIPTION

1. PROGRAM DESCRIPTION

I. Purpose

The purpose of this Request for Applications (RFA) is to award one to three five-year Cooperative Agreement(s) to enhance the skills of Village Health Support Groups (VHSG), strengthen their technical linkages to Health Centers (HCs), and institutionalize them under local government structures for long-term sustainability. The implementing partner(s) will strengthen the structures and relationships between the community, the health sector, and the local levels of governance to improve the health status of mothers, newborns, and children in communities of the following three provincial clusters:

Provincial Cluster 1 - Siem Reap, Banteay Meanchey

Provincial Cluster 2 - Pursat, Kampong Speu, Battambang, Pailin

Provincial Cluster 3 - Kampong Cham, Prey Veng

Should applicants choose to bid on more than one of the above provincial clusters, they must submit a separate proposal for each discrete cluster that they bid on. Upon reviewing all applications, USAID reserves the right to offer an applicant an alternative provincial cluster than the one they bid on, if necessary, to ensure complete coverage of USAID's geographic target area. A single applicant could potentially successfully bid upon all three clusters, but in the likely case that more than one Applicant is successful, coordination and communication between the implementing partners will be required.

In addition, a complementary project to this Empowering Communities for Health (ECH) Project will focus on improving of the quality of facility-based services in HCs and Referral Hospitals (RH) in the same geographical locations. The implementing partners of both projects will need to coordinate closely to ensure the community-focused efforts and facility-focused efforts are closely linked and leverage each other's technical strengths.

This RFA is open to local non-governmental organizations (LNGO) or LNGO-led consortia. As the scope of the program description calls for expertise and experience in both community health and community development/local governance, Applicants are encouraged to form partnerships, with other entities to ensure that the Project team has the necessary skill range and the capacity to work at scale.

The combined five-year program will have an estimated Life of Project (LOP) funding of USD\$15 million, subject to availability of funds. USAID anticipates one to three awards under this RFA, but reserves the right to fund any or none of the proposals received. Provincial Cluster 1 will have an estimated maximum LOP funding of USD\$3.6 million, Provincial Cluster 2 will have an estimated maximum LOP funding of USD\$5.2 million, and the award for Provincial Cluster 3 will have an estimated maximum LOP funding of USD\$6.2 million.

II. Programmatic Background

A. Country Context

The government of Cambodia's "Organic Law", passed in 2008, lays out the administrative and management structure of Cambodia's sub-national administration in the Deconcentration and Decentralization (D&D) reform. The process has begun to devolve authority from the center to the provincial and district levels in order to improve service delivery (including health services) and strengthen regulatory functions. Cambodia is establishing statutory structures at the commune, district and province level, including Committees for Women and Children at all three levels, to instill greater government accountability in protecting the rights of children and women. D&D is rolling out in the coming years with the goal of increasing local accountability and management of health sector resources. This opens a window of opportunity to ensure local-level representatives are more engaged in the planning, resource allocation, and management of health services, to more effectively improve the health of their communities.

At the community level, VHSGs are a major factor in Cambodia's rapid improvement of the health sector over the past ten years. VHSGs provide village-based health education and services for a range of health issues, including maternal and child health and family planning. The VHSGs link with the local health centers through their participation on the Health Center Management Committees (HCMC). Future gains in the health sector will require the Royal Government of Cambodia (RGC) institutionalize VHSG within the government's health system.

In this context, a key objective of this RFA is to strengthen local governance in the health sector; increase engagement between the HCMC, commune councils and VHSGs; improve the technical capacity of VHSG; and operationalize the community participation policy. These efforts seek to increase engagement and accountability between communities and their governments to improve health system performance at the local level.

See Annex A for a more detailed overview of community health in Cambodia

B. Past and Current USAID Support for Community Health

USAID-funded NGOs have been instrumental in the recruitment, training and support of VHSGs for many years. A current USAID community health project, which ends in March 2014, supports VHSG activities throughout the target provinces proposed in this RFA. The new project will consolidate and build upon these gains, with a renewed focus on sustainability. In Pursat province, USAID-funded support to VHSGs spans two decades, while in Kampong Speu, Banteay Meanchey, Siem Reap and Battambang VHSG activities have been supported for over a decade. In Pailin, and in most ODs of Kampong Cham and Prey Veng, VHSG activities have been supported for a shorter period (4-5 years) and began from a very low base.

USAID-funded NGOs do not pay VHSGs a salary, but they often support the costs associated with regular (monthly or bi-monthly) meetings at the HC. These meetings are vital to HC-VHSG communication and feedback and provide an opportunity for restocking of contraceptive supplies for VHSGs who do CBD. The MOH has the wherewithal to cover HC-VHSG meeting costs out of budgetary support provided through a World Bank (WB)-led consortium Project (the Second Health Sector Support Project, or HSSP2) and does so in some ODs where NGO support is absent, but it is not unusual for this item to be cut or reduced by higher levels in the course of budget consolidation and approval. USAID-funded NGOs have generally covered all training costs for VHSG and assisted HC and/or OD staff in conducting the training.

As USAID/Cambodia's resources for health are declining, ensuring the long-term sustainability of achievements in community health is a high priority. Bidders shall develop their Technical Approaches on the assumption that there will be no further USAID assistance for VHSG activities beyond the five-year project and shall present clear plans for ensuring the continuance of this vital workforce in the absence of external support.

C. Links to the USAID/Cambodia Mission Strategy

The Goal of the updated USAID/Cambodia 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:

DO1: Stable democratization that promotes accountable governance and the rights of the people. This project will promote community awareness of rights related to health care and health care financing, and seek to increase local government accountability in ensuring those rights are respected.

DO2: Delivery of health services strengthened for improved health status of vulnerable populations, within which there are 3 Intermediate Results (IR) all of which this project directly addresses:

- 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 the health care delivery system strengthened
- IR 2.3: Effectiveness and efficiency of infectious disease control programs improved

DO3: Poverty reduced in selected geographic areas and targeted populations. This Project will support the poverty reduction aims of the Health Equity Fund (HEF) by improving the transparency and accountability of beneficiary targeting, in close collaboration with a separate USAID Social Health Protection (SHP) Project.

Based on a series of epidemiological and sectoral analyses to prioritize public health development assistance in coming years, USAID/Cambodia’s updated Health Program for 2013-2018 is re-focused on a number of priority health areas, including the following which are relevant to this RFA:

- Reducing maternal and neonatal mortality.
- Decreasing unmet need for family planning (FP) and expanding method mix availability to increase utilization of long-acting and permanent methods (LAPM).
- Improving child and maternal nutrition.
- Strengthening TB control with an emphasis on pediatric TB.

USAID/Cambodia’s Office of Public Health and Education (OPHE) developed a five-year strategy to implement the updated five-year health program. This strategy includes several components, including:

- Strengthening of Community Health services with an emphasis on institutionalization of VHSG under local government in the context of D&D – *(the subject of this RFA)*;
- Quality Improvement of HC and Referral Hospital (RH) services, with a special emphasis on maternal, newborn and FP services;
- 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 ensured financial access to services for the poor;

- A Tuberculosis (TB) technical assistance project which will specifically strengthen government capabilities in the areas of multi-drug resistant TB and detection/treatment of pediatric TB; and
- An NGO Service Delivery project focused on providing RH/FP, HIV and other services to target vulnerable populations.

D. Relevant RGC policies

The Project will operate within the context of policies and strategies put in place by the Royal Government of Cambodia (RGC), including the National Health Strategic Plan II 2008-2015, the Draft National Strategy for Sexual and Reproductive Health 2012-2016, the Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2010-2015, Community Participation Policy for Health, Cambodia Child Survival Strategy 2006-2015 and the Organic Law of 2008 as related to Decentralization and Deconcentration (D&D). Other laws relevant to D&D include the Law on Administrative Management of Capital, Provinces, Municipalities, Districts and Khans, the Law on Administrative Management of Communes/Sangkats and the Law on Public Financial System.¹ Additional public administrative and financial reforms are under development and may be implemented during the Project period.

The HEF, which covers the user fees for poor clients at HCs and RHs, currently covers slightly less than half the country and about half of the poor population in the target provinces. The RGC has committed to expanding the HEF to all eligible public facilities nationwide, which will continue to reduce financial barriers to accessing quality health services by the poor.

The MOH has a newly developed protocol for basic newborn care, and a newly updated clinical protocol for neonatal sepsis, which between them provide a solid technical foundation for quality improvements in newborn care, including detection of danger signs and referral. 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 MOH has also approved a Client Rights Charter, although awareness of it remains limited. This too has the potential to increase accountability.

E. Other donor support and related activities

UNICEF and AusAID actively support the D&D process in the health sector, with particular emphasis on the Commune Council Women and Children Committees (CCWC). Both organizations are significantly engaged in the functional analysis/assessment of the Ministry of Health to increase local government roles in the context of D&D.

Through efforts to improve governance, the World Bank is promoting a “Social Accountability Framework” utilizing approaches and tools, such as the Community Scorecard, to increase state accountability to the needs of its citizenry.

Other support for the overall D&D process is provided by the UN Development Program (UNDP), Asian Development Bank, Canadian International Development Agency, Danish Development Agency, European Commission and numerous others. Applicants are encouraged to familiarize themselves with the technical resources already available for the building of Commune Council (CC) capacity.

¹ Applicants can access these and other relevant materials) 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, <http://www.ncdd.gov.kh/en/>.

The HSSP2 provides broad budgetary support to the health system at both national and sub-national levels. The WB and AusAID are the main external donors to HSSP2, which will end in December 2014 (with possible extension through December 2015). It is not known at this time if there will be a follow-on WB health sector loan and hence WB consortium project. AusAID is expected to remain a significant donor regardless. Future budgetary support to the health sector is expected to align with D&D and be dispersed directly to district level, in contrast to the current HSSP2 arrangement where funds are controlled (and disproportionately expended) centrally.

The World Health Organization advises the MOH on a broad range of health issues, and played a key role in development and testing of the new newborn care protocol.

The U.S. Centers for Disease Control (US-CDC) provides assistance to the national HIV/AIDs and TB programs.

III. Program Framework

A. Goals and Objective

The Project Goal (aligned with DO2) is *Cambodia's health system strengthened for improved health status of vulnerable populations*. Specific objectives aligned with USAID IRs, and Project specific-outcomes, are as follows:

1. Quality of maternal and child health services in communities improved in a sustainable manner (USAID IR 2.1)
 - Project specific outcome: continued/strengthened BCC and mobilization/referral to health services by VHSG.
2. Capacity and accountability of the health care delivery system strengthened (USAID IR 2.2)
 - Project-specific outcome: VHSG institutionalized within local government structures.
3. Improved effectiveness and efficiency of infectious disease programs (TB) (USAID IR 2.3)
 - Project-specific outcome: continued C-DOTs and enhanced detection/referral of suspected pediatric TB by VHSG.

The underlying **development hypothesis** states that if USAID assists local communities to develop ownership and capacity to manage health services in a sustainable manner (while simultaneously improving the quality of service delivery in health facilities through a separate RFA), then the health status of mothers, newborns and young children in those communities will improve.

Success will be determined and measured based on epidemiological indicators demonstrating improvements in maternal, neonatal and child health; nutrition; reproductive health and family planning; and TB. Just as critical, however, are indicators which demonstrate sustainability of interventions as they relate to sub-national health systems, such as the formal institutionalization of the VHSG workforce under local government, and inclusion of their operating costs and related community health activities in Commune Investment Plans (CIP), District Investment Plans (DIP) and HSSP2/3 Annual Operating Plans (AOP). Increasing community participation and engagement in a process that ensures quality health services and demands greater accountability from local health and elected leaders is another significant component of this RFA.

B. Geographical Focus and Implementation Considerations

The Project will be implemented in the target provinces listed in Table I, below. Recipients will be required to cover all communes in their respective target provinces and Applications shall present a coverage plan accordingly. While not all CCs will likely have assumed responsibility for VHSG support by the end of the Project, it is expected a significant number will have done so and that Recipients will have made significant inputs towards that end in all communes.

Table 1: Project coverage in target provinces

Provincial Cluster #	Provinces	Operational Districts	Communes	Health Centers	Villages
1	Siem Reap	4	100	85	907
	Banteay Meanchey	4	64	58	624
	Sub-total	8	164	143	1,531
2	Pursat	2	49	36	511
	Battambang	5	96	79	799
	Pailin	1	8	6	80
	Kampong Speu	3	89	50	1,321
	Sub-total	11	242	171	2,711
3	Kampong Cham	10	173	144	1,758
	Prey Veng	7	116	91	1,139
	Sub-total	17	289	235	2,897
	Total	36	695	549	7,139

The proposed project management staffing and office structure shall ensure technical and operational presence in target provinces (with one head office in each cluster) and representation in each project district (preferably in the local government office). Most activities will be implemented at the district level and below, but the project will require regular representation, coordination and communication responsibilities in Phnom Penh with USAID, other USAID partners, the MOH and the NCDD. An office in Phnom Penh is not required.

Given that up to three Applicants may win awards under this RFA, substantial coordination between the implementing partners will be necessary to work towards a common goal and speak to stakeholders (e.g. government of Cambodia) with a unified voice. In order to assist with coordination, a steering committee or similar mechanism will be formed by the implementing partners to facilitate coordination and communication between the projects. This mechanism will have strong representation from each implementing partner and meet on a regular basis. The details of coordination will be worked out with USAID based on recommendations of the Technical Evaluation Committee's selection memo, but Applicants must describe in the application how they best envision this coordination to be carried out.

The primary beneficiaries of the Project will be mothers, newborns and their children; men and women with reproductive needs; and individuals with TB. Secondary beneficiaries include the local communities within the catchment areas of the commune and Health Center, including VHSGs.

C. Guiding Principles

The following principles are intended to guide Project design and must be considered at all stages of project implementation and shall be reflected throughout the proposed Technical Approach and Key Personnel/Management Plan:

- **Local ownership:** Activities will be focused at the district level and below and tailored to allow local government to take ownership of community based health service delivery in the context of D&D.
- **Building on Existing Platforms:** The VHSG infrastructure is already in place, considerable training and technical assistance (TA) has already been provided, and clear protocols are already in place for their activities. The Project seeks not to “reinvent the wheel” but rather to take this existing system to the next level and render it sustainable. While the D&D initiative is comparatively new, considerable inputs into training and capacity building of CCs and District Councils (DCs) have also been made and are on-going/planned.
- **Leveraging Existing Resources:** Applicants shall focus on enabling/facilitating local government and sub-national health managers to utilize existing resources available to them through both governmental (e.g. CC and DC discretionary funds, and sectoral budgets) and non-governmental channels (e.g.: HSSP2 and its successor; user fee revenues in health facilities). Direct financing of activities shall be kept to a minimum and clearly phased out over the course of the Project. Training shall maximize the use of existing personnel such as HC and OD staff, consultants affiliated with the D&D initiative.
- **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.
- **Rights-Based Approach (RBA):** Important elements of a RBA are voice, participation, and accountability at all levels of implementation. This in turn requires a citizenry aware of their rights as well as effective channels through which to register complaints when these rights are not respected.
- **Gender:** the different health needs of men and women and differing societal needs that impact on their ability to access and utilize services, practice key healthy behaviors, as well as participate in local governance activities, shall be fully considered in the proposed approach. Applicants shall include in their Technical Proposals a clear description of how gender concerns will be addressed.

D. Program Components, Illustrative Activities and Results

Objective #1: Strengthened health systems and governance

The CCWCs have specific responsibility for health sector issues in the commune. Often, however, the CCWCs have limited capacity to effectively plan for health needs, and the Commune Focal Point person for

Women and Children – often the sole female member on the CC – sometimes have difficulty making their voice heard due to cultural factors which inhibit female leadership. In addition, CCs have historically not utilized their resources for the social sectors, and had little engagement with the health sector. Many CCs are still weak in planning and budgeting and unsure of the policies and procedures governing the use of the discretionary *Sangkat* funds, leading them to be risk averse when it comes to undertaking new investments or activities. DCs have had even less experience in managing these resources since the discretionary District Fund has only just been established.

Proposals shall demonstrate a clear understanding of the complex issues surrounding D&D and the implications and opportunities it holds for improving the health sector. Applicants shall demonstrate, both in their Technical Approach and selection of Key Personnel, an ability to work effectively with both the MOH and the NCDD and its sub-national structures, and shall propose approaches that actively engage local government in responding appropriately to the rights of its people to quality health services. Though the bulk of the project will be implemented at the local level, Applicants need to ensure that issues being uncovered on the ground need to be fed back up to MOH and NCDD that might have policy implications.

Applicants' approaches should demonstrate sufficient understanding of and flexibility to adapt to the changing environment in the D&D context, especially as it relates to administration, governance, and finance. Please note the term "VHSG" in this RFA also includes CBD and C-DOTS Watchers who are usually VHSGs as well.

Component 1.1: Institutionalization of VHSG under CCs.

Currently, VHSG are viewed – and view themselves -- as working either for the HC or the NGO which supports their meeting and training costs; which is neither desirable in terms of a sense of accountability nor sustainable given the inevitable decline in donor resources. An official line management relationship between VHSG and the Commune Council is sought to enable the VHSG to better advocate for village health needs and priorities, and place them under a sustainable system of management and accountability.

The need to incorporate VHSG operating costs in government budgets is addressed in component 1.2. Component 1.1 component seeks to:

- (1) establish administrative authority and accountability for the VHSG within CCWCs or other local governmental structures;
- (2) build local government capacity, at the commune and district level, to oversee the non-technical aspects of VHSG activity; and
- (3) explore realistic means of providing and instituting formal incentives or modest stipends for VHSG, both to address the problem of motivation/retention and to provide CCs with leverage and formalize their relationship to the VHSG as one of line management.

Applicants shall present approaches to achieving these aims, but USAID funds shall not be used for VHSG incentives/stipends², and any payment or incentive scheme introduced must be sustainable in the absence of long-term external support. Innovation and creativity is encouraged as long as approaches are sustainable and consistent with the overall aim of increased local government accountability for community health. This component shall be implemented in close collaboration with the NCDD and its sub-national offices.

Anticipated results:

² For more details on Federal Code of Regulations regarding salary supplementation, refer to <http://www.gpo.gov/fdsys/granule/CFR-2012-title48-vol5/CFR-2012-title48-vol5-sec731-205-71/content-detail.html>

- VHSG are officially placed under the administrative authority of local government.
- Local government monitors VHSG performance and provides some type of compensation or incentive.

Illustrative activities:

- Capacity building of CCs and DCs to increase their understanding of community health needs, the economic ramifications of having good health / family planning / nutrition, and the role VHSGs play.
- Assist CCs in development and implementation of administrative reporting mechanisms and monitoring (accountability structures) for VHSG.
- Advocate with NCDD, DCs, and CCs for the institution of a system of compensation/motivation for VHSG to sustain their support in the community.
- Assist CCs in developing and implementing VHSG payment systems, including criteria for compensation and related work expectations.
- Assist CCs and HCs in orienting VHSG to the new administrative roles and relationships.

Illustrative indicators:

- Percent of communes where VHSG report to and are supervised by local government.
- Percent of communes with a system for regular meetings between VHSG and CC/CCWCs.
- Percent of communes where a system of VHSG compensation is in place.

Component 1.2: Sustainable provision of VHSG resource requirements

The rationale behind the D&D reform is “to improve resource allocation and service provision by bringing the decision makers and service providers closer to service users”. Applicants shall describe in detail – referencing government policies and analysis of the Cambodia context -- approaches for promoting the inclusion of community health needs, including but not limited to VHSG (including CBD / C-DOTS Watcher) operating costs, into Commune and District Budgets. Operating costs include the costs associated with regular meetings with the HC and with the CC, and whatever form of incentive or compensation system is enacted (see Component 1), along with small supplies such as register books, stationary, etc., and technical training. Other Community Health needs might include such things as subsidies for emergency transportation from remote villages and/or purchase of water/sanitation upgrades by poor households, etc.

While it is anticipated that local government will provide the bulk of financing for VHSG activities, either through the Commune and District discretionary funds or sectoral budgets (once devolved to District level, and to the extent budgetary regulations allow), cost-sharing arrangements with the health system are also acceptable as long as they are of a sustainable nature. For example, HCs might agree to meet certain costs out of their user fee (UF) revenue, or might include technical training costs in their AOPs (the mechanism for accessing HSSP2/3 resources).

Recipients will be taking over an established network of VHSG who have been reliant on USAID-funded NGOs for many of their basic resource requirements. Applicants shall plan on meeting those costs out of the Project budget initially, but both Technical Approaches and Cost Applications shall show a progressive and significant decline in such expenditure over the life of the Project. By the end of the project, all costs for

supporting VHSGs shall be phased out from Project funding and fully covered by other means, such as those described above.

Anticipated results:

- VHSG Watcher have sufficient resources to carry out their prescribed functions on a long term basis, independent of USAID.
- Increased availability of health information/commodities/services at village level.

Illustrative activities:

- Collaborate/advocate with the NCDD and its Provincial and District offices to support DC and CC inclusion of VHSG costs and other community health activities in their Investment Plans.
- Collaborate with the NCDD and its sub-national structures to address any DC/CC capacity building needs with regard to the budgeting and planning process and/or understanding of procedures related to use of their discretionary budgets.
- Facilitate joint planning sessions between HCs, ODs, and DCs/CCs to discuss community health requirements and clarify what support will come from each channel.
- Directly support VHSG operating costs (meetings etc.) initially and phase down support over the life of the Project.

Illustrative indicators:

- Percent of Commune Investment Plans (CIP) and District Investment Plans (DIP) which include provision for VHSG operating costs and/or incentives/stipends.
- Percent of CIPs and DIPs which include support for other community health needs/activities.
- Percent of VHSG whose resource needs are fully met by non-USAID sources.

Component 1.3: Strengthened HC Governance

Under guidelines developed by the MOH, the Health Center Management Committee (HCMC) is intended to be the conduit for community oversight/governance of health services. These guidelines pre-date the D&D initiative. HCMCs are chaired by the CC Chief or Deputy, with the HC Chief as vice-chair. Membership should also include the Commune Focal Person for Women and Children, a HC staff member who serves as Secretary, and four-to-seven VHSG. The role of the HCMC as listed in the 2008 Community Participation for Health policy (MOH) include: serving as a link between the community and the HC (including receiving and acting on client complaints, and promoting awareness of consumer rights), assisting VHSG in health promotion, establishing and periodically reviewing user fee rates in consultation with the community, and participating in quarterly reviews of HC operations. Many of these functions – particularly the latter – are seldom carried out in practice, and the HCMC role as described in the MOH guidelines is arguably a confusing one given that the HCs are under the line management of the MOH, two HC personnel sit on the Committee, and the costs of the meetings (including transport and per diem for the attendees) are currently borne by the HC itself, creating considerable conflict of interest. USAID-funded NGOs have over the years made efforts to “revitalize” HCMCs with varying degrees of success depending on the capacity and engagement of the HC and CCs.

In most locations there has not yet been a comprehensive dissemination of the Client Rights Charter, although providers have been trained in many instances. Past efforts at establishing complaint mechanisms have been limited in scope and success, e.g. the establishment of “suggestion boxes” located in or near the HC. There is a clear need for a more robust effort around client rights which operates through channels independent of the health system. Another important area where awareness of rights is low concerns the pre-identification of poor households which is carried out every three years and which forms the basis for determining eligibility under the HEF. The prescribed procedures for this, as spelled out by the Ministry of Planning, include the posting of a preliminary listing of eligible households in each village twice prior to finalization and village meetings at which appeals/objections can be voiced. In practice this rarely happens, and most communities are unaware that it should.

The HEF – which is expected to expand to nationwide coverage during the course of the Project, and is already established in about half the target provinces – offers a means of leveraging improvements in the quality of care at HCs, and there is scope for linking HEF reimbursement to client satisfaction, in collaboration with the separate USAID Social Health Protection (SHP) Project. Applicants shall ensure that their approaches address the need for community empowerment with awareness of their rights in respect to the pre-identification process for poor households and, as applicable, under the HEF.

Anticipated results:

- The prescribed procedure for pre-identification of the poor are followed at village level, including public posting of draft lists of beneficiaries and opportunities for appeal/dissent.
- CCs take an active role in monitoring the extent to which HCs meet minimal MOH requirements of a non-technical level (e.g. 24 hour availability of emergency care and delivery services; consistent business hours etc.).

Illustrative activities:

- Awareness campaigns to sensitize communities to the official policies and procedures for pre-identification of HEF beneficiaries, and the rights of beneficiaries under the HEF
- In collaboration with the USAID SHP Project, development of measures to link HC HEF reimbursement to client satisfaction, e.g. through periodic client satisfaction surveys.
- Training of CCs on the services HCs are expected to provide and relevant MOH standards of a non-technical nature (e.g. 24 hour availability of emergency care and delivery services; expected hours of OPD services, and the respect for client rights as outlined in the MOH charter).
- Facilitation of channels for communication between CC, DC, and OD managers around HC performance.
- Collaboration with the MOH and NCDD at national and sub-national level to clarify institutional arrangements for community oversight and respective roles (if any) of HCMCs, CCWCs, etc.
- TA in development and testing of new or revitalized mechanisms for community governance of HCs, e.g. incorporation of HCMC functions into the responsibilities of the CCWC, CCWC training, etc.

Illustrative indicators:

- Percent of villages reached by awareness campaigns on client rights.
- Percent of villages reached by awareness campaigns for the ID Poor process.

- Percent of CCs who have established a functioning system for receiving and acting on client complaints or infringements on client rights.
- Percent of HCs for which client satisfaction has been objectively measured/quantified and linked to HEF reimbursement.
- Number of CC-OD/DC meetings to discuss HC management issues.

Sub-Component 1.3.1: Strengthened Community Engagement and Social Accountability

A major sub-component of Component 1.3.1 is strengthened community engagement and social accountability. While this principle should be cross-cutting through all activities, Applicants shall ensure that their approaches address the need for community empowerment with awareness of their rights as health care clients as well as their awareness of government accountability. Applicants shall also propose activities to ensure that awareness of rights is matched by the presence of robust mechanisms for identifying and measuring the extent of client complaints as well as registering and investigating complaints. Approaches shall demonstrate collaboration with the USAID SHP Project in linking HEF reimbursement to facilities with client/community satisfaction of services delivered.

Anticipated results:

- Communities are aware of their rights under the Client Rights Charter, and have viable and effective channels for registering complaints.
- Mechanisms or tools are in place to provide feedback on client satisfaction to HCs and to HEF Operators.

Illustrative activities:

- Awareness campaigns to sensitize communities to their rights under the Client Rights Charter of the MOH.
- Assistance to CCs in development of complaint mechanisms and follow-up procedures.
- Leverage existing tools, such as the World Bank's Community Scorecard or other client satisfaction tools to assess and measure levels of satisfaction with health care services and to increase accountability between communities and their local governments.

Illustrative indicators:

- Community awareness of Clients Rights Charters in USG-supported communes.
- Community Scorecard scores in USG-supported communes.

Objective #2: Improved maternal and child health practices in communities

The development hypothesis inherent in this RFA will be implemented and tested by supporting the combined efforts of local government, health providers, and VHSG to deliver community level reproductive, maternal, newborn and child health (RMNCH) services, and (in villages beyond a certain distance from the HC) TB case-finding, referral and C-DOTs. *These interventions are already in place in most villages.* The "Community-Integrated Management of Child Illnesses" (C-IMCI) training module largely addresses the RMNCH competencies and MOH-approved modules also exist for training C-DOTs watchers and CBD

agents. Most existing VHSG have had these trainings, but need periodic technical support/refresher training and close communication and referral linkages with health facilities to maintain their skills. Additionally, natural attrition means that new VHSG will require basic training, and all VHSG need strengthening with regard to newborn care, post-natal care, and LAPM of FP. In Kampong Cham and Prey Veng provinces only, there may be a significant number of VHSG who have not yet had sufficient basic training, since the duration of USAID assistance there has been briefer.

All training under this component shall be delivered according to MOH guidelines and protocols and include follow-up mentoring in the community setting. Approaches which leverage other resources (e.g. HSSP2, Special Operating Agency³ budgets) early on will be more favorably reviewed than those which rely solely on Project funding for training costs in the first half of the Project. By the end of the Project, *all* recurrent training costs shall be provided through sustainable (i.e. non-USAID funded) mechanisms – see Component 1.2.

Component 2.1: Creation of sustainable technical linkages and coordination mechanisms between VHSG, CCs and the health system

While the institutionalization of the VHSG workforce under local government provides a much-needed avenue for ensuring their sustainability, it is not without risks. The ability of VHSG to provide correct information, advice and referrals depends upon their technical competency, especially around MNCH, family planning, and TB. Periodic changes in MOH protocols and/or HC services need to be promptly conveyed to VHSG, and regular meetings with HC staff are essential to enabling them to fulfill their mandate of mobilizing attendance at outreach and fixed site preventive services. VHSG training requires technical expertise not found outside the health system, so HC or other MOH staff will need to serve as trainers on a continuing basis despite the administrative institutionalization of the VHSG under local government. In a culture which is extremely hierarchal, the concept of dual channels or reporting – one technical and one administrative – is not well understood and will need considerable initial facilitation.

This component seeks means of ensuring that existing technical linkages between HCs and VHSG are maintained/strengthened and that HC personnel continue to play a primary role in assessing and upgrading VHSG technical knowledge and skills. Innovative approaches to this challenge are welcomed.

Included within this component is the provision of basic training to new VHSG as well as periodic refresher training. Specific training needs related to newborn care and LAPM are discussed under component 2.2. In most locations, the numbers needing initial basic training will be small, but all VHSG need ongoing refreshers and technical consultation opportunities with HC staff. *Applicants shall ensure that only MOH-approved training modules and materials are utilized.* The Project may directly support all or part of training costs in the initial years. Applications which demonstrate leveraging of other resources early on will be more favorably reviewed than those which do not. All Applications shall describe a plan for assumption of training costs by the RGC (local government or MOH structures) by the Project's end.

Also included within this component is ensuring that coverage of CBD by VHSG in remote communities is complete and present systems for CBD in villages far from the HC continue, including regular resupply of commodities by the HC, incorporation of CBD services in the HC report to the Health Management Information System and technical oversight from HC midwives. C-DOTs is addressed under Component 3.2.

Anticipated results:

³ Overview of Special Operating Agencies: http://www.urccambodia.org/site/contents.php?p=11&k=soa_overview&lang=en

- Existing VHSG continue to provide RMNCH and other health information, mobilize/encourage utilization of government health services, and promote healthy home health behaviors.
- The technical quality of VHSG BCC, advice and referrals is maintained or strengthened.
- New VHSG acquire and maintain the necessary skills to carry out the above health promotion responsibilities.
- Contraceptive commodities are available for sale in the remote villages and a system is established and utilized for regular re-stock.
- Formal mechanisms are in place to enable the MOH to ensure the technical quality of VHSG activities.

Illustrative activities:

- Mapping of existing VHSG, training received and level of activity.
- Identification of villages where VHSG need to be newly recruited – particularly in remote areas, and assistance to the CCWC and Village structures in their recruitment/selection.
- Assist HCs in training of new VHSG, including forecasting of future basic training needs based on retention rates.
- Assist HCs in development of a rotational system of refresher training aligned with regular VHSG-HC meetings.
- Assist HCs and CCs in developing a long term plan for financing of basic and refresher training (inclusive of provision of health education materials/aids) and ensure its incorporation in budget plans (CIP/DIP/AOP etc.).
- Facilitate dialogue between HCs, CCs, CDs and ODs to clarify the concept of dual track accountability (technical vs. administrative).
- Assist VHSGs with support from HCs and CCs conduct demand generation creative campaigns.
- Develop and implement mobile technology systems to improve VHSG access to technical advice from HCs, e.g. toll-free numbers or toll free “call-back” services linked to the HC or OD.
- Assist the MOH to develop systems for mandatory certification/licensing of VHSG linked to training received and job performance.

Illustrative indicators:

- Utilization of key RMNCH curative and preventative services and practices.
- Percent of villages with at least one active VHSG.
- Percent of VHSG with basic training in RMNCH.
- Percent of VHSG maintaining updated registers of women of reproductive age and children under five.
- Percent of rural (i.e. excluding district and provincial towns) villages located more than 3 km from the HC with an active CBD Agent.

- Number of clients served by CBD.
- Percent of HCs holding monthly or bimonthly meetings with VHSG.
- Percent of HCs with a formal system of refresher training incorporated into the regular meeting schedule.
- Percent of HCs which have forecasted VHSG training requirements.
- Percent of HCs whose VHSG training needs have been incorporated into local government budgets or AOP.
- VHSG licensing/certification system developed and implemented.

Component 2.2: Increase VHSG capacity in FP and Newborn Care

While most VHSG have had basic training in RMNCH, skills in explaining/promoting LAPM of FP are often lacking (in part because the services have not been readily available). The concurrent Facility Quality Improvement Project will work to increase LAPM availability in HCs and RHs, an effort which needs to be matched by appropriate demand creation at village level. Although knowledge that such methods exist is widespread, many Cambodian women do not know anyone with a LAPM and rumors and misunderstandings are rife including rumors amongst VHSG who are involved with CBD. The positive outcomes of LTPM are also not well developed as key messages to share during counseling such as reducing travel time to replenish services with short-term methods. Upgrading VHSG capacities to counsel on the use of the methods, address side effects, and refer for LAPM will need to be timed to coincide with service availability and include practical training in dispelling myths and misconceptions, geared to the specific local context. As the established fees for IUDs are now decades old and unrealistically low in many locations, and fees for implants have in most cases not been officially set, Applicants shall also address the need to ensure that realistic and transparent fees are established by HCMCs/CC governing bodies and that HEF beneficiaries are aware that they are entitled to these services free of charge. Enhancing DC and CC understanding of family planning as a key intervention for community development is also important to gaining their support to sustain VHSG activities as well as assisting with dispelling rumors and misconceptions which are key barriers to women's uptake of modern methods including LAPM.

Most VHSG lack the necessary skills to identify and refer sick neonates. As with LAPM, this gap is related to a historical lack of services, since few RHs currently have the capacity to effectively treat neonatal sepsis and other complications. This will be addressed by the Facility Quality Improvement Project and, as it is, VHSG will need to be trained both to recognize and refer cases but also to raise community awareness that there is now a utility to bringing sick neonates to the hospital. PNC 2 and 3 utilization remains to be very low also in the community. Linked to newborns, VHSGs also have a role in raising awareness of the importance of these visits for both the mother and the baby as a comprehensive package.

This component shall be implemented in close collaboration with the Facility Quality Improvement Project so as to ensure that supply and demand for LAPM and newborn curative services go hand in hand.

Anticipated results:

- Increased referral by VHSG for LAPM.
- Increased community understanding of LAPMs/decreased prevalence of rumors.
- Increased identification and referral of sick neonates.

- Increased community awareness of danger signs in neonates, and willingness to seek appropriate care.
- Increased PNC 2 and 3 coverage of both mother and neonate.

Illustrative activities:

- Assist PHDs/ODs in training VHSG in danger signs in neonates and appropriate referral pathways and importance of PNC 2 and 3 for both mother and baby. Assist VHSGs with rolling out these messages to post-partum women in the community. The project must collaborate with the Facility Quality Improvement Project for the training.
- Assist PHDs/ODs/HCs in refresher training for VHSG on LAPM, including details of service availability, role-played responses to common rumors/misperceptions based on actual fears expressed in the community, and promoting positive aspects of using LAPM. The project must collaborate with the Facility Quality Improvement Project for the training.
- Assist HCMCs/CCWCs and HCs to revise HC user fees to ensure that IUD and implant services are fairly priced at a level sufficient to ensure provider motivation and discourage under the table payments.
- In collaboration with the USAID SHP Project, ensure that information about entitlements to the full range of FP services under the HEF is disseminated to beneficiaries and honored by facilities.
- Roll-out demand-generation activities such as vouchers for LAPM and develop new innovations to increase PNC coverage in the community for both women and the baby.
- Assist VHSG with HC and CCs conduct innovative / creative campaigns that promote LAPM such as promoting testimonials of LAPM users, male involvement, and directly address people's fears in the community.

Illustrative indicators:

- Number of VHSG client referrals for LAPM.
- Number of post-partum / newborn pairs visited by VHSG within one week after birth.
- Number of sick newborns referred to a health facility by a VHSG.
- Number of new LAPM acceptors.
- Number of LAPM services reimbursed by the HEF.
- Number of RH admissions ages <1 month.
- Number of VHSG trained in LAPM and Newborn referrals.

Component 2.3: Development of sustainable Community-to-Health Facility referral mechanisms in remote communities

Referral linkages between villages and health facilities has gradually improved due to increasing affluence and better road infrastructure, but remains problematic in unusually poor and/or remote locations. In some locations there is a lack of available transport, especially at night or for patients unable to sit on a

motorcycle. In others, transport is available but financially inaccessible for a significant number of villages. While the HEF will reimburse transportation costs, there is still a need to pay up front, and non-HEF beneficiaries must bear transport costs out of pocket. In more remote villages these costs may be significant barriers.

USAID has invested in supporting Village Referral Systems and/or revolving village loan funds in the past, yet coverage is neither complete nor optimally-targeted. It has often been instituted in relatively accessible villages, with the neediest locations sometimes 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, as the majority of villages fall into the latter category. However, while the number of villages needing assistance for village to HC referral will be small, they account for a disproportionate amount of obstetric and newborn morbidity and mortality. Among villages which do not, there is a need also to distinguish between a need to provide both means of transport and means of its financing from the more common need for means of funding only. This issue will need to be addressed in close collaboration with the USAID Facility Quality Improvement Project, which will assist in identifying the villages from which expected referrals are not occurring/utilization is low, and in ensuring that facilities are able to provide appropriate care to patients once referred. Applicants shall propose approaches that maximize the involvement and ownership of Community structures (VHSG, village chiefs, Village Development Councils, etc.) and CCs.

Anticipated results:

- Increased ANC, PNC, and facility deliveries by women living in remote villages.
- Increased utilization of HC and RH curative care services by patients from remote villages.

Illustrative activities:

- Identify villages with low level of service utilization. The project must collaborate with the Facility Quality Improvement Project for this activity.
- Analyze the specific constraints and opportunities of the above villages, including an assessment of transport barriers and available transportation options.
- Assist CCs to develop and maintain village-appropriate systems that ensure transport to health facilities.
- Assist CCs, VHSG, HCMC, and village authorities to develop a sustainable and transparent means of financing emergency transport, e.g. revolving loan funds, subscriptions, etc.
- Assist CCs and VHSG to develop and maintain a system of record keeping of referral cases and outcome by communities.

Illustrative indicators:

- Of the villages identified as needing emergency transportation systems, the percent which put one in place.
- Number of deliveries in health facilities by women from villages identified as remote.
- Number of RH admissions from villages identified as remote.
- Number of emergency obstetric, neonates, and post-partum cases which utilized emergency referral systems.

Objective #3: Improved effectiveness and efficiency of infectious disease programs (TB)

Component 3.1: Increase VHSG capacity to recognize and refer suspected pediatric TB

As noted in Section II, there is a need to increase detection of pediatric TB. Such efforts need to be closely coordinated with both the USAID Facility Quality Improvement Project (to ensure that appropriate treatment is available before children are referred to a facility) and the USAID TB Project and National TB Program (to ensure that appropriate criteria suitable for use by non-health professionals are developed and used).

Anticipated result:

- Increased detection and treatment of pediatric TB.

Illustrative activities:

- In collaboration with the USAID TB Project, National TB Program, and USAID Facility Quality Improvement Project, develop simple systems and associated training for identification and referral of suspected pediatric TB by VHSG and other community members (e.g. teachers).
- Assist HCs/ODs in providing the necessary training to VHSG.
- TA to HCs/RHs/ODs and communities in establishment of appropriate referral pathways.

Illustrative indicators:

- Number of children screened for pediatric TB.
- Number of newly diagnosed cases of pediatric TB.

Component 3.2: Ensuring the sustainability of C-DOTs

C-DOTs is established in the target villages, and usually (but not always) implemented by VHSG. Funding sources vary. In some instances the USAID-funded LNGOs which support VHSG RMNCH activities also support C-DOTs (under the Project ending in September 2013), allowing for an integration of functions. But in many instances, C-DOTs assistance is vertically provided by a different agency, often a small Global Fund-financed LNGO. With the decline in Global Fund resources, many of these programs are endangered. This component seeks to ensure that any cessation in support is identified and planned for in advance and alternative and sustainable mechanisms initiated, e.g. inclusion of support requirements in either local government or HC/OD budgets.

In the case of C-DOTs support provided in the target provinces by the previous USAID community health Project, Recipients shall initially assume those expenses but shall ensure that over the course of the Project the responsibility shifts to government.

Anticipated results:

- Continued high rate of TB treatment completion and cure.
- C-DOTs activities continue uninterrupted despite expected decline in Global Fund resources/incentives.

Illustrative activities:

- Mapping of C-DOTs activities and funding source, including nature of the support currently provided and period through which funding has been secured.
- Assessment of the relative security of funding for C-DOTs (where supported by non-USAID funds).
- Analysis of current support in terms of which inputs are essential to the continued provision of C-DOTs along with a costing out of the associated costs.
- Awareness-raising and advocacy with local government around the need to subsume C-DOTs related costs and the importance of TB control.
- Assist/facilitate planning sessions with ODs, CCs, and DCs to determine the most feasible avenues for long term support of essential recurrent costs of C-DOTs.
- Technical assistance to CCs/DCs/ODs as needed in budgeting and associated procedures to access and account for government and/or HSSP2/3 funds.

Illustrative indicators:

- Province-specific TB cure rate.
- Number of TB patients completing full course of treatment (drop-out rate).
- Number of suspected TB cases identified by C-DOTs watchers/VHSG in general.

IV. Key Personnel

The Applicant shall propose a practical, cost-effective staffing plan. This section shall 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 shall demonstrate the depth of technical expertise and experience required to implement this program, and shall demonstrate a solid understanding of key technical and organizational requirements. Applicants shall ensure that both expertise in community health and in capacity building of local government structures is represented on their team, and are encouraged to form partnerships with other organization(s) as needed to ensure this breadth of expertise as well as the capacity to work to scale geographically.

The use of host country personnel are preferred whenever the appropriate qualifications can be obtained, but LNGOs shall incorporate international positions/TA and/or partner with international entities as needed to ensure the capacity to effectively implement the scope of work and strengthen their own organizational capacities. With this caveat, USAID leaves it to the Applicants to determine the appropriateness of employing overseas and/or local hires for specific positions.

USAID has identified the following four positions as Key Personnel. Applicants may propose a maximum of one additional position (for a total of 5) if they deem necessary.

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 the province where the project main office is located for the life of project. The COP must have a graduate degree (Master's or higher) in a social science and at least 10 years of demonstrated experience managing development programs in Cambodia, including prior experience relevant

to the scope of this RFA, e.g. in either community health and/or community development and/or local governance. Excellent oral and written communication skills in English are required. Prior experience with USAID-funded programs or similar international donor funded programs is preferred.

Local Government Capacity Building Coordinator: The Applicant is required to propose a candidate with 5 or more years of prior experience in developing the capacities of local government structures in Cambodia, preferably in the context of the D&D initiative. This position will liaise closely with the NCDD, MOH, and other stakeholders to ensure that approaches are concordant with D&D principles and related government policies. Fluency in English (written and spoken) and at least spoken Khmer are required.

Community Health Training Coordinator: The Applicant is required to propose a health professional who will be responsible for assessment of training needs (including projections of future recurrent needs) and coordination of training efforts. The Training Coordinator shall have 5 or more years of prior experience with health-related training in Cambodia, preferably in community health. Fluency in both Khmer and English (written and spoken) and prior experience managing large programs are 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 7 years demonstrated experience, in a developing country context, in monitoring and evaluation. The candidate's experience must demonstrate strong skills in quantitative research and management of information systems. Candidates shall be conversant with internationally used measures of health impact and coverage such as the Demographic and Health Surveys. 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 funded programs. Excellent English language skills- written and spoken – are required.

Please note that the terms such as “Chief of Party,” are illustrative. The Applicant is encouraged to use the terminology applied within its own organization, but without diluting the intent of the role of these key positions. USAID reserves the right to adjust the level of Key Personnel during the performance of this Cooperative Agreement.

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 shall 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 shall 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 shall 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 shall also describe how they will work with other Recipients to establish a coordination committee, or similar body, for improved communication and coordination.

If a single Applicant receives multiple awards under this RFA, the Key Personnel proposed on the multiple applications may be consolidated in consultation with USAID during the negotiation phase in order to avoid unnecessary duplication of staff positions.

V. Reporting Requirements

A. Substantial Involvement

USAID plans to negotiate and award a Cooperative Agreement(s) with the Applicant(s) whose application(s) 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 approvals from USAID;
- 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 subcontractors 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 (via conference call or in person) with the AOR or his/her designee to review the status of activities, and shall 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.

The Recipients shall work together, through the aforementioned coordination committee or similar body, to ensure best practices, lessons learned and other results to be disseminated publicly or with other audiences, such as the government of Cambodia, are done so in a coordinated approach and with a unified voice.

1. Annual work plan: Implementation of the award is expected to come to full operation early in the first year of the project’s life. Within 60 days of signing the agreement, the Recipient will submit an Annual Work Plan for Year 1, designed in consultation with USAID, the host government, other USAID partners, and other relevant donors. 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 the 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 shall 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. Work plans will take into consideration discussions with other USAID and USG partners and joint planning which will include integrated work planning with other USAID Implementing Partners. The Annual Work Plan will also incorporate an annual budget plan and, from year 2 onward, a Financial Report on the prior year's expenditures. The AOR will review and approve plans to ensure that they are within the Scope of Work. The work plan shall include, as a minimum:

- i. Proposed accomplishments and expected progress towards achieving results and performance measures tied to indicators agreed upon within the M&E plan;
- ii. (Year 2 onward only) Any new interventions/activities planned and their justification;
- iii. Timeline for implementation of the year's proposed activities, including target completion dates;
- iv. Information on how activities will be implemented;
- v. Personnel requirements to achieve expected outcomes;
- vi. Major commodities to be procured;
- vii. Details of collaboration with other major partners, including how activities will be coordinated with other USAID Implementing Partners and other donor partners; and,
- viii. Detailed budget.

2. Monitoring and Evaluation Plan: Applicants shall submit a draft Monitoring and Evaluation (M&E) plan as part of their technical proposal. During the initial program planning period, the Awardee shall work closely with USAID to finalize major program monitoring indicators, as well as baseline data and performance targets for each indicator as they relate to the descriptions of success. A final M&E plan developed in consultation with USAID is to be submitted for approval within 90 days of the award date. USAID and the applicant 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 may be revised as appropriate on an ongoing basis in collaboration with USAID and evolving requirements from USG, although should not change substantially throughout the life of the project so that project results can be tracked from the baseline to the end of the project. The M&E plan will include annual and five-year targets, indicator definitions, and the process for ensuring data quality. 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.

3. 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 second and fourth quarter of each fiscal year. These reports will be used by USAID to fulfill electronic reporting requirements to Washington; therefore will need to conform to certain requirements. The applicant shall 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:

- i. Progress (activities completed, benchmarks achieved, performance standards completed) since the last report by program area;
- ii. Problems encountered and whether they were solved or are still outstanding;

- iii. Proposed solutions to new or ongoing problems;
- iv. Success stories (if available);
- v. Documentation of best practices that can be taken to scale; and,
- vi. List of upcoming events with dates.

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

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

5. 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

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

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

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

9. Management Reviews and External Evaluations: The annual work plans, semi-annual and annual reports 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

For Cambodian Non-governmental Organizations, the award will be administered in accordance the USAID Standard Provisions for non-U.S. Non-governmental Organizations. 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 \$15 million (all awards combined) for this planned 5-year activity under this RFA. The distribution of this total funding will depend upon the application(s) selected for award. USAID reserves the right to fund any or none of the applications submitted.

Provincial Cluster 1 will have an estimated maximum LOP funding of USD\$3.6 million, Provincial Cluster 2 will have an estimated maximum LOP funding of USD\$5.2 million, and the award for Provincial Cluster 3 will have an estimated maximum LOP funding of USD\$6.2 million.

The Government plans to award up to three (3) 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 to all Cambodian nongovernmental organizations (NGOs), 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 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% of the total budget of USD 15,000,000. The total cost share of USD 3,000,000 is broken down by geographic area: Provincial cluster 1- USD 720,000, Provincial cluster 2- USD 1,040,000, and Provincial cluster- 3 USD 1,240,000. 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 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.

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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 1, 2013, 4:00 pm Phnom Penh time <mailto:pwilson@usaid.gov>. 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
 - Proposed interventions and strategies for obtaining desired results
 - Strategy for addressing achieving gender considerations
 - Sustainability Plan
- ❖ 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 35 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 35 pages. Applications shall be written in English on standard 8 1/2" x 11" (216mm by 297mm paper) 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, shall 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 shall 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 shall include specific sections on gender considerations and sustainability. Sustainability considerations shall also be reflected in the type and manner of interventions proposed.

❖ 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, the Applicant 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 in both community health and local governance to a large number of communes in the target location, and this aspect has been highly weighed accordingly (see Section V). Applicants are strongly encouraged to consider partnerships or sub-agreements with other agencies in order to ensure a sufficient mix of expertise, 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 shall be clearly delineated. Applications shall also outline a clear scheme on how the Applicant will partner and collaborate with a diverse range of actors and stakeholders, including but not limited to USG and RGC agencies (the latter at both national- MOH / NCDD and sub-national levels), 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 Facility Quality Improvement Project, SHP Project and TB Project shall be demonstrated. Additionally, the recipients of this RFA will have to coordinate very closely with one another, likely through a coordinating committee or other mechanism.

❖ Monitoring and Evaluation (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 shall include a tentative M&E Plan with process, output and outcome indicators and describe the specific methodologies that will be used to establish baselines, set targets and monitor the progress and impact of project activities. Applicants shall also describe how they will ensure data generated and lessons learned are shared with government counterparts, other donors, implementing partners and stakeholders on a regular basis. In addition, Applicants shall also describe any special studies planned, including their purpose, audience, and general methodology.

❖ Institutional Capability

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

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

❖ **Cost Share and Program Income**

The minimum cost share for this RFA is 20% of the total budget of 15,000,000 USD, which is equal 3,000,000 USD broken down by geographic area: - Provincial cluster 1- 720,000 USD, Provincial cluster 2- 1,040,000 USD, and Provincial cluster 3- 1,240,000 USD. Applications with a cost share less than this are non-responsive and will not be considered for award.

❖ **Annexes**

A. CVs - a CV shall be provided for each Key Personnel. CVs shall not exceed 5 pages for each person. Each CV shall include at least three (3) professional references.

B. Letters of Commitment from the proposed Key Personnel.

C. 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. 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 shall 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 shall 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 scored and analyzed for cost realism, reasonableness, completeness, effectiveness, allowability, and allocability. Proposed costs may be adjusted, for purposes of evaluation, 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.

1. Technical Approach: 40 points

- Thorough understanding of the goal, objectives, and components of the RFA.
- Activities between them address all RFA components and anticipated results.
- Activities are feasible and likely to achieve desired results.
- Clear plan for working to scale, i.e. covering all communes.
- Creativeness of proposed interventions.
- Builds on existing foundations and opportunities of previous and other USAID-supported health activities.
- Builds on existing host country platforms and institutions.
- Approaches support D&D principles and likely evolution of the D&D process during the Project timeframe.
- Approaches are consistent with MOH guidelines, policies, and priorities.
- Approaches are structured to maximize the chances of being sustainable after USAID support ends.
- Potential synergies and interdependencies with other USAID Projects are clearly recognized and factored into planned approaches.

- Approaches demonstrate an understanding of local conditions and differing needs within communes/villages in the same province/OD.

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

- 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.
- Coordinated staffing plan that maximizes strengths of each partner (if relevant).
- Clear plan for coordination/collaboration with the USAID Facility Quality Improvement, SHP and TB Projects.
- Clear plan for ensuring regular coordination with other project recipients to maximize learning across the projects
- Clear plan for engaging with the government from local to national level to ensure the project implementation is aligned with government progress on D&D and that the government is sufficiently engaged on project progress/results/achievements.

3. Monitoring and Evaluation: 5 points

- Monitoring and Evaluation plan (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.

4. Institutional Capacity: 15 points

- Capability of Prime Applicant to oversee the program 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.
- Applicant and Sub-Applicants (if any) between them have prior organizational experience in the areas of community health and local governance/capacity building of local government structures.

5. Past Performance: 10 points

- Past performance references document successful and accountable implementation of externally-funded development programs.

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 non-profit 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 22 CFR 228 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

(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

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, Annex1, 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.
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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
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(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-442-13-000004
Empowering Communities for Health (ECH) 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. COST	GOODS UNIT COMPONENTS	PROBABLE SOURCE	GOODS COMPONENTS
---------------------------------------------------------	----------	--------------	-----------------------------	--------------------	---------------------

(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
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(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 assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

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

Signature: _____

Name: _____

Date: _____

Address: _____

Date of Birth: _____

NOTICE:

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

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

FORMATS\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, Annex1, App A. For USAID, this clause is entitled "Debarment, Suspension, Ineligibility, and Voluntary Exclusion (March 1989)" and is set forth in the grant standard provision entitled "Debarment, Suspension, and Related Matters" if the Recipient is a U.S. nongovernmental organization, or in the grant standard provision entitled

"Debarment, Suspension, and Other Responsibility Matters" if the Recipient is a non-U.S. nongovernmental organization.

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 – Community Health Overview

Cambodia has made significant strides in improving health status in the past decade, in large measure due to the efforts of a network of village-level volunteers known as Village Health Support Groups (VHSG). Post-neonatal and child mortality have shown steady declines since 2000, concurrent with substantial increases in immunization and Vitamin A Capsule (VAC) coverage, and appear poised to maintain that trajectory. Both trained deliveries and facility deliveries have greatly increased (a trend expected to continue), and the maternal mortality ratio has declined, although it is still high by international standards (206/100,000 live births). The prevalence of Tuberculosis (TB) has noticeably declined and a high cure rate been maintained.

All of these achievements have relied heavily on the work of the VHSG, who are responsible for providing communities (particularly women of reproductive age and mothers) with information and counseling around home health behaviors and health care seeking, and with mobilizing uptake of preventive health services provided by HCs, either through assisting in calling out target groups for village outreach services provided by HC staff or referring them to the HC for fixed site services on appropriate days. VHSG also maintain population registers tracking women of reproductive age and their pregnancies, along with children under the age of five, to facilitate targeting of behavior change communication (BCC) and referrals.

Successes in reducing TB prevalence have depended heavily upon the implementation of Community-Directly Observed Treatment (C-DOTs) and community case-finding and referral, which is also carried out by the VHSG. The estimated prevalence of smear-positive TB for populations of all ages was 183/100,000 population in 2011, down from 269/100,000 in 2002. Maintaining this trajectory will be dependent upon maintaining the good level of follow-up and compliance, as well as case-finding, currently achieved by VHSG C-DOTs watchers. 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. Since 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; over a third of children under five are moderately or severely stunted. Unlike mortality rates, there has been little improvement in the prevalence of child malnutrition; over a third of children under five are moderately or severely stunted.

While post-neonatal and child deaths have shown a steady decline, neonatal deaths 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. HCs and RHs currently have little ability to treat sick neonates and basic newborn care procedures leave much to be desired. The concurrent Facility Quality Improvement Project will upgrade provider capacities and improve newborn practices in facilities, creating a need and opportunity for better community identification of danger signs and appropriate referral.

The use of modern family planning (FP) methods has increased in Cambodia, with a modern contraceptive prevalence rate of 34.9%, but the country is not on track to meet its 60% Millennium Development Goal by 2015. Nearly all modern use is from short-term methods (specifically, pills and injectables) and most non-users are higher parity “limiters” who want no more children. Short-term methods are available in all HCs and also sold in shops and, in more remote villages, by VHSG. VHSG sale of contraceptives is referred to in Cambodia as “Community Based Distribution” (CBD) although that is a misnomer in that the commodities are not distributed free but rather sold. Access to long-acting and permanent methods (LAPM) of FP is still limited in most rural areas. The concurrent Facility Quality Improvement Project will increase their availability in HCs and RHs, creating both a need and opportunity for more BCC and referral by VHSG.

VHSG Structure and Mandate

Original MOH guidelines called for 2 VHSG per village, one male and one female. These have since be revised for a greater number rationalized to village size, but in practice most villages continue to have only two, of whom sometimes only one (usually, but not always, the female) is really active. As VHSG are unpaid and their duties have exponentially risen as the health system developed; both recruitment and retention are problematic.

VHSG responsibilities in all villages include BCC/health education around breastfeeding (BF) and infant/young child feeding (IYCF), hygiene, safe water, home management of diarrhea, danger signs during child illness and pregnancy, child immunization, the need for ante and post/natal care and the importance of trained delivery in a health facility. In addition, VHSG are charged with informing villagers of HC services, including schedules for outreach or special fixed site services, and mobilizing attendance, and with referring patients and pregnant women to health facilities. Another important function is the relaying of community feedback back to HCs and HCMCs. The level of motivation and activity among VHSG varies greatly; with the less active often limiting themselves to mobilizing attendance at HC outreach/fixed site services, while others also actively engage in health promotion.

In villages located beyond walking distance of the HC, many VHSG play a double role as C-DOTs watchers. Although C-DOTs watchers are usually VHSG, this is not necessarily the case in all locations. C-DOTs is often supported by a different NGO than supports the maternal/child health functions of the VHSG, with the former often receiving resources from the Global Fund. As Global Fund resources are decreasing, this support may decline. In their capacity as C-DOTs watchers, some VHSG may receive small performance-linked payments.

VHSG who are also CBD agents are allowed to keep either all or a specified percentage of sale profits. However, the average earnings are quite small relative to the time invested, with most VHSG receiving at most just a few dollars a month from contraceptive sales. The MOH provides a “midwifery bonus” payment for each delivery performed in a health facility, and since its inception in 2007 many HC midwives have found it worthwhile to pay incentives to VHSG on a per referral basis. This is an ad hoc arrangement entirely at the discretion of the midwife and not found in all locations.

In some remote villages where malaria is endemic, VHSG may also serve as “malaria workers” allowed to test for and treat malaria. There are very few villages within the focus provinces where this is the case, however, as malaria endemicity is limited in Cambodia to heavily forested regions.

Aside from oral contraceptive sales and malaria treatment in specific endemic villages, the Ministry of Health (MOH) has traditionally opposed the provision of medication by VHSG. A 2008 Community Participation Policy opened the door to ARI treatment by VHSG, along with routine distribution of Vitamin A Capsules, pre/post natal Iron-Folic Acid and mebendazole in “remote and difficult to access communities..... when delegated by the OD director”. In practice MOH managers have rarely authorized this, and only a minority of most of the villages in the focus area would qualify as remote and difficult to access.

Institutional Arrangements for Community Health

While the VHSG are a Ministry of Health (MOH)-sanctioned cadre, the MOH does not provide them with any resources or support, and they have to date been heavily reliant on externally funded NGOs for their resource needs i.e. per diem and travel costs for monthly/bi-monthly meetings at HCs, training and basic materials/supplies such as flipcharts. *The need to alter this unsustainable arrangement is the main impetus behind this RFA solicitation.* The MOH, already challenged to meet the resource requirements of public

health facilities and the health civil service, does not have the capacity to support a network of volunteers spread across the country's more than 14,000 villages. A Decentralization and Deconcentration (D&D) initiative now being rolled out in the wake of a 2008 Organic Law provides a unique opportunity to institutionalize the VHSg under local government. The MOH is in the process of revising its Health Coverage Plan so that each commune will have one HC. Hence the Commune Council (CC) would be the most logical institutional locus for VHSg, and there are already several linkages in place between CCs and VHSg, since CC chiefs sit in Health Center Management Committees (HCMCs). In addition, each CC has a Commune "Focal Point" for Women and Children and who in turn is linked to village level "Focal Persons" who are in many instances also a VHSg.

D&D implementation is overseen by the National Committee for Sub-national Democratic Development (NCDD) based in the Ministry of Interior and has offices at sub-national level.

Under D&D, 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 (DC) 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 (CC) 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 DCs 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 also become responsible for managing and allocating. It is not expected that line management of government health care facilities will be devolved to local government within the 5-year Project period, but a transfer of responsibility for village-level health activities to local government is expected. This Project seeks to ensure that the resource requirements of VHSg, as well as their need for continuing technical linkages to, and technical support from, HCs is fully taken into account in that process.

This project seeks to provide support to local commune and district health elected officials as D&D is rolled out. As more resources are managed at the sub-national levels, there will be greater opportunity for commune and district level oversight of health care delivery and management, and increased accountability and participation of the Commune Councils in health care issues.

Commune Councils are required to have Commune Committees for Women and Children (CCWC), composed as follows:

- Chairperson: Commune Chief
- Vice-chairperson: Deputy Commune Chief
- Permanent member: Commune Focal Point for Women and Children
- Regular Members: Commune Clerk, Commune Chief or Deputy Chief of Police Member, School Principal or Representative, HC Chief, Village Chiefs

Six of the country's 24 provinces received external assistance from UNDP in establishing functioning CCWCs. Elsewhere, the level of CCWC functionality varies greatly. Cultural norms often inhibit the level of participation by the Commune Focal Point for Women and Children, as she is not infrequently the only female member of the CC.

While D&D offers potential to improve long-term sustainability, it also presents a challenge in maintaining the technical quality of care. CCs have no training in health and HC personnel will need to continue to

provide technical supervision/training. Ensuring that such linkages are present even if resources and administrative oversight are vested in the CC will be problematic, and the transition, if not adequately managed, risks a reduction in the technical quality and impact of VHSG interventions.

Annex B. Illustrative Logical Framework

Narrative Summary	Objectively Verifiable Indicators	Verification
<p>Goal: Cambodia’s health system strengthened for improved health status of vulnerable populations (DO2)</p>	<p>Maternal, neonatal, post-natal, child mortality rates Modern contraceptive prevalence rate TB Prevalence</p>	<p>CDHS TB Prevalence Surveys</p>
<p>Project Purposes: Strengthened capacity and accountability of the health care delivery system Improved maternal and child health practices in communities Improved effectiveness and efficiency of infectious disease programs</p>	<p>Per capita OPD consultation rates at government facilities ANC4, PNC3 Trained Delivery Full Child Immunization TB Cure Rate TB Case Detection Rate</p>	<p>HMIS</p>
<p>Outcomes: VHSG institutionalized within local government structures. Continued/strengthened BCC and mobilization/referral to health services by VHSG. Continued C-DOTs and enhanced detection/referral of suspected pediatric TB by VHSG</p>	<p>Percent of Communes which finance VHSG operating costs Percent of villages with active VHSG Percent of Villages beyond walking distance of HC with C-DOTs Number of cases of pediatric TB diagnosed</p>	<p>Project, HC, CC and VHSG records</p>