Issuance Date	**: August 17, 2011**
Deadline for Receipt of Questions	**: August 26, 2011**
Closing Date for Submission of Applications	**: September 16, 2011**
Closing time for submission of applications	**: 1:00pm**

Subject: USAID/Senegal Request for Applications (RFA) # 685-11-000002; Health Communication and Promotion (HCP) Program Component

Dear Applicants:

USAID is seeking applications in response to RFA # 685-11-000002 for the Health Communication and Promotion (HCP) Program Component of the USAID/Senegal Health Program as described in Section C, Program Description, of this RFA. USAID anticipates awarding an approximate five-year performance-based Cooperative Agreement (i.e. will include performance targets and indicators). Total award funding will be up to US$ 11 million, subject to availability of funds, resulting from this RFA process. USAID reserves the right to fund any or none of the applications submitted.

USAID/Senegal is seeking applications from qualified Senegalese social marketing and communications organizations and institutions, in the form of partnerships or teams (primes and subs) that are interested in providing the services described in this RFA. USAID does not want to see exclusive partnerships. This is a limited local competition, under which any type of local organization, large or small commercial (for profit) firm, faith-based, and non-profit organization in partnerships or in a team from geographical code 935, is eligible to compete. In accordance with the Federal Grants and Cooperative Agreement Act, USAID encourages competition in order to identify and fund the best possible application to achieve development objectives. The authority for this RFA is found in the Foreign Assistance Act of 1961, as amended.

The chosen recipient will be responsible for ensuring achievement of the program objectives. Please refer to the Program Description for the objectives and expected results.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the program cost and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for profit organizations), may be paid under the agreement.

This RFA and any future amendments can be downloaded from the following website: http://senegal.usaid.gov. If an Applicant experiences difficulties in accessing the weblink, they should contact Salamata Ly at Sly@usaid.gov for assistance. Applicants should retain for their records, one copy of all enclosures which accompany their application.

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

1. Section A – Application and Submission Instructions;
2. Section B – Evaluation Criteria;
3. Section C – Program Description;
4. Section D – Provisions, Certifications and other Statements
5. Section E – Annex- Reference Documents

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".

If an organization decides to submit an application, both electronic and hard copies should be received by the closing date and time indicated at the top of this cover letter at the place designated below for receipt of applications. Applications received after the closing time may not be considered. The text of any application, less any essential annexes, cover pages, dividers, table of contents, executive summary, resumes and CVs, must not exceed 45 pages and the text on its own must be entirely responsive to all aspects of the RFA. Applications must remain valid for a minimum of 120 days.

Applicants are requested to submit the technical and cost portions of their applications in separate volumes. An award will be made to the responsible applicant whose application offers the greatest value to the U.S. Government based on this RFA.

If you decide to submit an application, it should be received (a) electronically directly to USAID by email, to Salamata Ly sly@usaid.gov, and Beatrice Conde bconde@usaid.gov; and (b) hard copies delivered to the following address (international courier or by hand):

Salamata Ly
Acquisition and Assistance Specialist
USAID/Senegal
Derriere Hotel Ngor Diarama
Petit Ngor, Ngor
Senegal

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of an application. Further, the Government reserves the right to reject any or all applications received.

In addition, final award of any resultant Cooperative Agreement 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.

In the event of an inconsistency between the documents comprising this RFA, it shall be resolved by the following descending order of precedence:

a) Section B – Evaluation Criteria
b) Section A – Application and Submission Instructions
c) Section C – Program Description
d) Cover letter

Any questions concerning this RFA should be submitted in writing to: Salamata Ly at sly@usaid.gov and Beatrice Conde bconde@usaid.gov. Prospective applicants need to submit their questions or request for clarifications of any part of the RFA not later than August 26, 2011 at 5.00pm, in order to be included in a USAID response in the form of an RFA amendment (listing all questions received and USAID answers). USAID/Senegal will not entertain any request for information after the date indicated in the cover letter.

Sincerely,

Beatrice M. Conde
Regional Agreement Officer

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ACRONYMS

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
AOTR	Agreement Officer's Technical Representative
BCC	Behavior Change Communication
BIP	Branding Implementation Plan
CCC	Communication pour le Changement de Comportement
CDC	Centers for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CHW	Community Health Workers
COP	Chief of Party
CYP	Couple-Years-of-Protection
EEO	Equal Employment Opportunity
DHAPP	Department of Defense HIV/AIDS Prevention Program
DHS	Demographic and Health Survey
DO	Development Objective
DOTS	Directly Observed Treatment – Short Course
DSDOM	*Dispensateur des Soins à Domicile* / Home-based Health Worker
DSRP	*Document de Stratégie de Reduction de la Pauvreté* / Poverty Reduction Strategy Document
EA	Environmental Assessment
EMMP	Environmental Mitigation and Monitoring Plan
ENPS	Enquête Nationale surf le Paludisme au Senegal
EPI	Expanded Program of Immunization
ER	Environmental Review
ERF	Environmental Review Factors
FP	Family Planning
FBO	Faith Based Organisation
FP/MNCH	Family Planning/Maternal, Neonatal and Child Health
FtF	Feed the Future
GHI	Global Health Initiative
GOS	Government of Senegal
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HSI	Health Services Improvement
HSS	Health System Strengthening
IEE	Initial Environmental Examination
IPQHS	Integrated Package of Quality Health Services
IPTp	Intermittent Preventive Treatment in Pregnancy
IR	Intermediate Result
ITNs	Insecticide Treated Net
IUD	Intra-Uterine Device
JICA	Japanese International Cooperative Agency
LLINs	Long Lasting Insecticide Treated Net

M&E	Monitoring and Evaluation
MARP	Most-at-risk Population
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MIS	Malaria Indicator Survey
MNCH	Maternal, Neo-Natal and Child Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Government Organization
NICRA	Negotiated Indirect Cost Rate Agreement
NMCP	National Malaria Central Program
OCB	Organisation Communautaire de Base
PBF	Performance-Based Financing
PECADOM	*Prise en charge à Domicile /* Home-based Management of Fever Program
PLWHA	People Leaving with HIV/AIDs
PMI	President's Malaria Initiative
PMP	Performance Management Plan
PNDS	*Plan National de Développement Sanitaire* / National Health Development Plan
PPP	Public Private Partnership
PSA	Public Service Announcement
QA	Quality Assurance
QC	Quality Control
RAPID	Rapid Assessment of Population Impact on Development
RDT	Rapid Diagnostic Test
RFA	Request for Applications
RH	Reproductive Health
SBA	Skilled Birth Attendant
SDP	Service Delivery Point
SP	Sulfadoxine Pyramethamine
SNEIPS	Service National de l'Education, Information et promotion de la sante
TB	Tuberculosis
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAID/HPNO	USAID Health Population and Nutrition Office
USG	United States Government
WHO	World Health Organization

SECTION A: APPLICATION AND SUBMISSION INSTRUCTIONS

AI. PREPARATION AND SUBMISSION GUIDELINES

All Applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Applications must be submitted no later than the date and time indicated in the cover letter of this RFA, and to the location indicated in the cover letter accompanying this RFA. Applications that are received late or are incomplete run the risk of not being considered in the review process. Late applications will be considered for award only if the Agreement Officer determines it is in the Government interest.

Applications are to be submitted electronically via e-mail attachments formatted in Microsoft Word and/or Excel (version 2003) with a 3MB limit per email. Because of USAID's system restrictions (i.e. it routinely deletes and removes zip files), applicants are requested to avoid sending zipped files and to not use a "zip" extension as part of the file name.

Applications shall be submitted in two separate volumes: (a) Technical and (b) Cost/Business application. In addition to the email submission, applicants shall submit:

- An original and two copies of the Technical Application in English
- Two copies of Technical Application, **not including annexes, resumes, etc.** translated into French
- An original and one copy of the Cost/Business Application

USAID acknowledges that the French version of the Technical Application could potentially lengthen the application beyond 45 pages. As such, USAID will allow an accurate translation of the English version of the Technical Application without a specified page limit. However, Applicants are strongly encouraged to minimize the numbers of pages submitted. In cases of inconsistency, the English version of the Technical Application will be considered the official version. Due to phone system limitations, faxed applications will not be considered.

The hard copies of applications and modifications thereof shall be submitted in sealed envelopes or packages addressed to the office specified in the cover letter of this RFA, with the RFA number, the name and address of the applicant, and whether the contents contain technical and/or cost applications noted on the outside of the envelopes/packages. Applications should be prepared according to the format and in the order set forth below in "Technical Application Format" and "Cost/Business Application Format".

Applicants should retain for their records one copy of the application and all enclosures which accompany their application. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

Any prospective applicant desiring an explanation or interpretation of the RFA must require it in writing in the form of questions by the due date indicated in the cover letter of this RFA (for the receipt of questions), to the email address set forth in the RFA cover letter. Any information (i.e. questions/answers) given to a prospective recipient concerning this RFA will be furnished to all other prospective recipients as a written/published amendment to this

RFA; non-written data or instructions given before award of Cooperative Agreement are not binding.

The following are the procedures for submission of applications by email:

1. Before sending documents to USAID as email attachment, they must be converted into Microsoft Word 2003 (for narrative text), Excel (for tables).

2. If an application is sent by multiple emails, the subject line of the email must indicate whether the email relates to the technical or cost application and the desired sequence of multiple emails (if more than one is sent) and sequence of attachments (e.g. Organization X, Cost application, Part X of 4, etc.). However, if possible within the 3 MB limit, applicants should consolidate all parts of the technical application into one document and the various parts of the cost application into one cost application document.

3. Questions, applications and modifications thereof shall be submitted with the name and address of the applicant and the RFA number (referenced in the cover letter and above), inscribed thereon, via email to Salamata Ly sly@usaid.gov and Beatrice Conde bconde@usaid.gov .

Applicants are expected to review, understand and comply with all aspects of the RFA. Failure to do so will be at the applicant's risk. On the hard copies of applications, the applicant shall sign the application and the certifications and print or type its name on the cover page of the technical and cost applications. Erasures or other changes must be initialed by the person signing the application. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

Applicants who include data that they do not want to disclose to the public for any purpose or used by the U.S. Government except for evaluation purposes should:

a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If however, a grant is awarded to the applicant as a result of – or in connection with the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extend provided in the resulting grant.

This restriction does not limit the U.S. Government's right to use information contained in this application if it is obtained from another source without restriction. The data subject to 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".

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

It is the Applicant's responsibility to confirm that the USAID/Senegal Mission has received the Technical and the Cost/ Business Application.

AII. GENERAL TECHNICAL APPLICATION FORMAT

The Technical Application should be specific, complete and presented concisely. The application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals and objectives of this program. The applications should take into account the technical evaluation criteria found in Section B.

The Technical Application should be no more than 45 pages exclusive of cover page, table of contents, and annexes as described below. The application should include the followings, Cover Page; Table of Contents; Executive Summary; Program Description; Management Plan; Organizational Capacity and Past Performance; description of the overall process, timelines and key indicators of the Performance Monitoring Plan and Annex (this may be provided as a separate document.) The Annex should contain: (a) Curriculum Vitae and Letters of Commitment of proposed key staff; (b) Organogram(s) and short CVs of other proposed staff; (c) Results Framework and proposed Performance Management Plan in table format, with all proposed indicators and targets; (d) Past Performance References; and (e) Draft Year One Work Plan, as well as any other charts or graphs considered essential to the application. No additional written text in the Annex will be reviewed as part of the application. Applications must be on 8-1/2 by 11 inch paper, single spaced, 12 point type or larger, and have at least one inch margins on the top, bottom, and both sides.

A. **Cover Page:** This should give the Program Component title [USAID/Senegal Health Communication and Promotion Program Component] (which in French is translated as *USAID/Senegal Composante Communication et Promotion de la Santé)*, the names of the organizations/institutions involved in the application, with the lead or primary Applicant clearly identified, and any proposed sub-recipients listed separately. In addition, the Cover Page should include information about a contact person for the prime Applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address and telephone and fax numbers. Also state whether the contact person is the person with authority to bind the organization, and if not, that person should also be listed.

B. **Executive Summary:** The Executive Summary shall not exceed three pages; it should contain a succinct summary of the Applicant's vision, strategy and approaches for achieving the results of the proposed program, with relevant highlights from all sections below.

C. **Technical Approach:** This section should provide a clear overall vision and operational strategy to achieve the expected results of the project through capacity building in Behavior Change Communication (BCC), implementation of communications activities, and social marketing of key health products. It should include the Applicant's analysis of the important challenges, approaches for addressing these challenges, and key activities. This section of the application should not only list the activities that will be performed but explain a rationale for prioritizing, sequencing, and scaling up within each set of activities. This section should clearly demonstrate the Applicant's approach for building on existing USAID and other donor investments. The Applicant should clearly describe the partnerships that will be built with other USAID/ Senegal Health Program Components and demonstrate those partnerships in the technical approach. The Applicant should describe how it will include other local organizations and counterparts in program implementation including how direct funding will be provided.

This Program Component will have five sub-components, described below. The Applicant must address all five sub-components in their technical discussion.

The geographic focus of this Program Component is all 14 regions of Senegal.

Sub-component A: **Strengthening Capacity for Effective Behavior Change Communication (BCC) programs.** Explain how the Applicant will strengthen the capacity of the National Health Education and Information Service (SNEIPS) in the development, coordination, and evaluation of communications activities. Demonstrate how the Applicant will engage MOH Program Managers to ensure closer collaboration in the development and implementation of national BCC activities. Outline how the Recipient will identify and directly fund SNEIPS and local organizations to build their capacity in BCC program development and implementation. Show how the Applicant will work with SNEIPS to develop, print, and disseminate BCC materials. Show how the Applicant will build the skills of regional and district health management teams to assess their BCC needs, identify prospective local partners, and collaborate with private sector groups (whether for-profit or not-for-profit), as appropriate. Explain how the Applicant will identify local NGOs and for-profit organizations for support in planning, implementing and monitoring BCC activities. Demonstrate how the Applicant will build on and strengthen what exists and how innovation will be built into the capacity building activities.

Sub-component B: **Supporting Implementation of Quality BCC Interventions Leading to the Adoption of Healthy Behaviors and the Increased Use of Health Services**. Describe the technical approaches that will help move the Senegalese population from high levels of knowledge on many health topics to the adoption of more healthy behaviors in order to improve FP/MNCH results; fight HIV/AIDS and tuberculosis; reduce malaria incidence; improve hygiene and sanitation practices; and improve nutritional status for women and children under-five. Show how the Applicant's specific knowledge of Senegal will be used to enhance routine and campaign communication activities. Explain how the Applicant will work with SNEIPS to engage private sector partners to use traditional and non-traditional media outlets to full advantage. Describe methods that the Applicant will use to support SNEIPS in distributing BCC materials throughout the country. Identify areas for specific collaboration with the private for-profit and not-for profit sector, including possible public private partnerships. Discuss how the Applicant will play a coordinating role between SNEIPS and other USAID Health Program Components to ensure that all are supporting the national communications framework. Describe the Applicant's approach to leading the development and implementation of a coordinated communications approach across USAID's Health Program that directly supports the achievement of the Development Objective. Explain how the Applicant will exploit linkages with other sectors (e.g. education, agriculture) and with religious and political leaders to disseminate and reinforce messages.

Sub-component C: **Strengthening the Capacity of Key Actors to Advocate for Political and Social Engagement for Health Programs**. Describe the approaches to expand the engagement of the private sector, key stakeholder groups and opinion leaders such as political and religious leaders, local NGOs, community groups, and other sectors in BCC activities, and improve the capacity of these actors to play these roles. Explain how the Applicant will identify and address relevant policy barriers, particularly restrictions on social marketing and will outline how the Applicant will create opportunities for local authorities and health "champions" to participate in public discourse on health topics.

Sub-component D: **Social Marketing of Key Health Products Resulting in Their Increased Sale and Use**. Explain how social marketing strategies for current products will be organized and carried out, particularly describing the Applicant's strategy for engaging the private sector to enhance the impact of social marketing efforts. Clearly outline which types of private sector entities will be engaged and in what capacity. Describe how the Applicant will identify opportunities to expand the number and types of social marketing products by working with the private sector, other donors, and other USAID-funded programs.

Sub-component E: **Technical Capacity Building and Organizational Development of the Recipient**. It is recognized that the Recipient may not be able to immediately implement all of the subcomponents of this program description without significant technical and organizational strengthening. Therefore, the Applicant will identify a technical assistance partner to provide technical and organizational capacity building to the Applicant. Describe the ability of this partner to perform in this capacity and provide a technical capacity building plan with clearly defined results. Detail the areas of strengthening, clearly linked to the overall objectives and work plan for this Program Component and all of its sub-components. Include a draft work plan outlining the technical mentoring anticipated over the first year. Clearly show how and when assistance from the partner will be phased out, demonstrating progressive skills transfer. Outline clear outcomes and targets against which the Recipient's progress will be measured.

The Applicant will also identify potential hurdles in implementation of the activities described above and describe proposed strategies to overcome these hurdles. Propose approaches for knowledge management and sharing of lessons learned. The Applicant will outline how it will address gender issues and describe how proposed approaches will be harmonized and coordinated with other partners in country, including those that may have overlapping scopes.

The Applicant will include a draft work plan for the first year, October 1, 2011 to September 30, 2012 as an annex. The work plan should include start-up activities and should provide sufficient detail to show sequencing and geographic location of activities. Attention should be paid to indicating where collaboration with relevant partners will take place. The successful Applicant will be expected to fully implement the proposed work plan upon award (subject to any technical negotiations with USAID). The work plan should be budgeted, presented in table format and included as an Annex.

D. Management Plan Including Proposed Staff

This section should provide an overview of the proposed project management plan, including staffing.

Personnel

Engagement of qualified Senegalese professionals is encouraged whenever possible. Five key positions are described below. Applications should include job descriptions and bio sketches of proposed key staff in the narrative. Applications should also identify additional technical staff within the overall staffing plan considered essential, by the Applicant, to achieving the project results. In an Annex, provide an organogram showing the organizational structure and coverage of the range of technical and managerial areas. Also in the Annex, for each proposed key staff provide a Letter of Commitment, CVs of no more than three (3) pages and at least three (3) professional references with email addresses. Include CVs of no more than two (2) pages each for other proposed technical staff. Provide an organizational chart showing the structure and coverage of all key technical and managerial areas. USAID considers the Chief of Party (COP) and four senior-level technical advisors described below as key staff for this program.

Desired Qualifications for Key Staff

Chief of Party: The Chief of Party must have at least a Master's degree in a relevant discipline and at least 15 years of demonstrated experience in designing and/or implementing health communication and social marketing programs in developing countries. Full fluency in written and spoken French is required. Basic competency in English is strongly desirable. Relevant experience in Senegal and/or the West African sub-region is strongly desirable. S/he will understand the challenges of moving a population from knowledge to behavior change, and will have experience orchestrating the variety of actors involved. The Chief of Party is expected to have the strategic vision, leadership qualities, depth and breadth of technical expertise and experience, professional reputation, management experience, interpersonal skills and written and oral presentation skills to fulfill the diverse technical and managerial requirements of the program description. S/he will also have experience interacting with other development projects, host country governments and international agencies.

Senior-level Technical Advisors

Each must demonstrate strong leadership qualities and relevant experience and skills as described for the specific positions below. Each must also have demonstrated written and oral communication and interpersonal skills to fulfill the diverse technical requirements of the program. In particular, the persons filling these roles must be capable of successfully collaborating with a range of counterparts at the national, regional, and district levels in a way that leads to technically sound and productive health communications and social marketing interventions. The advisors may be located in the Applicant's main office, but will need to travel extensively among the different regions.

Specific qualifications are as follows:

***Behavior Change Communications (BCC) Advisor*:** The BCC Advisor must have a Master's degree in a relevant discipline and at least 10 years of demonstrated experience in successfully developing and managing health communications activities and materials in Senegal or another developing country. The BCC Advisor should have extensive knowledge of the barriers to adopting certain healthy behaviors, such as using a modern family planning method, and demonstrated experience in finding and implementing solutions to overcome these barriers. The BCC Advisor is expected to have the expertise and experience required to effectively provide technical assistance for the design and implementation of both national level campaigns and community level mobilization activities. This person will work closely with the other USAID Health Program Components to coordinate BCC activities.

***Social Marketing Advisor*:** The Social Marketing Advisor must have a Master's degree in a relevant discipline (e.g. advertising/marketing, health communications or social science) and at least 10 years of relevant experience in developing countries. Relevant experience in Senegal is highly desirable. The Social Marketing Advisor should have extensive knowledge of approaches and strategies for the successful branding and social marketing of health products in developing countries, including knowledge of successful programs implemented to date in Senegal. The Social Marketing Advisor must have the depth and breadth of technical expertise to guide the planning, implementation and evaluation of activities aimed at creating demand and uptake for health products. The Advisor should also have experience working with and developing the capacity of NGOs and community organizations to socially market health-related products and services.

***Policy and Advocacy Advisor*:** The Policy and Advocacy Advisor must have a Master's Degree in a discipline relevant to public health (e.g. health policy or social science) and at least 10 years of relevant experience engaging various stakeholders, influencing country policy agendas relevant to social marketing, particularly of family planning products, and behavior change communications in developing countries. Relevant experience in Senegal is highly desirable. The Policy and Advocacy Advisor must have demonstrated experience organizing and mobilizing key target groups (national and local authorities, private and public health care personnel) and local NGOs/CBOs to advance the public dialogue around the adoption of healthy behaviors and the use of health services and products. This Advisor must have the demonstrated breadth and depth of experience to analyze the existing policy environment, identify barriers to and opportunities for the sustainable scaling up behavior change communications and social marketing. This Advisor will work closely with the other USAID Health Program Components, the Social Marketing Advisor and the Public-Private Partnership Advisor to identify these policy barriers and to design interventions to address them.

Public-Private Partnership (PPP) Advisor: The Public-Private Partnership (PPP) Advisor must have a Master's Degree in a relevant discipline (business, advertising, communications, etc.) and at least 10 years of demonstrated experience establishing constructive relationships between public sector and private sector actors in health, e.g. with government at different levels, with the private sector (companies/commercial entities), civil society, research organizations, and academic institutions.

Relevant experience in Senegal is highly desirable. This Advisor must have experience creating links between the public and private sectors, using the strengths of the private sector to improve the communication capacity of the public sector.

The PPP Advisor will also have experience in establishing relationships with key international players, foundations, and bilateral and multilateral aid agencies as appropriate to expand the support base for communication and social marketing activities. This Advisor works in close collaboration with the BCC and Social Marketing Advisors to engage private sector entities.

Among them, the Chief of Party, the Senior Technical Advisors, and other professional staff proposed by the Applicant should have substantial experience in designing, implementing and managing health communication and social marketing programs in developing countries. They will be responsible for building partnerships and, where applicable, designing joint program activities with other USAID/Senegal Health Program components as well as other on-going USAID-funded programs. If an exceptional candidate is presented without a Master's degree, but with extensive demonstrated experience, USAID is open to considering them for the position. They should have complementary skills and knowledge in the key technical areas required by the RFA. If a Deputy Chief of Party position is proposed, explain how the person in that role will fulfill one of the Key Position requirements. Applicants may propose a different breakdown of staff responsibilities and expertise across the key staff as long as all areas described above are covered.

Among them, the other proposed professional staff should possess the range of practical technical skills necessary to contribute substantially to the design and implementation of key elements of this program. If they are to hold team leadership positions, they should have a demonstrated capacity to liaise and negotiate with key stakeholders in other organizations, as well as to support and supervise staff.

The Technical Evaluation Committee reserves the right to request interviews with the proposed Chief of Party and other key personnel as part of the evaluation process.

USAID reserves the right to assign additional technical advisors in support of this program, subject to discussions with the Recipient and the availability of funds.

Management Plan

It is expected that the headquarters office for this Program Component will be based in Dakar. The Management Plan should summarize management and administrative arrangements including: staffing plan (including in an annex, the organizational structure presented in an organogram, with relationships among the individual positions described); logistical support; personnel management; procurement arrangements for goods and services; and lines of authority and communications between organizations and staff. The Management Plan should indicate clearly how the Recipient will maximize efficiency in the provision of technical assistance so as to ensure that the project funding flows primarily to support direct programming for support of activities in country.

Identify how the home office of the Applicant will support the in-country staff and Chief of Party. Describe the authorities that will be delegated to the Chief of Party and the project team from the home office of the Applicant. Describe as well the delegation and roles and responsibilities between the main office in Senegal and the regional bureaus.

If sub-recipients or a consortia management model are proposed, Applicants should specify the responsibilities of the Prime Applicant and all principal organizations, the rationale for selection of each organization, and proposed staff and reporting relationships within and between each of these organizations. Similarly, if a consortia model is proposed, the Applicant must show how they will define and ensure *uniformly qualified* program staff. The Application should indicate how the proposed partnership is complementary, rather than duplicative, and how it will be organized and managed to use the capabilities of partners most effectively and efficiently and to minimize duplication of home office and local office management structures with attendant costs to the government. This section should include a description of the types of support that will be provided during the implementation of this project, including a description of how resources in the budget will be used to support program implementation, including operational support for activities that could be provided as direct funding or as sub-grants to in-country recipients, including GOS entities (such as SNEIPS). It is expected that direct funding will increase over the life of the project, as GOS counterparts take on more responsibility for program implementation. The Applicant should also describe how they will ensure standard approaches and procedures for engaging government and local authorities in implementation of activities will be utilized by the Applicant and all sub-recipient organizations. Examples could include standard procedures, qualifications, and criteria for hiring project staff across prime and sub-recipient organizations. Indicate timing of engagement of personnel based on anticipation of program needs across the five years. Include location where staff will be based.

Staff assigned to Regional Bureaus

Each Program Component of the USAID/Senegal Health Program is required to provide staff to the three regional bureaus (in Kolda, Thies and Kaolack) established by the USAID/Senegal Health System Strengthening Program Component. Each Program Component will be expected to contribute financially to the operations of these regional bureaus. This section should include a description of the strategy of the Applicant for providing at least one representative for each of the proposed three regional bureaus that will be set up by the USAID/Senegal Health System Strengthening Program Component. Describe the tasks to be allocated to these staff members and the types of support that will be provided for them, including a description of how resources in the budget will be used to ensure functionality of these staff members. Describe how the Applicant will handle relationships with the respective MOH Regional Offices and with the other projects in these bureaus including how the Applicant would ensure strong coordination and mutually supportive roles.

E. Performance Management Plan

This section should provide an overview of the proposed monitoring and evaluation strategy and draft Performance Management Plan (PMP) for the program. The draft PMP table itself should be included as an annex. Indicators and annual targets in the PMP should directly relate to the technical assistance and support to be provided under this Program Component. Illustrative Indicators have been provided in the Program Description; please address these or propose alternative indicators that measure progress in attaining key sub-results from this program. The Applicant is requested to propose a mix of outcome, output and process indicators sufficient to measure progress towards all the specified results and sub-results, and proposed targets for these indicators over the life of the activity. The Applicant should present baselines[1] for each indicator based on the latest information available. The Applicant should describe how the information to be collected, analyzed and reported from the PMP will help to track progress in achieving overall results, identify areas for improvement and will help to improve program performance and effectiveness. As part of this plan, the Applicant should include performance milestones, which cover the performance period and sets forth the activities/tasks and results that the applicant will work toward achieving. The milestones should be succinctly and clearly defined, subject to objective determination regarding performance and linked with the program objectives. For each milestone proposed, the applicant shall carefully consider how the milestone accurately predicts progress towards the achievement of the results targeted. This proposed PMP is expected to be realistic and achievable, and serve as the standard against which the performance of the Recipient is evaluated.

F. Organizational Capacity and Past Performance

This section of the application should provide information about the applicant organization and any sub-recipients. This section should provide evidence that the applicant and any proposed sub-recipients have the ability to successfully carry out a project comparable in scope and complexity to this RFA. The Applicant must demonstrate sufficient managerial and technical capacity to handle this diverse portfolio of activities, including successful past performance in related work.

Provide a succinct description of the Applicant's organization – including its general purpose and mission statement and annual budget (including funding sources). Describe proposed sub-recipients, and the justification for their inclusion. Provide summary information about significant past and current activities and projects of the Recipient organization and each sub-recipient related to the set of activities and responsibilities specified in this RFA. Specifically describe the Applicant's and/or sub-partners' experience in the following areas:

- Partnering with national and local authorities, associations, community organizations and the private sector to implement and monitor BCC plans and activities;
- Building the capacity of local organizations to develop and implement BCC plans and activities;
- Achieving results including increased sales of socially marketed health products;
- Developing and implementing a social marketing strategy;

[1] The GOS is currently conducting a combined Demographic and Health Survey and Multi-indicator Cluster Survey. Data from this will be used to readjust baseline information once available.

- Creating, expanding, and strengthening social marketing distribution networks and establishing appropriate linkages between these networks, different levels of the MOH and other organizations;
- Creating opportunities for public discourse on health topics; and
- Experience in BCC and social marketing programming in Senegal or in West Africa.

G. Past Performance References

These should be submitted in an annex for the Applicant and any proposed sub-recipient(s) that will be responsible for over 20% of program implementation, covering the last three years.

Describe all contracts, grants, and cooperative agreements which the organization, for the prime as well as any substantive sub-grantee, has implemented involving similar or related activities over the past three years.

Please include the following:

- Name and address of the organization for which the work was performed;
- Current telephone number and email address of responsible representative of the organization for which the work was performed;
- Contract/grant name and number (if any), annual amount received for each of the last three years, and beginning and ending dates;
- Brief description of the project/assistance activity.

AIII. COST APPLICATION FORMAT

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

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

- Include a budget with an accompanying budget narrative which provides in detail the total costs for implementation of the program your organization is proposing. The budget must be submitted using Standard Form 424 and 424A (see attachment).

1. The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices, including regional hubs;

2. The breakdown of all costs according to each partner organization 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 this Cooperative Agreement;

5. Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement;

6. Procurement plan for commodities (note that contraceptives and other pharmaceuticals will not be provided under this Cooperative Agreement).

7. Close-out costs: applicants must include in the required projected organizational budget any cost associated with terminating programmatic activities at the conclusion of the Cooperative Agreement. (disposition of equipment, phasing out of staff etc..)

8. If the applicant is a consortium, the cost/business application must include documents that reflect the legal relationship among the parties. The documents should include a full discussion of the relationship among the applicants, including the identity of the applicant that the USG will treat for purposes of administration of any cooperative agreement, identity of the applicant that will have accounting responsibility, how the applicant proposed to allocate effort under any cooperative agreement, and the express agreement of the principals of the applicant organization to be held jointly and severally liable for the acts or omissions of the other.

Applicants must provide the following cost element details:

1. Salary and wages – Applicants must proposed direct salaries and wages in accordance with their personnel policies;

2. Fringe benefits – these benefits are non-wage compensation that an organization can provide to its employees in addition to their salaries. If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant should use such rate and provide evidence of its approval.

If an applicant does not have a fringe benefit rate approved, the application should propose a rate and explain how the applicant determined the rate; in this case, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g. unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries;

3. Travel and transportation – the Applicant should indicate the number of trips, domestic and international, estimated as to carry out the proposed program description, and their estimated costs. Applicants must specify the origin and destination for each proposed trip, the duration of travel and number of individuals who would be travelling. If applicable, applicants should base per diem calculations on current, published U.S. Government per diem rates for localities concerned. Applicants may not use program funding to travel to conferences and international meetings unless expressly approved by the USAID AOTR.

4. Other direct costs – Applicants should detail any other direct costs, including the costs of the communication, report preparation, passport insurance, visas, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits), equipment office rent, etc.;

5. Indirect costs – Applicants should support the proposed indirect cost rate with a letter from a cognizant, U.S. Government audit agency, a Negotiated Indirect Cost Agreement (NICRA), or with sufficient information to determine the reasonableness of the rates. (For example a breakdown of labor bases and overhead pools, the method of determining the rate, etc.).

6. Cost sharing – details concerning the level of cost share the Applicant's organizations is proposing for this activity. USAID encourages applicants to contribute cost sharing. Cost sharing may be proposed from any available and interested local and international funding sources, including but not limited to, government and public institutions, individuals, corporations, NGOs and foundation. Applicants are encouraged to provide at least a ten percent (10%) cost share to signal for the applicant's commitment to the activity.

B. Required certifications and representations (as attached):

C. Applicants who do not currently have a Negotiated Indirect Cost Rate Agreement (NICRA) from their cognizant agency shall also submit the following information:

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

D. Applicants should submit any additional evidence of responsibility deemed necessary for the Grant Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:
   - Have adequate financial resources or the ability to obtain such resources as required during the performance of the award.
   - Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.
   - 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.
   - Has a satisfactory record of integrity and business ethics; and
   - Is otherwise qualified and eligible to receive a grant under applicable laws and regulations (e.g., EEO).

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

F. Cost Control Plan: As Program Description targets and results, staffing skills and patterns and past performance give detailed insight to what is offered via the technical proposal, a cost control plan can guide/illustrate how financial management and control can significantly contribute to work/cost efficiency and enhancement of both award end results and overall sustainability. Following are examples of what USAID feels might possibly be included in such a plan:

   - Descriptions of accounting, financial, personnel management systems that demonstrate how these essential elements are both a "good practice system" and an individual element of a cost control plan; and
   - Descriptions of how the Applicant will maximize the efficiency of expat short-term technical assistance in terms of duration and the number and price of airline tickets.

AIV. COOPERATIVE AGREEMENT AWARD

The Government anticipates award of one (1) cooperative agreement resulting from this RFA to the responsible applicant whose application conforming to this RFA offers the greatest value (see Section B of this RFA). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.

The Government will award the Cooperative Agreement on the basis of initial applications received, and may not conduct discussions or negotiations. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint. As part of its evaluation process, however, USAID/Senegal may elect to discuss technical, cost or other pre-award issues with one or more applicants. Alternatively, USAID may proceed with award selection based on its evaluation of initial applications received and/or commence negotiations solely with one applicant. Oral discussions may be conducted.

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.

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.

Applicants are 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 subcontracts/sub-awards issued under the cooperative agreement.

Foreign Government Delegations to International Conferences: Funds in the Cooperative 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 http://www.info.usaid.gov/pubs/ads/300/refindx3.htm or as approved by the Agreement Officer.

Authority to Obligate the Government

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

SECTION B: EVALUATION CRITERIA

BI. GENERAL INSTRUCTIONS

The criteria presented below have been tailored to the requirements of this RFA. Applicants should note that these criteria serve to: (a) identify the significant matters that applicants should address in their applications and (b) set the standard against which all applications will be evaluated. The technical and cost applications will be evaluated in accordance with the evaluation criteria set forth below. Applicants should organize the narrative sections of their applications in the same order as the sub-components.

BII. TECHNICAL EVALUATION CRITERIA

Technical Approach 40 points

Overall plan to accomplish the Program Component objectives: The overall vision/strategy shows clear understanding of expected project results and the country context, reflecting appropriate and efficient state-of-the art technical approaches, creativity, and responsiveness to all technical requirements outlined in the program description in Section C of this RFA, with specific attention to gender considerations. The application provides a practical strategy to strengthen the capacity of the National Health Education and Information Service and regional and district officials responsible for health communication to strategize, organize, implement, coordinate and monitor BCC activities. **(20 points)**

Implementation of this Program Component at the field level: The application presents clear, effective and appropriate strategies and activities that build on achievements to date to address the major challenges and to achieve improved health seeking and healthy behaviors in households and among target populations, including innovative strategies for social marketing and for leveraging private sector resources (both financial and technical). The application clearly describes how the proposed partners will work together to implement program activities. The application presents a clear plan to strengthen the capacity of local social marketing organizations to effectively increase the sale and use of key health products. The technical approach presents appropriate and cost-effective strategies for ongoing monitoring and evaluation of BCC strategies and activities. The technical approach fosters engagement of NGOs and other community groups; local, elected and religious leaders; and other government sectors in health promotion activities to create a more locally-owned and sustainable model. The technical assistance plan for the Recipient is clear and provides targeted, time-limited assistance that strengthens the technical, administrative, and organizational capacity of the Recipient. **(20 points)**

Management Plan Including Key Personnel **40 points**

Quality of key personnel and overall management plan: The Management Plan provides assurance that the Applicant and any sub-recipients will manage the program in a sound, efficient and collaborative fashion that maximizes the ability of the Program Component to build local capacity and to achieve stated objectives while assuring efficiency in the delivery of technical assistance. Proposed key staff meets the qualifications as specified in Section C of the RFA and demonstrate the knowledge, skills and qualifications required to accomplish the Program Component objectives. Roles and relationships among the Applicant and any sub-partners and the Chief of party and his/her staff are clearly described and indicate clear and rational lines of communication and authorities. The Applicant's team demonstrates close coordination and collaboration in activity management with other USAID/Senegal Program Components. There is a clear plan for ensuring regular, effective coordination and communication with MOH stakeholders (national, regional and district), other local government officials, other USAID implementing partners, NGOs/CBOs, USAID health staff, etc. allowing for routine input on key programming decisions. **(10 points)**

Implementation of activities at the field level, including a staffing/organization chart (plan) and performance management plan: The management approach shows how Senegalese NGOs/CBOs and local government authorities will be involved in the management of Program Component activities. The organizational and technical strengthening plan for the Recipient is comprehensive, time-limited, demonstrates a clear transfer of competencies from the assisting organization, and includes a clear exit strategy. The proposed organizational chart is appropriate to accomplish the objectives of the Program Component in an effective and efficient manner. The proposed staff reflects an appropriate mix of private sector partners, non-governmental organizations, and the public sector in program implementation and management. The draft PMP provides the key indicators and performance milestones to measure achievement of the expected results, and represent a mix of input, output, outcome and impact measures. The Management Plan demonstrates commitment to minimizing costs related to technical assistance so that ample funding is available to support needed investments in operational costs of local activities. **(30 points)**

Organizational Capacity and Past Performance **10 points**

The Applicant, proposed sub-partners, and technical assistance organization demonstrate the capacity and experience to design and effectively implement activities that address the full scope of intervention as outlined in the Program Description. The technical assistance organization has demonstrated capacity in strengthening national social marketing organizations. Past performance references document successful implementation of relevant programs of similar size and complexity in Senegal and or West Africa. The standard five sub-topics related to past performance (quality, timeliness, cost control, satisfaction and key personnel) are addressed. **(10 points)**

BIII. COST EVALUATION CRITERIA

Cost Approach/Application 10 points

Cost Applications will be evaluated to determine if the overall costs proposed are realistic for the work to be performed, if the costs reflect the Applicant's understanding of the requirements, and if the costs are consistent with the technical application. Applications that have more efficient operational systems and maximize use of Senegalese personnel and systems in a way that reduces operation costs and increases the proportion of funding available for programming of specific activities in country will be more favorably considered. Applicants should have a Cost Control Plan that illustrates how the above considerations are accomplished, such as utilizing local staff/firms versus expatriates whenever possible. Please Note: A minimum of a 10% cost share contribution is required under this RFA. Contributions of host country/NGO/partner support (including in-kind contributions such as staff time) can be used to meet cost share, but all such contributions must be tracked/verified and appropriately reported (such as in the USAID mandatory quarterly/annual reports). **(10 points)**

SECTION C: PROGRAM DESCRIPTION FOR THE SENEGAL HEALTH COMMUNICATION AND PROMOTION PROGRAM COMPONENT

CI. SENEGAL HEALTH COMMUNICATION AND PROMOTION PROGRAM COMPONENT OVERVIEW

The Health Communication and Promotion Component is intended to foster positive health practices in households and communities and support changes in social norms that will reinforce and maintain these practices. This is a key component that will contribute to the achievement of Intermediate Result (IR) 2 in the Results Framework (see Part CIII. below): **Improved Health Seeking and Healthy Behaviors**. It is also expected to contribute to the achievement of the other two Intermediate Results, which are IR 1: Increased Use of an Integrated Package of Quality Health Services; and IR3: Improved Performance of the Health System. Together, these are expected to lead to the achievement of the USAID/Senegal Health Program's Development Objective: **Improved Health Status of the Senegalese Population**.

Expanded access to and quality of health services, as well as availability of resources such as potable water and adequate sanitation, are clearly needed to improve key health indicators. At the same time, increasing use of services and resources, and adoption of preventive behaviors, are equally critical to achieving health impacts. The Recipient will support a range of communications activities to influence the social and behavior changes needed to improve outcomes in the priority technical areas of reproductive health, maternal and child health, malaria, HIV/AIDS, tuberculosis (TB) and other infectious diseases, maximizing the use of relevant approaches, materials/tools and media products already developed and used successfully in Senegal. In conjunction with the other Program Components, the Recipient will be expected to engage NGOs, the private sector, and community and elected leaders to support improved health behaviors and outcomes.

The Recipient will identify a technical assistance partner to support the Recipient in implementing the sub-components of this program. The Recipient will work in close partnership with the National Health Education and Information Service (SNEIPS), other Ministries (the Ministry of Education, Ministry of the Family, etc.), other USAID implementing partners, non-governmental organizations (NGOs), faith-based organizations (FBOs), private sector entities and various other local partners. Collaboration with implementers of other USAID/Senegal Health Program Components will be particularly important; these include the Health Systems Strengthening Component, the Health Services Improvement Component, the Community Health Component, and the HIV and TB Component. The Recipient of this award is expected to establish and maintain a central office in Dakar and to provide staff for three regional bureaus (Thies, Kaolack, and Kolda) in collaboration with the other USAID/ Health Program Components.

An estimated $11 million in life-of-project funding over five years is anticipated, subject to the availability of funds. This Program Component may receive malaria, maternal and child health, population, nutrition, and water funds. **The Recipient will be responsible for ensuring that all activities are appropriately tracked and attributed to the relevant funding sources.**

USAID is conducting an evaluation of the current Social Marketing program and the Recipient will be expected to incorporate relevant findings and recommendations from this evaluation into its work plans.

CII. SENEGAL COUNTRY CONTEXT

This section presents a summary of the current health situation in Senegal, including successes and challenges. More detailed information can be found in the USAID/Senegal Health Sector Strategy (2011-2016).

A. Health Sector Successes, Challenges, & Opportunities

Senegal can count the significant reduction in infant and under-five mortality rates over the last five years among its great successes. According to the 2008/2009 Malaria Indicator Survey (MIS), infant mortality decreased from 61 to 54 per 1,000 live births and under-five mortality decreased from 121 to 85 per 1000 live births[2]. Senegal also boasts some of the lowest rates of under nutrition among children under-five in West Africa. These successes can be attributed to progress in scaling up child health interventions, especially, but not exclusively, the dramatic nationwide scale up of malaria control interventions. The proportion of health facility consultations due to malaria decreased by 41% between 2008 and 2009. Senegal has made substantial improvements in potable water coverage and water sector organization. As such, the country is on track to meet its Millennium Development Goal targets for improving physical access to potable water by 2015, but with lesser prospects for sanitation. Nevertheless, challenges remain. Despite significant declines, the major causes of death for children under-five years of age remain neonatal causes, diarrheal disease (second leading cause with over 40,000 preventable deaths per year), pneumonia and under-nutrition (31%[3] of child deaths associated with it). In recent years, immunization coverage, once a model of country capacity, has declined such that measles outbreaks and polio have recurred. Neglected tropical diseases (specifically schistosomiasis, lymphatic filariasis, soil transmitted helminthes and trachoma) represent a major health burden in Senegal. For example, schistosomiasis is the second most prevalent disease in Senegal and trachoma is the second leading cause of blindness.

[2] Ndiaye, S, et al. 2009. 2008/9 Senegal Malaria Indicator Survey. Calverton, Maryland USA: Centre de recherche pour le développement humain (Sénégal) and Macro International
[3] Africa Nutrition Chart books: Nutrition of Young Children and Mothers in Senegal. Findings from the 2005 Senegal Demographic and Health Survey, ORC Macro, November 2006

Senegal's maternal mortality remains high at 401/100,000 live births. Although the total fertility rate has declined, it still remains high at approximately five children per woman. While knowledge of contraception is high, women continue to have more children than they desire and unmet need for contraception is among the highest in the world at 31.6%. The use of modern contraception is only 10.3% among married women of reproductive age. Significant challenges remain to make adequate reproductive health services available and accessible to all Senegalese women. The MOH has prioritized reducing health system bottlenecks and socio-cultural barriers to FP and expanding access to contraceptive commodities and services through the public and private sectors to close the gap on unmet need.

Senegal was praised for early commitment to open dialogue and proactive engagement of its religious community towards combating the HIV/AIDS epidemic and has maintained one of the lowest adult HIV prevalence rates (0.7%) on the continent[4]. Characterized by an epidemic concentrated among most-at-risk-populations (MARPs), with HIV/AIDS prevalence approximately 19% among commercial sex workers, 22% among men having sex with men, and 3% among women in the Ziguinchor region, this hard-won success requires constant vigilance and flexibility. Increased negative sentiment towards certain high-risk groups could threaten Senegal's gains and precipitate a more generalized epidemic. The National AIDS Council has put in place a "watchdog" group to develop strategies to safeguard access to health care for these high-risk groups. Tuberculosis (TB) continues to be a serious public health problem, particularly in Dakar (53% of the TB burden). The 2009 World Health Organization (WHO) Global TB Report documents an increase in incidence from 110 to 119 per 100,000. Challenges to abating TB transmission include low community awareness resulting in delays in seeking treatment; a weak procurement system resulting in stock outs of laboratory commodities for diagnosis as well as TB drugs; and insufficient capacity at the regional treatment centers for the number of patients they have. Despite these challenges the GOS commitment to TB prevention and control remains strong, with the National TB Program making progress in overall program management, access, and quality of detection and treatment.

The GOS, with assistance from USAID and other donors, is currently conducting a combined DHS and Multi-indicator Cluster Survey to update the statistics on major health outcomes. Preliminary data is anticipated in March 2011.

B. Health Sector Structure, Reforms and Issues

Administratively, the country is divided into 14 regions and 46 departments. The health system functions at the level of the regions (each with a Regional Chief Medical Officer) and is further decentralized into health districts that may be all or part of an administrative department. Health districts are led by the District Chief Medical Officer who, together with the District Health Management Team, oversees both the District Health Center and the staff at peripheral facilities throughout the district. There are currently 75 health districts in Senegal.

[4] UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS for Senegal, September 2008. Available on web at http://apps.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_SN.pdf accessed 15 July 200918 May 2010.2009.

The Senegalese health care system consists of a network of public health facilities that includes 22 hospitals, 78 health centers, 986 public health posts, and 144 private health posts. Regional hospitals provide relatively advanced care; district health centers (1 per 160,256 inhabitants) are intended to provide first-level referrals and limited hospitalization services (approximately 10 to 20 beds); and health posts (about 1 per 13,083 inhabitants) provide preventive and primary curative services, care for chronic patients (such as tuberculosis patients), prenatal care, family planning, and health promotion/education activities.

The Government of Senegal is in the process of completing a follow on document for the Growth and Poverty Reduction Strategy 2006-2010 (DSRP II 2006-2010) and is already implementing its recently approved National Health Development Plan (PNDS) 2009-2018. Both plans highlight GOS key priorities for strategic investment in the health sector in order to meet the health MDGs. Primary objectives of the national health plan and the health component of the poverty reduction strategy are the reduction of maternal mortality, child mortality and morbidity, and total fertility. With the assistance of donor agencies, Senegal has developed roadmaps for reproductive health and maternal/child health and has a new National Malaria Control Strategy. Currently, the MOH is undergoing a review of its organizational structure, including staff roles, responsibilities and skills under the new Ministerial Leadership Initiative to improve institutional capacity of the MOH.

C. Opportunities

The following illustrate opportunities on which Senegal can build to achieve its development objectives.

- **Improvements in key health indicators** (i.e. forward momentum) in infant, under-five, and maternal mortality the past decades and the ability to keep HIV prevalence low.
- **Adoption of new approaches and technologies** to improve and extend the reach of services, including rapid diagnostic tests for malaria and provision of an integrated community health package, including oral contraceptives by community health workers. National health insurance is being actively discussed. The GOS plans to pilot performance-based financing (PBF) which will be tied with community based health insurance to create incentives for higher quality service delivery.
- **Expansion of the package of services available at the community level** and the geographic coverage of these services over the last 5-10 years. Community managed health committees are actively supporting their service sites through funding and indicate their ownership of the program.
- **Demonstrated commitment by GOS to the health sector** through increased funding and for specific line items related to health, like contraceptive commodities. Additionally, the GOS has initiated its own food security program, the Grand Offensive for Food and Abundance.
- **Nearly two decades of support for the decentralized management and delivery of health services** where authority for decision-making and resource mobilization for health is delegated to locally-elected officials.
- **Expanded financing approaches** which include community insurance schemes called health mutual organizations (*mutuelles*).

D. Challenges

For Senegal to address the persistent health status challenges outlined above as well as meet its MDG targets and the objectives in the PNDS 2009-2018, the Ministry of Health has to address significant health system challenges.

- **Inconsistent access to high quality health services.** High costs and limited geographical access constitute barriers to utilizing health services for many Senegalese; even where services are accessible, their use is low and the quality may be poor or unresponsive to the needs of the intended clientele.

- **Institutional instability and inadequate management.** Institutional instability at the highest levels of the Ministry of Health results in delayed policy development and implementation, and weak organizational and management skills hinder the efficient management of health care services.

- **Persistent health system weaknesses.** Specific health systems components need attention including health system governance; the national health management information system; pharmaceutical supply chain management; and human resources management.

E. USAID Mission Program in Senegal

Senegal has progressed significantly in the past decade, both politically and economically. In coordination with our Senegalese partners, USAID works to enhance lives by creating jobs, improving access to education and health care, further institutionalizing democracy and developing the agriculture sector in order to increase production and incomes. USAID/Senegal is currently developing a new Country Development Cooperation Strategy (CDCS), which will replace the current USAID/Senegal Country Strategy and be finalized by July 2011. Activities encompassed in this RFA will directly contribute to this new strategy.

Education: Education is both foundational to human development and critically linked to broad-based economic growth and good governance. In ensuring the quality of citizen participation and in promoting dialog and peace between the various components of society education contributes significantly to Senegal's development. The USAID/Senegal education strategy intends to build a more homogeneous, fair, and educated society by providing the citizens with the basic tools they need to participate in a responsible and active way to Senegal social cohesion and economic progress. The strategy will promote policy reform and educational system strengthening through improved program integration and piloting innovations. There will be a shift from working on access, quality, and governance at the middle school level to activities that support the new USAID worldwide education strategy focused on primary education from grade one to eight. The three main goals are: improved reading and math skills for two million children in basic education grades 1-8; improved education system performance; and enhanced critical workforce skills.

Governing justly and democratically: Senegal is one of the few stable democracies in West Africa. In order to continue that positive trend, USAID/Senegal assistance focuses on government-wide transparency and accountability so as to reinforce Senegal's strong democratic tradition. USAID/Senegal provides assistance to on-going decentralization efforts throughout its portfolio with a special focus on fiscal decentralization. Governance, transparency and accountability are cross-cutting themes throughout USAID/Senegal programs as they are prerequisites to ensure effective development assistance.

Economic Growth and Agriculture: USAID's economic growth program helps to create jobs and fight poverty by increasing growth through trade, natural resource management and improved food security. The Presidential Initiative *Feed the Future* (FtF), launched in 2010, supports efforts to increase food productivity and to reduce barriers to the movement and procurement of food throughout Senegal and to neighboring countries. Feed the Future also makes the critical link between increased agricultural production and improved nutrition outcomes, so that success in increasing agricultural productivity and improving resource management will ensure pro-poor economic growth and food security, including improved nutritional status, in rural areas.

F. USAID Collaboration with Other Key Health Development Partners

During the course of program implementation, other development partners will be funding and implementing programs that will contribute to the attainment of the Development Objective and the Intermediate Results. USAID/Senegal is committed to the principles of the Paris Declaration and continuing the robust dialogue with other development partners working in the health sector to assure that its efforts are complementary and remain aligned with GOS priorities. As a part of the Health Sector Donor Working Group, all partners work to ensure that the national health program is coherent and effective and that resources made available are optimally used. The Recipient will be expected to ensure that its activities complement other donor activities, including but not limited to the following:

The **World Health Organization (WHO)** leads the Health Sector donor working group and provides technical assistance in MCH/RH, HIV/AIDS, TB, malaria, neglected tropical diseases and general disease surveillance.

The **World Bank** supports the GOS Nutrition Enhancement Program (2007-2011) which cover approximately 50% of the country with key community and facility-based nutrition interventions, including salt iodization and cash transfers to vulnerable families. It also supports the Senegal River Basin Development Organization in combating malaria and in addressing neglected tropical diseases in its target regions. In addition, the World Bank is a key partner in health system strengthening in Senegal, particularly in the development and implementation of performance-based financing.

The **Global Fund to Fight AIDS, Tuberculosis and Malaria** has contributed considerable financial resources to the national Malaria, HIV/AIDS and TB programs. Senegal currently has the following grants

- A consolidated HIV/AIDS grant (Rounds 6 and 9) with two principal recipients: Senegal National AIDS Council and the NGO National Alliance Against HIV with, respectively, grants of $27,072,518 and $14,522,899 for HIV/AIDS prevention, treatment and care over the period 2010-2014.

- A Round 9 Health System Strengthening grant of $15,652,313 managed by the Ministry of Health HIV/AIDS Division. Although all 14 regions will benefit from support under this grant, it will target the regions of Ziguinchor, Kolda, Sedhiou, Tambacounda, Kedougou and Matam in the first two years. This grant aims to address gaps in the health system related to the quality of services provided at all the levels. Key activities include: rehabilitating and equipping additional health facilities; strengthening quality control of interventions; establishing preventive maintenance systems at all levels; and developing quality human resources through training and supervision. The program will also contribute to strengthening the monitoring and evaluation system.

- A Round 7, Phase 2 TB grant of $2,541,655 managed by the National TB Program. The main activities include improving diagnosis and treatment services; improving the management of TB/HIV co-infection and multi-drug resistant TB; and strengthening communications activities. The Round 10 proposal for TB ($8,462,158) was recently approved.

- A Round 7 malaria grant of $67 million for the period 2007 to 2012, managed by the National Malaria Control Program. The proposal submitted for Round 10 ($85,832,902) was recently approved.

In 2010, **UNICEF** signed a Memorandum of Understanding (MOU) with the USAID/ Community Health Program to expand the child health services available at health huts to regions where health huts previously only provided malaria diagnosis and treatment services. This MOU effectively helps to scale up to nationwide, the Minimum Package of child survival interventions including community treatment of diarrhea and pneumonia, essential newborn care, and growth monitoring. Under this MOU, UNICEF finances training for community health workers; provides equipment, drugs, and information, education, and communication materials to existing health huts; and has established new health huts. UNICEF also plays a lead role in keeping both NGO consortium personnel and district medical teams abreast of evolutions in technical interventions. UNICEF is a major partner of the MOH's national immunization program, providing institutional support, equipment, logistics (cold chain, motos) and technical assistance for vaccine procurement and capacity building.

Since 2006, the **Belgian Technical Cooperation** has supported health systems and health services strengthening in Kaolack, Fatick, and Kaffrine Regions through the *Appui au Systeme de Santé dans les Régions Médicale de Kaolack et Fatick* program (2006-2010) and *Programme d'Appui au Movement d'Assurances Santé* (2009-2012). The first program focused on improving the quality and provision of health care services.

In 2009, additional support began to increase demand for care through a micro-health insurance project that aims to improve financial accessibility to health care and social protection of households through the expansion of mutual health insurance in the target regions. It also finances funding mechanisms to guarantee access to care for vulnerable populations. Starting in 2011 the Belgian Technical Cooperation will implement two new programs that focus on Diourbel, Thies, Kaolack, Fatick, and Kaffrine. These programs will address:

- Problems in management (governance) of services at all levels of the system;
- The quality of care provided;
- Accessibility and quality of care as perceived by the population;
- Support to transversal domains such as the Health Information Management System, the National Direction of Human Resources, and the office of General Inspection at all levels.

The government of Luxembourg (**LuxDev)**, as a part of its Basic Health Services Support Program, will support development and strengthening of the health system in the regions of Louga, Saint-Louis and Matam in conjunction with UNFPA, UNICEF, UNDP and the WHO.

The priority areas of the support are:

- the fight against maternal and child mortality;
- the prevention of diseases with endemic potential;
- the improvement of the institutional capacities of the health sector;
- the improvement of the referral system; and
- specific health support to nomadic and semi-nomadic populations.

The program also includes a sanitation component, which includes the establishment of waste management systems in five cities of the intervention area.

UNFPA is USAID/Senegal's main partner working with the GOS to improve reproductive health through investments in quality maternal health services. Major activities undertaken by UNFPA include improving the availability of emergency obstetrical services and decentralizing the provision of reproductive health and family planning services to the community level. UNFPA has accompanied USAID /Senegal in advocacy efforts with parliamentarians, religious leaders, journalists, and youth networks. They have been a main supporter of the recent pilot project on the initial offer of pills conducted in health huts. At the clinical level, they have provided complementary support for training, equipment, and logistics. UNFPA target regions are Kolda, Tambacounda, Saint Louis, Matam, and Thiès.

The Japan International Cooperation Agency (JICA), in their new 2011 – 2015 strategy, has selected Senegal as a priority country for health. They will provide health assistance focused on health systems strengthening, such as delivering a more effective package of preventive and clinical interventions for maternal and newborn survival at both community and facility levels, creating linkages between those communities and facilities by introducing innovative strategies, and scaling up high-impact child health interventions, while promoting country ownership and empowerment.

Given the clear intersections with the Global Health Initiative and the draft USAID/Senegal Health Strategy 2011 - 2016, USAID has begun discussions with JICA on how to strengthen collaboration.

CIII. USAID/SENEGAL'S HEALTH PROGRAM

A. USAID/Senegal Health Program Principles

All of USAID/Senegal's Health Programs will adhere to the **Global Health Initiative (GHI) principles** of : gender equality and a focus on women and girls; impact through strategic coordination and integration; strengthening and leveraging key multilateral organizations, global health partnerships, and private sector engagement; fostering country ownership and investing in country-led plans; building sustainability through health systems strengthening; strong metrics, monitoring and evaluation; and promoting research and innovation.

In addition to integrating the GHI principles, Recipients will be expected to demonstrate the following USAID/Senegal principles in their program design and implementation. These principles will be used to evaluate annual work plans and to assess the Recipient's performance during program implementation.

Close alignment with the Government of Senegal: Senegal has a comprehensive set of strategy documents and plans that outline the objectives to be met and the priority actions necessary to achieve these objectives. These include, among others, a National Poverty Reduction Strategy, a National Health Development Strategy, and a National Child Survival Strategy. USAID/Senegal-supported health programs must contribute directly to GOS strategic priorities.

Strengthening and using Senegalese capacity: Promoting the growth and development of Senegalese professionals and local non-governmental and civil society organizations is a high priority. Recipients will use local Senegalese capacity to the maximum extent possible in all aspects of program design and implementation.

Fostering accountability and transparency: The ultimate success of USG foreign assistance in Senegal rests on the ability of Senegalese counterparts to practice good governance, primarily defined by accountability and transparency. Recipients must clearly demonstrate how planned program interventions foster accountability and transparency.

Fostering local ownership: Building local ownership and increasing local demand for services are vital to ensure program sustainability, equity, and community empowerment. To this end, Recipients will be expected to build effective partnerships with all relevant stakeholders in intervention areas.

Ensuring scale-up of high-impact interventions: The use of proven interventions and successful approaches, as well as tools and materials already developed from former USAID, Ministry of Health and other donor programs, is expected of all Recipients and is essential to cover all target areas with a specific program intervention.

Effective collaboration and coordination: Effective coordination with all USAID/Senegal Health Program Recipients, other donors and development partners will promote well-targeted interventions, smooth implementation and better results, while maximizing resources available to Senegal from all sources. This includes, but is not limited to, full participation of all Recipients in regular joint work-planning meetings.

Inclusiveness: Recipients will encourage marginalized populations, including stigmatized and historically underserved groups such as youth, persons with disabilities, and men (who have not historically been involved in health activities) to shape, participate in and benefit from USAID/Senegal Health Program activities.

Ensuring quality service delivery: A primary goal of USAID/Senegal Health Programs is to ensure the delivery of a high-quality, integrated package of services at both the clinical and community levels. Recipients will ensure that clients receive the highest quality of care possible at all levels of the healthcare system.

Public-private partnerships: In an effort to expand access to services and to increase the resources available for health programming, Recipients should seek opportunities for public-private partnerships and Global Development Alliances.

Gender: Gender plays an important role in access to health care services, products, and information as well as health care seeking behaviors. All USAID/Senegal Health Program Recipients will address questions of gender equity and equality in program implementation. Women and men will be engaged together and as individual target groups to influence their knowledge, attitudes, practices, and skills related to maintaining their individual health and the health of their families and communities.

Youth: Youth make up a large proportion of the Senegalese population. All USAID/Senegal Health Program Recipients will consciously target youth in their programming as well as capitalize on cross-sector opportunities provided by programs in education, economic growth, and democracy and governance. A special focus will be put on addressing the particular need of youth for access to "youth friendly" services, both at the community level and through GOS health facilities.

B. Development Objective

The USAID/Senegal Health Development Objective (DO), agreed to by the Government of Senegal, is **Improved Health Status of the Senegalese Population.**

This Development Objective aims to support the country in reaching its **Millennium Development Goals #1 (Reduced Poverty and Hunger), #4 (Child Health), #5 (Maternal Health)** and **#6 (Infectious Disease Control)**, by helping to reduce under-nutrition; reduce total fertility through increased contraceptive use; reduce infant and under-five mortality rates and the maternal mortality ratio; reduce deaths from malaria; and reduce the incidence of HIV/AIDS. This DO will be achieved by USAID/Senegal and the Government of Senegal and its implementing agencies, in concert with other donors, as well as all the other key actors in the Senegal health sector.

Progress in achieving this DO will be measured by using the following indicators:

- Total Fertility Rate
- Infant Mortality Rate
- Under-five Mortality Rate
- Percent of children under-five who are underweight, stunted and wasted
- Maternal Mortality Ratio
- HIV Prevalence Rates
- TB Treatment Success Rates

C. USAID/Senegal Health Program Goals

Over the life of the USAID/Senegal Health Sector Strategy 2011 – 2016, all Program Components will contribute to the following Program Goals (these targets correspond to the GOS national health targets):

1. Reduce Maternal Mortality by 28%
2. Reduce Under-5 Mortality by 35%
3. Reduce Neonatal Mortality by 30%
4. Increase the Modern Contraceptive Prevalence Rate by 50%
5. Reduce unmet need for contraception by 50%
6. Reduce the prevalence of underweight children under-five by 41%

The data from the combined DHS and Multi-indicator Cluster Survey will serve as the baseline for this strategy.

D. Intermediate Results (IRs)

The Intermediate Results and Sub-Results are shown in Figure A, the Results Framework for the USAID/Senegal Health Program. The USAID/Senegal Community Health Component is designed specifically to achieve: **IR 1: Increased use of an integrated package quality health services** and **IR 2: Improved health seeking and healthy behaviors** and is expected to also contribute to the achievement of **IR 3: Improved Performance of the Health System.**

Taken together, these three IRs recognize the need for improved quality and expanded access to services and products at the community and clinical/facility levels. They highlight the need for increased promotion of those health services and products that will facilitate changes in behavior. They underscore the essential role of health system strengthening investments in human resources, information and commodity management, financing, and management and leadership in service delivery at the clinical/facility and community levels.

E. Critical Assumptions

If the factors below change significantly, Senegal's health indicators and health sector performance, and USAID/Senegal's achievement of its Health Development Objective and Intermediate Results may be affected.

- **Political stability is maintained.** Senegal has been politically stable; any changes in this situation could adversely affect reforms and potential for progress.
- **The economic situation does not deteriorate.** Although Senegal's economy has been growing, food costs and food security are a growing concern.
- **US Government funding remains stable, at a minimum**. The global economic crisis is putting significant pressure on US Government resources. Over the last few years, the U.S. Administration and Congress have increased the funding for selected health areas, but further increases are very uncertain beyond 2011.
- **GOS commitment to the health sector remains stable.** It is likely that the GOS support for financing and policy reform will continue over the medium term.
- **Other development partners support the sector.** Other development partners are important to the health sector in key areas of technical and financial assistance.

F. Other USAID/Senegal Health Program Components

USAID/Senegal Health Systems Strengthening (HSS) Program Component

Geographic focus: 9 regions. Main activities in Kolda, Sedhiou, Ziguinchor, Louga. plus the Departments of Pikine and Rufisque; targeted technical assistance with Belgian Technical Cooperation in Thiès, Diourbel, Kaolack, Kaffrine, and Fatick.

The principle objective of the Senegal Health System Strengthening Component is improved performance of the decentralized public health system, supported by effective and efficient policies, planning and budgeting at the central level of the Ministry of Health. Specific interventions are focused at different levels of the health system. The first sub-component is to improve the functioning and performance of regional and district health management systems and teams. The introduction of Performance Based Financing will be an important aspect of this effort. This award will also support alternative financing mechanisms, such as community based health mutual organizations, to strengthen their reach and sustainability. At the national level, the Recipient of this award will be the key partner participating in policy dialogue and reforms to improve results across the USAID health portfolio.

This Recipient will also play a coordination role for the multiple USAID-funded health activities and partners across the country. The Recipient is expected to set up and provide operational support for three regional bureaus in Kaolack, Thiès, and Kolda, which will house staff assigned from other USAID/Senegal Health Program components.

USAID/Senegal Health Services Improvement (HSI) Program Component

Geographic focus: nation-wide for malaria. Minimum package in 11 regions (Thiès, Diourbel, Kaolack, Kaffrine, Fatick, Kolda, Sedhiou, Ziguinchor, Louga, and St. Louis, plus the Departments of Pikine and Rufisque in Dakar Region)

The principal objective of this component is increased use of an integrated package of quality health services. The focus of interventions is on health posts and health centers, with strong linkages to community based services and to regional hospitals to ensure a well-coordinated continuum of care. The Recipient is expected to improve not only availability of the integrated package of services but also functioning of the facilities and teams that deliver these services. The Recipient is expected to support optimal performance of health posts and health centers throughout Senegal, to help them establish well-functioning linkages with community health programs, to strengthen their technical linkages and referral networks with regional hospitals, and to assist in strengthening the relationship of these facilities with district and regional health teams.

USAID/Senegal Community Health (CH) Program Component

Geographic focus: nation-wide

The Community Health Program Component is intended to improve access to and quality of community health services and information; to enable the active engagement of beneficiaries in seeking health care at the community level throughout Senegal; and to contribute to the establishment of well-functioning technical linkages and referral networks for health huts. Community level health activities are increasingly recognized by the central MOH for their potential impact on the health status of the population. More than ever, community-level service delivery is seen as an indispensable part of the health system and can be considered the *de facto* base of the health system pyramid. USAID/Senegal would like to capitalize on this situation to assist in the development and implementation of a community health policy that supports a nationwide network, supported by their communities, to provide an integrated package of health services, information, and commodities to most under-served segments of the population. Information, products and services will encompass FP/RH, MNCH, nutrition, malaria, TB (information only), HIV/AIDS (information only), and water, sanitation, and hygiene

USAID/Senegal HIV/AIDS and Tuberculosis (HIV/TB) Program Component

Geographic focus: 8 regions; Thiès (Mbour), Kaolack, Kedougou, Ziguinchor, Sedhiou, Kolda, Diourbel (Touba), and Dakar

The principal objective of the HIV/AIDS and TB Component is to provide targeted, relevant technical assistance and other types of support to the Government of Senegal and its partners in order to maintain a low national prevalence of HIV; to improve the quality and availability of treatment, care and support for People Living With HIV/AIDS (PLWHA); and to improve detection and treatment of TB. Strengthening national capacity to plan and oversee these programs and advocate for appropriate policies is key to the success of this component. Given the concentrated nature of epidemics, this component will mainly focus on specific populations vulnerable to HIV.

The President's Malaria Initiative

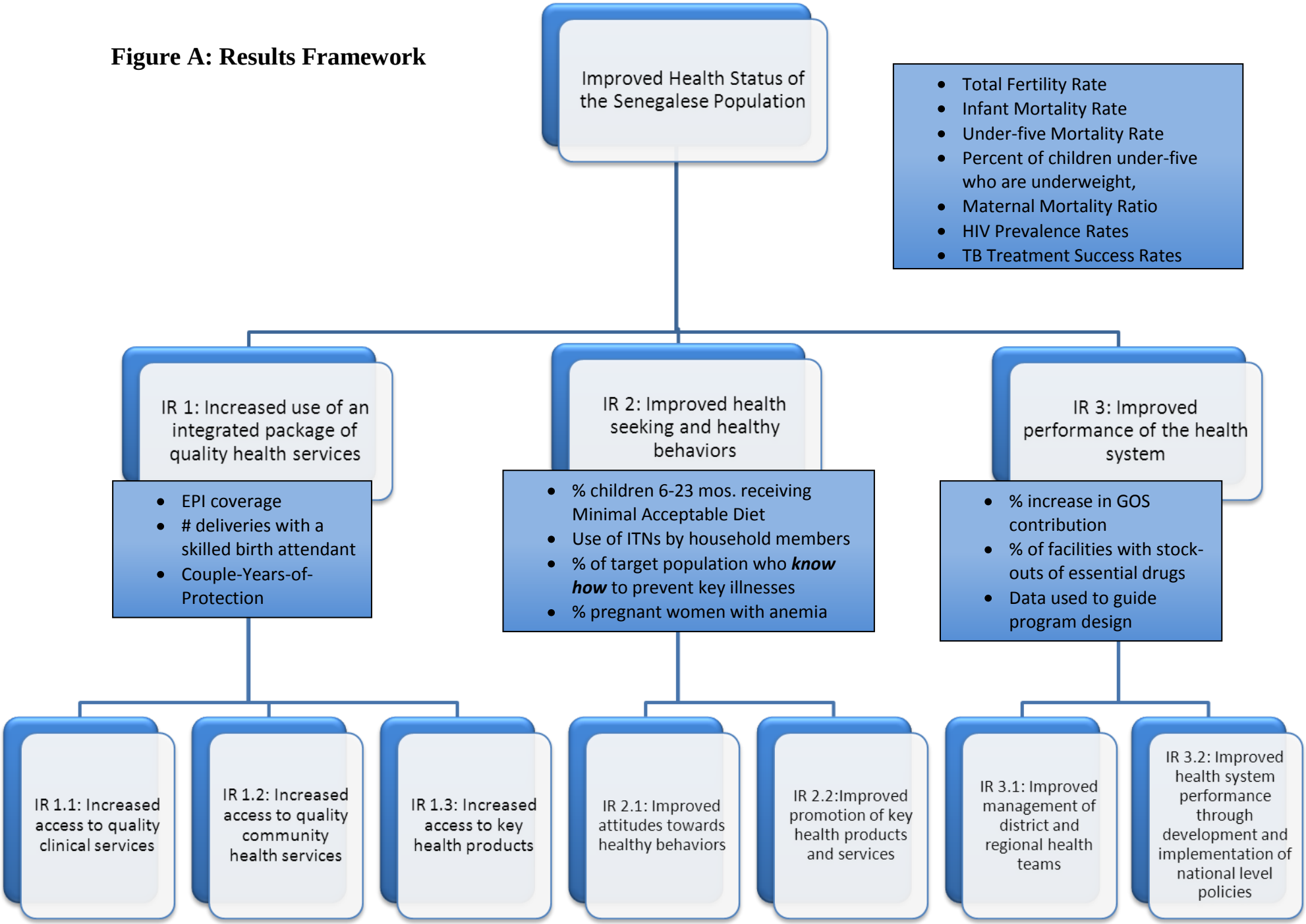
Geographic focus: nationwide

Senegal is a focus country under the President's Malaria Initiative (PMI), led by USAID and implemented together with the U.S. Centers for Disease Control and Prevention and the White House. Implementation of large-scale malaria control activities began in FY 2007. The main activities of PMI in Senegal have been promoting and distributing insecticide-treated bed nets; supporting indoor residual spraying; procuring ACTs; purchasing microscopes and training laboratory technicians; supporting supervision of malaria diagnosis and treatment; monitoring antimalarial drug efficacy and quality; training in epidemiology, monitoring and evaluation; supporting an integrated package of services at health huts; communication activities from national to community levels; and supporting nationwide household surveys such as the Malaria Indicator Survey and the Demographic and Health Survey. These programs have been implemented by bilateral as well as centrally managed projects.

Centrally Managed Project Support

To ensure effective functioning of health systems and programs, USAID/Senegal is likely to provide complementary, targeted technical and other assistance over the course of implementation of this Development Objective. The identification of the needs and assistance sources, timing, and expected outcomes will be developed and agreed to jointly by USAID and the GOS in collaboration with other development partners.

Figure A: Results Framework



CIV. SCOPE OF THE SENEGAL HEALTH COMMUNICATION AND PROMOTION COMPONENT

A. Overview

The principle objective of the USAID/Senegal Health Communication and Promotion Program Component is to support the Senegal Ministry of Health and other private and civil society groups to improve the health status of the Senegalese population through a variety of advocacy, behavior change communication (BCC), and social marketing interventions that can be sustained over time. This Component is a key element in USAID's assistance provided to the Government of Senegal to achieve **Intermediate Result 2: Improved Health Seeking and Healthy Behaviors**. The Recipient, with its partners and counterparts, should build upon successful behavior change approaches to carry out, scale up or, as needed, develop new evidence-based communication, mobilization, and social marketing interventions that encourage positive health behaviors in households and communities, including use of key services. In close collaboration with the Community Health (CH), HIV/AIDS and TB, and Health Services Improvement (HIS) Program Components, the Recipient will be responsible for ensuring consistency of health messages from the national level to the region, district, community and household levels. The Recipient is expected to actively engage the private sector (health care providers, communications companies, etc.) to develop innovative approaches to efficiently and sustainably expand the coverage of social marketed health products in rural and urban areas. The Recipient will collaborate closely with the Health System Strengthening Program Component as well as national and local government authorities to energize public leadership and advocacy to promote healthy behaviors. The Recipient will work with civil society, local opinion leaders, and private citizens to identify health "champions", who will lead the way in changing social norms related to key healthy behaviors. The Recipient will be expected to take advantage of the existing formal and informal agreements between the Ministry of Health (MOH) and the Ministry of Education (MOE), and Ministry of the Family (MOF), to bring key health-related messages to the general as well as specific target populations.

There are several USAID-funded, as well as other donor-funded programs with which the Recipient will be expected to carry out joint planning and collaboration resulting in coordinated and integrated implementation. These include the other USAID/Senegal Health Program Components; the USAID/Senegal Agricultural Development and Food Security Program (USAID/YAAJEENDE); and the USAID/Senegal water and sanitation program (USAID/RTI/PEPAM). In addition, various communications activities are financed under Senegal's Global Fund grants (malaria, HIV, and tuberculosis), implemented primarily by community-based organizations (CBOs). This collaboration will include strategic and program planning, joint implementation and supervision of activities as appropriate, progress reporting, data sharing and knowledge sharing/lessons learned.

Consistent with the Development Objective for Health, interventions under this program will encourage positive behavior change in the following technical areas: reproductive health/family planning; maternal, newborn and child health; malaria; HIV/AIDS; TB and other infectious diseases; nutrition; water and sanitation; and health governance.

Flexibility in management, staffing and scale-up of BCC activities will be required of the Recipient to manage annual variations in the availability of funding from each of these areas in a cost-effective fashion, e.g. through internal task shifting.

It is recognized that the Recipient may not be able to immediately implement all of the sub-components of this program description without significant technical and organizational strengthening. In the interest of building and utilizing local capacity, the Recipient will identify a technical assistance partner to support the Recipient in implementing the sub-components of this program.

To further build local capacity, the Recipient will assist in the identification of local organizations and local government entities (including local government units, regional and district medical offices) for direct funding. Working under the leadership of the HSS Program Component, the Recipient and the other Health Program Components will work together to develop a common direct funding model that will be applied to all Program Components. Direct funding models could include the Recipient and local entity signing an MOU to accomplish specific tasks associated with Program Component implementation or with implementation of the entity's own program plans. For example, the Recipient will be expected to directly fund, along with other Program Components, the implementation of local health development plans. Models could also include the identification of local entities with the capacity to receive and manage USAID funds directly. Over the implementation period, the Recipient will be expected to provide increasing levels of direct funding to these entities to enable them to implement innovative health communication and social marketing activities.

B. Program sub-components

The Recipient is expected to implement the following subcomponents (described in detail below). These sub-components reflect the expected outcomes of this Program Component. Recipients can include other sub-components as appropriate.

1. Strengthen Capacity for Effective BCC Programming
2. Support Implementation of Quality BCC Interventions Leading to the Adoption of Increased Healthy Behaviors and Increased Use of Health Services
3. Strengthen the Capacity of Key Actors to Advocate for Political and Social Engagement for Health Programs
4. Social Marketing of Key Health Products Resulting in Increased Sales and Use
5. Technical Capacity Building and Organizational Development of the Recipient

C. Illustrative Indicators

The following illustrative impact indicators are considered among the most relevant for this Program Component:

- Use of modern family planning methods
- Use of skilled providers for antenatal, delivery and post-partum services
- Exclusive breastfeeding of children under six months
- Initiation of appropriate complementary feeding practices at the age of 6 months
- Consistent use of insecticide-treated nets by the general population
- Prompt care-seeking behavior for suspected malaria
- Increased use of HIV voluntary counseling and testing services
- Correct and consistent use of condoms
- Use of hygienic practices such as frequent hand washing with soap, especially after contact with excreta and before food preparation
- Use of point-of-use water treatments when potable water is not available
- TB detection rate

USAID/Senegal recognizes that changes in these indicators will be influenced by many factors, only some of which are in the manageable interest of the Health Communication and Promotion Component. The recipient will also be expected to monitor progress on process indicators including audience reach and changes in attitudes and behaviors.

A. Sub-Components

1. Strengthen Capacity for Effective BCC Programming

The Recipient is expected to strengthen capacity in behavior change communication among health officials (primarily in the National Health Education and Information Service, *SNEIPS*) and other local partners that are engaged in these interventions. The Recipient will provide periodic assistance to program managers at various levels to develop and implement BCC solutions. The Recipient will foster collaboration between the relevant Ministries (MOH, MOE, MOF) to ensure that BCC messages are effectively disseminated through the most appropriate channels for specific target populations (e.g. women's groups, school-aged children).

Rather than implementing BCC activities directly, the Recipient will support SNEIPS to play its role as the national coordinating entity for BCC. These efforts will mainly be focused on assisting SNEIPS to develop, implement, and monitor a national communications framework; organize activities related to national health days; and prepare and conduct national health campaigns. Success of these efforts is directly related to the ability of SNEIPS to coordinate and collaborate with the program managers of different technical areas (e.g. National Malaria Control Program, National AIDS Council, etc.).

With the SNEIPS, the Recipient will ensure that messages and approaches are technically sound and consistent across the different levels of the health system. In the interest of developing capacity and promoting sustainable approaches to programming, the Recipient is expected to identify opportunities to directly fund SNEIPS to implement its plans and activities. This amount of funding is expected to increase over the life of the program.

The Recipient will be expected to assist SNEIPS health communications specialists to approach BCC as a systematic process rather than as a collection of materials or periodic activities. Rather than trying to ensure that each national program, region or district level of the public health system has the capacity to individually design BCC campaigns, produce materials or even perform all outreach efforts, the Recipient will work with the public sector to engage local partner organizations and to draw on private sector to support BCC activities as appropriate; for example, obtaining support from local telecom companies to support health-related hotlines or having commercial marketing firms give support for communication materials.

The Recipient will work with regional/district health communication specialists to develop and implement robust BCC activities. The Recipient is expected to build the skills of regional and district health management teams to assess their BCC needs, identify prospective local partners, and collaborate with private sector groups (whether for-profit or not-for-profit). They will also need skills to effectively monitor BCC activities and results so as to maximize the quality, effectiveness and efficiency of BCC efforts.

For this type of partnership to be effective, the Recipient may also need to strengthen the capacity of key local NGOs and for-profit entities to plan, implement and monitor BCC activities. Working hand-in-hand with the other USAID implementers (particularly the Community Health, Health Services Improvement and HIV/AIDS and TB Program Component), the Recipient will develop the BCC capacity of specific NGOs, FBOs and community leaders. It is expected that the Recipient will encourage strategic partnerships between the regional and district teams with local organizations to implement BCC activities. Considerations in deciding which type of organization is best placed to be a strategic partner in a particular BCC effort might include: professional expertise in production or airing of mass media or community events; local availability of human resources to carry out the activity; in-depth understanding of specific communities; and likelihood that similar activities would be carried out by the same organization in the future, so that capacity built through one activity would be carried over to other activities.

Attention should be paid to building on previous experience and to the fact that there are many organizations working on communications activities, often under vertical health programs. In addition, there are likely to be specific groups or geographical areas important to the success of specific IRs (such as NGOs working with Most-At-Risk-Populations for HIV transmission) for which the Recipient will need to build capacity in one or more aspects of behavior change communication.

Illustrative Outcomes

- National health communication framework developed;
- Capacity of national, regional and district SNEIPS personnel, public health staff, NGOs, CSOs, and FBOs to develop, implement and evaluate health communications strategies;
- SNEIPS assures leadership and coordination at all levels; and
- Policies and service protocols of the MOH and SNEIPS reflect best practices in BCC.

Illustrative Activities

The illustrative activities provided throughout this document are presented as an indication of the types of activities expected to help achieve the results listed above, but are not meant to be prescriptive. In implementing this component, the Recipient will need to adapt its approach to the challenges and contexts specific to the health areas listed above.

- Provide training and/or technical assistance to SNEIPS at the central level to facilitate and guide national BCC efforts, and to decentralized personnel to lead and coordinate BCC programs and campaigns;
- Inform MOH and SNEIPS regarding lessons learned and success stories in BCC globally, and support the identification of local best practices and innovative approaches in BCC for sharing with other programs/regions/districts;
- Assist SNEIPS to engage a range of private sector partners in BCC efforts; and
- Participate in key working groups charged with development, implementation or evaluation of BCC activities at all levels.

2. Support Implementation of Quality BCC Interventions Leading to the Adoption of Healthy Behaviors and Increased Use of Health Services and Products

The Recipient will partner with the MOH and SNEIPS to develop, implement, and monitor BCC activities that will help move the Senegalese population from high levels of knowledge on many health topics to the adoption of more healthy behaviors in order to improve FP/MNCH results; fight HIV/AIDS and tuberculosis; reduce malaria incidence; improve hygiene and sanitation practices; and improve nutritional status for women and children under-five. Similarly as in the first sub-component, the Recipient will foster collaboration between the relevant Ministries (MOH, MOE, MOF) to ensure that BCC messages are effectively disseminated through the most appropriate channels for specific target populations (e.g. women's groups, school-aged children). For example, the MOH and MOH have signed an official MOU which outlines areas of collaboration. The MOF disposes a large grassroots network that can and should be mobilized for communication activities. Some of these networks may even serve as supply chains for certain socially marketed products.

The Recipient will work with SNEIPS to engage private sector partners that can bring technical expertise (i.e. marketing, mass media) and/or financial resources (i.e. sponsorships, in-kind contributions) to enhance routine and "campaign" communications (as discussed below). The Recipient will be expected to make maximum use of materials and approaches from past successful interventions and to provide technical leadership in other innovative approaches to promote behavior change in communities and households, in urban as well as rural areas. The Recipient is expected to take full advantage of and improve traditional means of communication (e.g. community radio, TV spots, billboards) while working with SNEIPS to investigate opportunities to try new approaches. For example, training personnel of community radio stations on communications techniques could turn this key information medium into a powerful behavior change tool. The Recipient will participate in key working groups charged with development, implementation or evaluation of BCC campaigns and materials, providing technical expertise.

Targeted BCC Campaigns. The MOH and SNEIPS routinely implement specific communications campaigns related to the various international health days (e.g. World Malaria Day, World AIDS Day) as well as campaigns related to national public health and policy priorities and (e.g. repositioning family planning, hygiene and sanitation awareness during the annual pilgrimage to Touba). The Recipient will work with the MOH, SNEIPS and other partners to make these campaigns as effective as possible and to measure their impact.

Ongoing/routine BCC Activities. Interpersonal communications, whether between a health worker and a client, a community worker and a neighbor, or peers, are another key aspect of BCC. The Recipient will work hand-in-hand with regional and district communication specialists to develop approaches to improve the quality of interpersonal communications for the priority health areas. The Recipient is expected to provide support to the regional and district health management teams, specifically the regional and district health communication specialists, to determine appropriate sequencing, scheduling, and geographic coverage of BCC activities in their areas of responsibility. Similarly, the Recipient will assist these personnel in supervising and evaluating rollout of BCC activities.

The Recipient will also play a ***coordinating*** role between regional and district personnel and other USAID Health Program Components to ensure that ***all*** USAID Health Program Components are supporting the national communications framework for both targeted campaigns (such as indoor residual spraying and neglected tropical diseases) and routine/on-going BCC activities. As such, this Program Component is the responsible for the ***coordination*** of all communications activities in the USAID/Senegal Health Program. This Program Component will develop and lead the implementation of an integrated and coherent communications approach across the USAID program that directly contributes to the achievement of the Development Objective.

To the extent possible, the Recipient will also coordinate communication messages with other USAID-funded programs, particularly USAID/RTI/PEPAM and USAID/YAAJEENDE, as well as other USG entities. An example could include working with the Peace Corp Volunteers

(PCVs) in use of BCC materials to promote behavior change at the community and household levels.

Illustrative Outcomes

- National health communication campaigns developed and implemented, led by SNEIPS;
- Partnerships with private companies, including media, developed to leverage resources and technical expertise to implement health communication activities;
- Professional communications firms engaged and providing technical expertise for campaign and tool development;
- Effective BCC tools and approaches developed/adopted and integrated across USAID Health Program Components; and
- BCC activities assessed for effectiveness.

Illustrative Activities

- Develop and support Public-Private Partnerships (PPPs) for BCC to capitalize on private sector communication expertise and to generate commercial resources for BCC;
- Work with other partners to integrate BCC activities and materials into their training programs (e.g. USAID Program Components, PCVs);
- Develop linkages with other sectors (e.g. education, agriculture) and with religious and political leaders to disseminate and reinforce messages; and
- Support collection and use of health information relevant to behavior change for monitoring the success of BCC efforts.

3. Strengthen the Capacity of Key Actors to Advocate for Political and Social Engagement for Health Programs

Engaging other government sectors as well as religious, political and social leaders, and the media, will also be essential to reaching and influencing certain audiences. USAID/Senegal has made significant progress in this area in recent years, notably with the dissemination of the Resources for the Awareness of Population Impacts on Development (RAPID) model and the implication of celebrity personalities in targeted campaigns. The Recipient should continue to build on these experiences and expand the range of stakeholders involved in health advocacy. One key aspect of this sub-component, the Recipient will update and organize routine presentation of the RAPID model. The Recipient is also expected to seek out and participate in national health fora in which technical expertise in BCC would add value to the proceedings. As a part of its advocacy efforts, the Recipient will work with the Health Systems Strengthening Program Component to identify policy barriers, specifically to social marketing. The Recipient will seek opportunities to raise these issues among appropriate audiences and advocate for the favorable resolution of identified issues.

The Recipient will design innovative approaches to reach community and religious leaders to advocate for healthy behaviors and will identify and use direct funding mechanisms with dynamic civil society organizations to conduct targeted and routine advocacy campaigns. The

Recipient is expected to develop opportunities for local level public discourse on health topics and to develop informational resources on priority health topics that are appropriate for the needs of specific target groups the aim is to both disseminate information and to provide an opportunity for public advocacy by health "champions".

Illustrative Outcomes

- A broad range of key stakeholders at all levels (including community leaders, elected officials, religious leaders, and representatives of other sectors) is involved in development and implementation of BCC action plans;
- Information appearing in the media on health subjects is technically accurate and promotes healthy behaviors; and
- Religious, political and social leaders demonstrate support for priority health interventions (laws, policies, budget allocations).

Illustrative Activities

- Identify and develop "champions" as spokespersons for priority health topics
- Support dissemination of the RAPID model and other advocacy tools to decision-makers within and outside the health sector
- Identify or create venues/fora that can serve as platforms for trained leaders to use their skills
- Support networks of religious leaders, civil society leaders, and media organizations for health communication activities
- Organize training for journalists to improve reporting on key health issues

4. Social Marketing of Key Health Products Resulting in Increased Sales and Use

The Recipient is expected to build on and continue promotion and marketing of health products in Senegal. Successful social marketing requires effective engagement with the private sector, whether sales points or service providers; for-profit and not-for-profit. The Recipient will seek out and involve private sector actors (pharmacies, pharmaceutical companies, commercial entities, advertising/marketing firms, private health care providers, NGOs, CBOs, etc.) in all aspects of the social marketing of current and future products (product identification, product development, product marketing, assuring a functional supply chain, etc.). Collaboration with a range of NGOs, CBOs and for-profit health providers will be essential for the success of the Recipient's social marketing efforts.

The Recipient will continue to socially market current USAID/Senegal-funded products with the proven potential to reduce maternal and child mortality. These products, with their brand names are: condoms (Protec ®), oral contraceptives (Securil ®), injectable contraceptives (DepoProvera ®), and water purification tablets (Aquatabs ™). Several other products are currently being marketed or are under discussion in other USAID-funded programs including weaning mixes,

fortified foods (USAID/YAAJEENDE) and water pumps and latrines (USAID/RTI/PEPAM). These products and others (e.g. oral rehydration salts, ITNs, iron supplements) could be considered for social marketing, if relevant to achieving USAID/Senegal Health Program objectives.

Building on existing social marketing programs and networks, and for all of the products that are approved by the Senegal MOH for social marketing, the Recipient will be responsible for: developing and implementing a strategy to create sustainable social marketing networks; expanding and strengthening these networks; and establishing appropriate linkages between these networks, different levels of the MOH and other organizations. The recipient will need to establish appropriate pricing structures and modes of supervision and resupply for each product or network added to the program.

Illustrative Outcomes

- Key health products are aggressively and effectively socially marketed (detailing, advertising), resulting in increased access to a range of health products important for the achievement of the USAID/Senegal Health Development Objective
- Sales of currently socially marketed condoms, oral contraceptives, injectable contraceptives and water purification tablets are increased; and
- Private enterprise health care facilities and other non-traditional structures provide USAID-supported branded health products.

Illustrative Activities

- Develop and support public-private partnerships for development of new socially marketed products;
- Carry out detailing and advertising to expand health product distribution points;
- Collaborate with regional and district health personnel to explain and encourage involvement in social marketing activities in their areas, whether or not they are implemented by the public sector;
- Work collaboratively with other implementing partners to raise awareness of social marketing programs and products; and
- Provide appropriate job aids, point-of use informational materials, training materials, and financial and supervisory models to interested organizations.

5. Technical Capacity Building and Organizational Development of the Recipient

It is recognized that the Recipient may not be able to immediately implement all of the subcomponents of this program description without significant technical and organizational strengthening. The Recipient will identify a Technical Assistance partner to support the Recipient in implementing the sub-components of this program.

The Technical Assistance partner is expected to possess all of the necessary skills to implement this program description, and will mentor the Recipient through time-limited, targeted assistance until the Recipient is able to perform the necessary duties. The Recipient must be able to implement all sub-components of this program ***before*** the end of the agreement.

The technical and organizational assistance and performance plan will be directly linked to the overall five-year workplan for this Program Component. It will clearly show where and when the Recipient will take over lead implementation from the Technical Assistance Provider, demonstrating progressive skills transfer. It will have a clear exit strategy. The plan should address all areas in which the Recipient requires support in order to independently implement all elements of this Program Component. USAID reserves the right to provide additional short-term or long-term technical assistance in the form of an Advisor or support via a Washington-based instrument.

The plan will outline clear outcomes and targets against which the Recipient's progress will be measured. USAID is currently conducting an evaluation of its Social Marketing program, the results of which are expected to be integrated into the Recipient's work plans.

Illustrative Outcomes

- Before the end of this program, the capacity of the Recipient is strengthened to implement all elements of this program description; and
- The Recipient implements a state-of-the-art communications and social marketing program.

Illustrative Activities

- Develop a time-limited, results-based technical and organizational strengthening plan with an appropriate Technical Assistance Provider

CV. PERIOD OF PERFORMANCE

This Cooperative Agreement is expected to begin on or about October 1, 2011, and end on September 30, 2016.

CVI. PERFORMANCE REPORTING

a. Annual Work Plan

A draft Year One work plan shall be submitted to USAID/Senegal within 60 days of the award of the Cooperative Agreement. It will cover the initial period through September 30, 2012. USAID will provide written comments to the Recipient within one month of submission. The plan will be finalized by the Recipient no later than two (2) weeks after the Recipient's receipt of USAID's written comments.

For each subsequent program year, the Recipient is required to prepare and submit an annual implementation plan by September 1, 30 days before the beginning of the fiscal year that the plan covers.

The work plan will serve as a guide for program implementation. As such, it should demonstrate the links between activities and objectives; present a sound basis for budget estimates; and serve as the foundation for the monitoring and evaluation plan. The work plan will outline key activities and the expected results to be accomplished for that year, including a timeline with relevant milestones, tied to the recipient's Performance Management Plan. A budget with sufficient detail to allow the AOTR to judge the efficiency of the annual implementation plan should be included. The work plan budget should delineate an overall budget by line item, and a budget per objective and activity. Below is an illustrative first year budget to assist in the preparation of the draft Year One work plan:

USAID/Health Communication and Promotion Program Component

Illustrative Budget Year One

Funding	Malaria	FP/RH	MCH	Nutrition	H2O	HIV/AIDS	Sub-total
Amount	$0	$1,100,000	$0	$0	$225,000	$200,000	$1,525,000

b. Performance Management Plan

Within 60 days of signing the Cooperative Agreement, the Recipient shall submit to USAID/Senegal a final Performance Management Plan for the life of the project. USAID expects that performance measures will objectively assess the progress of project activities and their impact. The plan should describe how instruments and schedules will be harmonized to support GOS and USAID/Senegal data reporting needs. The *Applicant should include performance milestones that set forth the activities/tasks and results that the applicant will work toward achieving. The milestones should be clearly defined, readily measurable and linked with the program objectives. For each milestone proposed, the applicant shall consider how the milestone accurately predicts progress towards the achievement of the expected results.*

The Recipient must use effective and efficient mechanisms to monitor the progress, impact, and success of their activities. USAID expects the Recipient to be innovative in its efforts to capture, document, and report all the outcomes of USAID assistance, while strengthening and using relevant facility-based and district level reporting systems.

c. Required Reports

i. **Bi-weekly Updates:** The Recipient will provide a brief, one page, and bulleted bi-weekly update on project activities that highlights major events or accomplishments. The update will identify current and up-coming consultations/visitors, key activities and events of the previous two week period, and upcoming activities and events. Bi-weekly updates are due the 1st and 15th of every month.

ii. **Quarterly and Annual Status Reports:** On a quarterly basis, the Recipient shall submit to USAID/Senegal written status reports that:

- Include a brief summary of activities during the concluding quarter;
- Discuss benchmarks and achievements relating progress to indicators and/or impacts achieved to-date as identified in the Recipient's annual monitoring and evaluation plan. The report shall identify which impacts achieved were directly attributable to the Recipient's activities, and those where the Recipient played a supporting role. This discussion shall be supported by quantitative and qualitative evidence, which will remain auditable under the terms of the agreement and USAID program implementation procedures.
- Identify key problems or issues encountered, how they were or will be resolved, and, as required, recommended USAID intervention to facilitate their timely resolution;
- Present success stories that USAID/Senegal might use in reports to the GOS or USAID/Washington.

The Annual Status Report will include the fourth quarterly status report for the concluding year. Draft status reports may be submitted to USAID in French for review; however final reports must be submitted in English. Reporting templates are included in the background documents.

Table 1: Summary of Required Reports

Report	Period Covered	Due Date
Annual Work Plan	Upcoming fiscal year	**September 1 (30 days before new fiscal year)**
Annual Performance Indicators	Previous fiscal year	**October 15**
First Quarter Report	October 1 to December 31	**February 1**
Second Quarter Report	January 1 to March 30	**May 1**
Third Quarter Report	April 1 to June 30	**August 1**
Annual/Fourth Quarter Report	October 1 to September 30 (including July-September quarter)	**November 1**
Final Performance Report	**Life of Project**	**90 days post program**

iii. Quarterly Financial Reports

Financial reporting requirements will be in accordance with USAID's policies and regulations. Two weeks before the end of each quarter (e.g. mid-December, mid-March, mid-June and mid-September) the Recipient shall submit accruals information to the AOTR. Financial reports must contain sufficient information on a sub-line item basis to review vouchers for approval.

iv. Final Performance Report

The recipient shall submit, no later than 90 days after the completion date of this

Cooperative Agreement, a final report in French and English that includes:

- An executive summary of the recipient's accomplishments in achieving results and conclusions about areas for future assistance;
- An overall description of the recipient's activities and attainment of results;
- An assessment of progress made towards accomplishing the Objective and Expected Results;
- Significance of these activities;
- Comments and recommendations;
- A financial report that describes how the recipient's funds were used; and
- Success stories

The final performance report shall be submitted to the AOTR, and the Agreement Officer.

CVII. SUBSTANTIAL INVOLVEMENT

Under the overall guidance of the USAID/ Senegal Health Office Director, the AOTR for these components will be substantially involved in the cooperative agreement award in the following ways:

- Agency monitoring to permit direction or redirection in the design and implementation of a performance-based financing approach, given the interrelationships with other USAID/Senegal health program components as well as projects financed by other donors, and policy implications;
- Approval of USAID-specific plans e.g. Performance Management, Branding & Marking, Environmental Assessment
- Approval of annual work plans and modifications that describe the specific activities to be carried out under the Agreement;
- Agency monitoring to assess progress toward achieving expected results and outcomes and approval of monitoring and evaluation plans.
- Approval of specified key personnel; and
- Approval of sub-grantees.

USAID/Senegal reserves the right to visit project sites, including, but not limited to, the offices of the Recipient, health facilities, communities and field sites for the purpose of monitoring any aspect of this award.

CVIII. EXTERNAL EVALUATIONS

USAID will conduct mid-term and final external evaluations to assess and substantiate performance and overall progress towards objectives. The evaluation will include an analysis of the strengths and weaknesses of program design and implementation that can be used as a learning tool for similar programs. Program parameters which facilitate or hinder program success will be assessed. The external evaluations will be funded directly by USAID and will not be included in the funding of this Agreement.

CIX. ENVIRONMENTAL COMPLIANCE:

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System Parts 201.5.10g and 204 (http://www.usaid.gov/policy/ADS/200/204), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. In addition to Federal regulations, the Recipient must also comply with host country environmental regulations unless otherwise directed in writing by USAID, in case of conflict between host country and USAID regulations, the latter shall govern.

No activity funded under this agreement will be implemented unless an environmental threshold determination has been reached for that activity, as documented in a Request for Categorical Exclusion, Initial Environmental Examination (IEE), or Environmental Assessment duly signed by the Bureau Environmental officer. In the event of anything other than a Categorical Exclusion, the Recipient in collaboration with the USAID Agreement Officer's Technical Representative and Mission Environmental Officer will review all ongoing and planned activities in its initial Implementation Plan and all Annual Work Plans thereafter to determine if the activities are within the scope of the approved Regulation 216 environmental documentation.

The Initial Environmental Examination (IEE) of the USAID/Senegal Health Program has been drafted and sent to the Regional Environmental Officer and the Bureau Environmental Officer in Washington for approval. The IEE covers activities expected to be implemented under this Cooperative Agreement. USAID has determined that the threshold of **Categorical Exclusion** will apply to for all Intermediate Results (IRs) involving documentation and information transfer activities, training, education, capacity building, communication and technical assistance activities implemented under this Development Objective as they have no effect on the environment. USAID has determined a threshold of **Negative Determination with Conditions** for all IRs related to certain health care activities and those activities specific to the provision of insecticide treated bed nets and indoor residual spraying under this Development Objective.

For these activities, the Recipient shall be responsible for implementing all mitigation and monitoring actions as outlined in the IEE.

During program implementation, any ongoing activities found to be outside of the Program Component's scope reflected in the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID. If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to this documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

Where environmental impact is unclear related to the implementation of sub-grants, those activities cannot go forward until the Environmental Review Factors (ERF) or Environmental Review (ER) checklist is completed and approved by USAID. The recipient will be responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented.

When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the Recipient shall:

1. Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the Recipient shall prepare an EMMP or M&M Plan describing how the Recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

2. Integrate a completed EMMP or M&M Plan into the initial work plan.

3. Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

Cost and technical applications must reflect IEE or EA preparation costs and approaches. Applicants should ensure that they budget for requirements such as hazardous waste disposal at service sites. Please refer to the Environmental Guidelines for Small-Scale Activities in Africa (http://www.encapafrica.org/egssaa.htm) for more detailed information on these requirements.

The Recipient will be expected to comply with all conditions specified in the approved IEE and/or EA. If an IEE, as developed by the Recipient and approved by USAID, includes a Positive Determination for one or more activities, the Recipient will be required to develop and submit an EA addressing these activities.

CX. GENDER

USAID encourages the integration of gender considerations at all levels of strategic development, program planning, implementation and monitoring. The Recipient should highlight how their work under this Component addresses gender-related challenges to achieving program objectives (e.g. male involvement in reproductive health, the feminization of the HIV/AIDS epidemic). The Recipient should note how activities being implemented may have a differential impact on women and men, explore their implications, report on them quarterly, and modify their activities if required. Where appropriate (or required as per some standard indicators) the Recipient will report data disaggregated by gender for the purpose of tracking progress towards any gender-specific targets.

CXI. BRANDING STRATEGY

The recipient must adhere to ADS 320.3.2.1 (1/8/2007 revision), which sets out branding strategy requirements. All communication products and publications produced while implementing this program**,** whether for public events or for distribution, will be branded with the brand identity of the U.S. Agency for International Development (USAID), and will carry the message that assistance is provided by the American people. Such materials will also be branded with any program logo developed by the successful applicant and approved by USAID. The level of visibility and media outreach for the program should be high.

Branding Implementation Plan (BIP): A BIP outlines the events (press conferences, site visits, etc.) and materials (success stories, Public Service Announcements [PSAs], etc.) the recipient will organize and produce to assist USAID in delivering the message that the assistance is from the American people. The BIP should deal with how to publicize the program, project, or activity in the host-country and a description of the communications tools to be used. Such tools may include the following: press releases, press conferences, media interviews, site visits, success stories, beneficiary testimonials, professional photography, public service announcements, videos, web-casts, e-invitations, or other e-mails sent to group lists such as participants, and training session blast e-emails or other Internet activities such as social media (i.e. Facebook).

The Recipient should identify key milestones or opportunities anticipated to generate awareness that the program, project, or activity is from the American people, or an explanation if this is not appropriate or possible. Such milestones may be linked to specific points in time, such as the beginning or end of a program, or to an opportunity to showcase publications or other materials, research findings, or program success. These include, but are not limited to, the following: launching the program, announcing research findings, publishing reports or studies, spotlighting trends, highlighting success stories, featuring beneficiaries as spokespeople, showcasing before-and-after photographs, securing endorsements from ministry or local organizations, promoting final or interim reports, and communicating program impact/overall results.

SECTION D: PROVISIONS, CERTIFICATIONS AND OTHER STATEMENTS

PART I: CERTIFICATIONS AND ASSURANCES

PART II: OTHER STATEMENTS OF THE RECIPIENT

PART III: FORMS

PART IV: STANDARD PROVISIONS

PART V: SELECTED PROVISIONS IN FULL TEXT

DI. PART I: CERTIFICATIONS AND REPRESENTATIONS

Complete the following. Full information and references can be found at ***Certifications, Assurances, & Other Statements of Recipient (MAY 2006)***:

http://www.usaid.gov/policy/ads/300/303sad.pdf

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

1. Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs

Note: This certification applies to Non-U.S. organizations if any part of the program will be undertaken in the United States.

(a) The recipient hereby assures that no person in the United States 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 Cooperative Agreement for which application is being made, it will comply with the requirements of:

(1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

(2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

(3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

(4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

(5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

(b) If the recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

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

2. Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge and belief, that:
(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 sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

Statement for Loan Guarantees and Loan Insurance

"The undersigned states, to the best of his or her knowledge and belief, that: If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure."

3. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206)

USAID reserves the right to terminate this Agreement, to demand a refund or take other appropriate measures if the Grantee is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. The undersigned 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 other appropriate measures with respect to, any participant approved by USAID who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

4. Certification Regarding Terrorist Financing, Implementing Executive Order 13224

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

1) The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2) The following steps may enable the Recipient to comply with its obligations under paragraph 1:
   a) Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at OFAC's website : **http://www.treas.gov/offices/eotffc/ofac/sdn/t11sdn.pdf**, or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

   b) Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's website: **http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm**.

   c) Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

   d) The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3) For purposes of this Certification-
   e) "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe-houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."
   f) "Terrorist act" means-
      (i)an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: http://untreaty.un.org/English/Terrorism.asp); or

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

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

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

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

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

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

Certification of Recipient

By signing below the recipient provides certifications and assurances for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206) and (4) the Certification Regarding Terrorist Financing Implementing Executive Order 13224 above.

RFA/APS No: _____

Application No: _____

Date of Application: _____

Name of Recipient: _____

Typed Name and Title: _____

Signature: _____

Date: _____

5. 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.

6. Participant Certification Narcotics Offenses and Drug Trafficking

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

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

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

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

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

Signature: _____

Name: _____

Date: _____

Address: _____

_____

Date of Birth: _____

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

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

7. Survey on Ensuring Equal Opportunity for Applicants

The Survey on Ensuring Equal Opportunity for Applicants, along with instructions can be found at the link below.

http://www.acf.hhsgov/program/ofs/surveyeo.doc

DII. PART II: OTHER STATEMENTS OF THE 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: _____

2. TAXPAYER IDENTIFICATION NUMBER (TIN)

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

TIN: _____

3. DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER

(a) 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 offeror is unable to locate a local service center, it may send an e-mail to Dun and Bradstreet at globalinfo@dbisma.com.

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

DUNS: _____

4. LETTER OF CREDIT (LOC) NUMBER

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

LOC: _____

5. PROCUREMENT INFORMATION

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

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

c) Nonexpendable Property. If the recipient plans to purchase nonexpendable equipment which would require the approval of the Agreement Officer, please indicate below (using a continuation page, as necessary) the types, quantities of each, and estimated unit costs.

Nonexpendable equipment for which the Agreement Officer's approval to purchase is required is any article of nonexpendable tangible personal property charged directly to the grant, having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

TYPE/ DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST

d) Source, Origin, and Component of Goods. If the recipient plans to purchase any goods/commodities which are not of U.S. source and/or U.S. origin, and/or does not contain at least 50% component, which are not at least 50% U.S. source and 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, to include the probable source and/or origin of the components if less than 50% U.S. components will be contained in the commodity. "Source" means the country from which a commodity is shipped to the cooperating country or the cooperating country itself if the commodity is located therein at the time of purchase.

However, where a commodity is shipped from a free port or bonded warehouse in the form in which received therein, "source" means the country from which the commodity was shipped to the free port or bonded warehouse. Any commodity whose source is a non-Free World country is ineligible for USAID financing. The "origin" of a commodity is the country or area in which a commodity is mined, grown, or produced.

A commodity is produced when, through manufacturing, processing, or substantial and major assembling of components, commercially recognized new commodity results, which is substantially different in basic characteristics or in purpose or utility from its components. Merely packaging various items together for a particular procurement or relabeling items do not constitute production of a commodity. Any commodity whose origin is a non-Free World country is ineligible for USAID financing. "Components" are the goods, which go directly into the production of a produced commodity. Any component from a non-Free World country makes the commodity ineligible for USAID financing.

TYPE/DESCRIPTION (Generic)	QUANTITY	ESTIMATED UNIT COST	GOODS PROBABLE COMPONENTS SOURCE	PROBABLE GOODS COMPONENTS ORIGIN

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

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

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

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

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

6. 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.

7. 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.

DIII. PART III: FORMS

The core government-wide standard data sets and forms for grant application packages can be found at the following websites:

Approved Standard Forms Home Page: http://www.gsa.gov/portal/forms/type/SF

DIV. PART IV: STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL RECIPIENTS

The full text of Standard Provisions for **Non-US** Non-governmental Recipients are found at http://www.usaid.gov/policy/ads/300/303mab.pdf

DV. PART V: SELECTED PROVISIONS IN FULL TEXT

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

Requirements for Voluntary Sterilization Programs

1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
2) 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.

[END OF PROVISION]

2. [5]VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)

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

[5] Indicates that the adjacent information is new or substantively revised

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, shall provide a broad range of family planning methods and services available in the country in which the activity is conducted or shall provide information to such individuals regarding where such methods and services may be obtained.

b. Requirements for Voluntary Family Planning Projects
   1) A Family planning project must comply with the requirements of this paragraph.

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

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

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

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

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

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

9)
   i. The recipient shall notify USAID when it learns about an alleged violation in a project of the requirements of subparagraphs (3), (4), (5) or (7) of this paragraph;
   ii. The recipient shall investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation in a project of subparagraph (6) of this paragraph and shall notify USAID about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.
   iii. The recipient shall provide USAID such additional information about violations as USAID may request.

c. Additional Requirements for Voluntary Sterilization Programs
   1) None of the funds made available under this award shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
   2) The recipient shall ensure that any surgical sterilization procedures supported in whole or in part by funds from this award are performed only
   3) Further, the recipient shall document the patient's informed consent by (i) a written consent document in a language the patient understands and speaks, which explains the basic elements of informed consent, as set out above, and which is signed by the individual and by the attending physician or by the authorized assistant of the attending physician; or, (ii) when a patient is unable to read adequately a written certification by the attending physician or by the authorized assistant of the attending physician that the basic elements of informed consent above were orally presented to

the patient, and that the patient thereafter consented to the performance of the operation, the receipt of this oral explanation shall be acknowledged by the patient's mark on the certification and by the signature or mark of a witness who shall speak the same language as the patient.

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

d. Prohibition on Abortion-Related Activities:
   1) No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and, (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.
   2) No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent, or consequences of abortions is not precluded.

e. The recipient shall insert this provision in all subsequent subagreements and contracts involving family planning or population activities that will be supported in whole or in part from funds under this award. The term subagreement means subgrants and sub-cooperative agreements.

[END OF PROVISION]

3. BRANDING STRATEGY – ASSISTANCE (DECEMBER 2005)

(a) **Definitions**

Branding Strategy means a strategy that is submitted at the specific request of a USAID Agreement Officer by an Apparently Successful Applicant after evaluation of an application for USAID funding, describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. It identifies all donors and explains how they will be acknowledged.

Apparently Successful Applicant(s) means the applicant(s) for USAID funding recommended for an award after evaluation, but who has not yet been awarded a grant, cooperative agreement or other assistance award by the Agreement Officer. The Agreement Officer will request that the Apparently Successful Applicants submit a Branding Strategy and Marking Plan. Apparently Successful Applicant status confers no right and constitutes no USAID commitment to an award.

USAID Identity (Identity) means the official marking for the Agency, comprised of the USAID logo and new brandmark, which clearly communicates that our assistance is from the American people. The USAID Identity is available on the USAID website and is provided without royalty, license, or other fee to recipients of USAID-funded grants or cooperative agreements or other assistance awards or sub-awards.

(b) **Submission.** The Apparently Successful Applicant, upon request of the Agreement Officer, will submit and negotiate a Branding Strategy. The Branding Strategy will be included in and made a part of the resulting grant or cooperative agreement. The Branding Strategy will be negotiated within the time that the Agreement Officer specifies. Failure to submit and negotiate a Branding Strategy will make the applicant ineligible for award of a grant or cooperative agreement. The Apparently Successful Applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events and materials, and the like.

(c) **Submission Requirements**
At a minimum, the Apparently Successful Applicant's Branding Strategy will address the following:

(1) Positioning
What is the intended name of this program, project, or activity?
Guidelines: USAID prefers to have the USAID Identity included as part of the program or project name, such as a "title sponsor," if possible and appropriate. It is acceptable to "co-brand" the title with USAID's and the Apparently Successful Applicant's identities. For example: "The USAID and [Apparently Successful Applicant] Health Center."
If it would be inappropriate or is not possible to "brand" the project this way, such as when rehabilitating a structure that already exists or if there are multiple donors, please explain and indicate how you intend to showcase USAID's involvement in publicizing the program or

project. *For example: School #123, rehabilitated by USAID and [Apparently Successful Applicant]/ [other donors]*.
Note: the Agency prefers "made possible by (or with) the generous support of the American People" next to the USAID Identity in acknowledging our contribution, instead of the phrase "funded by."

USAID prefers local language translations.
Will a program logo be developed and used consistently to identify this program? If yes, please attach a copy of the proposed program logo.
Note: USAID prefers to fund projects that do NOT have a separate logo or identity that competes with the USAID Identity.

(2) Program Communications and Publicity

Who are the primary and secondary audiences for this project or program?
Guidelines: Please include direct beneficiaries and any special target segments or influencers.
For Example: Primary audience: schoolgirls age 8-12, Secondary audience: teachers and parents – specifically mothers.

What communications or program materials will be used to explain or market the program to beneficiaries?
Guidelines: These include training materials, posters, pamphlets, Public Service Announcements, billboards, websites, and so forth.

What is the main program message(s)?
Guidelines: *For example: "Be tested for HIV-AIDS" or "Have your child inoculated."*
Please indicate if you also plan to incorporate USAID's primary message – this aid is "from the American people" – into the narrative of program materials. This is optional; however, marking with the USAID Identity is required.

Will the recipient announce and promote publicly this program or project to host country citizens? If yes, what press and promotional activities are planned?
Guidelines: These may include media releases, press conferences, public events, and so forth.
Note: incorporating the message, "USAID from the American People", and the USAID Identity is required.

Please provide any additional ideas about how to increase awareness that the American people support this project or program.
Guidelines: One of our goals is to ensure that both beneficiaries and host-country citizens know that the aid the Agency is providing is "from the American people." Please provide any initial ideas on how to further this goal.

(3) Acknowledgements

Will there be any direct involvement from a host-country government ministry? If yes, please indicate which one or ones. Will the recipient acknowledge the ministry as an additional co-sponsor?
Note: it is perfectly acceptable and often encouraged for USAID to "co-brand" programs with government ministries.

Please indicate if there are any other groups whose logo or identity the recipient will use on program materials and related communications.
Guidelines: Please indicate if they are also a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

(d) **Award Criteria**. The Agreement Officer will review the Branding Strategy for adequacy, ensuring that it contains the required information on naming and positioning the USAID-funded program, project, or activity, and promoting and communicating it to cooperating country beneficiaries and citizens. The Agreement Officer also will evaluate this information to ensure that it is consistent with the stated objectives of the award; with the Apparently Successful Applicant's cost data submissions; with the Apparently Successful Applicant's project, activity, or program performance plan; and with the regulatory requirements set out in 22 CFR 226.91. The Agreement Officer may obtain advice and recommendations from technical experts while performing the evaluation.

4. MARKING UNDER ASSISTANCE INSTRUMENTS (DECEMBER 2005)

(a) Definitions

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

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

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

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

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

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

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

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

(b) Marking of Program Deliverables

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

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

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

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

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

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

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

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

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

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

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

"This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International

Development (USAID). The contents are the responsibility of [insert recipient name] and do not necessarily reflect the views of USAID or the United States Government."

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

(c) Implementation of marking requirements.

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

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within [*Agreement Officer fill-in*] days after the effective date of this provision. The plan will include:

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

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

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

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

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

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

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

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

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

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

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

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

(d) Waivers.

(1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

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

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

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

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

(e) Non-retroactivity. The requirements of this provision do apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the grant does not extend past January 2, 2006.

5. IMPLEMENTATION OF E.O. 13224 -- EXECUTIVE ORDER ON TERRORIST FINANCING (MARCH 2002)

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 contracts/sub-awards issued under this agreement.

6. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)

a. The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website:
http://pdf.dec.org/pdf_docs/PDABQ631.pdf

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

7. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JANUARY 2002)

Funds in this agreement may not be used to finance the travel, per diem, hotel expenses, meals, conferences fees or other conference cots for any member of a government's delegation to an international conference sponsored by a public international organizations, except as provided in the ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences" or as approved by the Agreement Officer.

8. REPORTING OF FOREIGN TAXES (JULY 2007)

(a) The recipient must annually submit a report by April 16 of the next year.
(b) Contents of Report. The report must contain:

(i) Recipient name.
(ii) Contact name with phone, fax and email.
(iii) Agreement number(s).
(iv) Amount of foreign taxes assessed by a foreign government [each foreign government must be listed separately] on **commodity purchase transactions** valued at **$500 or more** financed with U.S. foreign assistance funds under this agreement during the prior U.S. fiscal year.
(v) Only foreign taxes assessed by the foreign government in the country receiving U.S. assistance are to be reported. Foreign taxes by a third party foreign government are not to be reported. For example, if a recipient performing in Lesotho using foreign assistance funds should purchase commodities in South Africa, any taxes imposed by South Africa would not be reported in the report for Lesotho (or South Africa).
(vi) Any reimbursements received by the recipient during the period in (iv) regardless of when the foreign tax was assessed and any reimbursements on the taxes reported in (iv) received through March 31.
(vii) Report is required even if the recipient did not pay any taxes during the report period.
(viii) Cumulative reports may be provided if the recipient is implementing more than one program in a foreign country.

c. Definitions. For purposes of this clause:
(i) "Agreement" includes USAID direct and country contracts, grants, cooperative agreements and interagency agreements.
(ii) "Commodity" means any material, article, supply, goods, or equipment.
(iii) "Foreign government" includes any foreign governmental entity.
(iv) "Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

d. Where. Submit the reports to:

Office of Financial Management;
And a copy to the Regional Acquisition and Assistance Office

e. Sub-agreements. The recipient must include this reporting requirement in all applicable subcontracts, sub-grants and other sub-agreements.

f. For further information see http://www.state.gov/m/rm/c10443.htm

9. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (APRIL 2010)

"(a) The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or postexposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(b)(1) Except as provided in (b)(2) and (b)(3), by accepting this award or any subaward, a nongovernmental organization or public international organization awardee/subawardee agrees that it is opposed to the practices of prostitution and sex trafficking because of the psychological and physical risks they pose for women, men, and children.

(b)(2) The following organizations are exempt from (b)(1): the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(b)(3) Contractors and subcontractors are exempt from (b)(1) if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.

(b)(4) Notwithstanding section (b)(3), not exempt from (b)(1) are recipients, sub-recipients, contractors, and subcontractors that implement HIV/AIDS programs under this assistance award, any sub-award, or procurement contract or subcontract by:

(i) Providing supplies or services directly to the final populations receiving such supplies or services in host countries;

(ii) providing technical assistance and training directly to host country individuals or entities on the provision of supplies or services to the final populations receiving such supplies and services; or

(iii) providing the types of services listed in FAR 37.203(b)(1)-(6) that involve giving advice about substantive policies of a recipient, giving advice regarding the activities referenced in (i) and (ii), or making decisions or functioning in a recipient's chain of command (e.g., providing managerial or supervisory services approving financial transactions, personnel actions).

(c) The following definitions apply for purposes of this provision:

"Commercial sex act" means any sex act on account of which anything of value is given to or received by any person.

"Prostitution" means procuring or providing any commercial sex act and the "practice of prostitution" has the same meaning.

"Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

(d) The recipient shall insert this provision, which is a standard provision, in all sub-awards, procurement contracts or subcontracts.

(e) This provision includes express terms and conditions of the award and any violation of it shall be grounds for unilateral termination of the award by USAID prior to the end of its term.

(End of Provision)"

10. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE – THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA, THE WORLD HEALTH ORGANIZATION, THE INTERNATIONAL AIDS VACCINE INITIATIVE, AND ANY UNITED NATIONS AGENCY) (APRIL 2010)

"(a) The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides.

(b) The following definitions apply for purposes of this provision:

"Commercial sex act" means any sex act on account of which anything of value is given to or received by any person.

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"Sex trafficking" means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. 7102(9).

(c) The recipient shall insert this provision, which is a standard provision, in all sub-awards.

(d) This provision includes express terms and conditions of the award and any violation of it shall be grounds for unilateral termination of the award by USAID prior to the end of its term.

(End of Provision)"

11. HOMELAND SECURITY PRESIDENTIAL DIRECTIVE -12 (HSPD-12) (SEPTEMBER 2006)

In response to the general threat of unauthorized access to federal facilities and information systems, the President issued Homeland Security Presidential Directive-12. HSPD-12 requires all Federal agencies to use a common Personal Identity Verification (PIV) standard when identifying and issuing access rights to users of Federally-controlled facilities and/or Federal Information Systems. USAID is applying the requirements of HSPD-12 to applicable assistance awards. USAID will begin issuing HSPD-12 "smart card" IDs to applicable recipients (and recipient employees), using a phased approach. Effective October 27, 2006, USAID will begin issuing new "smart card" IDs to new recipients (and recipient employees) requiring routine access to USAID controlled facilities and/or access to USAID's information systems. USAID will begin issuance of the new smart card IDs to existing recipients (and existing recipient employees) on October 27, 2007. (Exceptions would include those situations where an existing recipient (or recipient employee) loses or damages his/her existing ID and would need a replacement ID prior to Oct 27, 2007. In those situations, the existing recipient (or recipient employee) would need to follow the PIV processes described below, and be issued one of the new smart cards.)

Accordingly, before a recipient (including a recipient employee) may obtain a USAID ID (new or replacement) authorizing him/her routine access to USAID facilities, or logical access to USAID's information systems, the individual must provide two forms of identity source documents in original form and a passport size photo. One identity source document must be a valid Federal or state government-issued picture ID. (Overseas foreign nationals must comply with the requirements of the Regional Security Office.)

USAID/W recipients (and recipient employee) must contact the USAID Security Office to obtain the list of acceptable forms of documentation, and recipients working in overseas Missions must obtain the acceptable documentation list from the Regional Security Officer. Submission of these documents, and related background checks, are mandatory in order for the recipient (or employee) to receive a building access ID, and before access will be granted to any of USAID's information systems. All recipients (or employees) must physically present these two source documents for identity proofing at their USAID/W or Mission Security Briefing. The recipient (or employee) must return any issued building access ID and remote authentication token to USAID custody upon termination of the individual's employment with the recipient or completion of the award, whichever occurs first.

The recipient must comply with all applicable HSPD-12 and PIV procedures, as described above, as well as any subsequent USAID or government-wide HSPD-12 and PIV procedures/policies, including any subsequent applicable USAID General Notices, Office of Security Directives and/or Automated Directives System (ADS) policy directives and required procedures. This includes HSPD-12 procedures established in USAID/Washington and those procedures established by the overseas Regional Security Office. In the event of inconsistencies between this clause and later issued Agency or government-wide HSPD-12 guidance, the most recent issued guidance should take precedence, unless otherwise instructed by the Agreement Officer.

The recipient is required to include this clause in any sub-awards (including subcontracts) that require the sub-awardee or sub-awardee employee to have routine physical access to USAID space or logical access to USAID's information systems.

SECTION E: ANNEX – REFERENCE DOCUMENTS

DI. GENERAL REFERENCE DOCUMENTS

a. Document de Politique Economique et Sociale (2011-2015)
b. Plan National de Développement Sanitaire (2009-2018)
c. Plan National Stratégique pour la Survie de L'Enfant (2007-2015)
d. POPAEN Intervention à haut impact sur la Mortalité Infanto-Juvénile au Sénégal
e. Senegal Malaria Operational Plan FY11
f. Plan National Stratégique PNLP 2011-2015
g. MOH Senegal Neglected Tropical Diseases Strategy (2011- 2016)
h. Programme de Renforcement de la Nutrition- Plan Stratégique Phase II 2007-2011
i. Rapport de l'Evaluation du Système de Santé au Sénégal
j. Rapport Evaluation à mi-parcours des Programmes VIH/Sida et Tuberculose au Sénégal
k. USAID/ Senegal Mission Strategy Statement (2008)
l. USAID/ Senegal Health Sector Strategy 2011-2016 – Draft
m. Implementation of the Global Health Initiative
n. Relevant other sector strategies :
    i. USAID/ Senegal Feed the Future Strategy
    ii. USAID/ Senegal Youth Assessment

DII. HEALTH COMMUNICATION AND PROMOTION PROGRAM COMPONENT REFERENCE DOCUMENTS

a. Plan stratégique pour accélérer les projets en matière de Santé sexuelle et Reproductive (SSR) au Sénégal – 2010 -2014
b. Plan Stratégique de Sécurisation des produits SR
c. Draft Politiques, Normes et Protocoles de SR
d. Loi nº2005-18 du 5 Aout 2005 relative à la Santé de la Reproduction
e. Lois VIH/SIDA
f. Plan Stratégique Badienu Gokh
g. Guide de formation Badienu Gokh
h. Plan Pluriannuel Complet du PEV et de la Surveillance (2007-2011)
i. Plan Stratégique Qualité 2011-2015
j. Rapport DSR 2008-2009- version finale
k. Additional Senegal Ministry of Health documentation: http://www.sante.gouv.sn
l. USG Standard indicators: https://communities.usaidallnet.gov/fa/node/1476
m. Plan promotion de la sante

DIII. PERFORMANCE MANAGEMENT PLAN TEMPLATE

Note: Actual data will be compared to yearly targets. This means that each of the achievement related sub-columns is to be divided into actual data and target sub-items. Applicants may proposed another format as long as it captures all of the required information.

Indicator statement	Definition	Unit of measure	Data collection or calculation method	Data collection frequency	Responsibility for data acquisition	Baseline data			Achievement			
						Baseline year	Baseline value	Data source	Year1	Year2	Year3	Year4
Indicator 1	Clearly/precisely define the terms that may be understood differently by various individuals	Is the indicator expressed in number of/ percentage of/ amount of disaggregated by gender	Review, survey, inventory, etc.	Monthly, quarterly, annual, every other year, or every five year?	The individual or organization responsible for data availability?			The origin of data				

Note:

Applicants will be required to submit Performance Indicator Reference Sheets and all other relevant documentation for each indicator upon finalization of the PMP with USAID.

DIV. OUTLINE FOR A PERIODICAL REPORT

I. Background (maximum 1 page)
II. Activity implementation during the period under review (maximum 10 pages)
    a. Summary of major actions (based on the work plan);
    b. Accomplishments;
    c. Problems encountered; and
    d. Proposed corrective actions.
III. Administration and Finance (maximum 1 page)
IV. Activities and events planned for the next period (maximum 1 page)
V. Annexes
    a. Financial report (1 page, see Annex 1)
    b. Indicator Table (1 page, see Annex 2)
    c. Success Stories (on USAID Template)
    d. Updated Activity /Intervention Mapping
    e. Other annexes/ program documentation as appropriate

These annexes are provided only as an example of the required information. Applicants may suggest alternative formats as long as the required information is captured.

Annex 1: Example of Financial Situation Table

Budget items (a)	Budget (current FY) (b)	Reporting term, for instance quarter x of the current FY				Cumulative total for the current FY (g)	Cumulative total for past and current FY (h)	Remaining funds for the current FY (i)=(b)-(g)	% of the FY budget expended (j)=(g)/(b) * 100
		Month 1 (c)	Month 2 (d)	Month 3 (e)	Total Quarter (f) = (c)+(d)+(e)				

Annex 2: Indicator Table (mention N/A when data is collected on a longer term basis)

Indicator statement	Achievement for the period under review	Achievement for the previous period	Year under review		Comments
			Target	Actual data	