



**USAID**  
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**CAMBODIA**

Issue Date: November 10, 2022  
Deadline for Questions: November 30, 2022  
Closing Date: January 11, 2023  
Closing Time: 09:00 am, Phnom Penh Time

Subject: Notice of Funding Opportunity Number: 72044223RFA00001

Program Title: USAID Enhancing Quality of Healthcare Activity II (EQHA II)

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a cooperative agreement from qualified entities excluding all countries not included in Geographic Code 937, to implement a program entitled “Enhancing Quality of Healthcare Activity II”.

Applicants under consideration for an award that have never received funding from USAID may be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls and establish an indirect cost rate. While one award is anticipated as a result of this Notice of Funding Opportunity (NOFO), USAID reserves the right to fund any or none of the applications submitted. For the purposes of this NOFO the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer". Eligible organizations interested in submitting an application are encouraged to read this funding opportunity thoroughly to understand the type of program sought, application submission requirements and evaluation process.

USAID intends to make an award to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements and selection process.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on [www.grants.gov](http://www.grants.gov), and may be amended. Potential applicants should regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity. It is the responsibility of the applicant to ensure that the entire NOFO has been received from the internet in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes. If you have difficulty registering on [www.grants.gov](http://www.grants.gov) or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at [support@grants.gov](mailto:support@grants.gov) for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier (UEI) and System for Award Management (SAM) requirements detailed in Section D.7. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process. The successful applicant will be responsible for ensuring the achievement of the program objectives.

Please send any questions to the point(s) of contact identified in Section D. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted to [www.grants.gov](http://www.grants.gov).

Award will be made to the responsible applicant whose application best meets the requirements of this NOFO and the Merit Review Criteria contained herein. Issuance of this notice of funding opportunity does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

Francis Hall  
Agreement Officer  
Office of Acquisition & Assistance  
USAID/Cambodia

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## SECTION A: PROGRAM DESCRIPTION

### USAID Enhancing Quality of Healthcare Activity II (EQHA II)

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended. The resulting award will be subject to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and USAID’s supplement, 2 CFR 700, as well as the additional requirements found in Section F.

#### I. INTRODUCTION

The USAID/Cambodia Mission seeks to procure a new five-year health system strengthening activity with the goal of enhancing quality, sustainability and responsiveness of health services in the public and private sectors to maximize health outcomes among Cambodians, including vulnerable populations. This activity will build on USAID’s previous investments in health system strengthening and lessons learned from other stakeholders; and further contribute to the Royal Government of Cambodia’s (RGC) upcoming Health Strategic Plan phase 4 (HSP4) in light of the decentralization policy. This activity will work with national and subnational health systems to strengthen the implementation of national policies and standards to improve private sector quality monitoring systems, and to improve the capacity of providers and institutions to provide better and more sustainable healthcare services. These include, where permissible and within USAID’s manageable interest, assisting to build an overarching enabling environment for Private Sector Engagement (PSE); and providing high quality priority health services, including maternal, newborn and child health, reproductive health, and infectious diseases.

#### II. BACKGROUND

##### A. Country Context

Cambodia has made significant improvements on its health indicators, achieving 2015 Millennium Development Goal targets for infant mortality, under-five mortality, maternal mortality, tuberculosis and HIV/AIDS ahead of schedule. However, gaps remain. Maternal and newborn mortality rates are still among the highest in Southeast Asia. Twenty percent of children are still stunted from poor nutrition, the decline in new HIV infections among key populations is not on track to meet targets, and Cambodia remains among the countries with the highest burden of tuberculosis. Across the health system, quality of care is a barrier to improved health outcomes. Quality healthcare is defined by WHO to include seven attributes<sup>1</sup>:

- **effective** - evidence-based
- **safe** - avoiding harm to people for whom the care is intended
- **people-centered** – responsive to individual preferences, needs and values

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<sup>1</sup> [https://www.who.int/health-topics/quality-of-care#tab=tab\\_1](https://www.who.int/health-topics/quality-of-care#tab=tab_1)

- **timely** – reducing waiting times and harmful delays
- **equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status
- **integrated** – providing care that makes available the full range of health services throughout the life course
- **efficient** – maximizing the benefit of available resources and avoiding waste

### Cross-Cutting Health System

The current health sector programs are guided by the Health Strategic Plan 2016-2020 (HSP3), which is the third medium term plan of the health sector. Progress in improved service coverage and quality have been observed and mechanisms to support the assessment and monitoring quality have been established in the public sector. Given the rapid growth of private providers with insufficient regulation measures, and although MoH support will continue to focus on advancing safety and quality of healthcare through public health systems. To maximize the health outcomes of the Cambodian people, the interventions should consider strengthening quality of healthcare in the private sector where the majority of care seeking occurs. These interventions include building governance and institutional structures and capacity to direct and support quality improvement efforts in synergized and harmonized manners; building and implementing the Cambodian National Health Accreditation System (CNHAS) for both public and private health facilities in sequenced phases; and improving functional compliance mechanisms by setting out and implementing minimum standards for service quality and safety as guided by the national policies and guidelines.

Significant challenges constrain the health sector's ability to improve access to quality healthcare services for Cambodians. Lack of universal health insurance coverage, and its links to quality assurance of healthcare services still require Cambodians to spend high levels out-of-pocket for variable quality healthcare.

In addition, despite MOH efforts to mainstream gender throughout health sector policies and practices, significant gaps remain. A significant area for attention includes addressing the lack of adequate and coordinated care and services for GBV survivors. Health managers and providers have limited understanding on gender responsiveness and social inclusion, which remain priority challenges to achieve gender equity in the Cambodian health sector.

According to CDHS 2014, 67% of Cambodian household members visited private sector providers for their first time treatment of illnesses or injuries. While some services with acceptable quality exist, especially in not-for-profit facilities, quality controls for private services are still lacking. The private sector remains poorly regulated mainly because the laws and implementation guidelines are still underdeveloped, there is a lack of quality assurance standards, and a lack of enforcement for the implementation of existing laws. Common quality concerns in the private sector include misdiagnosis, mistreatment and under-referral, including for infectious disease cases, to appropriate

healthcare facilities. Over-reliance on tertiary care at private facilities and overtreatment is a major contributor to Cambodia's high out-of-pocket costs.

The capacity of private providers varies according to each health profession. Private pharmacies are a major source for healthcare seeking due to their geographic proximity, convenient opening hours, availability of a range of medicines, simple and quick care, and low cost (no consultation fee) compared to private health facilities. The provision of treatment may not fully comply with the national guidance and recommended doses, especially for pharmacy staff who are consistently present at the pharmacies and provide treatment or advice to patients, but who have been largely left out of training on updated diagnosis and treatment guidelines set by different national programs. The introduction of the continuing professional development (CPD) for in-service training for healthcare providers according to the CPD policy-framework is still at an early stage and not well integrated with the national programs' training. As most healthcare providers are dual practice (operating in both public and private sectors), they may receive updated training as a public provider. However, their actual application of trained skills at their private practice is not well monitored for compliance.

Getting the private sector on board towards better healthcare quality has been a challenge in the past, likely due to a lack of coordinating mechanism and influenced by the widespread element of dual practice. Greater engagement with the private sector in the development of a quality framework and system development is key to securing their support and commitment to national efforts toward enhancement of quality healthcare.

Implementation of regulations for both practitioners in public and private facilities, implementation of H-EQIP II for public systems, and a strong accreditation system are needed to bring the quality of Cambodian healthcare up to regional standards. There is opportunity for the accreditation system to provide incentives for private providers by publicly recognizing providers that are accredited and operate according to quality standards. The RGC direction to expand social health insurance toward UHC, and the implementation of strategic purchasing, will also serve as motivating factors for improvement of healthcare services in Cambodia through conditional contracting by the insurance institutions.

### Maternal and Child Health

The 2021 Cambodia Demographic and Health Survey shows continuing progress in maternal and child health with the maternal mortality ratio (MMR) at 154 per 100,000 live births, under-five mortality and neonatal mortality rates of 15 and 8 per 1,000 live births respectively. However, Cambodia missed the MMR target of 130 per 100,000 live births in 2020. Therefore, extra effort is needed to achieve the new health target of Sustainable Development Goal (SDG) 3.1 to lower the MMR to less than 70 per 100,000 live births. While the 2021 CDHS shows almost all deliveries (99%) and 85% of postnatal visits were attended by skilled birth attendants, the quality of services

should be improved. Cambodia developed and implemented two consecutive Emergency Obstetric and Newborn Care (EmONC) Improvement Plans for the periods of 2010-2015 and 2016-2020. The EmONC assessment and reviews in 2020 showed the increased number of Comprehensive EmONC Care (CEmONC) and Basic EmONC (BEmONC) facilities. However, Cambodia still has fewer than half of the recommended number of functioning EmONC facilities for the country and EmONC facilities are still largely concentrated at the hospital level and in urban areas, with one province still lacking any EmONC facilities. The needs of newborns with complications are also insufficiently met. The same assessment showed that 31.6% of the expected number of women who will develop complications were treated in functional EmONC facilities while 0.44% of women treated with obstetric complications in those facilities died. It also showed 1.2% of births in all facilities surveyed were stillborn or died in the early neonatal period. In order to address these and other remaining challenges, a new EmONC Improvement Plan is being proposed for the period 2021-2025.

### Family Planning and Reproductive Health (FP/RH)

Significant progress has been made for reproductive health and family planning (FP) in Cambodia, but training and quality assurance of health providers on method mix and FP quality assurance (QA) and Quality Improvement (QI) tools still remain a focus of the Ministry of Health (MoH). Capacity of service providers, particularly on long acting and permanent methods continue to be challenges. New staff and new FP method introduction require ongoing in-service education to equip them to provide FP services. A shortage of skilled providers, and common myths and misconceptions are leading people to rely on traditional methods. The 2021 Cambodia Demographic and Health Survey (CDHS) shows that 12% of currently married women have an unmet need for family planning services, 45% were using modern methods and 17% traditional methods. Among currently married women, the contraceptive pill is the most commonly used method (26%), followed by injection (6%), and Intrauterine Devices (5%).

### Tuberculosis (TB)

With USAID's contribution, significant progress has been made in the TB control program in Cambodia with the reduction of TB incidence by 50% from 2000 to 2018 according to a WHO report. The estimated TB incidence in Cambodia declined from 575/100,000 in 2000 to 423/100,000 in 2011 and 274/100,000 in 2020. In 2021, the National TB Program (NTP) reported 21,627 cases of TB, a significant decrease compared to 2020. While there have been successes in the treatment of drug-susceptible tuberculosis (DS-TB) and multidrug-resistant TB (MDR-TB) in Cambodia, case detection of all types of TB remains a challenge, with almost 50% of cases going undetected, which illustrates a large gap in case notification.

There are several factors that contribute to the high number of undetected cases, which include inaccessibility of health care services at the community level, lack of knowledge and awareness of

the symptoms of TB, sub-optimal screening and referral at referral hospitals and health centers, and the limited roles of the private sector in these efforts. The burden of MDR-TB in Cambodia is low and NTP identified 72 cases in 2021 which are still undetected.

TB services are mainly provided by the public sector, yet little information is known on the private sector's role in TB control. Recently, the national TB program involved pharmacies and private clinics in selected ODs to refer presumptive TB patients to diagnose and treat at public health facilities. In 2022, NTP has developed the national TB Public Private Mix Operational Guideline 2021 - 2030, which highlights different modalities of private providers' roles in screening, diagnosis and treatment of TB patients. Based on this guideline and the scale of the private sector and their role in health care has increased, they have potential capacity to better support NTP in accelerating TB case finding and provision of TB services.

### Malaria

USAID, through the President's Malaria Initiative (PMI), provides technical assistance in malaria by strengthening control, elimination, and surveillance activities, as well as monitoring drug resistance. These programs have contributed to significantly reducing malaria morbidity and mortality in Cambodia over the last 10 years, with zero deaths from malaria since 2018. While malaria rates have dropped dramatically, finding and treating the last remaining malaria cases is a challenge for the national malaria control program and partners. Efforts will focus on expanding screening, social behavior change approaches, and malaria prevention at the community level in forested areas to reach the 2025 elimination target. As Cambodia approaches malaria elimination, it is important to ensure the availability of capacities and resources needed to prevent, detect, and efficiently respond to malaria cases. The focus will shift more towards integration of key vertical systems (information, supply chain, financing, etc.) into the wider health system, and integration of Village Malaria Workers into a wider Community Health Work platform.

### HIV/AIDS

Cambodia has made significant progress in controlling the HIV/AIDS epidemic in recent years. USAID has helped reduce the adult HIV prevalence from 1.7 percent in 1998 to 0.6 percent in 2020 by improving the quality of HIV services, developing innovative ways of finding the last cases and improving the cost effectiveness and sustainability of the HIV response. These efforts have contributed towards achieving a tenfold reduction in new infections, from 11,000 to 1,100 per year. Today, 84% of the estimated 75,000 Cambodians living with HIV know their status, 99% are on medication to control the virus, and 97% of those on medication are virally suppressed, which greatly reduces their risk to transmit the virus. Ending the epidemic will require finding the estimated 12,000 people living with HIV who remain undiagnosed and linking them to treatment. Two thirds of new infections occur among key populations and their sexual partners. Reducing new



infections will also require expanding targeted prevention to key populations, particularly through the provision of pre-exposure prophylaxis (PrEP) medication.

In the private sector, availability of HIV services remains limited, with insufficient referrals or sharing of data between public and private sectors. In the public sector, HIV services are largely delivered through vertical parallel systems financed by international donors. Ongoing challenges that EQHA II may address include the need to integrate HIV into the national system and increase access and quality care in the private sector.

### Global Health Security

The ongoing COVID-19 pandemic has demonstrated the ability of emerging pathogens to cause significant public health, economic and societal disruption in all regions of the world, as well as the inadequate preparedness for events of this scale. Before COVID-19, there have been many other epidemics that have posed similar threats including Severe Acute Respiratory Syndrome (SARS), avian influenza in 2005, novel pandemic influenza in 2009 and the emergence of Middle East Respiratory Syndrome (MERS) in 2012. Much effort has been applied to prevention, detection and response for COVID-19 in Cambodia by the MOH, leading the effort, and by partners and donors. However, there is a need to strengthen cross-sectoral collaboration, increase respiratory pathogen and antimicrobial resistance (AMR) surveillance, improve the implementation of best practices for disease detection and response at health facilities, and address the drivers of disease with a focus on prevention.

While there have been some improvements in Cambodia's capacity to exercise emergency response plans for disease outbreaks, according to the Global Health Security Index (GHSI) 2021<sup>2</sup> data, Cambodia has an index score of 33 out of 100 for AMR practices, the same score as 2019, illustrating no improvement in practices over the past three years. A recent study<sup>3</sup> of public knowledge, attitudes, and practices (KAP) around AMR in Cambodia highlighted the need for outreach that is targeted to the local context and partners with trusted healthcare providers.

Cambodia was given an index score of zero for biosafety and biosecurity in the GHSI 2021 report, demonstrating that there is much need for improved practices in labs and health facilities. While more data and analysis is needed on the capacity of human resources for health in this area, there is indication that there is great need to increase availability of trained healthcare workers that are able to prevent, detect, and respond to diseases with epidemic potential.

## **B. USAID Involvement in Health System Strengthening and Quality Improvement**

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<sup>2</sup> <https://www.ghsindex.org/country/cambodia/>

<sup>3</sup> <https://academic.oup.com/jacamr/article/3/1/dlaa115/6127117>

USAID has helped to strengthen Cambodia health systems since 2003 with a focus on improving the health equity fund (HEF), the social health protection program for the poor and vulnerable; provider and institutional capacity building for quality improvement of public health services for key infectious diseases, maternal and child health, and reproductive health; improving health information systems; and improving logistical management systems. USAID supported the HEF system to expand to all public health facilities nationwide, allowing more than three million poor Cambodians to access services free of charge. The management of HEF was successfully taken over by the RGC, and USAID continues to support national capacity to implement the national policy framework on social protection by expanding social health protection for other vulnerable populations. USAID's current support on quality improvement focuses on improved policy, guidelines and tools to promote better harmonization of quality improvement within health systems in both public and private sectors, improved tools and standards for better regulation and accreditation, enhanced capacity of subnational systems to implement quality improvement collaborative efforts, and improved quality of preservice training.

### III. THEORY OF CHANGE

If Cambodian health policies are improved and implemented, private and public health service delivery is better regulated and responsive to the public, and vertical program priorities are met in sync with the health system, then Cambodians will have improved health outcomes.

### IV. RESULTS FRAMEWORK

**Purpose:** Enhanced quality, sustainability, and responsiveness of health services in the public and private sectors to maximize health outcomes among Cambodians, including vulnerable populations.

To achieve this purpose, EQHA II will support the implementation of key priorities identified by MOH and other health stakeholders towards achieving universal health coverage, primarily through a focus on health systems advancements, addressing the challenges of reproductive, maternal, and child health and communicable disease, and making progress on the governance, regulation, and compliance agenda. Health systems advancements call for increasing acceptability and accountability of health services, particularly at the subnational level. EQHA II's focus will include strengthening the health workforce, supporting effective governance and regulatory compliance, and using digital tools to increase effectiveness and efficiency of the health system.

Making progress on communicable disease elimination will require a simultaneous focus on strengthening vertical programs' ability to identify and treat new infectious disease cases, while also planning for their long-term integration into the wider health system. EQHA II can support progress on key vertical priorities through a focus on increasing the supply and quality of services in both public and private sectors, while also supporting integration opportunities where possible.

EQHA II will also support health systems to address the challenges of governance, regulation, and enforcement of compliance through building the capacity of subnational governments in quality improvement; strengthening and growing health professional councils; building effective accreditation and licensing systems, particularly in the private sector; and supporting health facilities to implement continuous quality improvement.

Subject to further funding availability, the Activity may be expanded through use of Opportunity Module(s) to address additional priorities that are identified during the course of implementation that contribute to any of the three Objectives.

***Objective 1:*** Improved evidence-based policy, guidelines, and strategies for more effective and efficient health service systems.

The Activity will provide technical assistance and facilitate systems thinking among key stakeholders, including coordinating institutions and national programs/centers, to use evidence for policy analysis, develop joint plans or strategies for advocacy, and implementation aimed at improving the quality and availability of healthcare services at all levels. Systems thinking refers to an understanding of the complex relationships and interactions within systems, and using that understanding to define pathways to identifying and resolving health system challenges holistically. The Activity will support plans and strategies to promote the integration of national vertical programs into the mainstream health systems where possible. The activity will also strengthen policies of vertical programs, particularly for MCH, FP, and TB. The analysis and improvement of health system policy will have to consider other factors including greater private sector involvement, human resource development and management, capacity of the subnational systems to lead and monitor the improvement process, patient-centered services, communities of practice among healthcare providers and managers, and community participation. The effective implementation of set policies by the national institutions at subnational levels will depend significantly on the clear standards provided by the national levels. Therefore, the Activity will implement this approach with strengthened coordination at national level and in line with the RGC Decentralization and Deconcentration (D&D) policy. These interventions will work in coordination with the implementation of H-EQIP II and the Global Fund-funded activities within the public health system. The Activity will also build on USAID and other donor investments in health information systems by working with service providers and managers in both the public and private sector to use data for more effective planning for continuing quality improvement.

**Illustrative Results:**

- **Result 1.1:** Policies, guidelines and strategies of national programs are coordinated and integrated with MoH, and incorporate health system thinking.

- **Result 1.2:** Policies, guidelines and strategies addressing specific program areas (such as MCH, FP, and TB) are improved, in line with international and country-specific best practices and approaches.
- **Result 1.3:** Documented use of data and evidence for quality improvement, leading to more effective planning, monitoring and evaluation, and decision making.

**Objective 2:** Improved individual and institutional capacity of the public and private sectors to implement, monitor and evaluate quality assurance according to the national standards.

The Activity will build on current USAID programming, which seeks to improve national and local capacity to provide safe, timely, quality, and effective health services across the continuum of healthcare needs. The Activity will continue to build the capacity of the private sector, which should be better engaged, regulated, and recognized by the RGC/MOH. The Activity will support the implementation of existing and new regulations and accreditation laws in the health sector. While MOH and DPs help set up the monitoring and evaluation systems of quality of public health services, the Activity will focus on implementation of quality standards as well as strengthening monitoring and evaluation of quality compliance and recognition systems of private sector services. This activity will also look at the challenges faced by public health care systems and provide technical support or facilitate the process of quality improvement at subnational systems and promote synergy with the implementation of H-EQIP II. This work will target strengthening the capacity of multiple institutions managing licensing and accreditation, including the Hospital Services Department of Ministry of Health, Health Professional Councils, Provincial Health Departments, and one-window services at provincial and district levels.

EQHA II will also support expanding professional networks in the public and private sectors that can foster technical exchange among healthcare professionals, and compile information as a technical resource center from which healthcare institutions of both sectors can refer and seek technical assistance or services when needed for their quality improvement efforts.

**Illustrative Results:**

- **Result 2.1:** Strengthened systems of national and subnational institutions to manage licensing and accreditation of health services.
- **Result 2.2:** Improved capacity of health providers and managers to monitor and improve facility quality, self-regulate, and meet licensing and accreditation standards.
- **Result 2.3:** Improved organization of the private sector and coordination with the public sector at national and subnational levels to develop and implement quality improvement policy and guidelines related to both providers behavior and facility quality standards.

**Objective 3:** Improved individual and institutional capacity of subnational health systems to provide quality services to address emerging national program priorities.

In addition to addressing cross-cutting quality improvement challenges in the public and private sectors, this activity will also deliver technical assistance to national vertical programs (including infectious diseases, reproductive, and maternal health) to strengthen vertical disease service delivery at public health facilities, including hospitals and health centers, and private health facilities and pharmacies. The interventions will apply updated global, regional and national guidelines using integrated approaches. This Activity will work with relevant national programs to identify priority issues and facilitate or provide technical assistance from national level to subnational level, with particular focus on FP, MCH, TB, and emerging pandemic threats. The areas of support may include training, coaching or exchange on updated technical diagnosis and treatment guidelines to be implemented by service delivery points. The Activity may also support the introduction of innovative approaches that can be jointly defined by the national programs and other stakeholders in healthcare systems (such as the GF and H-EQIP II), for example applying digital technologies, private sector partnerships, innovative QI improvement plans, etc.

While almost all deliveries and most postnatal visits are attended by skilled birth attendants, the quality of MCH services should be improved to accelerate the reduction of maternal and newborn mortality. The proposed interventions should address the challenges in Emergency Obstetric and Newborn Care (EmONC) so that complications during and after delivery can be prevented. The proposed interventions should include innovative approaches to build capacity of the health care provider to manage the emergency obstetric and newborn care, which include on-site clinical coaching and mentoring.

Further, modern contraceptive use continues to increase steadily at the rate of one percent per year, however the unmet need is still very high and use of traditional methods among married couples poses risks for unwanted pregnancy. Accessibility and availability of long-term methods at health facilities is still challenging, especially in remote areas where the skill of midwives is limited. The proposed interventions can include building the capacity of those providers to provide high-quality family planning services.

This activity will address infectious disease challenges in Cambodia through leading improvements in the quality of health services and operational and policy frameworks that guide infectious disease programs. The proposed interventions will contribute to an increase in national TB case detection, and quality of diagnosis and treatment by identifying missing TB cases at facility levels using systematic screening, and improve health facility staff capacity to diagnose and treat TB. These activities should focus on strengthening TB systems and service delivery, particularly at the health center level. With the national policy guidance from the National TB Program, private sector engagement in TB screening, diagnosis and treatment will be implemented by this Activity in selected provinces.

As seen during the COVID-19 pandemic, emerging pandemic threats pose increasing risks to global health security and human prosperity. Population growth, climate change, increasing urbanization, and international travel and migration all increase the risk for emergence and spread of new pathogens. This activity will improve health facility practices that contribute to prevention, detection and response for new zoonotic and other infectious disease threats towards strengthening health security and preventing the next pandemic. Applying a one-health approach, interventions under this activity may address prevention and surveillance of new or known pathogens, antimicrobial resistance and bio-safety, and prepare healthcare systems for responding to disease outbreaks.

**Illustrative Results:**

- **Result 3.1:** Increased capacity of the private sector health system to provide quality services related to family planning, MCH, TB, HIV and other diseases as appropriate.
- **Result 3.2:** Improved capacity of public providers and strengthened systems to deliver high-quality emergency obstetric and newborn care (EmONC) services, particularly in rural areas.
- **Result 3.3:** Improved capacity of providers and strengthened public and private sector systems to deliver high-quality family planning services, including long-acting reversible family planning and postpartum family planning.
- **Result 3.4:** Improved capacity of public health care providers and strengthened systems to implement comprehensive services to screen, prevent, detect and treat TB services, particularly at health center level.
- **Result 3.5:** Improved health facility capacity to prevent, detect and respond to emerging pandemic health threats.

**Opportunity Module:**

Supplementing the intervention description as stated in the Results Framework above, USAID and the recipient may identify opportunities for improving our response through this mechanism to address specific health priority needs that cannot be precisely identified during the design process, but emerge over the course of implementation. Applying the opportunity module(s) may also allow this Activity to expand geographic coverage to other provinces/districts as appropriate or expand reach within existing provinces. Subject to funding availability, USAID will work with the Recipient to identify priority needs and provide technical support by bringing national and international expertise to support interventions related to existing Objectives.

**V. COORDINATION AND COMPLEMENTARITY**

EQHA II will collaborate with a number of USAID projects and other donors to avoid duplication of efforts and optimize outcomes. Key USAID collaborators include:

- **CMEP2:** The Cambodia Malaria Elimination Project 2 (CMEP2), led by URC, is the flagship bilateral for malaria case management and surveillance. CMEP2 operates in six provinces in the west and south-west of Cambodia. The project is aligned with the US President's Malaria Initiative Strategy (2015-2020) and the Ministry of Health's Malaria Elimination Action Framework 2021-2025 (MEAF2). As the country approaches malaria elimination, it becomes important to work on health systems strengthening, integration of vertical systems (such as information and supply chain) in horizontal health systems, and integrating village malaria workers (VMWs) under a broader Community Health Work framework (yet to be developed).
- **COMMIT:** Community Mobilization Initiatives to End Tuberculosis (COMMIT) is a five-year project aiming to improve access to high-quality, person-centered TB, drug resistant-TB, and TB/HIV services, strengthen TB service delivery platforms, reduce TB transmission and disease progression, and accelerate TB research and innovations. The project's strategy aligns with the National TB Program of the National Strategic Plan, WHO End TB Strategy, and USAID's Country Development Cooperation strategy. The project will focus on intensifying the TB case finding at community, and public and private health facility levels through scientific-based interventions and the introduction of innovative state of art diagnostic tools and technology. EQHA II will coordinate with COMMIT on support to CENAT and provincial levels on TB service delivery improvement efforts.
- **EpiC:** Meeting Targets and Maintaining Epidemic Control (EpiC), led by FHI 360, provides results-based technical assistance tailored to context and epidemiology that assures sustained HIV services at scale and systems that will maintain long-term epidemic control. EpiC and EQHA II may collaborate on support to the national HIV program and quality improvement efforts targeting HIV providers.
- **LHSS:** The Local Health System Sustainability Project (LHSS), led by Abt Associates, is a global USAID project focused on health systems strengthening. In Cambodia, LHSS focuses on expanding social protection systems through global standards and best practices incorporated into the implementation of the National Social Protection Policy Framework and strengthening the decentralization of health financing functions to ensure effective use of resources for health and improve transparency and accountability.
- **PHB:** The Promoting Healthy Behavior (PHB) project, led by PSI, is active until June 2025 to promote individual healthy practice on maternal and child health, nutrition, family planning, TB, malaria and non-communicable disease. The project is working to create

demand at community level to adopt healthy behaviors and strengthen the linkage between communities and health facilities.

EQHA II will also coordinate and collaborate with other partners and donors active in health systems strengthening and healthcare quality improvement in Cambodia, particularly the H-EQIP II project, funded with pooled funding from RGC, Department of Foreign Affairs and Trade, German Government, Korea International Cooperation Agency, and the World Bank. This project uses a multipronged approach to strengthen the health system with emphasis on supporting improvements in quality of care via routine quality assessments in public health systems using the National Quality Enhancement Monitoring (NQEM) tools, improving the availability of critical infrastructure, strengthening public financial management, and incentivizing improvements in the quality of care through Service Delivery Grants (SDG) to health facilities and health management nationwide based on quality assessment results.

EQHA II may also collaborate with the Korean Foundation for International Healthcare (KOFIH), which works on quality improvement in select provinces and the Global Fund for AIDS, TB and Malaria (GFATM). For interventions using funding from PEPFAR, PMI and the TB Accelerator, the project may be expected to collaborate with their counterpart prime recipients and technical assistance providers. For example, the President's Malaria Initiative would be expected to coordinate with UNOPS.

## **VI. GEOGRAPHIC FOCUS**

This Activity will build upon the previous investment of USAID programs in supporting the reform of health systems, especially managers' and providers' capacity and policies for improved quality of health services in both public and private sectors. The proposed interventions will take place at the national and subnational levels. The focus on selected provinces should be on the development of enhanced quality improvement and management models, where the implementation of the new law on health services management can be implemented and enforced, and lessons learned can be fed into national systems. The activities should focus on various health facility levels and types, and link with community health networks. In remote geographical areas with lower quality improvement, the interventions should demonstrate how access to healthcare services can be increased by coordination with other stakeholders in addition to the quality improvement efforts. The activity should cover at least 10 focus provinces. The package of interventions may vary by province, according to context and need. Focus provinces should be selected in consultation with USAID based on RGC and PHD interest and commitment; potential to increase equitable outcomes for indigenous and ethnic minority populations; presence and organization of the private health sector; and EQHA focus provinces that could benefit from further investment (for example, Battambang, Kampong Cham, Tbong Khmum, and Kampong Chhnang).

## **VII. CROSS-CUTTING THEMES**



### Private Sector Engagement

This activity will align with USAID's Private Sector Engagement Policy and use market-based approaches, where appropriate, to increase the impact and sustainability of interventions. Private sector engagement (PSE) is a strategic approach to planning and programming through which USAID consults, strategizes, aligns, collaborates, and implements with the private sector for greater scale, sustainability, and effectiveness of development or humanitarian outcomes. This may include engaging with private service providers, supply chain entities, retailers, investors, financial institutions, and information/communications technology providers. This activity will focus on supporting private providers, facilities, networks and professional associations to comply with minimum licensing and accreditation standards and self-regulate to further improve quality. It will also work to improve coordination between public and private sectors, improve stewardship and oversight of the private sector by the public sector, and strengthen private service delivery in priority health areas.

### Gender and Inclusive Development

All interventions must be developed and implemented by taking into account gender and inclusive development. Inclusive development interventions combat stigma and discrimination, promote empowerment and inclusion of marginalized or underrepresented groups, and improve the lives of populations in high-risk situations. The Activity will align its activities with the USAID Gender Equality and Female Empowerment Policy, the RGC's Gender Mainstream National Policy, and USAID's Policy on Promoting the Rights of Indigenous Peoples. As applicable, the Activity will work with the Gender Mainstreaming Action Group (GMAG) of MOH to advocate for more population-based data disaggregation by sex to address the lack of data on gender gaps, and with specific tracking of data to address challenges for marginalized groups, such as indigenous populations, ethnic minorities, people with disabilities, LGBTQI+, the elderly and others.

The Activity will advocate with relevant ministries and committees to expand the facilities that provide GBV-sensitive services to survivors, such as medical care, and referral for legal support and rehabilitation services; and provide technical assistance in line with this direction from the RGC. The Activity will also work with GMAG to provide training and capacity building to health care managers and health care providers to mainstream gender and inclusion into the healthcare systems with supportive supervision practices.

Approximately ten percent of Cambodia's total population are ethnic minorities (the Cham, people of Vietnamese descent, the Chinese, and at least 17 other ethnic groups or indigenous peoples). These groups often experience discrimination, social isolation, and economic exclusion. Northeastern provinces including Ratanakiri, Kratie, Mondulkiri, Preah Vihear and Kampong Thom have the largest populations of indigenous peoples in the country. Some health outcomes in these provinces lag behind the national average, for example childhood vaccination rates and child

nutrition. This activity will target geographic areas and tailor interventions to improve quality of healthcare and health outcomes for ethnic minorities and indigenous populations.

#### Localization/ New Partnership Initiative (NPI)

USAID's New Partnerships Initiative (NPI) seeks to improve collaboration with new, nontraditional, and local actors, while enhancing local leadership, capacity, and accountability. In order to better achieve its objectives sustainably, this activity will engage local, new and nontraditional partners through sub-awards, capacity building, and other forms of engagement. Partnerships should include focus on expanding outreach to populations that have historically been marginalized, including indigenous populations and ethnic minorities. Partnering with local organizations can make USAID's interventions and health facility services more responsive and accountable to local people, strengthen feedback systems between communities and facilities, and community participation in quality monitoring.

#### Sustainability

Sustainability is a key focus of this Activity and all its sub-activities. The proposed interventions should provide clear strategies for making quality improvement efforts initiated by the Activity sustainable, with a sustainability plan and milestones. To achieve this goal, interventions must be country-owned, promoting public and private partnership, led and leaving lasting and integrated impacts at the Activity's end -- including the ability of host country institutions to carry out effective quality improvement interventions without external assistance. The Activity will implement a collaborative approach with national and subnational stakeholders including RGC, civil society, private sector and key development partners of H-EQIP II, the Global Fund, and other donors. The focus on systems strengthening, policy, and capacity building made throughout this program description is purposely intended to support this principle. To the extent possible, the Activity will build upon, strengthen, and complement existing quality improvement systems, including those implemented under H-EQIP II, and not create parallel systems. This Activity should provide high quality technical assistance to increase the acceptability of new policies among stakeholders and RGC to be incorporated into the national policy.

#### Collaborating, Learning, and Adapting

Collaborating, Learning, and Adapting (CLA) is a set of practices that help us improve our development effectiveness. The activity should partner with other key organizations to promote synergy and reduce duplication. Learning has always been part of USAID's work. The Activity will focus on the best approach and strategy for knowledge management from the grassroots to national level to learn about results and impact at scale. The offeror should, in consultation with USAID, develop a set of learning questions from the initial stage of the award and adapt approaches based on lessons learned throughout the project.

#### Digital Health

In line with the forthcoming Digital Health Strategy of the RGC, EQHA II should pursue opportunities to use digital approaches and applications as part of the solutions to meet the intended program goal and objectives and in alignment with digital best practices as laid out in USAID's Vision for Action in Digital Health and Digital Investment Principles. Digital tools offer opportunities to improve effectiveness and efficiency of health system interventions, and offer a wide range of benefits to service providers, their institutions and beneficiaries. Digital technologies can be used to improve provider capacity, effective diagnosis and treatment of diseases, interaction between providers and patients, patient-centered care, disease-surveillance, program M&E, and strengthen referral linkages. It can also support evidence-based decision making and improve coordination among care providers and technical support institutions. EQHA II should work with key stakeholders to use digital solutions to address the challenges of above areas, which are related to quality improvement and assurance, interoperability between systems, digital global goods, country ownership, and sustainability of digital systems.

**{END OF SECTION A}**

## **SECTION B: FEDERAL AWARD INFORMATION**

### **1. Estimate of Funds Available and Number of Awards Contemplated**

Subject to funding availability, USAID/Cambodia intends to provide up to \$35 million in total USAID funding to support this program over a 5-year period.

The base amount for this award is expected to be approximately \$30 million. In addition to this base amount, the Cooperative Agreement will include an opportunity module of up to \$5 million inclusive of indirect costs. All funding will be provided on an incremental basis subject to the availability of funds and successful performance. USAID reserves the right to change the funding amounts, cycle, and terms of the agreement as a result of availability of funding, U.S. Government requirements or recipient performance. Should such changes occur, the recipient will be notified accordingly.

USAID intends to issue one cooperative agreement resulting from this funding opportunity to the responsible applicant who offers the best application in response to this NOFO's requirements, and that includes a calculation of costs that are reasonable and clearly explained. However, USAID reserve the right to: (a) reject any or all applications, (b) accept other than the lowest cost application, and (c) waive informalities and minor irregularities in applications received.

### **2. Start Date and Period of Performance for Federal Awards**

The period of performance anticipated herein is five years. The estimated start date will be June 1, 2023.

### **3. Award Type and Substantial Involvement**

USAID plans to negotiate and award an assistance instrument known as a Cooperative Agreement with the successful applicant for this program. A Cooperative Agreement implies a level of "substantial involvement" by USAID. This substantial involvement will be through the Agreement Officer, except to the extent that the Agreement Officer delegates authority to the Agreement Officer's Representative (AOR) in writing. The intended purpose of the substantial involvement during the award is to assist the recipient in achieving the supported objectives of the agreement. The anticipated substantial involvement elements for this award are listed below (this list does not include approvals required by Standard Mandatory Provisions for Non-US NGOs or other applicable law, regulation or provision):

- a. Approval of the Recipient's Implementation Plans:** USAID requires the approval of implementation plans annually to ensure alignment with stated goals, milestones and outputs. The implementation plan communicates how and when the Recipient will complete project activities and is drafted annually to describe new activities. This plan will be developed in partnership between the Recipient and the AOR. The AOR will ensure that the implementation plans fit within the scope, terms and conditions of the agreement.

**b. Agency Authority to Immediately Halt a Construction Activity:**

USAID may include the statement “The AO may immediately halt a construction activity if identified specifications are not met.” In such cases, the AO must also attach the identified specifications to the award when it is being executed. Any material changes to the specifications must be treated as an amendment to the award.

- c. The Agency’s review and approval of one stage of work, before work can begin on a subsequent stage during the period covered by the cooperative agreement.
- d. The Agency’s review and approval of substantive provisions of proposed subawards or contracts (see definitions in 2 CFR 200). These would be provisions that go beyond existing policies on Federal review of recipient procurement standards and sole source procurement. 2 CFR 200.308 already requires the recipient to obtain the AO’s prior approval for the subaward, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement. If USAID wishes to reserve any further approval rights for subawards or contracts that go beyond existing policies on Federal review of grantee procurement standards, it must specifically state such Agency involvement in the substantial involvement provision of the agreement.
- e. **Approval of Specified Key Personnel:** Key personnel require concurrence from the AOR and approval from the AO.
- f. **Agency and Recipient Collaboration or Joint Participation:** The Agency and recipient collaboration or joint participation, such as when the recipient’s successful accomplishment of program objectives would benefit from USAID’s technical knowledge. There should be sufficient reason for the Agency’s involvement and the involvement should be specifically tailored to support identified elements in the program description. Additionally, if the program establishes an advisory committee that provides advice to the recipient, USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues, and not routine administrative matters.
- g. Agency monitoring to permit specific kinds of direction or redirection of the work because of the interrelationships with other projects or activities. All such direction or redirection must be within the program description budget, and other terms and conditions of the award.
- h. Direct agency operational involvement or participation to ensure compliance with statutory requirements such as civil rights, environmental protection, and provisions for people with disabilities that exceeds the Agency’s role that is normally part of the general statutory requirements understood in advance of the award.
- i. Highly prescriptive Agency requirements established prior to award that limit the recipient’s discretion with respect to the scope of services offered, organizational structure, staffing, mode of operation, and other management processes, coupled with close monitoring or operational involvement during performance over and above the normal exercise of Federal stewardship responsibilities to ensure compliance with these requirements.

#### **4. Authorized Geographic Code**

The Authorized Geographic Code is 937 for the procurement of goods and services under the resulting award. Code 937 is defined as the United States, the cooperating/recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source.

#### **5. Nature of the Relationship between USAID and the Recipient**

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the USAID Enhancing Quality of Healthcare Activity II, which is authorized by Federal statute.

The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

**{END OF SECTION B}**

## SECTION C: ELIGIBILITY INFORMATION

### 1. Eligible Applicants

U.S. and non-US organizations from the authorized geographic code (937) may participate under this NOFO. USAID encourages applications from potential new partners.

USAID will not accept applications from individuals. All applications must be legally recognized organizational entities under applicable law.

Potential for-profit applicants must note that USAID policy prohibits the payment of fee/profit to the prime Recipient under assistance instruments. Forgone profit does not qualify as cost-share.

Faith-based organizations are eligible to apply for federal financial assistance on the same basis as any other organization and are subject to the protections and requirements of Federal law.

USAID welcomes applications from organizations which have not previously received financial assistance from USAID.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful applicant(s) will be subject to a responsibility determination assessment (Pre-award Survey) by the Agreement Officer (AO).

The Recipient must be a responsible entity. The AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award.

### 2. Cost Sharing or Matching

Cost share is required for the applicant to be eligible. The proposed cost share will not be rated but its amount and composition will be reviewed by the Merit Review Committee (MRC) for potential impact on the implementation and sustainability of the project's outcomes, and it may become a deciding factor in identifying the apparently successful application, in case two or more applications are equally rated.

USAID has established a **minimum cost share of \$2,000,000** for the recipient of the award. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. For guidance on cost sharing in grants and CAs, please see the ADS 303.3.10 and 2 CFR 200.307 for U.S. NGOs. For non-US NGOs, all cost sharing would be subject to the Required as Applicable Provision “Cost Sharing” in the Mandatory Reference for ADS Chapter 303, Standard Provisions for Non-U.S. Nongovernmental Organizations.

**3. Number of Applications**

An Applicant may submit only one application per organization. Applicants are directed to review the other requirements for applications specified herein, including, but not limited to, Sections D and E herein.

**{END OF SECTION C}**



## SECTION D: APPLICATION AND SUBMISSION INFORMATION

### 1. Agency Point of Contact

The point of contact for information about this NOFO is:

Ms. Honey Sokry  
Acquisition and Assistance Specialist  
USAID/Cambodia  
#1 Street 96, Sangkat Wat Phnom, Khan Daun Penh  
Phnom Penh, Cambodia  
Email: [hsokry@usaid.gov](mailto:hsokry@usaid.gov)  
(with a copy to [fhall@usaid.gov](mailto:fhall@usaid.gov))

The above contact information is only for informational purposes. The NOFO itself and any subsequent amendments can be found at [www.grants.gov](http://www.grants.gov). All applications must be submitted according to the directions regarding application submission in this NOFO and not necessarily to the point of contact.

### 2. Questions and Answers

Questions regarding this NOFO should be submitted via email to the Agency Point of Contact above with a copy to [fhall@usaid.gov](mailto:fhall@usaid.gov) no later than the due date and time provided on the cover page. Therefore, applicants should submit all questions prior to the deadline listed on the cover page.

Any information given to a prospective Applicant concerning this NOFO will be furnished promptly to all other prospective Applicants as an amendment to this NOFO on Grants.gov, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant. Please check [www.grants.gov](http://www.grants.gov) for any amendments.

### 3. General Content and Form of Application

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

**In compliance with 5 CFR 1320, the Paperwork Reduction Act, applications (technical and cost) need to be submitted in electronic format only.**

Applications and modifications thereof must be submitted in two separate volumes electronically via email to Ms. Honey Sokry, Acquisition and Assistance Specialist at [hsokry@usaid.gov](mailto:hsokry@usaid.gov), and cc [fhall@usaid.gov](mailto:fhall@usaid.gov).

#### **Preparation of Applications:**

Each Applicant shall furnish the information required by this NOFO. A complete application includes: (a) one complete technical application; and (b) one complete cost/business application.

Email submissions must include the following in the subject line:

“Technical application under 72044223RFA00001, submitted by: [name of Applicant organization].”

“Cost application under 72044223RFA00001, submitted by: [name of Applicant organization].”

This subsection addresses general content requirements applying to the full application. Please see subsections 5 and 6, below, for information on the content specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only while the Business (Cost) Application must present the costs, and address risk and other related issues.

Both the Technical and Business (Cost) Applications must include a cover page containing the following information:

- Name of the organization(s) submitting the application;
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Program name
- Notice of Funding Opportunity number
- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID’s definition of ‘local entity’ under ADS 303

All applications received by the submission deadline will be reviewed for responsiveness to the NOFO and the application format. Section E: Application Review Information addresses the technical review procedures for the applications. No additions or modifications will be accepted after the submission date.

Any erasures or other changes to the application must be initiated by the person signing the application. Applications signed by an agent on behalf of the Applicant 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 be disclosed to the public for any purpose or used by the U.S. Government except for evaluation purpose, should mark the title page with the following legend:

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

restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers} and, mark each sheet of data it wished 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."

Applicants should retain for their records one (1) copy of the application and all enclosures which accompany it.

#### **4. Application Submission Procedures**

It is the applicant's responsibility to ensure that all necessary documentation is complete and received on time.

USAID bears no responsibility for data errors resulting from transmission or conversion processes associated with electronic submissions.

For an application sent by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost application, and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line which says: "[organization name], Cost Application, Part 1 of 2".

Our preference is that the technical application and the cost application be submitted as single email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending them. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear. Only applications received by the submission deadline will be reviewed for responsiveness to the NOFO and the application format. No addition or modifications will be accepted after the submission date.

After you have sent your applications electronically, immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email. Issuance of this NOFO does not constitute an award commitment on the part of USAID, nor does it commit USAID to pay for any costs incurred in the preparation or submission of an application.

USAID may make an award on the basis of initial applications received, without requesting clarifications or additional detail on an application. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint. USAID reserves the right, however, to obtain clarifications or additional detail on an application.

## **5. Technical Application Format**

The technical application will be the most important factor for consideration in selection for award of the proposed Cooperative Agreement. 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 of this program. The application should take into account the requirements of the program and evaluation criteria found in this NOFO.

Technical applications must not exceed 25 single-spaced typed pages, utilizing Times New Roman 12pt font, typed on standard 8½" x 11" sized paper with one-inch margins (both right and left) and each page numbered consecutively. Annexes are excluded from the page limitation. Applicants are advised that any pages exceeding the limit will not be considered for evaluation. The technical application should include Executive Summary (not to exceed 2 pages) and Technical Approach, Management and Staffing Plan, Key Personnel, Institutional Capacity (not to exceed 23 pages).

The technical approach must clearly address the factors outlined in the evaluation criteria. 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 objectives and goals of this program.

**Application Contents:** The Technical Application, at a minimum, must contain the following (specific page limits or exclusions from the overall page limit are stated where applicable):

### **a. Cover Page (not to exceed 1 page, not included in the overall page limit)**

The Cover Page should include the following:

- Program/Project title;
- NOFO reference number;
- Name of organization applying for the agreement;
- Name(s) of all proposed partner(s)/sub-recipient(s) (not just principal partners);
- Contact person, telephone number, fax number, address, and name(s) and title(s) of person(s) who prepared the application, and corresponding signatures; and
- If applicable, the TIN and DUNS numbers of the applicant must also be listed on the cover page.

### **b. Table of Contents (not to exceed 1 page, not included in the overall page limit)**

### **c. Acronyms List (not included in the overall page limit)**

- d. Executive Summary (not to exceed 2 pages):** Briefly describe: a) the proposed vision and goals for the program and b) the managerial approach and resources that the applicant will bring to bear on the overall management of the program.
- e. Technical Approach (not to exceed 23 pages) to include the following sections:**
  - i. Technical Approach (17 pages)
  - ii. Management and Staffing Plan (2 pages)
  - iii. Key Personnel (2 pages)
  - iv. Institutional Capacity (2 pages)
- f. Annexes (no page limit, not included in the overall page limit)**
  - i. Draft Monitoring, Evaluation and Learning (MEL) Plan
  - ii. Organizational Chart and Staffing Plan Matrix
  - iii. Key Personnel Resumes/CVs and Letters of Commitment
  - iv. Draft work plan Gantt chart
  - v. Opportunity Module Planning

### **(1) Technical Approach**

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 objectives and goals of this activity.

Applicants must provide a narrative analysis reflecting their understanding of the development challenges and key issues relevant to this activity, their underlying problems and root causes, for both public and private sectors; and describe potential solutions and proposed approaches that are technically sound, evidence-based, feasible, and context-appropriate in order to sustainably achieve the objectives and results outlined in the Program Description. Proposed solutions should also align with and reflect an understanding of the cross-cutting themes mentioned in the Program Description.

The methodology applied for quality improvement should incorporate strategies to address gender-related inequities in health service delivery.

Applicants must demonstrate their familiarity with the range of actors and stakeholders involved in improving quality of health care in Cambodia. Applicants should describe how they will establish relationships of collaboration and trust among stakeholders at all levels to create ownership, and leverage resources and expertise (including linkages with other development programs and partners in public and private sectors, and among other key health system actors).

The technical approach should reflect clear intervention logic, identifying what strategies will be implemented to achieve the overall goal and objectives listed in the Program Description.

Applicants must include the following Annexes to support the technical approach. While there is no page limit for this portion, applicants are encouraged to be as concise as possible:

- A draft monitoring, evaluation and learning (MEL) plan, including a logical framework, not exceeding five pages, highlighting the logical linkages between intended strategies and activities to achieve the three objectives. Applicants must propose the most relevant and feasible indicators for measuring program results at each level of the results framework. The proposed indicators should be aligned with the National Health Strategic Plan, USAID standard and customized indicators and the global health indicator reference list. A final comprehensive MEL plan will be required after the award is made.
- A draft workplan Gantt chart providing an overview of the key activities envisioned during the first project year in line with the applicant's technical approach, and their expected sequencing and timing.
- An Opportunity Module planning summary where Applicants describe how they would ensure flexibility to adapt or deepen their approach and operations if USAID makes (up to \$5 million in) funding available through the Opportunity Module(s) identified during implementation. A brief summary should reflect how the applicant will respond to additional funding resulting from an opportunity module. This includes, for example, a discussion of how additional funding would affect your ongoing activities, the decision-making process for expenditures of such additional funds, and the selection process for expansion of ongoing activities. The program description to be accomplished under the Opportunity Module does not need to be identified in the application, but will be proposed during implementation and should address at least one of the Activity's key objectives.

## **(2) Management and Staffing Plan**

Applicants must submit a management and staffing plan, which describes the applicant's overall management approach and staffing plan. The management and staffing plan must specify the composition and organizational context of the entire implementation team (including home office support) and specify clear lines of supervision, accountability, decision-making and responsibility including management of subcontractors and sub-recipients. Applicants will indicate the number of positions, their functions, whether they will be local or expatriate hires, and the skills and experience they are expected to demonstrate. The use of international technical assistance (TA) should be limited to those whose skills are not currently available in-country. The applicant must adequately justify the

need and appropriateness for hiring each specific expatriate position. The plan must include an approach and timeline to ensure rapid and efficient start-up of both operational and technical aspects of the activity. Applicants must also outline a clear scheme on partnerships and collaboration with a diverse range of actors and stakeholders including (but not limited to) U.S. Government and Royal Government of Cambodia (RGC) agencies, other bilateral and multilateral donors, local public/private sector partners, local governmental structures, and international and local non-governmental organizations. Applicants should include in their staffing plans a full-time gender specialist position.

Letters of commitment from sub-partners, if applicable, must be included as an annex. A proposed Organizational Chart and Staffing Plan Matrix should also be included as an annex.

### **(3) Key Personnel**

USAID requires four full time positions as Key Personnel. Key personnel include full-time and long-term professional personnel whose participation in the proposed activities is considered to be essential.

1. Chief of Party (COP)
2. Deputy COP
3. Quality Improvement Advisor
4. Monitoring, Evaluation, and Learning Manager

Applicants will indicate the names of each proposed Key Personnel candidate along with a brief statement of why the proposed individual is suitable for the position. In an Annex, applicants will provide CV and a letter of commitment for each Key Personnel.

- The Chief of Party (COP) should serve and reside in Phnom Penh for the length of the project. The COP must have a master's degree or higher in Public Health, Health Science, Development Studies, or an equivalent related area of study. S/he must have at least 10 years of experience managing large health quality improvement projects in developing countries. S/he must also have a good track record of working with senior government officials, influencing policy, and supporting policy changes based on evidence or technical developments. Ability to coordinate with donors and other NGOs working in the health sector is required. Prior experience managing U.S. Government-funded projects or similar international donor programs is also preferred but not required. Excellent oral and written communication skills in English are required.
- The Deputy Chief of Party will work under the supervision of the Chief of Party to plan and oversee the implementation of this activity. S/he must have a master's degree or higher in public health, Health Science, Business Administration, Development, or an equivalent related area of study. She/he must have a minimum of 7 years of work experience in project operations and management in low resource setting countries. The DCOP must have demonstrated experience in government

coordination. Excellent oral and written communication skills in English and Khmer are required.

- The Quality Improvement advisor will work under supervision of the Chief of Party to plan and coordinate for quality improvement in the public and private sector. S/he must have at least a Master's degree in Public Health, Development Studies, business administration or an equivalent related area of study. S/he must have a minimum of 10 years of work experience in international/regional health services quality improvement. Excellent oral and written communication skills in English are required.
- The Monitoring, Evaluation, and Learning Manager must have a Bachelor's degree or higher in the field of social or research sciences, such as public health, statistics, or other fields relevant to program monitoring and evaluation. The proposed candidate must have at least 7 years demonstrated experience, in a developing country context in monitoring and evaluation of health programs. S/he must demonstrate strong skills in research and design of data systems/management information systems, and be thoroughly conversant with internationally used measures of health impact. Excellent oral and written communication skills in English and Khmer are required.

The applicant must submit resumes/CVs and letters of commitment of key personnel in the annex.

#### **(4) Institutional Capacity**

The Applicant must discuss its recent and relevant technical and field experience and quality of performance in programs or projects of similar technical content and scope in developing countries.

The Applicant must also discuss how this experience is relevant to the success of the program specified in the Program Description. This section must include a discussion of capabilities and capacities of Applicants and their major sub-partners to effectively and efficiently implement the activities required in the Program Description.

The Applicant must describe their experience in working collaboratively with host government ministries, and relevant health development partners with examples of successes from recent and existing programs that contribute to strengthening quality of health services in a similar context.

### **6. Business (Cost) Application Format**

The following section describes the Cost/Business documentation that applicants must submit to USAID prior to award. This documentation enables an Agreement Officer (AO) to determine that the proposed costs are reasonable, allowable, and allocable, and make a positive risk assessment (meaning that the applicant possesses or has the ability to obtain the necessary management competence to plan and carry out the assistance program to be funded, and that the applicant will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID). While there is no page limit for this portion, applicants are



encouraged to be as concise as possible, while providing the necessary detail to address the following. The cost application must cover the full period of performance using the budget format shown in the SF-424A.

Applicants must include a detailed five-year budget, with accompanying budget narratives for the application. The budget must provide in detail the total costs for implementation of the program that the organization is proposing. As specified earlier, the applicant should submit the Cost/Business application formatted in Word 2010 or later (for the budget narrative) and Excel 2010 or later (for the budget itself). The applicant must submit the full SF-424 series, which includes (web link provided below):

- SF-424, Application for Federal Assistance
- SF-424A, Budget Information – Non-construction Programs; and
- SF-424B, Assurance – Non-construction Programs

Opportunity Module: The Applicant must include a plug figure for the Opportunity Module in the amount of \$5 million (inclusive of Indirect Costs) as a separate line item in the SF-424A (*under Section B - Budget Categories, h. Other*) as well as a separate line item in the detailed budget.

If the applicant has established a consortium or another type of legal relationship with its partners, the Cost/Business application must include a copy of the document that specifies the legal relationship between the parties. This document should include a full discussion of the relationship between the organizations including: identification of the lead applicant with whom USAID will work for purposes of Agreement administration; identification of the applicant responsible for accounting; discussion of how the Agreement effort will be allocated among the parties; and specification of the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

To support the proposed costs, please provide detailed budget notes/narrative for all costs that explain how the costs were derived as described under section (iv) of the cost application below. The following provides guidance on what is needed:

- The breakdown of all costs associated with the program according to the costs of, if applicable, headquarters, regional, and/or country offices. Project management and administrative costs will be shared equitably across all funding sources.
- The breakdown of all costs according to each partner organization involved in the program.
- The costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance.
- The breakdown of any financial and in-kind contributions of all organizations involved in implementing this Cooperative Agreement.
- A description of how the costs are allocated.
- Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement, and the composition of the proposed cost share.
- Procurement plan for commodities (if applicable).

The Cost Application must contain the following sections:

- Cover Page
- SF424 Forms
- Budget
- Budget Narrative
- Evidence of Responsible the Agreement Officer can use to determine the Applicant
- Certifications, Assurances and Other Statements of the Recipient
- Certificate of Compliance (if applicable)
- Consortium Documentation (if applicable)

**a) Cover Page:** The Cost Application cover page must contain the same information as the Technical Application cover page.

**b) SF-424, SF-424A, and SF-424B**

The applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at <https://www.grants.gov/web/grants/forms/sf-424-family.html>

Failure to accurately complete these forms could result in a rejection of the application.

**c) Required Certifications and Assurances**

Applicants must complete the Certifications, Assurances, and Representations and include a PDF with the full application submission:

- (1) “Certifications, Assurances, Representations, and Other Statements of the Recipient” ADS 303mav document found at <https://www.usaid.gov/ads/policy/300/303mav>
- (2) Assurances for Non-Construction Programs (SF-424B)
- (3) Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

**d) Budget**

The budget must be submitted as one unprotected Excel file (MS Office 2010 or later versions) with visible formulas and references and must be broken out by project year, including itemization of the federal and non-federal (cost share) amount. Budget items with the total zero value should not be included in the budget. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make an award, and will result in a rejection of the cost application.

The budget must include the following worksheets or tabs, and contents for the prime applicant and each partner, at a minimum:

- **Summary budget**, must be inclusive of all project costs (USAID-funded and cost share), broken out by major budget category and by year for activities implemented by the applicant and each partner for the entire period of the project.
- **Detailed budget**, which is a detailed version of the Summary Budget. The detailed budget must reflect each estimated cost item, broken out. Detailed budget must include a breakdown by year, by budget category and budget line items for all federal funding and cost share for the entire implementation period of the project. Each cost must be specified. Unallowable costs and costs without a clear definition (such as “Miscellaneous”, “Other”, etc.) will not be accepted.

The detailed budgets for the applicant and each partner must contain the following budget categories and information, at a minimum:

- **Personnel:** must be separated into expatriate and local personnel and include direct salaries and wages only (not consultants or partners). All personnel must be proposed in accordance with each company’s personnel policies. Salaries for each proposed labor category must be expressed in an amount per workday with the corresponding level of effort required for each labor category (number of workdays) and then calculated to a total cost for each cost period where the salary would be applicable. All rates must be proposed as **unburdened daily rates** exclusive of benefits and/or fees (if any). If applicable, the magnitude of the proposed level of effort should reflect the startup and close down phases of the project.

The budget narrative must include as much information as possible about the personnel’s name, labor category, and unburdened daily rate, level of effort and salary escalation factors. Explain all assumptions in the budget narrative. If the organization has standing policies across all projects for annual salary escalations that exceed current inflation rates, those policies and the effective date of those policies must be provided with the application. The applicant must also confirm that the policy applies to all staff across all projects.

- **Fringe Benefits:** if the company has a fringe benefit rate that has been approved by a federal agency, such rate should be used and evidence of its approval should be provided (i.e. a copy of the organization’s NICRA).

If a fringe benefit rate has not been approved, the application should propose a rate and explain how the rate was determined; in this case, the narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, worker’s compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries. If leave and/or holidays are included in the latter, the number of work days per year must be prorated accordingly, to avoid the double charge.

- **Consultants:** if the applicant and partners propose consultants, whose services are directly related to the project, the budget must contain a line item for each such consultant, using unburdened daily rates. Similar information should be provided for

Consultants as provided for Personnel. In the budget summary, costs for Consultants must be included under Contractual budget category. Consulting services not part of the technical scope/delivery of the award (logistical support services such as audit services, IT support, security, etc.) must be included under Other Direct Costs.

- ***Travel & Transportation:*** must be separated into international and domestic travel. Travel costs may include transportation, per diem, taxi transfers to/from airport, insurance, etc. For international travel, costs may also include visa, inoculations, MedEvac and DBA (when applicable). Within each category, details must be provided to explain the purpose of the trip, the number of trips, the mode of travel (airfare, train or other), the departure and arrival cities, the number of travelers, and the duration of the trips. Per Diem must be based on the organization's travel policies, as well as align with the Department of State's Standardized Regulations (DSSR). When appropriate please provide supporting documentation as an attachment, such as the organization's travel policy, and include all assumptions in the budget narrative.
- ***Equipment:*** must contain a line item for each type of equipment, including information on estimated models, cost per unit and number of units. The budget narrative must include the purpose of the equipment and the basis for the estimates. Explain all assumptions in the budget narrative, including the proposed number of units and annual escalation factors (if any).
- ***Supplies:*** must include a line item for each type of supply, including information on cost per unit and quantity. The budget narrative must include the purpose of the supplies and the basis for the estimates. Explain all assumptions in the budget narrative, including the proposed number of units and annual escalation factors (if any).
- ***Contractual:*** specify the services or goods to be contracted out either through a subcontract or a sub-grant. The subcontractors'/sub-grantees' budgets must follow the same format and provide a similar level of detail as the applicant's budget. Contractual services not part of the technical scope/delivery of the award (logistical support services such as audit services, IT support, security, etc.) must be included under Other Direct Costs. Additionally, Consultant costs should be included under this Budget Category. The proposed funding amounts may be included as line items in the budget and illustrative activities. The sub-grants and small grants portion of the Program should total at least 20 percent of the total award amount.
- ***Other Direct Costs*** must be separated into program costs and operational costs.
  - ***Program Costs*** may include meeting costs, training sessions, workshops, etc. A detailed cost buildup for each element must be included in a separate worksheet or a tab to specify the number of events and the costs per one event (such as facility rental, audio visual rental, meals, local travel for participants, etc.) Meals and local travel must not be duplicated for the applicant's staff in travel and transportation, but must only cover non-applicant or non-partner employees attending the meetings/trainings. Explain all assumptions in the budget narrative, including the proposed number of units and annual escalation factors (if any).

- **Operational Costs** may include office rent, utilities, communication, maintenance or service costs, costs associated with implementation of Branding and Marking Plan, costs for services not part of the technical scope/delivery of the award (i.e. logistical support services), taxes (if applicable), etc. Explain all assumptions in the budget narrative, including rates, quantity and annual escalation factors (if any).
- **Indirect Costs** must be supported with information to substantiate the calculation of the indirect cost. If the applicant (and each partner, if applicable) has received one of the following, it must provide the document in the cost application to substantiate the indirect cost: 1) a letter from a cognizant U.S. Federal audit agency or a Negotiated Indirect Cost Agreement (NICRA); or 2) a narrative that supports how the indirect rates were calculated.

If the prime applicant does not have a NICRA, the applicant must submit the following:

Reviewed Financial Statements Report: a report issued by a Certified Public Accountant (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; and that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. The accountant must also state the he or she is not aware of any material modifications that should be made to the financial statements; or

Audited Financial Statements Report: An auditor issued report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), and the financial statements are the responsibility of management. It also provides an opinion that the financial statements present fairly in all material respects, and the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issues a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework.)

- **Cost Share**: If cost share is proposed, applicants should state the proposed amount of cost-sharing resources to be mobilized over the life of the agreement and specify the sources of such resources, and the basis of calculation in the budget narrative. Applicants should also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting Assistance award. The applicant and each partner proposing cost share must confirm that:
  - The proposed cost share contributions are not included as cost share contributions for any other U.S. Government (USG)-assisted program; and
  - Are necessary and reasonable for proper and efficient accomplishment of this award's objectives.

A cost analysis will be performed for the apparently successful Applicant. Budget information required from the apparently successful Applicant should be in enough detail to determine the proposed cost for the Applicant's program to be allocable, allowable and reasonable.

**e) Budget Narrative**

The application must have an accompanying detailed budget narrative and justification that provides in detail the total program amount for implementation of the program your organization is proposing. The budget narrative should provide information regarding the basis of estimate for each line item, including reference to sources used to substantiate the cost estimate (e.g. organization's policy, payroll document, vendor quotes, etc.).

A breakdown of all costs associated with the program according to the costs of, if applicable, headquarters, regional and/or country offices. Applicants who intend to utilize contractors or subrecipients should indicate the extent intended and a complete cost breakdown. Extensive contracts/agreement financial plans should follow the same cost format as submitted by the primary Applicant. A breakdown of all costs according to each partner organization, contract or sub/awardee involved in the program should be provided.

Pursuant to 2 CFR 200 Contract means a legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a resulting award. The term does not include a legal instrument when the substance of the transaction meets the definition of a Federal award or subaward (see § 200.92 Subaward), even if the Applicant considers it a contract. The Applicant must work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting, the quality of its record of past performance, and industry profit rates in the surrounding geographical area for similar work.

**f) Prior Approvals in accordance with 2 CFR 200.407**

Inclusion of an item of cost in the detailed application budget does not satisfy any requirements for prior approval by the Agency. If the applicant would like the award to reflect approval of any cost elements for which prior written approval is specifically required for allowability, the applicant must specify and justify that cost. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

**g) Approval of Subawards**

The applicant must submit information for all subawards that it wishes to have approved at the time of award. For each proposed subaward the applicant must provide the following:

- Name of organization
- Unique Entity Identifier (UEI)
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list

- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

#### **h) Consortium Documentation**

If the applicant has established a consortium, or other type of legal relationship with its partners, the Cost Application must include a copy of the legal relationship between the parties. The agreement should include a full discussion of the relationship between the applicant and partner(s), including identification of the applicant with whom USAID will work with for purposes of agreement administration, identity of the applicant which will have accounting responsibility, how agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

### **7. Unique Entity Identifier (UEI) and SAM Registration**

Applicants must obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM) (<https://sam.gov/>) in order to be eligible to receive federal assistance, such as grants and cooperative agreements. Unless an exemption applies (see ADS 303maz), applicants must be registered in SAM prior to submitting an application for award for USAID's consideration. Recipients must maintain an active SAM registration while they have an active award. Each applicant (unless the applicant is an individual or entity that is exempted from UEI/SAM requirements under 2 CFR 25.110) is required to:

1. Provide a valid UEI for the applicant and all proposed sub-recipients;
2. Be registered in SAM before submitting its application.
3. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin the process early. If an applicant has not fully complied with the requirements above by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

Applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video, on <https://sam.gov/>.

### **8. History of Performance**

The apparently successful Applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, not to exceed the past three years, as follows:

- Name of the Awarding Organization;
- Award Number;
- Activity Title;
- A brief description of the activity;
- Period of Performance;
- Award Amount;
- Reports and findings from any audits performed in the last three years; and
- Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

If the Applicant encountered problems on any of the referenced Awards, it may provide a short explanation and the corrective action taken. The applicant should not provide general information on its performance. USAID reserves the right to obtain from any sources relevant information concerning an Applicant's history of performance and may consider such information in its review of the Applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

## 9. Funding Restrictions

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

Construction will not be authorized under this award.

USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer.

Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.5 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

## 10. Branding Strategy and Marking Plan

**Applicants do not need to submit a draft Branding Strategy and Marking Plan in the initial applications. Under 2 CFR 700.16, USAID requires the submission of a Branding Strategy and Marking Plan from only the apparently successful applicant.** It is a Federal statutory and regulatory requirement that all overseas programs, projects, activities, public communications, and commodities that USAID partially or fully funds under an assistance award or sub-award must be appropriately marked with the USAID identity. More information on Branding Strategy and Marking Plan are available at



<https://www.usaid.gov/branding/assistance-awards/>. Please see Section F for more information on this plan. Only the apparently successful applicant will need to prepare a full Branding Strategy and Marking Plan.

The apparently successful applicant will follow the following provisions when preparing the Branding Strategy and Marking Plan:

**Branding Strategy – Assistance (June 2012)**

- a. Applicants recommended for an assistance award must submit and negotiate "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.
- b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and clarifications with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Branding Strategy must include, at a minimum, all of the following:
  - (1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.
  - (2) The intended name of the program, project, or activity.
    - (i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brand mark, with the tagline "from the American people" as found on the USAID Web site at <https://www.usaid.gov/branding>, unless Section F of the NOFO or APS state that the USAID Administrator has approved the use of an additional or substitute logo, seal or tagline.
    - (ii) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.
    - (iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

- (iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.
  - (v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. Section F of the NOFO or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.
- (3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.
- (4) Planned communication or program materials used to explain or market the program to beneficiaries.
- (i) Describe the main program message.
  - (ii) Provide plans for training materials, posters, pamphlets, public service announcements, billboards, Web sites, and so forth, as appropriate.
  - (iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, "USAID is from the American People."
  - (iv) Provide any additional ideas to increase awareness that the American people support this project or program.
- (5) Information on any direct involvement from the host-country government or ministry, including any planned acknowledgement of the host-country government.
- (6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.
- f. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
- g. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

(END OF PRE-AWARD TERM)

**Marking Plan – Assistance (June 2012)**

- a. Applicants recommended for an assistance award must submit and negotiate a “Marking Plan,” detailing the public communications, commodities, and program materials, and other items that will visibly bear the “USAID Identity,” which comprises of the USAID logo and brand mark, with the tagline “from the American people.” The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at <https://www.usaid.gov/branding>. Section F of the NOFO or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.
- b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and clarifications with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Marking Plan must include all of the following:
  - (1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:
    - (i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;
    - (ii) Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;
    - (iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and
    - (iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
    - (v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.
  - (2) A table on the program deliverables with the following details:

- (i) The program deliverables that the applicant plans to mark with the USAID Identity;
  - (ii) The type of marking and what materials the applicant will use to mark the program deliverables;
  - (iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;
  - (iv) What program deliverables the applicant does not plan to mark with the USAID Identity, and
  - (v) The rationale for not marking program deliverables.
- (3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:
- (i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.
  - (ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.
  - (iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as a host-country government item or product.
  - (iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.
  - (v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.
  - (vi) Offend local cultural or social norms, or be considered inappropriate. The applicant must identify the relevant norm, and explain why marking would violate that norm or otherwise be inappropriate.
  - (vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

- f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
- g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PRE-AWARD TERM)

## **11. Conscience Clause Implementation (Assistance) (February 2012)**

- a. An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—
  - (1) Shall not be required, as a condition of receiving such assistance—
    - (i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
    - (ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
  - (2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.
- b. An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled “Notices” as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.
- c. In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror's proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

(END OF PRE-AWARD TERM)

## **12. Conflict of Interest Pre-Award Term (August 2018)**

### **a. Personal Conflict of Interest**

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.
2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

### **b. Organizational Conflict of Interest**

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an applicant or the applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

(END OF PRE-AWARD TERM)

**{END OF SECTION D}**

## **SECTION E: APPLICATION REVIEW INFORMATION**

### **1. Criteria**

Eligible, responsive applications will be reviewed in accordance with the merit review criteria, the application and submission information in Section D, and the program description information in Section A. Applications that do not meet the eligibility criteria will not be considered for award.

The technical application will be reviewed in accordance with the technical merit review criteria set forth below. The cost application will be reviewed in accordance with the cost criteria set forth below. If an application is recommended for award following this review, technical and cost clarification questions may or may not be issued to the apparently successful applicant(s).

Applicants should note that the technical merit review criteria serve to: (a) identify the significant issues which applicants should address in their applications; and (b) set the standard against which all applications will be reviewed. To facilitate the review of applications, applicants should organize the narrative sections of their technical applications in the same order as the merit review criteria. Following review of the technical applications, the cost application of only the apparently successful applicant will be reviewed for reasonableness, realism, allowability, and allocability of the proposed costs.

### **2. Review and Selection Process**

All applications received by the NOFO deadline stated in the Cover Letter will be reviewed first for eligibility, then for responsiveness, and, finally, against the merit review criteria set forth below. If one part of an application is received after the NOFO deadline, then the entire application will be considered late and may not be considered for award. Also, full applications that are received after the NOFO deadline will be considered late and may not be considered for award. Further, applications in response to this NOFO should respond directly to the terms, conditions, specifications, and provisions of this NOFO. Applications not conforming to this NOFO may be categorized as non-responsive, thereby eliminating them from further consideration. If an applicant takes exception to any of the terms and conditions of the NOFO, then USAID will consider its application to be unacceptable. Applicants who wish to take exception to the terms and conditions stated within this NOFO are strongly encouraged to contact the Agreement Officer before doing so. USAID reserves the right to change the terms and conditions of the NOFO by amendment at any time prior to the applicant selection decision.

The Government anticipates the award of one cooperative agreement as a result of this NOFO. A USAID Merit Review Committee (MRC) will conduct a merit review of all applications received that comply with the instructions in this NOFO, and make the recommendation on which should be considered for award. The Agreement Officer will make the final determination whether the award will be made to the applicant. Award may be made with or without a request for clarifications/additional detail on an application.

## **APPLICATION REVIEW INFORMATION**

Technical Applications will be evaluated against the merit review criteria listed below. The Technical Application must include a clear description of the approach which will be taken for each of the program objectives detailed in this NOFO. Particular attention will be given to the anticipated results listed under each program objective. Applicants must address all of the program objectives and anticipated results listed in the NOFO.

CRITERION	CRITERION NAME	WEIGHT
Criterion 1	Technical Approach	Criterion 1 is weighted as approximately equal to all other criteria when combined. Criteria 2 and 3 are equal, and each individually is greater than Criterion 4.
Criterion 2	Management & Staffing Plan	
Criterion 3	Key Personnel	
Criterion 4	Institutional Capacity	

#### A. Technical Evaluation Criteria

The following merit review criteria will serve as the basis for USAID’s review of each application:

##### **Criterion 1. Technical Approach:**

The merit review under this factor will holistically focus on the following elements (not sub-factors, so not assigned any particular individual weight):

- The extent to which the proposed technical approach is likely to lead to achievement of concrete and measurable results, which indicate significant contribution to achieving the goal, objectives, and components of the NOFO.
- The extent to which the proposed technical approach is based on an in-depth understanding of the Cambodian context and development challenges stated in the program description, and proposes innovative, flexible, feasible, and sustainable approaches to achieving results.
- The extent to which the proposed technical approaches will ensure integration of gender-sensitive programming and synergies with other development programs, donors and partners and include vulnerable populations as beneficiaries and stakeholders, particularly ethnic minority and indigenous populations.
- The extent to which the proposed technical approaches will ensure integration of inclusive development programming.
- The extent to which the draft Monitoring, Evaluation and Learning (MEL) plan presents clearly defined indicators that demonstrate the program’s results and the extent to which the draft MEL plan demonstrates the Applicant’s approach to adaptive management based on learning and measurable results.

##### **Criterion 2. Management and Staffing plan:**



The merit review under this factor will holistically focus on the following elements (not sub-factors, so not assigned any particular individual weight):

- The extent to which the management plan addresses key program management functions including administrative set up, financial management system, organizational structure, clearly defined roles and responsibilities of staff subject to the organizational structure lines of communication, and sub-awardee management (if any) or consortium of partners (when relevant) that maximizes efficient use of resources and links to intended results.
- The extent to which the staffing plan will ensure the successful implementation of the proposed activities, including efficient start-up of the implementation without delay and interruption.
- The extent to which the staffing plan and proposed sub-awards address gender mainstreaming, inclusive development, and localization.

**Criterion 3. Key Personnel:**

Key personnel will be evaluated on a combination of their technical qualifications (including relevant work experience), educational background (including relevant academic and non-academic training and ongoing professional development), communication skills, language skills, and highlighted professional competences.

**Criterion 4. Institutional Capacity:**

The extent to which the applicant demonstrates an effective ability to identify, mobilize, and leverage required expertise from local, regional and international pools of professional experts to fulfill the needs for technical assistance to ensure achievement of the goal and objectives of the Program Description. This includes the ability to manage relationships with host government ministries and other relevant health development partners.

**B. Business (Cost) Review**

The Agency will evaluate the cost application of the applicant(s) under consideration for an award as a result of the merit criteria review to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

The AO will perform a risk assessment (2 CFR 200.206). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with “specific conditions” (2 CFR 200.208).

**{END OF SECTION E}**

## **SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION**

### **1. Federal Award Notices**

A notice of award signed by the Agreement Officer is the authorizing document for this NOFO. The notice of award will be provided electronically to the applicant's point of contact listed in the application. Notification will also be made electronically to unsuccessful applicants pursuant to ADS 303.3.7.1.b. For the successful application, USAID may reach out to the applicant with clarifying questions and a request for a revised application by a specified date. USAID reserves the right to award without requesting clarifications or additional detail on an application. USAID may choose to change the Applicant's proposed award type, Grant or Cooperative Agreement, prior to award.

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

Prior to issuance of award, the applicant may be required to submit additional information on the organization and key individuals for vetting. For example, for those organizations that have not had previous grants or cooperative agreements with the US Government, Articles of Incorporation or other documentation which substantiates the legal character of the entity will be requested. In such cases, issuance of an award is contingent on the timely receipt of the information requested and the successful completion of the vetting process/post-award risk assessment. Applicants under consideration for an award that have never received funding from USAID will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls and establish an indirect cost rate.

### **2. Administrative and National Policy Requirements**

The award will be administered according to the applicable standard provisions:

U.S. organizations, ADS 303, 2 CFR 200, 2 CFR 700 (<http://www.ecfr.gov/>) and the Standard Provisions for U.S. Non- Governmental Recipients (<http://www.usaid.gov/ads/policy/300/303maa>) are applicable.

Non-U.S. organizations, ADS 303, Standard Provisions for Non-U.S. Non-Governmental Recipients (<http://www.usaid.gov/ads/policy/300/303mab>) are applicable.

Applicable OMB Circulars are available at: [http://www.whitehouse.gov/omb/circulars\\_default](http://www.whitehouse.gov/omb/circulars_default)

Resulting award to Public International Organizations (PIOs, or IOs) will be administered in accordance with Chapter 308 of USAID's ADS including the Standard Provisions set forth in

ADS 308.5.15. ADS 308 is available at:

<https://www.usaid.gov/sites/default/files/documents/1868/308.pdf>

The award will be administered by the USAID/Cambodia's Office of Acquisition and Assistance. The AO will designate an AOR to review, concur and/or approve on the items outlined in Substantial Involvement (Section B of this NOFO).

### **3. Reporting Requirements**

The Recipient will adhere to all reporting requirements listed below; further, US Non-Governmental organizations need to be in compliance with 2 CFR 200 and 2 CFR 700 (specifically 2 CFR 200.327-329). All reports will be submitted by the due date for approval from the USAID Agreement Officer's Representative (AOR). The Recipient will consult with the AOR on the format prior to submission. In addition to the reports below, the AOR may request additional information to contribute to the internal USAID project reviews.

While the overall approach will focus on the objectives noted above, reporting on results by each of USAID's health program elements (i.e. TB, HIV, FP/RH, maternal and child health, malaria, or emerging pandemic threats), may be required based on the intervention and type of funding provided, in addition to overarching results. Moreover, the level of effort on individual technical issues must be proportional to budget streams and the budget split accordingly. The recipient will need to strike a careful balance between focusing on congressionally mandated health priorities, while at the same time contributing to a broader strengthening of health systems as outlined above.

The applicants are encouraged to propose indicators and targets that are inclusive, gender-sensitive and must disaggregate by sex for all people-level indicators.

The Recipient will adhere to all reporting requirements listed below. All reports as required under Substantial Involvement shall be submitted by the due date. Additional reports requiring review and clearances, when necessary, are listed under each requirement.

#### **Annual Work Plan**

Within 60 days of agreement award, the Recipient will submit an initial work plan to the AOR to cover the remaining period in the current U.S. Government Fiscal Year (the period covered by this plan will depend on the date of the award). The work plan will be developed in consultation with the AOR and relevant stakeholders. The work plan will include programmatic targets, results metrics, and a short risk analysis. The subsequent work plans will be submitted annually.

The subsequent annual Work Plans will be submitted to the AOR at least thirty (30) days before the beginning of the next reporting period. The work plan year will be consistent with the USG's fiscal year (October-September). The Recipient will prepare the work plan in consultation with the AOR and relevant stakeholders.

#### **Monitoring, Evaluation and Learning (MEL) Plan**

A draft MEL Plan must be submitted to the AOR within the first 90 days after the award is signed. The MEL plan will cover the entire period of the Agreement and will be revised as needed, and in cases of a program modification, including the addition of activities under the opportunity module. The plan should be aligned with, but not wholly based upon the Foreign Assistance Framework standard indicators. Performance metrics should capture progress towards the overall expected outcomes and therefore USAID/Cambodia anticipates relevant customized metrics to serve as a management tool in support of this program. Metrics should reflect, at a minimum, both output and outcome levels. Where possible, impact metrics are desired. Foreign Assistance Framework standard indicators are available at <http://www.state.gov/f/indicators/index.htm>. The Recipient will customize or include gender-sensitive indicators listed in the link above. The Recipient will be expected to further update and refine its MEL Plan to include specific indicators and targets for the achievement of program results as part of USAID/Cambodia's overall Performance Management Plan (PMP). Importantly, the plan should inform real time learning and adapting of ideas and approaches to program implementation. The MEL Plan submitted by the Recipient will be subject to approval by the Agreement Officer Representative (AOR).

Accurate and real-time monitoring is necessary so that the Activity adapts to changing conditions and makes mid-course corrections, as necessary. Proposed indicators, baselines and targets under each of the three objectives should be developed by the applicant and be submitted as part of the overall Monitoring, Evaluation and Learning Plan (MEL). Activities should be based on measurable indicators and targets for each result. Indicators should focus on both capturing the results at the objective level as well as reporting individually on each technical area. All people-level indicators must be disaggregated by sex. Collecting gender-sensitive indicators (for example, standard indicator GNDR-6) and documentation of unintended gender-related consequences of the activities are strongly encouraged.

The MEL plan must capture various elements associated with quality improvement including the process of care, competent systems for improved clinical outcomes; improving patient-centered care (patient satisfaction, improved trust and utilization); improving quality of resource use (from stewardship of the system to cost-effectiveness of individual interventions); and improving evidence-based care, including compliance with written national guidelines. Reports must also capture progress toward institutionalization and efforts to develop ownership and commitment, as a path toward sustainability.

The MEL Plan is a performance management tool for planning, managing, and documenting how performance data are collected and used. During the initial program planning period, the awardee shall work closely with USAID to develop the MEL plan using a USAID/Cambodia specified format. The awardee must finalize the MEL plan following review and comments by the AOR and resubmit for the AOR's approval. It is to be submitted for approval within 15 days of receipt of USAID's comments. The approved MEL will be effective for the life of the award and may be revised as appropriate in collaboration with USAID and evolving requirements from USG, and only with prior approval, in writing, from the AOR. All indicator data submitted are to be supported by documentary evidence for authenticity.

Key components of the Activity MEL Plan typically include:

- The logical model along with the activity theory of change
- The activity's monitoring plan and approach, including relevant performance monitoring and context monitoring;
- Beneficiary feedback plan that includes feedback collection procedures, feedback response procedure and reporting feedback results to USAID;
- Evaluation plan that includes internal evaluations and assessment as well as the plan for collaborating with external evaluators;
- Collaborating, Learning and Adapting plan;
- Estimated resources needed for MEL, including monitoring, evaluation and learning activities
- Roles and responsibilities for all proposed monitoring, evaluation and learning actions;
- Data management plan;
- Schedule of MEL Deliverables to USAID;
- Performance Indicator Tracking Table (PITT) that includes all indicators by each objective/purpose and their baselines, disaggregate levels and annual target values; and,
- Performance Indicator Reference Sheet (PIRS) for each indicator included in the PITT.

The awardee is expected to conduct a thorough baseline assessment and facilitate its own internal assessments in order to monitor performance and progress toward results.

USAID plans to conduct a midterm and final evaluation of this award using an independent, externally contracted third-party evaluator. Evaluations will pose and seek answers to questions related to the purpose of the Activity focused on the extent to which the Activity has contributed to ensuring that Cambodian people seek and receive quality health care without financial hardship through a sustainable health system.

#### Quarterly Performance Report

The Recipient shall submit a Quarterly Performance Report, within 30 days after the end of each quarter, to include information on program activities undertaken in the reporting period. It will summarize progress in relation to agreed upon targets contained in the work plan, and will specify any problems encountered and indicate resolutions or proposed corrective actions; the status of activities and deliverables and the date of their completion/submission to USAID/Cambodia; changes to personnel; and other relevant issues. For each action, the Recipient will designate responsible parties and establish a timeframe for completion. Quarterly Performance Reports will also include an updated political economy and risk assessment and any recommendations for programmatic adjustments. Since this award also emphasizes women, ethnic minorities, as well as other marginalized populations, the report shall also address gender and inclusion gaps, opportunities and differential negative impacts on vulnerable populations. In lieu of the Quarterly Performance Report for the 4th quarter of the U.S. Government Fiscal Year, the Recipient will submit Annual Progress Reports.

#### Annual Progress Reports

The Annual Progress Report shall be due 30 calendar days after the end of the reporting period covering activities of the previous USG fiscal year. The report will provide a succinct

presentation of achievements of program objectives and targets during the year with supporting discussion to explain any shortfalls. The report will summarize program progress, provide an analysis of program impact based on activities completed or in-progress, identify success stories, and suggest resolution of any outstanding issues. The Annual Progress Reports will include a performance indicator data table presenting the baseline, targets established for each fiscal year, and the actual annual performance data using indicators from the MEP Plan.

### *Final Report*

Within 90 days after the completion date of this Cooperative Agreement the Recipient shall submit a final report which includes an executive summary of the Recipient's accomplishments in achieving results and recommendations about areas in need of future assistance; an overall description of the recipient's activities and attainment of results, as appropriate during the life of the Cooperative Agreement; an assessment of the progress made toward accomplishing the objective and expected results and significance of these activities; important research findings, comments and recommendations, and a fiscal report that describes how the recipient's funds were used (see 2 CFR 200.328 Monitoring and reporting program performance.)

### *Financial Reporting*

Financial reporting requirements will be in accordance with 2 CFR 200 and 2 CFR 700, which require quarterly completion of the Standard Form (SF) 425. These are due no later than 30 calendar days after the end of each quarter based on the U.S. Government fiscal year. The instructions for completing the form can be found on: <http://www.sba.gov/content/standard-form-425-federal-financial> report. Copies of the SF-425 must also be sent to the AO and AOR.

### *Demobilization Plan*

At least 120 calendar days prior to the Completion Date of the Award, the Recipient must submit a Demobilization Plan for the AOR's approval. Within this plan, the Recipient must submit a Property Disposition Plan for the phase-out of in-country operation with regard to equipment and supplies (for approval by the AO) and delivery schedule for all required reports or deliverables along with a timetable for completing all required actions (for approval by the AOR).

## **4. Development Experience Clearinghouse Requirements**

The Recipient must submit development experience materials, including the final report, to the following address:

- Online: <http://dec.usaid.gov>
- By mail (for pouch delivery):

USAID Development Experience Clearinghouse  
M/CIO/ITSD/KM/DEC  
RRB M.01-010  
Washington, DC 20523-6100

\*Note: Mail sent to USAID via the US Postal Service undergoes security and irradiation processing. To send sensitive items, like CDs or DVDs, please contact the DEC team at [ksc@usaid.gov](mailto:ksc@usaid.gov) to arrange delivery.

For questions on DEC submissions, contact: M/CIO/ITSD/KM/DEC Telephone: [+1 202-712-0579](tel:+1202-712-0579) Email: [ksc@usaid.gov](mailto:ksc@usaid.gov)

## **5. Program Income**

If the successful applicant(s) is/are a non-profit organization(s), any program income generated under the award(s) will be added to USAID funding (and any cost-sharing that may be provided, if applicable), and used for program purposes. However, pursuant to 2 CFR 200.307 Program Income, if the successful applicant is a for-profit or commercial organization, any program income generated under the award will be deducted from the U.S. Government share of this award to determine the amount of USAID funding.

Program income will be subject to 2 CFR 200.307 for U.S. NGOs or the standard provision entitled Program Income for non-U.S. NGOs. If the successful applicant(s) is/are a PIO, any program income generated under the award(s) will be added to USAID funding (and any non-USAID funding that may be provided) and used for program purposes.

## **6. 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 (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ADS/200/>), 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. Respondent environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA. In addition, the recipient must 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 Cooperative Agreement (CA) will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

An Initial Environmental Examination (IEE) ASIA 22-119 has been approved for the Project funding this RFA. The IEE covers activities expected to be implemented under this CA. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to



be funded under this award.

As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this grant/CA to determine if they are within the scope of the approved Regulation 216 environmental documentation. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

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: a) Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE 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; b) Integrate a completed EMMP or M&M Plan into the initial work plan; c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

**{END OF SECTION F}**

## **SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)**

### **1. NOFO Points of Contact**

Only the Agreement Officer is authorized to make commitments on behalf of USAID. The Agreement Officer is listed below:

Mr. Francis Hall  
Agreement Officer  
USAID/Cambodia  
#1 Street 96, Sangkat Wat Phnom, Khan Daun Penh  
Phnom Penh, Cambodia  
Email: [fhall@usaid.gov](mailto:fhall@usaid.gov)

Ms. Honey Sokry  
Acquisition and Assistance Specialist  
USAID/Cambodia  
#1 Street 96, Sangkat Wat Phnom, Khan Daun Penh  
Phnom Penh, Cambodia  
Email: [hsokry@usaid.gov](mailto:hsokry@usaid.gov)

### **2. Acquisition and Assistance Ombudsman**

The A&A Ombudsman helps ensure equitable treatment of all parties who participate in USAID's acquisition and assistance process. The A&A Ombudsman serves as a resource for all organizations who are doing or wish to do business with USAID. Please visit this page for additional information: <https://www.usaid.gov/work-usaid/acquisition-assistance-ombudsman>

The A&A Ombudsman may be contacted via: [Ombudsman@usaid.gov](mailto:Ombudsman@usaid.gov)

## **SECTION H: OTHER INFORMATION**

### Applications with Proprietary Data

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purpose, should mark the cover page with the following:

“This application includes data that must not be disclosed, duplicated, or used – in whole or in part – for any purpose other than to evaluate this application. If, however, an award is made as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. This restriction does not limit the U.S. Government’s right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers}.”

Additionally, the applicant must mark each sheet of data it wishes to restrict with the following:

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

**ATTACHMENT 1: INITIAL ENVIRONMENTAL EXAMINATION (IEE)**

## INITIAL ENVIRONMENTAL EXAMINATION

**PROJECT/ACTIVITY DATA**

<b>Project/Activity Name:</b>	Enhancing Quality of HealthCare II
<b>Geographic Location(s) (Country/Region):</b>	Cambodia
<b>Amendment (Yes/No), if Yes indicate # (1, 2...):</b>	No
<b>Implementation Start/End Dates (FY or M/D/Y):</b>	FY 2023 - FY 2028
<b>If Amended, specify New End Date:</b>	no
<b>Solicitation/Contract/Award Number:</b>	TBD
<b>Implementing Partner(s):</b>	TBD
<b>Bureau Tracking ID:</b>	Asia Bureau
<b>Tracking ID of Related RCE/IEE (if any):</b>	N/A
<b>Tracking ID of Other, Related Analyses:</b>	N/A

**ORGANIZATIONAL/ADMINISTRATIVE DATA**

<b>Implementing Operating Unit(s):</b> (e.g. Mission or Bureau or Office)	USAID/Cambodia
<b>Other Affected Operating Unit(s):</b>	OPHE
<b>Lead BEO Bureau:</b>	Asia Bureau
<b>Funding Operating Unit(s):</b> (e.g. Mission or Bureau or Office)	USAID/Cambodia
<b>Funding Account(s) (if available):</b>	n/a
<b>Original Funding Amount:</b>	██████████
<b>If Amended, specify funding amount:</b>	n/a
<b>If Amended, specify new funding total:</b>	n/a
<b>Prepared by:</b>	Sopheanarith Sek
<b>Date Prepared:</b>	October 14, 2022

## ENVIRONMENTAL COMPLIANCE REVIEW DATA

<b>Analysis Type:</b>	Environmental Examination	Deferral
<b>Environmental Determination(s):</b>	<input checked="" type="checkbox"/> Categorical Exclusion(s) <input checked="" type="checkbox"/> Negative Determination with Conditions	Positive Deferred (per 22CFR216.3(a)(7)(iv))
<b>IEE Expiration Date</b> (if different from implementation end date):	December 2028	
<b>Additional Analyses/Reporting Required:</b>	N/A	
<b>Climate Risks Identified (#): 3</b>	Low <u>  1  </u> Moderate <u>  2  </u> High <u>      </u>	
<b>Climate Risks Addressed (#): 3</b>	Low <u>  1  </u> Moderate <u>  2  </u> High <u>      </u>	

### 1.0 PROJECT/ACTIVITY DESCRIPTION

#### 1.1 PURPOSE AND SCOPE OF THE IEE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22CFR216), is to provide a preliminary review of the reasonably foreseeable effects on the environment of the USAID intervention described herein and recommend determinations and, as appropriate, conditions, for these activities. Upon approval, these determinations become affirmed, per 22CFR216 and specified conditions become mandatory obligations of implementation. This IEE also documents the results of the project/activity level Climate Risk Management process in accordance with USAID policy (specifically, ADS 201mal).

This IEE is a critical element of USAID's mandatory environmental review and compliance process meant to achieve environmentally sound activity design and implementation. Potential environmental impacts should be addressed through formal environmental mitigation and monitoring plans (EMMPs) and/or Environmental Assessments (EAs), if needed.

#### 1.2 PROJECT/ACTIVITY OVERVIEW

The Enhancing Quality of Healthcare Activity II (EQHA II) has a purpose to enhance quality, sustainability, and responsiveness of health services in the public and private sectors to maximize health outcomes among Cambodians, including vulnerable populations. EQHA II will advance the Country Development Cooperation Strategy (CDCS) DO 2 "Improved Health and Education with a focus on Vulnerable Populations", by supporting the social and human development outcomes necessary for increased prosperity and resilience in the country. This activity will focus on improving health systems for both private and public sectors, which in turn will increase the sustainable quality health services delivery. This supports USAID/Cambodia's strategy to shift from direct service delivery.

This activity is planned to be a cooperative agreement awarded through full-and-open competition. The total estimated USAID contribution to the EQHA II activity is about [REDACTED] of the opportunity module, which will come from FY 2022 to FY 2026 Global Health Program (GHP-USAID), with an initial obligation of [REDACTED] in FY

2022 funds. The activity will have an expected duration of 5 years, beginning on or around June 30, 2023.

To achieve this purpose, EQHA II will support the implementation of key priorities identified by MOH and other health stakeholders towards achieving universal health coverage, primarily through a focus on health systems advancements, addressing the challenges of reproductive, maternal, and child health and communicable disease, and making progress on the governance, regulation, and compliance agenda. Health systems advancements call for increasing acceptability and accountability of health services, particularly at the subnational level. EQHA II's focus will include strengthening the health workforce, supporting effective governance and regulatory compliance, and using digital tools to increase effectiveness and efficiency of the health system. EQHA II has the following objectives:

**Objective 1:** Improved evidence-based policy, guidelines, and strategies for more effective and efficient health service systems.

The Activity will provide technical assistance and facilitate systems thinking among key stakeholders, including coordinating institutions and national programs/centers, to use evidence for policy analysis, develop joint plans or strategies for advocacy, and implementation aimed at improving the quality and availability of healthcare services at all levels. The Activity will support plans and strategies to promote the integration of national vertical programs into the mainstream health systems where possible. The activity will also strengthen policies of vertical programs, particularly for Maternal Child Health (MCH), Family Planning (FP), and Tuberculosis (TB). The effective implementation of set policies by the national institutions at subnational levels will depend significantly on the clear standards provided by the national levels. The Activity will also build on USAID and other donor investments in health information systems by working with service providers and managers in both the public and private sector to use data for more effective planning for continuing quality improvement.

**Illustrative Results:**

- **Result 1.1:** Policies, guidelines and strategies of national programs are coordinated and integrated with the Ministry of Health (MoH), and incorporate health system thinking.
- **Result 1.2:** Policies, guidelines and strategies addressing specific program areas (such as MCH, FP, and TB) are improved, in line with international and country-specific best practices and approaches.
- **Result 1.3:** Documented use of data and evidence for quality improvement, leading to more effective planning, monitoring and evaluation, and decision making.

**Objective 2:** Improved individual and institutional capacity of the public and private sectors to implement, monitor and evaluate quality assurance according to the national standards.

The Activity will build on current USAID programming, which seeks to improve national and local capacity to provide safe, timely, quality, and effective health services across the continuum of healthcare needs. The Activity will continue to build the capacity of the private sector, which should be better engaged, regulated, and recognized by the Royal Government of Cambodia/Ministry of Health (RGC/MOH). The Activity will support the implementation of existing and new regulations and accreditation laws in the health sector. While MOH and

Development Partners help set up the monitoring and evaluation systems of quality of public health services, the Activity will focus on implementation of quality standards as well as strengthening monitoring and evaluation of quality compliance and recognition systems of private sector services. This work will target strengthening the capacity of multiple institutions managing licensing and accreditation, including the Hospital Services Department of Ministry of Health, Health Professional Councils, Provincial Health Departments, and one-window services at provincial and district levels.

EQHA II will also support expanding professional networks in the public and private sectors that can foster technical exchange among healthcare professionals, and compile information as a technical resource center from which healthcare institutions of both sectors can refer and seek technical assistance or services when needed for their quality improvement efforts.

#### Illustrative Results:

- **Result 2.1:** Strengthened systems of national and subnational institutions to manage licensing and accreditation of health services.
- **Result 2.2:** Improved capacity of health providers and managers to monitor and improve facility quality, self-regulate, and meet licensing and accreditation standards.
- **Result 2.3:** Improved organization of the private sector and coordination with the public sector at national and subnational levels to develop and implement quality improvement policy and guidelines related to both providers behavior and facility quality standards.

**Objective 3:** Improved individual and institutional capacity of subnational health systems to provide quality services to address emerging national program priorities.

In addition to addressing cross-cutting quality improvement challenges in the public and private sectors, this activity will also deliver technical assistance to national vertical programs (including infectious diseases, reproductive, and maternal health) to strengthen vertical disease service delivery at public health facilities, including hospitals and health centers, and private health facilities and pharmacies. The interventions will apply updated global, regional and national guidelines using integrated approaches. The Activity may also support the introduction of innovative approaches that can be jointly defined by the national programs and other stakeholders in healthcare systems.

While almost all deliveries and most postnatal visits are attended by skilled birth attendants, the quality of Maternal and Child Health (MCH) services should be improved to accelerate the reduction of maternal and newborn mortality. The proposed interventions should address the challenges in Emergency Obstetric and Newborn Care (EmONC) so that complications during and after delivery can be prevented. The proposed interventions should include innovative approaches to build capacity of the health care provider to manage the emergency obstetric and newborn care, which include on-site clinical coaching and mentoring.

Further, modern contraceptive use continues to increase steadily at the rate of one percent per year, however the unmet need is still very high and use of traditional methods among married couples poses risks for unwanted pregnancy. Accessibility and availability of long-term methods at health facilities is still challenging, especially in remote areas where the skill of midwives is limited. The proposed interventions can include building the capacity of those providers to provide high-quality family planning services.



This activity will address infectious disease challenges in Cambodia through leading improvements in the quality of health services and operational and policy frameworks that guide infectious disease programs. The proposed interventions will contribute to an increase in national TB case detection, and quality of diagnosis and treatment by identifying missing TB cases at facility levels using systematic screening and improve health facility staff capacity to diagnose and treat TB. These activities should focus on strengthening TB systems and service delivery, particularly at the health center level. With the national policy guidance from the National TB Program, private sector engagement in TB screening, diagnosis and treatment will be implemented by this Activity in selected provinces.

As seen during the COVID-19 pandemic, emerging pandemic threats pose increasing risks to global health security and human prosperity. Population growth, climate change, increasing urbanization, and international travel and migration all increase the risk for emergence and spread of new pathogens. This activity will improve health facility practices that contribute to prevention, detection, and response for new zoonotic and other infectious disease threats towards strengthening health security and preventing the next pandemic.

#### Illustrative Results:

- **Result 3.1:** Increased capacity of the private sector health system to provide quality services related to family planning, MCH, TB, HIV and other diseases as appropriate.
- **Result 3.2:** Improved capacity of public providers and strengthened systems to deliver high-quality emergency obstetric and newborn care (EmONC) services, particularly in rural areas.
- **Result 3.3:** Improved capacity of providers and strengthened public and private sector systems to deliver high-quality family planning services, including long-acting reversible family planning and postpartum family planning.
- **Result 3.4:** Improved capacity of public health care providers and strengthened systems to implement comprehensive services to screen, prevent, detect and treat TB services, particularly at health center level.
- **Result 3.5:** Improved health facility capacity to prevent, detect and respond to emerging pandemic health threats.

#### Opportunity Module:

Subject fund availability, to supplement the intervention description as stated in the Results Framework above, USAID and the recipient may identify opportunities for improving our response through this mechanism to address specific health priority needs that cannot be precisely identified during the design process but emerge over the course of implementation. Applying the opportunity module(s) may also allow this Activity to expand geographic coverage to other provinces/districts as appropriate or expand reach within existing provinces. Subject to funding availability, USAID will work with the Recipient to identify priority needs and provide technical support by bringing national and international expertise to support interventions related to existing Objectives.

## 2. ENVIRONMENTAL ANALYSIS

### 2.1 Justification for Categorical Exclusion

Based on the objectives and the expected result described above, the objective 1 will fall under Categorical Exclusions in determining the classes of actions included in §216.2(c)(1) for which and Initial Environmental Examination, Environmental Assessment and Environmental Impact Statement generally are not required and §216.2(c)(1) (i) the actions do not affect the natural or physical environment. USAID/Cambodia is envisioned that the planned activities can be categorized into the following classes of actions that will fall under §216.2(c)(2) and are not subject to the procedures set forth in §216.3, except to the extent provided herein.

- (i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.);
- (ii) Controlled experimentation exclusively for the purpose of research and field evaluation which are confined to small areas and carefully monitored;
- (iii) Analyses, studies, academic or research workshops and meetings;
- (v) Document and information transfers;
- (viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)
- (xi) Programs of maternal or child feeding conducted under Title II of Pub. L. 480;

**Table 1: Recommended Determination for Categorical Exclusion**

<b>Project/Activity and Sub-Activity #</b>	<b>Recommended Determination for Categorical Exclusion</b>
X	§216.2(c)(2)(i) Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.)
X	§216.2(c)(2)(ii) Controlled experimentation exclusively for the purpose of research and field evaluation which are confined to small areas and carefully monitored
X	§216.2(c)(2)(iii) Analyses, studies, academic or research workshops and meetings
	§216.2(c)(iv) Projects in which USAID is a minor donor to a multi-donor project and there is no potential significant effects upon the environment of the United States, areas outside any nation's jurisdiction or endangered or threatened species or their critical habitat
X	§216.2(c)(2)(v) Document and information transfers

	§216.2(c)(2)(vi) Contributions to international, regional or national organizations by the United States which are not for the purpose of carrying out a specifically identifiable project or projects
	§216.2(c)(2)(vii) Institution building grants to research and educational institutions in the United States such as those provided for under section 122(d) and Title XII of Chapter 2 of Part I of the FAA (22 USCA §§2151 p. (b) 2220a. (1979))
X	§216.2(c)(2)(viii) Programs involving nutrition, health care or population and family planning services except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, wastewater treatment, etc.)
	§216.2(c)(2)(ix) Assistance provided under a Commodity Import Program when, prior to approval, USAID does not have knowledge of the specific commodities to be financed and when the objective in furnishing such assistance requires neither knowledge, at the time the assistance is authorized, nor control, during implementation, of the commodities or their use in the partner country
	§216.2(c)(2)(ix) Assistance provided under a Commodity Import Program when, prior to approval, USAID does not have knowledge of the specific commodities to be financed and when the objective in furnishing such assistance requires neither knowledge, at the time the assistance is authorized, nor control, during implementation, of the commodities or their use in the partner country
	§216.2(c)(2)(x) Support for intermediate credit institutions when the objective is to assist in the capitalization of the institution or part thereof and when such support does not involve reservation of the right to review and approve individual loans made by the institution
X	§216.2(c)(2)(xi) Programs of maternal or child feeding conducted under Title II of Pub. L. 480
	§216.2(c)(2)(xii) Food for development programs conducted by food recipient countries under Title III of Pub. L. 480, when achieving USAID's objectives in such programs does not require knowledge of or control over the details of the specific activities conducted by the foreign country under such program
	§216.2(c)(2)(xiii) Matching, general support and institutional support grants provided to private voluntary organizations (PVOs) to assist in financing programs where USAID's objective in providing such financing does not require knowledge of or control over the details of the specific activities conducted by the PVO
	§216.2(c)(2)(xiv) Studies, projects or programs intended to develop the capability of recipient countries to engage in development planning,

	except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.)
	§216.2(c)(2)(xv) Activities that involve the application of design criteria or standards developed and approved by USAID

## **2.2. The activities under review that justify Negative Determination with Conditions may include:**

The interventions under objective 2, objective 3 and the opportunity module will fall under negative determination with condition under 22CFR216.2(d)(2), an Initial Environmental Examination normally will not be necessary for activities within the classes described in §216.2(d), except when the originator of the project believes that the project will have a significant effect on the environment. USAID/Cambodia is envisioned that the activity will conduct clinical training that requires the use of some medical supplies which include syringes and pharmaceutical commodities. USAID/Cambodia does not anticipate that the activity will provide any commodities. The activity will use the commodities and supplies that are available in target health facilities.

Therefore, in order to ensure that none of the activities under review mentioned above create adverse environmental impacts the implementing partner will prepare [Environmental Review Checklists \(ERCs\)](#), which will assist them in developing a suitable and adequate EMMP. The ERCs and EMMP must be approved by the AOR, in consultation with the MEO, prior to the commencement of activities.

## **3. Climate Risk Management**

Cambodia has a humid tropical climate, heavily influenced by the annual monsoon season that typically begins in mid-May and lasts through the end of October. The dry season stretches from November to April, with less rain, little wind, and much lower humidity. The monsoons deliver approximately three-fourths of the country's annual rainfall and are the primary contributor to the flood-pulse so essential to the region, especially along the central alluvial plains of the Mekong and Tonle Sap Rivers that comprise roughly 80 percent of the country's landmass.

Temperatures are generally consistent across the country, averaging 25° to 27° Celsius throughout most of the year, though with an average annual maximum of 38° Celsius in April and average annual minimum temperature of 17° Celsius in January. Rainfall varies more widely, with average annual rainfall as low as 1400 millimeters (mm) in the central lowlands, and as high as 4000 mm near the Cardamom mountains and nearby coastal areas in the southwest. Cambodia's Eastern plains receive approximately 2000 to 2600 mm of rainfall annually though they may exceed those amounts in the mountainous areas in the Northeast within or around Virachey National Park.

The USAID Cambodia Country Risk Profile 2019 identified the main climate risks include: agriculture, water, health, food security and ecosystems (detailed information: Climate-Risk-Profile-Cambodia). This Activity also focuses on education, technical assistance, training, research, workshops, meetings and documentation. See Table 2 for more detailed analysis.

Consistent with ADS 201.3.4.5, if climate risk has not been adequately assessed at the strategy or project level, or if the risk rating was not exclusively determined to be "Low", climate risk must

be assessed, with plans specifying mitigation actions at the activity level. According to the CDCS CRM level analysis, CRM analysis findings summary relevant to this activity is listed below.

- Changes to temperature and precipitation patterns could greatly impact crop production and processing in the agricultural sector, therefore potentially limiting economic growth. Additionally, migration of people from one place to another, due in part to flooding or drought occurrence, may broadly impact the workforce of Cambodia. Given that the Government of Cambodia has tried to implement measures addressing climate change impacts, most noticeably during recent drought and flooding events, this provides an opportunity through which to engage in adaptive management options. These could include building in opportunities for climate-smart agriculture and techniques and providing training and capacity building programs to incorporate climate information into workforce development.
- Improving the business climate to attract investment and create jobs could also be adversely affected by long-term climate variability and increases in the frequency or intensity of natural disasters due to climate change. These impacts could result in reduced trade and investment due to damaged infrastructure and increased risks. However, this can be mitigated through support for better climate risk data availability, increased options for climate risk insurance, climate-sensitive trade and investment policies, and introduction of climate-smart production and processing technologies that can improve overall investment conditions.

The Climate Risk Screening table below summarizes activity-level climate risk management, including programmatic components, identified risk and associated mitigation measures. Two “moderate” risk ratings were identified for this activity. The implementing partner will further identify actions and mitigation measures during the life-of-project and report back regularly to the COR and CIL on the status of their implementation, to enable smooth oversight and ensure sustainability of development objectives.

**TABLE 2. ACTIVITY CLIMATE RISK MANAGEMENT SUMMARY TABLE**

<b>Defined or Anticipated Project Elements<sup>1</sup></b>	<b>Climate Risks<sup>2</sup></b>	<b>Risk Rating<sup>3</sup></b>	<b>How Risks are Addressed/Accepted<sup>4</sup></b>	<b>Opportunities to Strengthen Climate Resilience<sup>5</sup></b>
Objective 1: Improved evidence-based policy, guidelines, and strategies for more effective and efficient health service systems	Most activities for this objective will occur in Phnom Penh and provincial towns.  Major floods or storms may disrupt or delay implementation of activities in affected areas.	Low	The climate-related risks are seasonal. The national or subnational government authorities can provide an alert in advance to the implementing partner (IP), who can coordinate with its counterparts to adjust the implementation plan with other alternative solutions to mitigate the impacts.	With the COVID-19 response and lessons learned, most provincial and district healthcare systems have received distance learning equipment and have adapted to using this technology for remote meetings/consultations, and learning. This capability also provides health care systems with climate resilience.
Objective 2: Improved individual and institutional capacity of the public and private sectors to implement, monitor and evaluate quality assurance according to the national standards	The activities implemented under this objective will occur mostly at provincial, district and health center levels.  Major floods or storms can disrupt, or cause delay the implementation of activities in affected areas.	Low	The IP will incorporate risk prevention and mitigation measures in their implementation plan.  The IP will facilitate and provide technical assistance to management teams of hospitals, health centers and clinics to incorporate mitigation measures into a quality improvement plan.	With COVID-19 response and lessons learned, various health facilities have adapted distance learning and remote meetings for technical assistance from higher levels. This can be used as an alternative approach to mitigate climate change impacts. In some other cases, the IP will adjust or reprioritize the training/coaching sites or times.

<sup>1</sup> Purpose/Sub-purpose, Area of Focus, or Activity/ Mechanism, etc.

<sup>2</sup> List key risks related to the project elements identified through either the strategy- or project-level climate risk assessment.

<sup>3</sup> Low/Moderate/ High

<sup>4</sup> Describe how risks have been addressed at the project level. If a decision has been made to accept the risk, briefly explain why.

<sup>5</sup> Describe opportunities to achieve development objectives by integrating climate resilience or mitigation measures.

	<p>High temperatures may compromise maternal health, increase incidence of diarrhea, and spread infectious diseases quickly.</p> <p>Drought may adversely impact water supplies in some remote health centers.</p>	<p>Moderate</p> <p>Moderate</p>		<p>COVID-19 preparedness and rapid response systems can be built upon to improve surveillance systems for other communicable diseases.</p> <p>The implementation of service delivery grants (SDGs) and fixed lump sum from the RGC's Health Equity and Quality Project II (H-EQIP II) will provide direct funding to hospitals and health centers to be used to improve infrastructure including water supply systems to mitigate the potential climate risks.</p>
Objective 3: Improved individual and institutional capacity of subnational health systems to provide quality services to address emerging national program priorities	<p>The activities implemented under this objective will occur primarily at the provincial, district and health center levels.</p> <p>Major floods or storms can disrupt, or cause delay the implementation of activities in affected areas.</p> <p>High temperature increase may compromise maternal health,</p>	<p>Low</p> <p>Moderate</p>	<p>The IP will incorporate risk prevention and mitigation measures in their quality improvement plan.</p> <p>The IP will also incorporate the capacity strengthening of mitigation measures into a quality improvement plan for both public and private sectors.</p>	<p>With the COVID-19 response and lessons learned, most provincial and district healthcare systems have received distance learning equipment and have adapted to using this technology for remote meetings/consultations, and learning.</p> <p>COVID-19 preparedness and rapid response systems can be built upon to improve surveillance systems for other</p>



	<p>increase incidence of diarrhea, and spread infectious diseases quickly.</p> <p>Drought may adversely impact water supplies in some remote health centers.</p>	Moderate		<p>communicable diseases.</p> <p>The implementation of service delivery grants (SDGs) and fixed lump sums from the RGC's Health Equity and Quality Project II (H-EQIP II) will provide direct funding to hospitals and health centers to be used for improving infrastructure including supply systems to mitigate the potential climate risks.</p>
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The activity will incorporate climate risk management measures into the Activity MEL Plan and will ensure close monitoring of climate impacts among stakeholders who live near areas exposed or vulnerable to climate change impacts.

#### **4. Country and Environmental Information**

a) The legal requirements for Environmental Impact Assessments (EIAs) in Cambodia are set out in the Law on Environmental Protection and Natural Resource Management, 1996 (Chapter III) (EPNRM Law) and the Sub-Decree on Environmental Impact Assessment, 1999 (EIA Sub-Decree). There are also a number of Prakas (regulations promulgated by a Ministry to implement a law) on the procedures implementing the EIA Sub-Decree 1999:

- Prakas on Guidelines for Conducting EIA Report (49 Ministry of Environment, March 2000);
- Prakas on Determination of Service Charge for Environmental Impact Assessment Report Review and Follow-up and Monitoring of Project Implementation (No. 745, October 2000);
- Prakas (Declaration) on General Guidelines for Conducting Initial and Full Environmental Impact Assessment Reports (No. 376 BRK.BST 2009);
- Prakas on Registration of Consulting Firms for Studying and Preparing Environmental and Social Impact Assessment Report (No. 215 Brk MoE 2014); and
- Prakas on Establishment of the Technical Working Group for Reviewing and Commenting on the EIA Report (No. 063 Pr.k MoE 2014).

b) There is also a Sub-Decree 146 on Economic Land Concessions (ELC), 2005, which



requires environmental assessment of ELCs. Article 7, clause 5 of Sub-Decree 146 states that “if the initial environmental and social impact assessment indicates a medium or high degree of adverse impact, arrange for the conduct of a full environmental and social impact assessment.”

- c) The National Forestry Law, 2002, which includes a framework for management, harvesting, use, development and conservation of the forests in the Kingdom of Cambodia. This law can be accessed at the following website:  
[http://www.cambodiainvestment.gov.kh/law-on-forestry\\_020930.html](http://www.cambodiainvestment.gov.kh/law-on-forestry_020930.html)
- d) The National Biodiversity Strategy and Action Plan, 2016, which aims to enhance Cambodia’s biodiversity and its ecosystem services by 2050
- e) The National Forest Program (NFP) 2010-2030 identifies nine strategic objectives, which are to be achieved through the implementation of six programs, each divided into several sub-programs
- f) Law on Nature Protection Area, February 2008 defines the framework of management, conservation and development of protected areas:  
[http://www.cambodiainvestment.gov.kh/law-on-nature-protection-area-protected-areas-law\\_080104\\_080104.html](http://www.cambodiainvestment.gov.kh/law-on-nature-protection-area-protected-areas-law_080104_080104.html)
- g) Cambodia is currently preparing an Environmental Code with an EIA component.
- h) Tropical forests and the conservation of biodiversity play a fundamental role in sustainable development. As such The U.S. Foreign Assistance Act (FAA) of 1961, as amended by Sections 118 and 119, requires that all USAID Missions conduct a periodic country analysis of the conservation and sustainable use of tropical forests and biological diversity. These analyses can help inform project design and implementation. The USAID Cambodia Tropical Forestry and Biodiversity (118/119) Assessment can be accessed at the following website: [http://pdf.usaid.gov/pdf\\_docs/pnaea955.pdf](http://pdf.usaid.gov/pdf_docs/pnaea955.pdf)
- i) The USAID Cambodia climate risk profile can be accessed at the following website:  
<https://www.climatelinks.org/resources/climate-risk-profile-cambodia>

## 5.0 CONDITIONS AND MITIGATION MEASURES

### 5.1 CONDITIONS

The environmental determinations in this IEE are contingent upon full implementation of the following general implementation and monitoring requirements, as well as ADS 204 and other relevant requirements.

#### 5.1.1 During Pre-Award:

- 5.1.1.1 *Pre-Award Briefings:* As feasible, the design team and/or the cognizant Mission Environmental Officer (MEO) or Climate Integration Lead (CIL) will provide a pre-award briefing for potential offerors on environmental compliance expectations/responsibilities at bidders’ conferences.
- 5.1.1.2 *Solicitations:* The design team, in coordination with the Agreement Officer (AO), will ensure solicitations include environmental compliance and CRM requirements and evaluation criteria. AO will ensure technical and cost proposal requirements include approach, staffing, and budget sufficient for complying with the terms of this IEE.
- 5.1.1.3 *Awards:* The Agreement Officer’s Representative (AOR), in coordination with the AO, will ensure all awards and sub-awards, include environmental compliance requirements and monitoring of CRM in their regular Activity MEL plan.

## **5.1.2 During Post-Award:**

- 5.1.2.1 Post-Award Briefings: The AOR and/or the cognizant environmental officer(s) (e.g., MEO, CIL) will provide post-award briefings for the implementing partner (IP) on environmental compliance responsibilities.
- 5.1.2.3 Work Plans and Budgeting: The IP will ensure the integration of environmental compliance requirements and CRM in work plans and budgets to comply with requirements, including CRM implementation and monitoring, which the AOR will approve.
- 5.1.2.4 Staffing: The IP, in coordination with the AOR, will ensure staffing capacity to implement environmental compliance and CRM requirements.
- 5.1.2.5 Records Management: The AOR will maintain environmental and CRM compliance documents in the official project/activity file and upload records to the designated USAID environmental compliance database (ECD) system.
- 5.1.2.6 Host Country Environmental Compliance: The IP will ensure compliance with applicable and appropriate host country environmental requirements unless otherwise directed in writing by USAID. However, in the case of a conflict between the host country and USAID requirements, the more stringent shall govern.
- 5.1.2.7 Work Plan Review: The IP will ensure compliance with the IEE and the CRM requirement at least annually to the AOR, or when activities are added or modified. Activities outside of the scope of the IEE cannot be implemented until the IEE is amended.
- 5.1.2.8 Amendment: If new activities are introduced or other changes to the scope of this IEE occur, an Amendment will be required, prior to the commencement of the changed activities.
- 5.1.2.14 USAID Monitoring Oversight: The AOR or designee, with the support of the cognizant environmental officer(s) (e.g., MEO, Regional Environmental Advisor (REA), Bureau Environmental Officer (BEO)), will ensure monitoring of compliance with established requirements (e.g., by desktop reviews, site visits, etc.).
- 5.1.2.16 Environmental Compliance Mitigation and Monitoring Plan: The AOR will ensure the IP develops, obtains approval for, and implements Environmental Mitigation and Monitoring Plans (EMMPs) that are responsive to the stipulated environmental compliance requirements, with the support of the MEO, CIL, and REA, BEO, as needed.
- 5.1.2.17 Environmental Compliance Reporting: The IP will ensure inclusion of environmental compliance reporting in regular project/activity reports, using indicators as appropriate; development and submission of the Environmental Mitigation and Monitoring Reports (EMMRs); and completion and submission of a Record of Compliance (RoC) describing the implementation of EMMP requirements in conjunction with the final EMMR or at the close of sub activities (as applicable) to the AOR. And where required by Bureaus or Missions, the IP will prepare a closeout plan consistent with contract documentation for

AOR review and approval that outlines responsibilities for end-of-project operation, the transition of other operational responsibilities, and final EMMR with lessons learned.

5.1.2.18 Corrective Action: When noncompliance or unforeseen impacts are identified, IPs notify the AOR, place a hold on activities, plan and take corrective action, and report on the effectiveness of corrective actions. The AOR initiates the corrective action process and ensures the IP completes and documents their activities, and shares a Correction Action Plan (CAP) with the MEO, CIL, REA, and BEO for clearance. Upon approval the AOR ensures the CAP and Record of Compliance is completed and uploaded to the ECD.

## 5.2 AGENCY CONDITIONS

- 5.2.1 Sub-contract Screening: The IP will use an Environmental Screening Tool to screen any sub-grant or sub-contracts to aid in the development of EMMPs and monitoring of potential impacts.
- 5.2.2 Other Supplemental Analyses: The AOR will ensure supplemental environmental analyses that are called for in the IEE are completed and documented, prior to commencement of implementation.
- 5.2.3 Compliance with human subject research requirements: The IP shall assure the AOR that the IP and sub-awardees, -grantees, and -contractors demonstrate completion of all requirements for ethics review and adequate medical monitoring of human subjects who participate in research trials carried out through this IEE and ensure appropriate records are maintained. All documentation demonstrating completion of required review and approval of human subject trials must be in place prior to initiating any trials and cover the period of performance of the trial as described in the research protocol.

## 5.3 MITIGATION MEASURES

USAID/Cambodia will ensure that the Implementing Partner further develops and completes the EMMP and/or a country- or activity-specific **EMMP and Climate Risk Management** and integrate it into the activity design and implementation plan to mitigate potential negative consequences of the project.

**Mitigation of COVID-19 Transmission:** Cambodia is still affected by the global pandemic disease of COVID-19. Below are the specific mitigation measures that apply during the implementation phase of this project:

1) Stay informed about ways to prevent COVID-19 transmission over the course of the activities, including where appropriate, training staff and beneficiaries on social distancing, PPE use, and disinfection. Guidance can be found from local authorities or at the following websites:

- [CDC's Coronavirus Disease Site](#)
- [WHO Getting your Workplace Ready for COVID-19](#)
- [UNICEF, WHO, IRCF Key Messages and Actions for COVID-19 Prevention and Control in Schools](#)
- [Asia COVID-19 PIEE](#)

2) Where appropriate and available, remote training and other non-face to face communications will be utilized when possible until the risk of infection passes.

- 3) Local COVID-19 regulations on the size of gatherings and travel advisories will be followed.
- 4) Staff will be offered options for teleworking and/or opting out of activities. These options will be provided to staff who feel that these activities may put them at higher risk of infection, especially those that are particularly at risk (e.g., immunocompromised, those with respiratory infections, older adults). See [CDC's People who Need Extra Precautions](#)

## **6.0 LIMITATIONS OF THIS INITIAL ENVIRONMENTAL EXAMINATION**

The determinations recommended in this document apply only to projects/activities and sub-activities described herein. Other projects/activities that may arise must be documented in either a separate IEE, or an IEE amendment if the interventions are within the same activity or other type of environmental compliance document and shall be subject to an environmental analysis within the appropriate documents listed above.

Other than projects/activities determined to have a Positive Threshold Determination, it is confirmed that the projects/activities described herein do not involve actions normally having a significant effect on the environment, including those described in 22CFR216.2(d).

It is confirmed that the projects/activities described herein do not involve any actions listed below. Any of the following actions would require additional environmental analyses and environmental determinations:

- Support project preparation, project feasibility studies, or engineering design for activities listed in §216.2(d)(1);
- Affect endangered and threatened species or their critical habitats per §216.5, FAA 118, FAA 119;
- Provide support to extractive industries (e.g. mining and quarrying) per FAA 117;
- Promote timber harvesting per FAA 117 and 118;
- Lead to new construction, reconstruction, rehabilitation, or renovation work per §216.2(b)(1);
- Support agro-processing or industrial enterprises per §216.1(b)(4);
- Provide support for regulatory permitting per §216.1(b)(2);
- Lead to privatization of industrial facilities or infrastructure with heavily polluted property per §216.1(b)(4);
- Procure or use genetically engineered organisms per §216.1(b)(1); and/or
- Assist the procurement (including payment in kind, donations, guarantees of credit) or use (including handling, transport, fuel for transport, storage, mixing, loading, application, clean-up of spray equipment, and disposal) of pesticides or activities involving procurement, transport, use, storage, or disposal of toxic materials. Pesticides cover all insecticides, fungicides, rodenticides, etc. covered under the Federal Insecticide, Fungicide, and Rodenticide Act per §216.2(e) and §216.3(b).

## **7.0 REVISIONS**

Per 22CFR216.3(a)(9), when ongoing programs are revised to incorporate a change in scope or nature, a determination will be made as to whether such change may have an environmental impact not previously assessed. If so, this IEE will be amended to cover the changes, as needed. Per ADS 204, it is the responsibility of the USAID AOR to keep the MEO/REA and BEO informed of any new information or changes in the activity that might require revision of this environmental analysis and environmental determination.