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FROM THE AMERICAN PEOPLE

Request for Information Number:	72067423RFI00003
RFI Issue Date:	April 20, 2023
Responses Due Date:	May 8, 2023 at 9am South Africa Standard Time
Subject:	Draft Notice of Funding Opportunity - Children, Adolescents, and Families in the HIV Epidemic in Free State Province
Email Submission Information:	pretoriaapplications@usaid.gov

Dear Interested Organizations:

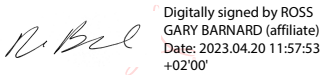
The United States Agency for International Development Mission in South Africa (USAID/Southern Africa) shares this Request for Information (RFI) to inform interested prospective applicants of a planned activity: **Children, Adolescents, and Families in the HIV Epidemic in Free State Province Activity**. USAID/Southern Africa anticipates implementing this activity through a Cooperative Agreement not to exceed a total estimated amount of $15 million. This planned activity will likely restrict eligibility to local entities. Please note that this is not a Notice of Funding Opportunity (NOFO) at this time. USAID/Southern Africa is only seeking comments (attachment 1) regarding the draft NOFO (attachment 2) attached to this RFI.

This RFI is not to be construed as a commitment by the U.S Government to issue any NOFO or ultimately make one or multiple awards on the basis of this RFI, or to pay for any cost incurred in the preparation and submission of comments on this RFI. Responding to this RFI will not provide any advantage to or preclude any firm or organization if USAID issues a subsequent NOFO.

Information received in response to this RFI will become the property of USAID. All proprietary information should be marked as such. Please note that respondents that provide submissions in response to this RFI will not be notified of the results of the review. USAID/Southern Africa will not provide individualized feedback in response to any submitted responses. All responses must be submitted via email to pretoriaapplications@usaid.gov with the subject line: "Response to USAID OVC FS RFI," no later than the date and time shown above.

We appreciate your contribution and look forward to receiving your comments.

Sincerely,



Ross Barnard
Agreement Officer

Attachment 1: Questions for Response
Attachment 2: Draft NOFO

ATTACHMENT 1: REQUEST FOR INFORMATION/COMMENTS RESPONSE REQUIREMENTS

USAID/Southern Africa seeks to collect feedback on the draft Notice of Funding Opportunity (NOFO) (Attachment II). When preparing your feedback, please ensure comments are concise and include citations to relevant sections of the draft NOFO. Please do not submit requests for funding or applications in response to this request.

A. Response Format

1. Cover page: not to exceed (1) page, that includes the organization name and address, including point of contact name and contact information.

2. Comments on the draft NOFO: Please review the draft NOFO (Attachment 2) and note areas that may be unclear or conflict with other sections of the NOFO. USAID/Southern Africa seeks and appreciates prospective applicants' input at this stage to help USAID understand if the proposed approach for soliciting and evaluating applications will result in the highest likelihood of receiving applications that will meet or exceed the activity's goals stated in the draft Program Description (Section A). In particular, USAID seeks feedback on the Instructions (Section D) and Merit Review Criteria (Section E), but comments and feedback do not need to be limited to these two sections. Comments must not exceed three (3) pages.

B. Submission Instructions

Please send responses to this RFI via email to the addresses listed on the cover page by the closing date listed. USAID values concise, issue-specific comments. Any pages beyond the requested amount may not be reviewed. Responses must be submitted in English. Please number each page consecutively and use a 12 pt Calibri font.

USAID will only provide an electronic confirmation acknowledging receipt of your response. No feedback or debrief will be provided on comments received in response to this RFI. Phone calls or hard copy responses will not be accepted.

Attachment 2: Draft Notice of Funding Opportunity

SECTION A: PROGRAM DESCRIPTION

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

USAID/South Africa is committed to supporting the South African Government (SAG) to achieve and sustain HIV epidemic control as well as enhance health security. The purpose of the **Children, Adolescents, and Families in the HIV Epidemic in Free State Province Activity** is to achieve the 95-95-95 goals by 2025 and reach and sustain epidemic control by: ensuring equitable access to and use of health/HIV and social services among children and adolescents affected by HIV (and their families) and strengthening local social service systems to sustain an effective response for children, adolescents, and their families.

The activity will advance local ownership and locally-led solutions for a model of high-quality care and support of children and adolescents living with, affected by, and vulnerable to HIV, and their families. The strategic transition to South African institutions will support an ultimate transition to the South African Government Department of Social Development (DSD) to lead and sustain the response, advancing development outcomes for children, adolescents, and their families.

Therefore, USAID anticipates that the prime partner applicants will have a demonstrated track record and strong working relationships with SAG (especially DSD) and a deep understanding of the community context within the targeted districts. Local partner leadership in developing and implementing a program model that can be adopted and replicated by the DSD will advance equity and enable a sustainable response for children, adolescents, and families in the HIV epidemic and beyond.

II. BACKGROUND

A. Epidemiologic Context

South Africa has the largest HIV epidemic in the world, with an estimated 7.8 million people

living with HIV (PLHIV)[1] and 5.2 million on antiretroviral therapy (ART), including 126,274 children (<15 years)[2]. This reflects an overall HIV prevalence of 13.2% of its population of 59 million people and an adult HIV prevalence of 18.5%. Nationally, there are approximately 200,000 new HIV infections each year, including an estimated 50,000 new HIV infections among children and adolescents 0-19 years[3]. While incidence is declining each year, the HIV burden in South Africa continues to grow and has not reached epidemic control, particularly for children and adolescents. Whereas the 95-95-95 program goals stand at 94-77-92 among adults, progress among children and adolescents lags considerably at 81-65-68[4].

In Free State Province, of those people living with HIV, 94% know their status, of those who know their status, only 81% are on antiretroviral therapy (ART) and of those on ART, 94% are virally suppressed (94-81-94) performance against the UNAIDS 95-95-95 targets).[5] Of the C/ALHIV in Free State, 82% know their status; of those, 67% are on treatment; and of those, 75% are virally suppressed (82-67-75).[6]

The health outcomes of children who receive HIV treatment are worse than those of adults, partly due to suboptimal pediatric HIV medicines and challenges in retaining children in care. Children living with HIV require a continuum of treatment, care, and protection that is proven to improve health outcomes as they grow and progress through youth into adulthood. Advancing equity for children and closing the pediatric gaps is vital for South Africa to meet 95-95-95 goals as well as achieve and sustain HIV epidemic control. South Africa needs to increase the number of children that are on ART by 86,626 to meet the 95-95-95 goals.

The number of new HIV infections in South Africa remains high, with an estimated 230,000 new HIV infections (all ages) in 2020, including an estimated 50,000 new HIV infections among children and adolescents 0-19 years[7]. New HIV infections are disproportionately higher among adolescent girls and young women (AGYW). Keeping girls in secondary school and increasing their access to life skills, training, and employment opportunities is key to ending the epidemic. Research shows that girls' completion of secondary school reduces their risk of acquiring HIV by up to half, and that combining this with a package of services and girls' empowerment reduces their risk further still. The acute vulnerability of adolescent girls and young women to HIV

[1] Thembisa 4.5 2022 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boulle A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468.
[2] Statistics South Africa [StatsSA], Mid-year population estimates report table, 2021 Statistical Release P0302, Statistics South Africa: Pretoria Accessed March 14, 2022 at http://www.statssa.gov.za/publications/P0302/P03022021.pdf
[3] https://data.unicef.org/country/zaf/
[4] Thembisa 4.5 2022 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boulle A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. PLoS Medicine. 14(12): e1002468.
[5] Ibid.
[6] Ibid.
[7] https://data.unicef.org/country/zaf/

infection requires well-targeted, age-appropriate intervention packages that address key risk factors such as sexual coercion and violence, age-disparate sexual relations, high rates of teen pregnancy, and low levels of HIV transmission knowledge, condom use, and access to Pre-Exposure Prophylaxis (PrEP).

An estimated 1.65 million children 0-17 years in South Africa have lost one or both parents due to AIDS in 2020[8]. Orphaned and vulnerable adolescents risk, among other things, stigma and poor mental health, psychosocial problems, and poorer educational outcomes[9]. They also face increased risk of HIV and sexual risk behaviors, being two to three times more likely to contract HIV[10]. As of December 2022, in South Africa, over 285,000 children have been bereaved due to the excess COVID-19-associated deaths of their parents or caregivers[11]. The COVID-19 epidemic led to educational disruption and increased risk of violence against children as well as mental health challenges, especially among adolescents. The national counseling hotline, Lifeline SA, documented a 500% increase in the number of gender-based violence (GBV) calls in the two months after the lockdown began[12].

Millions of additional children in South Africa reside with a parent who is living with HIV.[13] Children born HIV-exposed and uninfected (HEU) face unique risks. Several studies have shown that in utero exposure to HIV results in possible increased risk of: non-optimal infant feeding practices, poor weight gain and linear growth, poor neurodevelopmental outcomes, and higher risk of mortality compared to HIV-unexposed uninfected (HUU) children[14]. Children of parents not yet receiving treatment or virally suppressed are often the most vulnerable as the reasons for their parents not accessing treatment are themselves often risk factors for development[15]. Adolescent motherhood is associated with multiple vulnerabilities to HIV infection and transmission. Key social protection measures are likely to reduce HIV risk pathways for adolescent girls and young women, especially adolescent mothers.[16]

The total estimated sizes of children of all FSW and children of FSW (CoFSW) living with HIV in South Africa were 261,428 and 159,270 respectively in 2020. Children of sex workers can be hard

[8] UNAIDS 2021 https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=.HVA_PED_LOST_AIDS+HVA_PED_LOST..&startPeriod=2020&endPeriod=2022

[9] Chi and Li 2013; Cluver et al. 2012; Cluver, Gardner, and Operario 2008; Orkin et al. 2014; Puffer et al. 2012

[10] Birdthistle et al. 2008; Kidman and Anglewicz 2016; Operario et al. 2007, 2011; Robertson, Gregson, and Garnett 2010; Rosen et al. 2021

[11] Hillis et al. 2023 Pre-Print (formal reference is forthcoming)

[12] Metsing B. *Gender-Based Violence Cases Rose by 500% Since Start of Lockdown - Lifeline. IOL*. (2020). https://www.iol.co.za/the-star/news/gender-based-violence-cases-rose-by-500-since-start-of-lockdown-lifeline-48193496 (accessed August 19, 2020).

[13] Short and Goldberg, 2015

[14] Le Roux et al. 2016

[15] Black et al. 2017

[16] Cluver et al. 2022. https://onlinelibrary.wiley.com/doi/10.1002/jia2.25928?utm_source=google&utm_medium=paidsearch&utm_campaign=R3MR425&utm_content=LifeSciences

to identify and are at risk for multiple negative outcomes. However, evidence suggests that such outcomes can potentially be mitigated by family and community support, parental health (including mental health) and improvements in the socio-economic context[17].

Violence continues to be a key driver of the HIV epidemic in South Africa, and although child sexual abuse is widespread, the South African Police Services statistics confirm that most offences go unreported. The 2016 Optimus Study on Sexual Victimization of Children provided nationally representative data on the prevalence of Violence Against Children (VAC), finding that one in five children (19.8%) experienced sexual abuse; one in three (34.4%) experienced physical abuse; one in six (16.1%) reported experiencing emotional abuse; one in eight (12.2%) reported being neglected; and one in six (16.9%) reported witnessing violence[18]. In addition, a 2012 review in the *Lancet* medical journal indicated that a child with a disability is 3.7 times more likely to experience any sort of violence and 2.9 times more likely to experience sexual violence than those without disabilities[19].

Violence in childhood has been linked to increased risks of: HIV and other sexually transmitted infections (STIs), mental health problems, delayed cognitive development, poor school performance and dropout, and early pregnancy. A history of intimate partner violence and/or sexual abuse was associated with lower adherence to HIV treatment among adolescents living with HIV in South Africa[20]. Violence prevention is essential to improving HIV prevention and treatment; the societal and economic cost of inaction in South Africa is significant[21].

South Africa's dramatic income inequality continues to hinder access to HIV/health and social services. The COVID-19 epidemic and rising cost of living have exacerbated inequality, with vulnerable children and families in South Africa experiencing acute impacts in their ability to meet basic needs. Community based socio-economic services and support can strengthen vital safety nets to mitigate impacts and build resilience among HIV-affected children, adolescents, and their families.

[17] Beard et al. 2010
[18] Artz et al 2016
[19] Lisa Jones L, Bellis M, Wood S, Hughes K, McCoy, E, Eckley, L, et al *Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies.* The Lancet, Volume 380, Issue 9845, 2012, Pages 899-907.
[20] AIDS 2022
[21] Hsiao et al 2018

The Free State is situated in the center of South Africa. It shares national borders with Gauteng, KwaZulu Natal, Mpumalanga, the Eastern Cape and Northern Cape and an international border with Lesotho. It is the agricultural heartland of South Africa, with top exports of maize, grains, cherries and asparagus. The Province has more than 30 000 farms with strong food transportation, agricultural goods and services infrastructure and cooperative large scale farming practices. The Free State has also heavily invested in the ICT sector with 14% of the provincial GDP raised through technology based economic activities. The province is a major contributor to chemical production in the Global South through the research and petrochemical developments through SASOL. There is a large mining sector with associated Mining Sector BBBEE charter spend requirements. Minerals such as Gold, Bituminous and diamonds still make significant contributions to the local economies and contribute to employment opportunities.

The Free State Province is South Africa's third-largest province, but the second-smallest population, with a population of approximately 2,834,714 people in 2018.[22] Children and adolescents under the age of 19 account for 36% of the province's population while youth ages 20-29 account for 20% of the population. The official unemployment rate was 34.6% in the fourth quarter of 2022; while the expanded rate - which includes discouraged work seekers who have given up looking for work - reached 39.6.%[23] Despite having the third largest economy in Africa, child poverty is still very high in South Africa, with 56% of children living below the poverty line, including 70% of children in the Free State Province.[24] The average annual income per household is about R30 000 (R2500 per month), which is the same as the average for South Africa[25]. In 2022, 706,864 children received the Child Support Grant and 28,813 children received the Foster Care Grant. Children living with disabilities on the Care and Dependency grant increased from 3,924 in 2006, to 8,439 in 2020. In 2018, approximately 13% of children in the Free State lived in informal housing (shacks). A majority of children in the Free State attend school (98.6%)[26]. Teenage pregnancy rates have increased in recent years, with more than 4,255 teenage mothers between the ages of ten and 18 years reported by the province during the period of 2020 and 2021[27].

In 2022, there were 32,000 children without a living biological mother, father or both parents in the Free State. Child-headed households also decreased during the same time period. Despite the COVID-10 pandemic related educational disruptions, the matric pass rate in the Free State

[22] https://wazimap.co.za/profiles/province-FS-free-state/
[23] Statistics South Africa. Quarterly Labor Force Survey: Quarter 4 2022. Available at https://www.statssa.gov.za/publications/P0211/Presentation%20QLFS%20Q4%202022.pdf
[24] http://childrencount.uct.ac.za/indicator.php?domain=2&indicator=98
[25] Free State Profile Data: https://wazimap.co.za/profiles/province-FS-free-state/
[26] http://childrencount.uct.ac.za/indicator.php?domain=6&indicator=15
[27] https://www.news24.com/news24/community-newspaper/express-news/provincial-government-tackles-teen-pregnancy-and-substance-abuse-rates-20230320

remained steady at 85% from 2020-2022[28].

GBV remains a serious problem in the Free State. Efforts are being made to address the issue, including through the implementation of laws and policies aimed at preventing and responding to GBV, as well as through community-based initiatives to raise awareness and promote gender equality. However, much more needs to be done to effectively address the root causes of GBV and create a safer environment for all individuals in the Free State.

The Free State Province has experienced prolonged cycles of poor administration and leadership, affecting all Departments. This had a deep impact on service delivery in the province. The new Free State Premier Mxolisi Dukwana has committed to wedding out 'corrupt officials'[29]. The new MEC for Social Development Motshidisi Koloi has committed the department to be radical and work smart and come up with solutions that will help the NPOs to be self-reliant and compliant[30]
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B. Government of South Africa Response

South Africa continues to benefit from high levels of political commitment from multiple Government of South Africa departments, including, but not limited to, the Departments of Social Development (DSD), Basic Education (DBE), and Health (DOH). South Africa's National Strategic Plan for HIV, TB, and Sexually Transmitted Infections (NSP) 2023-2028, hereafter referred to as the NSP[31], outlined South Africa's strategic framework for a multi-sectoral partnership to accelerate progress in reducing the morbidity and mortality associated with HIV, TB, and STIs and serves as the principle "blueprint" to operationalize the HIV response at the provincial, district, municipal, and local levels in order to achieve epidemic control in South Africa. The recently revised NSP emphasizes a response that is people and communities centered, that aims to reduce inequalities, and increase access to health and social services. The NSP aims to reduce the barriers to accessing health and social services, building on lessons from the previous Strategy, promoting an urgent focus to reduce inequalities for all people living with HIV (PLHIV) who are not benefitting from treatment care and services. The 2023-2028 NSP also includes an emphasis on mental health services and social support, based on the strong association between HIV, TB, STIs, sexual and gender-based violence (SGBV), human rights violations, inequalities, and mental health. This Activity will address all four NSP goals, with notable contributions expected for Goals 1: To break down barriers to achieving HIV, TB and STIs solutions; and 2: To maximize equitable and equal access to HIV, TB and STIs services and solutions.

[28] https://www.matric.co.za/provincial-matric-results/
[29] https://www.news24.com/news24/health/spotlight/no-place-for-corrupt-officials-in-free-state-says-new-premier-20230308
[30] https://www.facebook.com/people/Free-State-Department-of-Social-Development/100064568806937/
[31] https://nsp.sanac.org.za/uploads/files/NSPn-for-HIV-TB-STIs-2023-2028-Draft3C.pdf

In addition, the SAG took critical measures to mitigate the socio-economic effects of COVID-19 on vulnerable families, including the provision of COVID-19 Social Relief of Distress grants in the amount of ZAR 350 per month for eligible participants. The DSD implemented a special food relief program as part of the COVID-19 response, distributing food parcels targeting profiled families or those who met the service requirement in order to reduce food insecurity during the nationwide lockdown and beyond.

C. U.S. Government Response

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has made significant strides in reducing HIV infections, saving lives, and supporting many countries to achieve or approach epidemic control. The PEPFAR Strategy: Vision 2025 (closely coordinated with UNAIDS Global AIDS Strategy 2021-2026) aims to achieve sustained epidemic control of HIV by supporting equitable health services and solutions, enduring national health and social service systems and capabilities, and lasting collaborations. Key goals include reaching the global 95-95-95 treatment targets for all ages, genders, and population groups; dramatically reducing new HIV infections, particularly among priority populations, including children, AGYW, and key populations; and combating gender-based inequalities and GBV that place AGYW at increased risk for HIV infection.

In South Africa, PEPFAR implements a comprehensive portfolio of activities aimed at achieving and sustaining epidemic control in 27 priority districts[32]. These represent the highest HIV burden districts in South Africa, and comprise 82 percent of PLHIV in the country. PEPFAR has scaled up testing, treatment, and interventions to improve viral suppression among six priority age and sex bands in order to achieve full attainment in the 27 focus districts. In close coordination and collaboration with DSD, DOH, and DBE, PEPFAR has implemented large-scale programming to improve the health, well-being, and protection of Orphans and Vulnerable Children (OVC) and Youth and their families; scaled up prevention interventions targeting OVC, AGYW, and key populations to reduce new HIV and TB infections and STIs; and addressed the social and structural drivers of the HIV and TB epidemic, which includes addressing gender inequalities and GBV.

In addition, PEPFAR leveraged its programs and platforms in South Africa in support of the SAG's COVID-19 prevention, response, and mitigation efforts. This included support for Global Vaccine Access (GVAX) to accelerate COVID-19 vaccine access and roll-out; increasing PLHIV clients' access to Multi-Month Dispensing (MMD) of ART to decongest health facilities and ensure

[32] Country Operational Plan PEPFAR South Africa 2022 Strategic Direction Summary

treatment continuity; disseminating COVID-19 prevention behavior change communications; deploying health and social service workforce in support of COVID-19 prevention, detection, and response; and enhancing linkages to socio-economic support and protection services targeting vulnerable children and families.

The USG has announced a new USAID Global Health Security strategy that aims to prevent, detect and respond to global health pandemics. The new strategy will work with country governments and other partners in USG-supported countries to address identified gaps and improve capacities in key global health security areas; support and sustain international capacity on surveillance and monitoring systems, including syndromic, pathogen, and events-based systems, needed to detect and regularly report known and new infectious diseases threats in humans, plants, and animals; support partner countries to develop, implement, and scale-up evidence-informed interventions at the community level to reduce zoonotic pathogen spillover; and increase demonstrated capacity in biosafety and biosecurity. This Activity may collaborate and support interventions implemented under this strategy as needed and determined by USAID.

III. ACTIVITY GOAL, OBJECTIVES, RESULTS & EXPECTED OUTCOMES

1. GOAL

The *Children, Adolescents, and Families in the HIV Epidemic in Free State Province Activity,* hereinafter referred to as the Activity, will contribute to the achievement of 95-95-95, reaching and sustaining epidemic control in South Africa, specifically Free State Province, by helping to reduce lifetime risk of HIV acquisition and achieve durable viral suppression among children, adolescents, and their families. The goal of the Activity is to improve the health, well-being, and protection of children and adolescents (and their families) living with, affected by, and vulnerable to HIV through high-impact service delivery and social service system strengthening to sustain an effective response for children, adolescents, and their families through locally led solutions in Free State Province.

In line with SAG and U.S. Government Partnership Framework Implementation Plan, the Activity's priorities include long-term sustainability with health and social system strengthening to bolster an efficient, locally-led response, including youth identified solutions. The Activity aims to standardize a robust model of care that can ultimately be replicated and scaled up by DSD. In addition, cornerstones of the Activity will be advancing equity for children and AGYW and human rights, meaningful youth engagement and participation, as well as maximizing community

leadership to strengthen program responsiveness to clients' priorities and improve service quality, acceptability, and impact.

The Activity will include a combination of evidence-based, high-impact service delivery for Comprehensive, Preventive, and DREAMS Family Strengthening activities targeting children, adolescents, and their families in the HIV epidemic; local partner capacity strengthening; and district-level social service system strengthening for long-term sustainability. USAID intends to implement the Activity in high HIV/TB burden districts in the Free State Province (Illustrative Annual Targets in Appendix A):

2. OBJECTIVES AND RESULTS

The Activity will consist of three key objectives which are as follows:

Objective 1: Increase access to and utilization of comprehensive, preventive, and DREAMS Family Strengthening services among children and adolescents 0-19 years and their families through implementation of evidence-based interventions

Objective 2: Improve Local Partner capacity for governance, program monitoring, evaluation, and reporting (MER), and stakeholder engagement at Provincial, District, and Sub-District

Objective 3: Strengthen Provincial, District and Sub-District social service workforce capacity to sustain an effective response for children, adolescents, and their families in high HIV burden districts

Please see Appendix B for the Activity's Results Framework.

Objective 1: Increased access to and utilization of comprehensive, preventive, and DREAMS Family Strengthening services among children and adolescents 0-19 years and their families through evidence-based interventions

The Activity builds upon prior investments and achievements to date by the SAG and USAID's OVC programs. It will leverage ongoing PEPFAR, USAID, and other development partners' activities as well as engage the private sector. The Activity will implement a model of high-quality care and support for children and adolescents living with, affected by, and vulnerable to HIV (and their families) via the delivery of a suite of evidence-based interventions utilizing locally employed cadres. The Activity will ensure strong collaboration with and reinforce the work of the DSD; apply and scale up the use of DSD and DOH guidelines and tools; and utilize DSD, DOH, and DBE community, clinic, and school platforms to identify and serve children and adolescents in the epidemic (and their families). The Activity will leverage other USG resources such as PEPFAR-supported DREAMS partners and clinical care and treatment partners, to facilitate

referrals and strengthen the continuum of care for children, adolescents and their families.

Under Objective 1, there are three (3) Intermediate Results (IRs) as detailed below.

IR 1.1: Increased use of holistic services and support among children and adolescents living with, affected by, and vulnerable to HIV 0-19 years and their families

The Activity will increase access to and utilization of critical HIV/health, education, protection, psychosocial and mental health, economic strengthening, and family strengthening services in order to improve health and well-being outcomes among children and adolescents living with, affected by, and vulnerable to HIV, and their families. USAID strongly encourages effective, evidence-based approaches and interventions (with new "innovation" where appropriate to the context) to be implemented with fidelity. The Activity will implement a **Comprehensive program** that ensures the delivery of high-impact services for children, adolescents, and their families through comprehensive case managementinterventions to ensure they remain healthy, stable, educated, and protected from physical, emotional, or sexual violence/abuse.

The Comprehensive program model delivers more intensive, holistic services and support customized to meet the individual needs of children, adolescents, and their caregivers via family-based case management. The Comprehensive program will target children and adolescents 0-19 years (and their caregivers), prioritizing the following sub-populations:

- Children and adolescents living with HIV (prioritizing C/ALHIV who are newly diagnosed, new on treatment, experiencing treatment interruption, and not virally suppressed)
- HIV-exposed infants (HEI) and HIV-exposed and uninfected (HEU) children
- Children and adolescents whose parent or primary caregiver is living with HIV (especially those whose mothers are not on ART, experiencing treatment interruption, and not virally suppressed)
- Adolescent mothers and their young children
- Children of Female Sex Workers (CoFSW)
- Child survivors of violence (especially sexual violence)
- At-risk adolescent girls
- Children and adolescents orphaned due to HIV
- Children and adolescents co-affected by HIV and TB, COVID-19, and/or disability.

It should be noted that these categories of sub-populations frequently overlap. Key recruitment platforms include PEPFAR clinical (HIV and TB) services, antenatal care (ANC), mentor mother and other PLHIV support groups, Family Planning access points, Sexually Transmitted Infection (STI) clinics, schools, post-rape care services (e.g. Thuthuzela Care Centers), Key Population service sites (e.g. hotspot outreach), and social service providers (such as DSD drop-in centers),

among others. The Activity should describe systematic methods for identifying children, adolescents, and youth most vulnerable to HIV. Identification strategies should be a vital step for tailored appropriate programming for different sub-groups, age bands and locations. Upon enrollment, case workers will conduct assessments of all children and families as well as regularly monitor child and family well-being through case management, including routine home visits. Case files for each family will include specific care plans with benchmarks in the domains of healthy, stable, safe, and schooled, monitored over time in order to facilitate family graduation and case closure based on improved holistic outcomes.

Applicants will describe optimal service packages that are differentiated by age, sex, and sub-population (as well as tailored to urban, peri-urban, and rural settings) to improve health, well-being, and protection outcomes. The service packages should address the unique health, nutrition, education, protection, psychosocial, developmental, and economic challenges identified as part of the needs assessment. The following programmatic priorities are illustrative. Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities:

- Family-centered, HIV-inclusive case management (such as DSD's Risiha case management tools) by well-trained and supported case managers
- HIV risk assessment (using DOH's and DSD's HTS Guidelines) and TB screening for targeted referrals to HIV and TB testing services
- Linkage to same-day treatment; treatment literacy, age-appropriate disclosure support, and case conferencing; group-based adherence support and support for C/ALHIV to transition to optimized ART (i.e. pediatric dolutegravir (pDTG)); and tracking of viral load testing and viral suppression
- Technical skills-building for facilitators in the implementation of group-based interventions supporting children and adolescents living with and affected by HIV (I.e. KidzAlive Children and Caregivers, Vhutshilo 3, Abangane Grief Support etc). Ensuring group-based intervention implementation with fidelity through effective training and supportive supervision of facilitators, monitoring of intervention delivery, and evaluation of outcomes including client feedback on intervention quality, acceptability, and impact
- Strengthening access to and coverage of Adolescent Sexual and Reproductive Health (ASRH), Family Planning (FP), and VMMC services via case management and provide support in navigating clinical access
- Scaling up parenting support which fosters positive child and parent/caregiver relationships, communication, supervision and discipline
- Strengthening linkages and referrals to Early Childhood Development (ECD) for early stimulation and nurturing care.
- Applying a two-generation approach of targeting adolescent mothers and their young

children and providing an adolescent mother-child support package (customized to urban and rural contexts)

- Delivering structured parenting support interventions such as Let's Talk/Let's Talk Teens, Parenting for Lifelong Health/Sinovuyo, etc.
- Educational mentoring and support (with a focus on effective transition to secondary school, progression and completion; after school support, monitoring of school attendance, progression, and completion; support for out of school adolescents to facilitate school re-enrollment, especially among adolescent mothers, or linkages to vocational training/opportunities)
- Comprehensive prevention, detection, and response to VAC and GBV including risk screening; child protection reporting and case management; comprehensive post-rape care with post-exposure prophylaxis (PEP) access and completion, emergency contraception, psychological, and legal services)
- Create awareness, knowledge, and skills among children, adolescents, and caregivers on recognizing VAC and GBV and how to seek support
- Collaborate with post-violence service providers to ensure effective case management of cases of VAC and GBV among program participants, including social workers, One Stop Centers, police, and court officials
- Provide evidence-based psychosocial support for children that have experience sexual violence, such as the DSD Therapeutic Program for Children and Families Affected by Sexual Abuse
- Evidence-based psychosocial support and mental health services with a focus on adolescents (especially ALHIV) and caregivers, including screening of mothers/caregivers for depression and linkage to locally available mental health services
- Economic strengthening services and support targeting adolescents and caregivers including linkage to social grants for eligible families and:
    - In metros (urban/peri-urban settings): target adolescents, including ALHIV, who are completing secondary school for a savings match program (i.e. short-term cash + social assets building) for job start-up or tertiary education support that is contingent upon secondary school completion and/or achievement of VLS)
    - In rural areas: target adolescents and their caregivers for Parenting interventions + savings groups with financial literacy and targeting caregivers for savings groups with financial literacy
- Graduation readiness monitoring, assessment, and case closure
- Ensure the application of robust Child Safeguarding policies and procedures (including by sub-partners), with annual training for all staff; routine screening for violence/risk; monitoring of standard operating procedures (SOP) application; and development and use of of child-friendly, age-appropriate IEC materials and SOPs for reporting abuse.

Key expected outcomes include:

- ≥95% of enrolled C/ALHIV and PLHIV parents/caregivers receive and adhere to ART
- ≥95% of enrolled C/ALHIV and PLHIV parents/caregivers achieve viral suppression
- ≥95% of enrolled biological children <19 years of HIV+ mothers are offered safe and ethical index testing
- ≥95% of enrolled C/ALHIV receive optimized ART (including pDTG)
- ≥90% of enrolled C/ALHIV and PLHIV parents/caregivers receive evidence-based psychosocial/mental health support
- >90% of C/ALHIV are enrolled in adherence and support groups
- >95% of C/ALHIV and PLHIV parents/caregivers receive TB screening and referral to TB testing and treatment accordingly
- >90% school progression and completion, especially among AGYW
- ≥95% of eligible families access social protection (I.e. social grants)
- >80% of caregivers and/or adolescents accessing economic strengthening services
- >90% of survivors of violence access comprehensive clinical and community-based post-violence care and support
- >80% of adolescents access Sexual and Reproductive Health (SRH) services and condoms/PrEP and other commodities
- >80% of enrolled caregivers access parenting support
- >90% of enrolled children<5 years access early childhood development services and support
- >90% completion of multi-session interventions among program participants
- >90% of sites are applying SOPs for intervention implementation
- >85% of structured, group-based interventions being implemented with fidelity

IR 1.2: Increased access to prevention of HIV and sexual violence interventions among children and adolescents 10-14 and 15-17 years

The **Preventive program** delivers evidence-based interventions for the prevention of HIV and violence targeting the wider groups of at-risk girls and boys in high-burden areas during the critical window of 10-17 years. Key objectives of this evidence-based programming are preventing sexual violence, delaying sexual debut, and reducing lifetime risk of HIV infection. These interventions engage parents, teachers, and community members, including faith and traditional leaders, in protecting children and young adolescents from violence as well as support healthy and informed decision-making as children mature.

Children and young adolescents in the Preventive program are recruited in groups from community settings of high HIV burden districts, such as schools, drop-in centers, community centers, and faith-based groups. Where feasible, these interventions should engage schools (in

coordination and collaboration with DSD and DBE) in order to ensure strong collaboration between DSD and DBE. Monitoring 10-17 year old girls and boys in the Preventive program is distinctly different from the Comprehensive program, and does not involve providing case management or monitoring against graduation benchmarks.

The following programmatic priorities are illustrative. Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities:

- Technical skills-building for facilitators in the implementation of evidence-based interventions: ChommY, YOLO, and Men and Boys Championing Change, or other PEPFAR approved curricula. Ensuring group-based intervention implementation with fidelity through effective training and supportive supervision of facilitators, monitoring of intervention delivery, and evaluation of outcomes including client feedback on intervention quality, acceptability, and impact
- Application of intervention pre and post surveys to assess improved knowledge, skills, and efficacy
- Training of facilitators in recognizing signs and symptoms of violence among children and ensuring referrals for suspected or reported violence against children.
- Applying SOPs for reporting cases of violence or suspected violence and facilitating referrals to comprehensive post-violence care.
- Training of facilitators to provide age- and developmentally-appropriate first-line support (LIVES) and referrals to clinical and non-clinical violence response services should program participants spontaneously disclose experience of violence.
- Applying an SOP for facilitated referral of suspected or known C/ALHIV cases to ensure children receive HIV testing, treatment and inclusion in the Comprehensive program.
- Referring relevant beneficiaries to the Comprehensive Program or DREAMS if they meet the priority sub-population criteria.

Key expected outcomes include:

- Reduced prevalence of VAC and GBV among children, adolescents, and their caregivers
- Improved communication skills among parents/caregivers and their children
- Delay of sexual debut and improved knowledge and skills to make healthy decisions among girls and boys 10-14 years
- >90% of children in need of comprehensive, family-based support are referred to the Comprehensive program
- >90% of survivors of violence access comprehensive clinical and community-based post-violence care and support

- >90% completion of multi-session interventions among program participants
- >90% of sites are applying SOPs for intervention implementation
- >85% of structured, group-based interventions being implemented with fidelity

IR 1.3: Increase access to DREAMS family strengthening/parenting support interventions among AGYW 10-19 years and their caregivers

The Activity will also include implementation of **DREAMS Family Strengthening** targeting at-risk AGYW 10-19 years and their caregivers in USAID DREAMS districts as part of the secondary package of DREAMS interventions. The Activity will ensure the delivery of evidence-based and informed parenting interventions aimed at empowering both adolescents and their caregivers by building knowledge and skills to mitigate adolescents' risk behavior (especially sexual risk); supporting adolescent and caregiver mental health; and improving parenting practices. This component aims to help adolescents and caregivers improve their coping and problem solving skills, positively resolve conflict, and communicate more effectively in order to strengthen adolescent and caregiver relationships and make healthy decisions, especially those which prevent and reduce HIV risk. In addition, the Activity will increase access to PrEP among eligible AGYW (per DOH PrEP Guidelines) as well as consistent usage of PrEP among users.

The following programmatic priorities are illustrative. Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities:

- Delivering structured parenting support interventions such as Let's Talk/Let's Talk Teens, Parenting for Lifelong Health/Sinovuyo, etc.
- Ensuring parenting intervention implementation with fidelity through effective training and supportive supervision of facilitators, monitoring of intervention delivery, and evaluation of outcomes including client feedback on intervention quality, acceptability, and impact
- Strengthening MOUs and SOPs with DREAMS partners for effective and efficient layering of interventions
- Increasing access to and consistent use of PrEP among eligible AGYW (per DOH PrEP Guidelines) as well as other sexual reproductive health and family planning services and commodities via referrals
- Ensuring referrals of AGYW requiring more comprehensive, family-based support and/or intensive protection support for enrollment in the Comprehensive program.

Key expected outcomes include:

- 100% of enrolled DREAMS AGYW and their caregivers receive family

strengthening/parenting support

- >80% of eligible AGYW access PrEP and are using it consistently
- Reduced incidence of HIV infection among AGYW
- Increased use of positive discipline among caregivers
- Reduced prevalence of VAC among children and adolescents
- Improved communication among parents/caregivers and their children

Objective 2: Improve Local Partner organizational capacity for governance, program monitoring, evaluation, and reporting (MER), and stakeholder engagement at Provincial, District, and Sub-District Level

Locally led development and delivery of community-based HIV prevention and mitigation services through resilient district health and social welfare systems, local partners, civil society organizations (CSOs), community-based organizations (CBOs), faith-based organizations (FBOs) and the private sector will be the cornerstone of sustainability for HIV epidemic control in South Africa. USAID is committed to increasing capacity and fostering success by catalyzing innovation and mobilizing cross-sector partnerships.[33] Objective 2 aims to support indigenously led implementation by leveraging communities and civil society to improve service delivery for children, adolescents and their families in the HIV epidemic. To this end, a component of the Activity will focus on developing local capacity by mentoring and providing institutional support for local and indigenous organizations. USAID requires that Applicants dedicate resources for improving the institutional capacity and sustainability of local sub-recipient organizations. Under Objective 2, there are three IRs as detailed below.

IR 2.1: Improved Local Partner organizational capacity for governance and award administration

The SAG has leveraged the nonprofit sector to provide services and support for vulnerable children. These non-profit organizations (NPO) are often small, nascent organizations that lack capacity and mentoring in organizational management, including financial management and oversight, human resources, proposal writing, data collection and reporting. Through the Activity, the applicant will strengthen Local and Indigenous Partner operational expertise through a hybrid organizational capacity development approach. USAID envisions these institutional

[33] A partnership may be defined as an arrangement where parties (entities), agree to cooperate to advance their mutual interests. The partnerships may be contract-based, sub-awardee based or defined by a Memorandum of Understanding or service level agreement. The partners may include formal and informal community-based organizations, PLHIV-led organizations, faith-based organizations, schools, governments, private sector or a combination thereof. Organizations may partner to increase the likelihood of achieving expected results.

strengthening efforts will have a ripple effect through a localized socio-ecological, tiered approach that starts with the applicant and ends with the program participant (prime partner to sub-grantee, to district, sub-district, ward, and beneficiary).

The following programmatic priorities are illustrative. Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities:

- Provide mentoring and support to local indigenous organizations to update systems for effective financial and administrative management, including establishing an internal audit function
- Supporting the establishment of a local independent board of directors that includes youth participation with by-laws, creating appropriate systems of control for managing multiple donor accounts, and establishing transparent procurement procedures
- Sub-recipient institutional strengthening should aim to support local organizations to be able to independently solicit and directly receive USAID and other donor awards. USAID expects that participating local organizations will have sufficient capacity to continue to provide program services even with the conclusion of USAID funding.
- Strengthening an effective mix of technical assistance skills including, but not limited to, mentoring, coaching, quality assessment, and quality improvement planning and monitoring

Key expected outcomes include:

- Strengthened organizational human resources management
- Strengthened organizational accounting mechanisms to manage funding responsibly and efficiently
- Strengthened capacity to meet both DSD and USG program and financial reporting requirements
- Successfully running Annual General Meetings, including community and youth representation, participation and leadership

IR 2.2: Increased Local Partner capacity for program monitoring, evaluation, and reporting (MER) at Provincial, District and Sub-District

Through the Activity, the applicant will strengthen Local and Indigenous Partner expertise in monitoring, evaluation, and reporting through a localized socio-ecological MER approach starting with the applicant and ending with the program participant. This will include application of SOPs (including by sub-partners) to ensure robust monitoring and reporting on program performance, outputs, and outcomes. In addition, partners will strengthen their skills in robust program

monitoring and evaluation of program outputs and outcomes, in accordance with PEPFAR and USAID key performance indicators and other relevant program metrics.

The following programmatic priorities are illustrative. Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities:

- Clear M&E plan and data flow process with data collection timeline, quality assurance, validation, etc
- Strengthen sub-partner capacity in using the Community-based Information Management System (CBIMS) database for case management monitoring and tracking of service delivery as well as in using mobile and web-based platforms as they are developed
- Utilizing CBIMS for decision-making through critically engaging with the case management reports available in CBIMS for program improvement
- Provide training and supportive supervision for sub–partners in PEPFAR MER, including key performance indicators, graduation benchmarks, and USAID required custom indicators
- Apply SOPs for the collection, analysis, and use of data to monitor program performance; improve service delivery and quality; and strengthen data use for decision-making
- Refine data analytics and data presentation skills to improve documentation and communication of program results, good practices, lessons, and limitations.
- Conduct Routine Data Quality Assessments (RDQAs) to continuously assess and improve the validity and reliability of program data
- Systematically conduct graduation readiness assessments per PEPFAR graduation benchmarks
- Coordinate and collaborate with the operations research partner to strengthen cohort monitoring and evaluation of outcomes among program participants
- Strengthen community engagement in program monitoring and evaluation, ensuring 360° feedback by program participants on service quality, acceptability, and impact as well by other program stakeholders, via community platforms such as DSD-supported Community Dialogues

Key expected outcomes include:

- Improved partner (and sub-partner) capacity to track and report on service delivery and other program results
- Improved systems and SOPs for effective and efficient data collection, analysis, and use
- >80% of sites conduct Routine Data Quality Assessments (RDQAs) for PEPFAR MER

- >80% of sites establish and apply a community feedback mechanism to help assess program responsiveness and improve the quality of service delivery
- >90% of sites requiring quality improvement for program activities/interventions have an established quality improvement (QIP) plan with benchmarks that are being routinely monitored
- Improved knowledge and skills in effective technical assistance techniques and related tools

IR 2.3 Increased Local Partner capacity to engage key stakeholders at Provincial, District, and Sub-District level

Through the Activity, the applicant will strengthen Local and Indigenous Partner capacity to meaningfully engage key stakeholders through a localized socio-ecological approach starting with the applicant and ending with the program participant. The Applicant will demonstrate a deep understanding of the community context within the targeted districts and have experience closely coordinating and collaborating with DSD, DOH, Department of Justice (DOJ), and DBE, Provincial AIDS Councils, PEPFAR implementing partners, civil society and private sector. This will include operationalized MOUs and reporting with key stakeholders including DSD and DOH. In support of the USAID Youth in Development Policy (2022) and USAID's overarching Positive Youth Development,[34] USAID believes in the importance of partnering with, supporting, employing youth as part of our workforce, and engaging youth from diverse backgrounds and experiences in development and shaping their own future. The Activity should identify new and innovative approaches for engaging with adolescents and youth, including partnering with youth organizations and supporting youth leadership.

Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities. Key expected outcomes include:

- Operationalized MOUs and regular reporting to DSD and DOH
- Improved linkage coordination and bi-directional referrals across Justice, Police, health, Social Development (family section, add other sections)
- Regular participation in Provincial AIDS Councils
- Regular participation in school governing bodies
- Focused engagement around Child Protection Week, Women's Day, 16 Days of Activism, World AIDS Day
- Meaningful engagement of youth: The activity should create opportunities and platforms

[34] USAID **"Positive youth development" (PYD)** engages youth along with their families, communities and/or governments so that youth are empowered to reach their full potential. PYD approaches build skills, assets and competencies; foster healthy relationships; strengthen the environment; and transform systems." USAID supports the use of this definition across Agency implementation. http://www.youthpower.org/positive-youth-development

through which adolescents and youth can actively participate in the design, implementation, and monitoring and leadership of activities.

Objective 3: Strengthen Provincial, District and Sub-District-level social service workforce capacity to sustain an effective response for children, adolescents, and their families in high HIV burden districts

The Activity aims to advance provincial, district, and sub-district -level social service capacity through a localized, **youth-led workforce** to deliver high-quality child and family-focused services, improve clients' well-being outcomes, and sustain an effective response for children, adolescents, and families in the epidemic. A key aspect of provincial, district, and sub-district social service system strengthening will be reinforcing coordination among health, social development, and education sectors and service points to ensure holistic service delivery and an effective continuum of response that meets the needs of children, adolescents, and their families.

IR 3.1 Expanded use of SAG (DSD and DOH) policies and guidelines at Provincial, District and Sub-District level

The Activity will advance the roll-out and application of relevant DSD and DOH guidelines at local levels. This aims to standardize robust program approaches and practices at district and sub-district levels as well as reinforce the implementation of SAG policies and guidance across program sites.

The following programmatic priorities are illustrative. Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities:

- Training and supportive supervision of community care workers on key policies such as the Children's Act, National Child Protection Policy, GBV Policy, SRH/Youth Policy.
- Training and supportive supervision of community care workers on usage of the DSD *National HTS Guidelines for Social Service Practitioners*
- Application of the DSD *Risiha Case Management System* at district level to support scale up of the DSD's community-based prevention and early intervention program for vulnerable children
- Implementation of the DSD *Child Protection Policy* (and related SOPs) across all program sites
- Use of NDOH *Guidelines for the Provision of Pre-exposure Prophylaxis (PrEP) to Persons at Substantial Risk* as part of SAG's comprehensive approach to combination prevention

- Use of the NDOH TB screening guidelines/questions for systematic TB screening of C/ALHIV and PLHIV parents/caregivers
- Reinforce treatment literacy in line with NDOH *ART Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates.*
- Application of adherence and disclosure guidelines, as part of the Psychosocial Support Intervention to address disclosure, treatment adherence, and social support for ALHIV
- Application of NDOH policy to support the transition to pediatric dolutegravir 10 mg (pDTG)
- Therapeutic counselling programs for survivors of sexual violence that support improved mental health

Key expected outcomes:

- >90% of program sites and sub-partners are implementing DSD and DOH policies regarding children living with, affected by, or vulnerable to HIV (and their families)
- >90% of program sites and sub-partners are scaling up use of and adhering to relevant DSD and DOH guidelines
- >90% of community care workers access training and supportive supervision in relevant DSD and DOH guidelines and tools for routine use in case management of children, adolescents, and their families

IR 3.2 Strengthened program standards to ensure high quality service delivery and sustainable outcomes for children, adolescents, and their families

The Activity will support the implementation of a standardized model of care at provincial, district and subdistrict levels in order to optimize health, well-being, and protection outcomes among children, adolescents, and their families. This will include operationalized MOUs and reporting with key stakeholders including DSD and DOH, application of SOPs by partners, sub-partners, and community cadress to ensure robust program approaches and practices across all sites.

The following programmatic priorities are illustrative. Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities:

- Facilitate and standardize a high level of coordination among DSD, DOH/District Support Partners (DSPs), and DBE in all program sites
- Strengthen the application of Memoranda of Understanding (MOUs) between PEPFAR community and clinical partners/district support partners (DSPs) in target districts to reinforce roles and responsibilities and standard application of SOPs (e.g. for

bi-directional referrals, routine client identification and enrollment, index testing, case conferencing, client tracking, and quality assurance/improvement)

- Ensure that Clinical Liaison Officers are placed or rotate at high volume facilities in order to participate in multidisciplinary team/nerve center meetings and case conferences; help beneficiaries navigate clinical services; identify and enroll C/ALHIV and HEI; conduct joint review of charts for C/ALHIV on treatment; track viral load appointments and provide accompaniment for VL testing as needed; and support Vhutshilo 3 and/or KidzAlive adherence clubs
- Apply the DSD's Risiha Case Management System at district level (this includes Child Protection Services, Psychosocial Support, HIV Prevention, Care and Treatment; other Health Services; Nutritional Support; Economic Strengthening; and Access to Education)
- Strengthen district-level referral networks and tracking of referral completion for improved delivery of health and socio-economic services and support
- District-level Child Protection system strengthening via application of SOPs for prevention, detection, and response to VAC and GBV by community and clinical providers
- Training of community and clinical service providers in WHO LIVES curriculum for age-appropriate first line support for survivors of violence; application of SOPs for site-level inquiry and response to violence; and for the provision of or referral to clinical and non-clinical GBV and VAC services. (including linkage to the therapeutic program for survivors of violence)
- Ensure implementation of evidence-based, structured interventions with fidelity

Key expected outcomes include:

- 100% of Local Partners and sub-partners routinely engage and apply MOUs with DSPs for bi-directional referrals and joint tracking of clinical outcomes
- >90% of program sites have Clinical Linkage Officer placed or rotating at high volume clinics and participating in multidisciplinary teams for case conferencing
- >80% of program sites roll out DSD's Risiha Core Package of Services for comprehensive service delivery and support at district level
- >80% of evidence-based, structured interventions are being implemented with fidelity in >80% of program sites.
- >90% of sites apply SOPs for VAC and GBV prevention, detection, and response, including LIVES age-appropriate first line support for survivors of violence

IR 3.3 Strengthened community-based social service workforce at Provincial, District and Sub-District levels

The Activity will support well-trained and well-supported localized, youth-led social service cadres at provincial, district, and sub-district levels, which includes Social Workers, Social

Auxiliary Workers, and Child and Youth Care Workers, including finding innovative ways to support unemployed youth (e.g. internships, mentorships etc) The Activity will reinforce social service workers' skills and competencies through mentoring, coaching, supervision and formal and on-the-job training to improve high quality service delivery. The Activity will provide a special emphasis on debriefing and mental health and psychosocial (MHPSS) support in order to strengthen social service workforce retention, health, and well-being.

The following programmatic priorities are illustrative. Applicants must propose appropriate and feasible strategies and activities to achieve the results above, aligned with SAG, PEPFAR, and USAID priorities:

- Conduct relevant pre and in-service trainings to enhance social service workers' knowledge, skills, and competencies to conduct robust, HIV-inclusive case management for children, adolescents, and their families (including support for pediatric index testing, transitioning C/ALHIV to pDTG, case conferencing, adherence and disclosure counseling, and providing evidence-based mental health and psychosocial support)
- Support care worker retention including strengthening mentorship and supportive supervision as well as debriefing and mental health and psychosocial support for care workers
- Provision of quarterly on the job training opportunities for community care workers
- Strengthen social service workers' capacity to implement Risiha through structured case management (while ensuring that PEPFAR requirements for individual case files are met), including the Ungubani risk assessment on all seven Risiha domains, individual care plan, HIV risk assessment per the DSD guidelines; graduation readiness assessment, and tracking of treatment status, adherence, and viral load suppression among enrolled C/ALHIV.
- Identify mental health champions among social service cadres who will access supplemental training to provide first line mental health support to beneficiaries experiencing distress and/or depression, with capacity building for community cadres on providing trauma-informed care
- Family mediation and problem solving skills to assist families overcome challenges that often lead to violence in the home
- Applying program SOPs that ensure appropriate training and supportive supervision of facilitators, appropriate group sizes, active participation and completion of the multi-session interventions among program participants.

Key expected outcomes include:

- ≥95% of participating social service workers have improved skills to conduct high-quality, HIV-inclusive case management

- ≥95% of participating social service workers receive routine Supportive Supervision, mental health, and psychosocial support
- Improved capacity among social service cadres to provide first line mental health support and trauma-informed care for children, adolescents, and families.
- Improved quality and completeness of child, adolescent, and family case files

IV. MONITORING, REPORTING, AND QUALITY ASSURANCE

The Activity will have a rigorous performance monitoring and results reporting system, including continuous quality assessment and improvement in order to maximize program outcomes and return on investment. To that end, the Recipient is expected to allocate 10-20% of program resources for Monitoring, Evaluation, and Reporting (MER). A rigorous monitoring and evaluation system for the Activity, including adequate staffing, technical support and information systems for routine data collection and analytics, is required.

The Recipient will work closely with USAID to finalize indicators and set performance targets, including gender-related indicators as applicable, based on USAID and PEPFAR guidance and requirements. The Recipient will be responsible for data collection, analysis, and performance reporting required by USAID and PEPFAR per an already defined monthly, quarterly and annual results reporting cycle. Data will be used to evaluate Recipient performance, drive decisions, develop course corrections, and determine future funding. Data are reported to USAID/South Africa and the Office of the Global AIDS Coordinator/Washington office using the Data for Accountability Transparency and Impact (DATIM) system.

The Recipient will report on all relevant PEPFAR program indicators in accordance with PEPFAR MER 2.6 Guidance (and any subsequent MER Guidance), all relevant USAID/Office of HIV/AIDS (OHA) required custom indicators, and all relevant USAID/Southern Africa program indicators. Annual targets will be determined during the annual USG PEPFAR Country Operational Plan (COP) development process. Following is the minimum list of the indicators that PEPFAR and USAID use globally to report results and track performance. A complete list of the indicators used by PEPFAR will be provided to the Recipient of the award(s). They can also be found in PEPFAR's Monitoring Evaluation and Reporting (MER) Indicators Reference Guide at www.pepfar.gov and USAID PEPFAR Central Custom Indicator Reference Guide OVC Custom Indicator Reference Guide.

INDICATOR	REPORTING REQUIREMENTS	FREQUENCY
OVC_SERV	MER - required	semi annual
OVC_HIVSTAT	MER - required	semi annual
OVC_VL_ELIGIBLE (<18)	USAID/OHA custom - required	semi annual
OVC_VLR (<18)	USAID/OHA custom - required	semi annual
OVC_VLS (<18)	USAID/OHA custom - required	semi annual
OVC_OFFER	USAID/OHA custom - required	semi annual
OVC_ENROLL	USAID/OHA custom - required	semi annual
OVC_HIVSTAT_Positive_Receiving ART	USAID/South Africa custom- required	monthly
OVC_HIVSTAT_Positive_Not Receiving ART	USAID/South Africa custom- required	monthly
OVC_HIVSTAT_Negative	USAID/South Africa custom- required	monthly
OVC_HIVSTAT_Test Not Required	USAID/South Africa custom- required	monthly
OVC_HIVSTAT_Unknown_No HIV Status	USAID/South Africa custom- required	monthly
OVC_SERV_EWG_Service Lapse	USAID/South Africa custom- required	monthly
OVC_SERV_Potentially Active	USAID/South Africa custom- required	monthly
OVC_SERV_ Comprehensive	USAID/South Africa custom- required	monthly
OVC_SERV_ Preventive	USAID/South Africa custom- required	monthly
OVC_SERV_DREAMS	USAID/South Africa custom- required	monthly
OVC_SERV Active_Graduation Readiness	USAID/South Africa custom- required	monthly
OVC_SERV Active_Referred for TB Screening	USAID/South Africa custom- required	monthly
OVC_SERV Active_Referred for Family Planning	USAID/South Africa custom- required	monthly

Upon award, the Recipient's MEL plan will be finalized in consultation with USAID to finalize indicators and performance targets for the first year of the Activity.

The Activity MEL Plan must:

- Include the following key elements: Theory of change, logic model, performance monitoring, beneficiaries feedback plan, evaluation plan, CLA approach, roles and responsibilities, schedule of MEL plan tasks (including planned assessments such as any routine supervision and monitoring visits, along with any data quality assessments that are planned for the upcoming implementation year) and schedule of reporting to USAID.

- Benchmark implementation using existing program data at site, regional and, if applicable, national levels. This should assist in the development of quality improvement and quality assurance processes at site, regional and national levels.

- If applicable, include required PEPFER MER indicators specific to the Activity. Final required MER indicators will be finalized at the time of the award.

- Include additional indicators that support measuring performance towards achieving expected outcomes under each objective and respective IRs, to include indicators to measure performance specific to addressing gender inequities and disparities and sustainability.

- Periodic targets (e.g., monthly, quarterly, semi-annually, annually, end of Activity targets, as applicable) for each indicator.

- Participate in quarterly activity reviews. This feeds into the PEPFAR Oversight Accountability Response Team (POART) and Country Operation Plan (COP) processes.

- Conduct data quality assessments for a subset of key indicators, including, but not limited to the treatment cascade (e.g., MER indicators)).

V. COLLABORATING, LEARNING & ADAPTING

Collaborating, Learning and Adapting (CLA) is a central focus of the Activity. The Activity contributes to USG's commitment to a multifaceted CLA approach to development that is rooted in the idea that public health interventions yield more effective results if they are evidence based, coordinated and collaborative. The Recipient is expected to generate useful real-time data. The Recipient is expected to closely collaborate with key in-country stakeholders, including government, civil society and other donors to share data from the Activity's results, implementation research, evaluations, assessments and lessons learned from implementation. The Recipient must ensure that sufficient effort is invested to monitor activities, collect, analyze and synthesize data, and to publish/share the data as broadly as appropriate.

Consistent with the latest USG guidance, the Recipient will apply a data-driven approach to achieve results, while ensuring efficiency in the use of USG funding. Central to this approach is using data to more precisely target resources and tailor interventions and technical support in the Activity's geographic target area based on the burden of disease and need. Continuous learning and adaptation of interventions according to changes in the epidemiology are required

throughout the life of the Activity. The Applicant should propose ways to use CLA to create the conditions for fostering broader development success by:

- Collaborating: Facilitating collaboration internally and with external stakeholders to promote increasingly a national-led response to the HIV epidemic, including a comprehensive program that addresses the needs of children, adolescents, and their families
- Learning: Generating and feeding new learning, innovations, and performance information back into the system to inform program management, design, USG-SAG policy dialogue opportunities and funding allocations (e.g., creating pauses for reflection within the activity implementation scheme, engaging stakeholders for shared 'learning moments,' conducting analytical review of existing and/or new evidence that may support or contradict common understanding); and
- Adapting: Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions, and gamechangers, into strategic and programmatic adjustments (e.g., adjusting work plans to account for contextual shifts or tacit learning from a team's experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way).

VI. GENDER CONSIDERATIONS

Children and youth face gender barriers that impede their access to education, health services, and economic opportunities. These barriers ultimately make this group more vulnerable to HIV infection and contribute to their inability to obtain treatment. Economic and social disparities leave young women and girls especially susceptible to GBV, domestic violence, discontinuation of medical care and treatment, and sexual exploitation. For USAID, gender equality and women's empowerment are vital to achieve sustainable development and positive health outcomes. The USAID Gender Equality and Female Empowerment Policy [35] advances equality between women and men, boys, and girls, and empowers women and girls to participate fully in and benefit from development activities, through the integration of gender in the entire Activity implementation cycle from design and implementation to monitoring and evaluation.

Interventions and technical assistance supported through this Activity will implement a program model that addresses structural barriers fueled by gender inequities that impede access to and uptake of HIV and TB service delivery in order to reduce gender disparities in the access of HIV and TB diagnosis, treatment, and prevention services. The Activity will use

[35] https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf

evidence-based interventions informed by gender analyses that explore the underlying reasons for gender-inequalities that impede access to and uptake of HIV and TB diagnosis, treatment, and prevention services for children, adolescents and their families. The Activity will integrate gender transformative and trauma-informed approaches throughout the Activity that promote early care seeking behavior, and access to HIV and TB services equitably between men and women. The Activity will integrate age-appropriate GBV/VAC case identification, first-line support, and clinical and non-clinical care into HIV service delivery platforms aligned with PEPFAR and WHO Guidance. Furthermore, interventions will also uphold the right of all individuals - men, women, and transgender people to quality HIV and TB services. Integration of gender considerations will be done annually through the annual work plan development and approval process and the MEL plan for the Activity should include clearly defined indicators and targets to support measurement of performance specific to gender considerations.

For more information on USAID's gender policy, please refer to the following link on USAID's website - https://www.usaid.gov/gender-equality-and-womens-empowerment.

VII. SAFEGUARDING

USAID strictly prohibits sexual misconduct, including harassment, exploitation or abuse of any kind among staff or implementing partners. USAID takes seriously, and expects its staff and partners to take seriously, the commitment to do no harm and to advance human dignity in our work. Per the 2020 Protection From Sexual Exploitation and Abuse (PSEA) Policy[36], USAID seeks to prevent sexual abuse and exploitation (SEA) and ensure people are able to access USAID-funded services and activities safely, provide robust feedback to our implementing partners to mitigate risk, and facilitate the secure reporting of SEA violations when they occur. This includes protecting children from harm. This includes all forms of abuse, exploitation, physical and sexual violence, neglect, and discrimination as well as child trafficking. Because the activities and services to be funded under this Activity involve direct contact with children and adolescents, the Applicant must describe how appropriate measures to prevent, mitigate, and respond to child abuse both in the Activity implementation, and by project personnel will be addressed in line with USAID guidance on Child Safeguarding[37]. The design of the Activity must be child-centered, prioritizing the best interests of the child, ensuring the rights and well-being of the child are at the forefront of all program interventions.

The successful applicant will embed the appropriate child safeguarding strategies to prevent harm, and respond promptly and effectively to any incidents or suspicions of harm. It is also

[36] https://www.usaid.gov/policy/psea
[37] https://www.usaid.gov/PreventingSexualMisconduct/Partners/Child-Safeguarding/FAQ

expected that the design explicitly states how the South African Children's Act 38 of 2005[38], will be implemented specifically section 7, 110, 129-134, 143 and 150. It is a standard practice to check every appointee against the Child Protection Register and to keep the results of the check in the personnel file of the staff member.

USAID has specific policies and procedures in place to ensure that all program interventions adhere to child safeguarding principles and standards. This involves establishing clear guidelines, codes of conduct, reporting mechanisms, and accountability measures to prevent and respond to any incidents of harm, and to ensure that children's rights and well-being are upheld throughout program implementation. Please refer to the USAID Child Safeguarding Toolkit[39] for more information.

Secondary to effective safeguarding processes, the applicant should demonstrate how the following principles will be incorporated in the Activity:

Participation and empowerment: USAID strives to empower children and adolescents by involving them in decision-making processes that affect their lives, and promoting their active participation in program activities. This may involve providing age-appropriate information, enabling them to express their views, and involving them in planning, monitoring, and evaluating program interventions.

Strengthening families and communities: USAID recognizes the importance of family and community-based care for children and adolescents, and supports interventions that strengthen families and communities to provide safe and supportive environments for children's growth and development.

MANAGEMENT & KEY PERSONNEL

It is envisioned that the Activity will be managed with a comprehensive management approach that includes joint oversight, partnership and management of the Activity with the respective GoSA counterparts (e.g., DoH, DSD, DBE where applicable, civil society, district and local AIDS Councils). This may include joint annual planning and joint quarterly program reviews whereby resources and performance are reviewed for the previous quarter and programming is mutually designed and agreed to for the next quarter.

In addition, it is envisioned that the Activity will be implemented through an appropriate mix of direct implementation, technical support and sub-awards to locally led organizations with expert

[38] https://www.justice.gov.za/legislation/acts/2005-038%20childrensact.pdf
[39] https://www.usaid.gov/PreventingSexualMisconduct/Partners/Child-Safeguarding

knowledge for the achievement of specific objectives.

The Applicant should propose an appropriate mix of staff and requisite levels of professional expertise to implement the Activity and must identify, recruit, hire, and support appropriate personnel. The Applicant must have a combination of core staff to efficiently and cost effectively manage implementation and achieve results.

Professional-level skills and management practices are required in the performance of the resulting Cooperative Agreement. Accordingly, the Applicant must establish an effective quality control program to assure that the program results, outputs and other products meet professional standards and comply with requirements. The Applicant must maintain an office in Free State Province in South Africa and have an organizational structure that adequately meets management needs to implement.

Things to take into consideration in staffing (for key personnel and all other staff) include gender equality and social inclusion, an equitable balance in staffing and staff requirements; personnel systems, hiring, and management; and capacity development principles and approaches. When qualified personnel are available, the Applicant is encouraged to utilize local personnel with appropriate prior experience and expertise. The Applicant is strongly encouraged to consult with respective GoSA counterparts in Free State province for Activity personnel planning, recruitment and placement.

Key Personnel

USAID envisions there will be four (4) Key Personnel for this activity. The applicant must propose three (3) key personnel positions, not including the Chief of Party position, which are essential to achieving strategic and program objectives. The key personnel position qualifications must have an appropriate configuration of skills, experience and expertise that gives confidence for results achievement. In addition to the Chief of Party position described below, the Applicant should propose the appropriate roles of the remaining three (3) key personnel and their primary responsibilities for managing and leading an effective Activity. All key personnel should provide 100% LOE to the project, be employed by the prime applicant, and located in the province of implementation. The following skills and expertise should be largely found, collectively, within the Key Personnel positions:

- Demonstrated experience in leading public health projects, including orphans and vulnerable children projects
- Demonstrated experience in managing and/or leading local or international donor funded projects
- Demonstrated experience in managing large budgets exceeding $10 million per annum

- Demonstrated ability to develop and manage relationships with a wide range of stakeholders including NGO partners and Government Institutions of South Africa at all levels
- Understanding of the South Africa health care delivery system
- Demonstrated working knowledge of PEPFAR Technical Guidance for OVC and Prevention.
- Demonstrated working knowledge of South Africa's health and social service information systems and monitoring and evaluation processes as it relates to data collection for performance-based reporting
- Demonstrated working knowledge of U.S. Government financial and procurement rules and regulations.
- Experience managing finances for large health-related programs, including audit-management

It is the Applicant's discretion to designate positions of Key Personnel on the basis of their staffing structure. Please do not include names, CVs or resumes, for potential individuals the Applicant wishes to propose for the Key Personnel.

Key Personnel Position 1 - Chief of Party - 100% Level of Effort (LOE)
The Chief of Party (COP) will be responsible for leading a high-quality, results-oriented activity to achieve the objectives and expected results. S/he will provide overall strategic and managerial leadership of the activity in collaboration with all major stakeholders. S/he will bring a strong perspective, vision, and strategy on achieving the goal and objectives of the Activity. The COP's responsibilities must include the overall planning, technical leadership and coordination of all activities including the work of any sub-partners. S/he will oversee staff and sub-partners to ensure quality of activities and products developed under the project. The COP must have regular communication with the Agreement Officer Representative (AOR). The COP serves as the principal liaison to USAID, SAG counterparts, and other relevant implementing partners and stakeholders.

Key Personnel Position 2 - TBD - to be proposed by the applicant

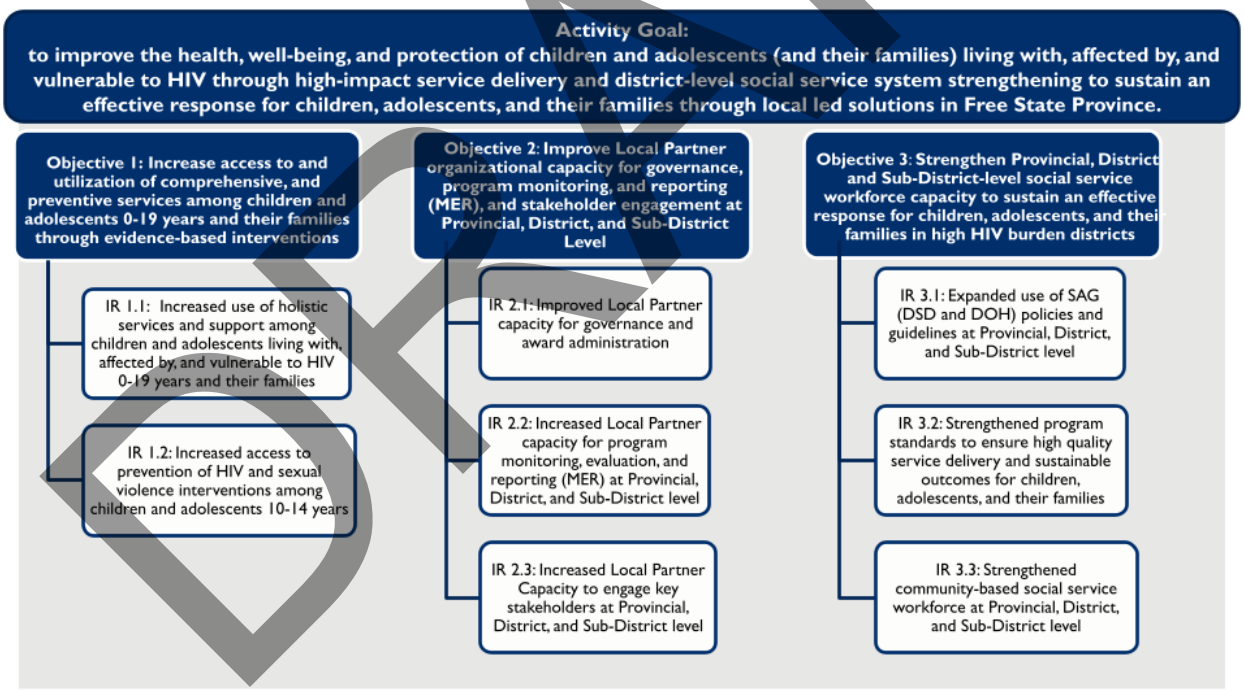
Key Personnel Position 3 - TBD - to be proposed by the applicant

Key Personnel Position 4 - TBD - to be proposed by the applicant

Appendix A: Illustrative Annual Targets by District

District	OVC Comprehensive				OVC Preventive	DREAMS Family Strengthening
	<18	18-20	Caregivers	Total		
Lejweleputswa District Municipality	2,442	139	55	2,636	2,360	3,831
Thabo Mofutsanyane District Municipality	5,117	380	256	5,753	2,360	5,045
	Province Total			8,389	4,720	8,876

Appendix B: Children, Adolescents and Families in the HIV Epidemic in Free State Province Activity Results Framework



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SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

USAID intends to make one (1) award pursuant to this notice of funding opportunity (NOFO), but reserves the right to make multiple awards under this NOFO. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to $25 million in total USAID funding over a five (5) year period.

This Activity will be incrementally funded over the life of the Activity, subject to the availability of funds.

2. Expected Performance Indicators

Below are the expected required performance indicators for this Activity. Section IV in the Program Description contains more information regarding performance indicators. The Recipient will also include additional "custom" indicators as well as gender-specific indicators within the MEL.

INDICATOR	REPORTING REQUIREMENTS	FREQUENCY
OVC_SERV	MER - required	semi annual
OVC_HIVSTAT	MER - required	semi annual
OVC_VL_ELIGIBLE (<18)	USAID/OHA custom - required	semi annual
OVC_VLR (<18)	USAID/OHA custom - required	semi annual
OVC_VLS (<18)	USAID/OHA custom - required	semi annual
OVC_OFFER	USAID/OHA custom - required	semi annual
OVC_ENROLL	USAID/OHA custom - required	semi annual
OVC_HIVSTAT_Positive_Receiving ART	USAID/South Africa custom- required	monthly
OVC_HIVSTAT_Positive_Not Receiving ART	USAID/South Africa custom- required	monthly
OVC_HIVSTAT_Negative	USAID/South Africa custom- required	monthly
OVC_HIVSTAT_Test Not Required	USAID/South Africa custom- required	monthly
OVC_HIVSTAT_Unknown_No HIV Status	USAID/South Africa custom- required	monthly
OVC_SERV_EWG_Service Lapse	USAID/South Africa custom- required	monthly
OVC_SERV_Potentially Active	USAID/South Africa custom- required	monthly
OVC_SERV_ Comprehensive	USAID/South Africa custom- required	monthly
OVC_SERV_ Preventive	USAID/South Africa custom- required	monthly
OVC_SERV_DREAMS	USAID/South Africa custom- required	monthly

OVC_SERV Active_Graduation Readiness	USAID/South Africa custom- required	monthly
OVC_SERV Active_Referred for TB Screening	USAID/South Africa custom- required	monthly
OVC_SERV Active_Referred for Family Planning	USAID/South Africa custom- required	monthly

3. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is five (5) years. The estimated start date will be on or about December 1, 2023.

4. Substantial Involvement

USAID plans to award a Cooperative Agreement pursuant to this NOFO. A Cooperative Agreement allows USAID to exercise substantial involvement. USAID anticipates that it will be substantially involved in the following areas:

1. Approval of the Recipient's Annual Implementation Plans (annual Work Plan)

The annual implementation plan and subsequent revisions are subject to approval by USAID prior to implementing substantive work for each year of the Agreement. USAID generally only requires approval of implementation plans annually; however, where changed contexts or new information require a pivot in the activity, USAID may consider changes to an implementation plan during implementation. USAID will ensure that implementation plans align with the stated goals, milestones, and outputs as well as fit within the scope, terms and conditions of the agreement.

2. Approval of Specified Key Personnel and any Changes in Key Personnel

The positions designated as key personnel are essential to the successful implementation of the program objectives of this Agreement. Prior to replacing the key personnel, the Recipient must notify USAID in advance and must submit written justification, including proposed substitutions, in sufficient detail to permit evaluation of the impact on the program. No replacement of these specified key personnel shall be made by the Recipient without consent of the USAID.

3. Approval of sub-awards and substantive provisions of sub-awards

USAID must review and approve substantive provisions of proposed subawards or contracts, which may go beyond existing policies on Federal review of sub-award, transfer, or contracting out of any work under an award per 2 CFR 200.308.

4. USAID and Recipient Collaboration or Joint Participation - Approval of the recipient's activity monitoring, evaluation and learning (AMEL) plans annually

USAID must approve the AMEL Plan, including indicators, baseline levels, and targets.

5. Monitor to authorize specific kinds of direction and re-direction of activities

USAID may provide directions to the Recipient to help achieve results through coordination with other activities sponsored by the U.S. government or other donors, to avoid duplication of effort, and/or support U.S. foreign policy considerations. All such direction or redirection must be within the program description, budget, and other terms and conditions of the award.

6. USAID's Authority to immediately halt an activity if the recipient does not meet detailed performance specifications

USAID has the authority to immediately halt an activity if the recipient does not meet detailed performance specifications. These would be provisions that go beyond the suspension remedies of the Federal Government for noncompliance as stated in 2 CFR 200, including non-performance. The Agreement Officer may immediately halt an activity when identified specifications are not met.

5. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is 935. Geographic Code 935 includes any area or country including the Recipient's country, but excluding any country that is a prohibited source.

6. 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 **Children, Adolescents, and Families in the HIV Epidemic in Free State Province** Activity, 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. The Recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound

organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

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SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility is restricted to local entities. For purposes of consistency and reporting, the definition of "local entity" means an individual, a corporation, a nonprofit organization, or another body of persons that:

(1) Is legally organized under the laws of South Africa;
(2) Has as its principal place of business or operations in South Africa;
(3) Is majority owned by individuals who are citizens or lawful permanent residents of South Africa; and
(4) Is managed by a governing body the majority of who are citizens or lawful permanent residents of the country receiving assistance.

For purposes of this definition, 'majority owned' and 'managed by' include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means.

USAID welcomes applications from eligible organizations which have not previously received financial assistance from USAID. International or U.S. organizations are not eligible to submit an application for an award as a prime applicant under this request for applications.

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) may 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 sharing is an important element of the USAID-recipient relationship. In addition to USAID funds, applicants are required to contribute resources from their own, or other sources for the implementation of this Activity.

USAID has established a required cost share contribution of at least ten percent (10%) of the USAID funding amount. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses. For guidance on cost sharing in cooperative agreements, please consult 2 CFR 200 (US Organizations) or Cost Share Standard Provision (Non-US Organizations).

3. Exclusive Commitments

USAID discourages any applicant from requiring exclusive commitments by local entities or other proposed sub-partners, including international organizations, to participate as part of a consortium or sub-award. Proposed subpartners participating in a consortium may elect to participate in another consortium under a different application.

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Regional Office of Acquisition and Assistance of USAID/Southern Africa (ROAA, USAID/Southern Africa)

Name:

Email:

2. Questions and Answers

Questions regarding this NOFO should be submitted: _____, stating the NOFO number on the subject line no later than the date and time indicated on the cover letter. This is intended to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation 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, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

3. General Content and Form of Application

Each applicant must furnish the information required by this NOFO. Applications must be submitted in two separate parts: the Technical Application and the Business (Cost) Application. 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)

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 must be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

Applications must comply with the following:

- The Technical Application must not exceed 30 pages and must be structured in the format outlined below
- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations
- The Technical Application must be submitted in Word and PDf format and must be searchable and editable
- All text must be in Calibri 12-point font, 1.15 line spacing, with a minimum of 1-inch margins on all sides with consecutive page numbers on each page starting from the Cover Page, date of submission and applicant's name
- Graphs and charts may use a smaller font, but not less than 10-point for any text and all graphs and charts must be legible
- All documentation must be written in English, and pages must be numbered, including numbered Annexes (e.g*., Annex 1, page 25*)
- Applications must use plain language and avoid jargon where possible

Applicants must review, understand and comply with all aspects of this NOFO. Failure to do so may be considered as being non-responsive and may be evaluated accordingly. Applicants should retain a copy of the application and all enclosures for their records.

4. Application Submission Procedures

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, as amended. Late applications will not be reviewed nor considered. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time/confirmation from the receiving office.

Applications must be submitted by email to: _____

Email submissions must include the NOFO number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also

indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.)

The subject line for every such email must include the following:

> NOFO [Number], "Children, Adolescents, and Families in the HIV Epidemic in Free State Province, [Technical or Cost Application], [Applicant Name], [Email _ of _]"

The technical application and the cost application must **each be submitted as two separate consolidated email attachments,** e.g. that you compile the various parts of the technical application into a single document before sending it; and do the same for the cost application.

Applicants are reminded that e-mail is NOT instantaneous, and in some cases delays of several hours occur from transmission to receipt. Therefore, applicants are requested to send the application in sufficient time ahead of the deadline. For this NOFO, the initial point of entry to the government infrastructure is the USAID mail server.

There may be a problem with the receipt of *.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Southern Africa cannot guarantee their acceptance by the internet server.

5. Technical Application Format

The technical application must be specific, complete, and presented concisely. The application must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The application must take into account the requirements of the program and merit review criteria found in this NOFO.

The Technical Application must strictly follow the format and outline prescribed below and adhere to the *maximum* number of 30 total pages, which includes 20 pages for the technical approach, 5 pages for the management and staffing plan, and 5 pages for the partnerships and affiliations section and excludes Annexes. Page limits for the Annexes are identified below. Any pages submitted in excess of these limitations will not be reviewed. The Technical Application must be submitted in PDF format and in an unlocked MS Word format (it must be searchable and editable Word or PDF format as appropriate).

It is the Applicant's discretion how to use their pages appropriately within the maximum number of page limitations.

A. Cover Page

B. Table of Contents
C. Executive Summary
D. Technical Approach
E. Management and Staffing Approach
F. Partnerships and Affiliations
G. Technical Annexes (The only Annexes to be evaluated are listed below and do not count towards the Technical Application page limit.)

The Technical Application must contain the following content:

A. Cover Page (excluded from page limit)

See Section D.3 above for requirements

B. Table of Contents (excluded from page limit)

The table of contents must include major sections of the Technical Application and page numbers to easily cross-reference and identify merit review criteria, including: the Executive Summary, the Technical Approach, Management and Staffing Approach, Partnerships and Affiliations, and Technical Annexes. The specific headings for each of the Technical Annexes must be listed.

C. Executive Summary (Not to exceed 2 pages - excluded from technical approach page limit)

The Executive Summary must include a concise description of the proposed activities and summary of the Technical Application.

D. Technical Approach (Not to exceed 20 pages, excluding Annexes)

This section must provide a detailed description of proposed interventions, tailored to the Free State province context, to be implemented in support of the Activity. This section will also address gender considerations and incorporate evidence-based practices. Innovative and sustainable solutions are encouraged and must be integrated where applicable.

The information detailed in the Technical Approach must be organized by the Activity's objectives and intermediate results. Annexes A and B must align with the technical approach.

E. Management and Staffing Approach (Not to exceed 5 pages, excluding annexes)

This section must demonstrate how the applicant's proposed management and staffing approach will implement their proposed technical approach in the Free State province to achieve the activity's objectives.

The Management Approach must detail a management structure, including essential partnerships and proposed sub-recipients, that will support effective implementation of the proposed program. The composition of which should reflect the environment of the proposed program. The Management Approach must describe the team composition and geographic coverage at the district, sub-district, facility, and community levels.

Applicants should describe how its Staffing Approach will efficiently and effectively provide the greatest likelihood of results. The Staffing Approach must describe the proposed overall skills mix, anticipated distribution of these skills and personnel among selected sites and use of support staff and/or short-term technical assistance (if applicable). The Proposed Key Personnel Positions section must provide an appropriate configuration of skills, and experience in support of successful implementation of the activity. It is the Applicant's responsibility to designate 4 Key Personnel positions at 100% LOE, one of which is the defined Chief of Party Key Personnel position as described in Section A.

Annexes C and D must align with the Management and Staffing Approach.

F. Partnerships and Affiliations (Not to exceed 5 pages, excluding Annexes)

This section must describe existing and proposed future partnerships in the Free State Province. Applicants must describe existing partnerships and affiliations , either in the Free State Province or in neighboring or other provinces, to demonstrate the Applicant's ability to collaborate with stakeholders to sustain an effective response for children, adolescents, and their families in high HIV burden districts. The successful applicant will be expected to work closely with the Free State DSD, DOH, DOJ, and DBE, in implementing the proposed activities. A partnership may be defined as an arrangement where parties (entities), agree to cooperate to advance their mutual interests. The partnerships may be contract-based, sub-awardee based or defined by a Memorandum of Understanding or service level agreement. The partners may include formal and informal community-based organizations, PLHIV-led organizations, youth-led or youth focused organizations, faith-based organizations, schools, governments, private sector or a combination thereof. Partnerships between organizations increase the likelihood of achieving expected results.

Applicants should describe existing relationships with GoSA Departments above, including other partnership arrangements, and participation in networks and collaborative campaigns in the province. If applicable, Applicants should demonstrate their work and their connections to the Free State Province. If Applicants do not have existing professional relationships in Free State Province, please describe how you will build these relationships and/or deepen these relationships to increase the likelihood of achieving expected results. Applicants must describe and expand on the following items:

Part One: Applicable Existing Partnerships/Stakeholder Relationships:

- Describe your existing partnerships and affiliations, including each partner's role in the relationship.
- In which province, district or sub district do these partnerships exist?
- Describe the intervention(s) that these partnerships and affiliations contribute towards.
- What are the outcomes of the partnerships?

Part Two: Proposed Free State Partnerships/Stakeholder Relationships

- Describe proposed partnerships and affiliations in Free State, including each partner's role in the relationship, required to implement the activity.
- Describe how you will build relationships within the province required to implement the activity.
- In which district or sub district in Free State Province do you propose developing partnerships and affiliations?
- Describe which intervention(s) these partnerships will contribute towards.
- What are the outcomes of the partnerships?

G. Technical Annexes

The annexes below will not count towards the page limit of the Technical Application.

- **Annex A** – Monitoring, Evaluation and Learning (MEL) Plan
  (Not to exceed 3 pages)

This section will include a draft monitoring and evaluation plan (MEL) with the proposed indicators to be used to measure the achievement of results. The required PEPFAR MER indicators and gender indicators must be included in the draft MEL plan in addition to unique and/or custom developed program-level indicators (e.g., output indicators) to measure the performance of the Activity. The draft MEL plan must include periodic targets (e.g., monthly, quarterly, semi-annual, annual, end of Activity, etc.) for all proposed indicators. A table format

may be used; refer to the USAID MEL plan template for an example and template of a table that may be used for a draft MEL plan.

This section must describe the comprehensive data-driven approach that will be used to ensure management of data towards achievement of results. The plan must detail how performance will be continuously monitored and assessed and how the data collected is proposed to be used for learning and program adaptation.

- **Annex B** – Year 1 Draft Work Plan (Not to exceed 7 pages)

This section will include a draft Year 1 Work Plan detailing the sequence and simultaneous implementation of interventions and technical support planned for the Activity. Interventions and technical support must be clearly linked to the respective objective(s) and intermediate result(s). Interventions specific to address gender considerations should be included in the draft work plan.

As part of the draft Work Plan, the applicant must provide startup milestones detailing the tasks and steps to establish and operationalize the Activity and initiate implementation of interventions. The Work Plan must include initial tasks related to mobilizing the Activity to include the hiring staff, renting office space, securing sub-recipients, engaging with stakeholders and GoSA counterparts, etc.

A gantt chart is an acceptable format for the Year 1 Draft Work Plan.

- **Annex C** – Staffing Plan, including Proposed Key Personnel Positions (Not to exceed 4 pages)

This section will include proposed staffing and roles and responsibilities. There is no set form for this Annex, but should be succinct and concise to be able to understand the staffing pattern and plan. For the Key Personnel positions, the applicant must describe the position, roles and responsibilities and proposed minimum qualifications that align with the expertise and experience needed to undertake the roles and responsibilities. Please do not include names, CVs or resumes, for potential individuals the applicant wishes to propose for the Key Personnel. USAID will not read or consider CVs or resumes if they are included with the application.

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- **Annex D –** Organizational & Management Chart (Not to exceed 2 pages)

This section must include an organizational and management chart (O&M) and a supporting narrative. It will provide an overview of how staffing for technical, management and other critical

functions will be allocated, including their sub-award management, and where they will be located. Charts must be legible if printed.

- **Annex E** – Acronym List (No page limit)

This section must spell out all acronyms utilized in the Technical Application. A table format is acceptable.

6. Business (Cost) Application Format

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the full cost application, applicants are encouraged to be as concise as possible while still providing the necessary details. The business (cost) application must illustrate the entire period of performance, using the budget format shown in the SF-424A.

Prior to award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the applicant's risk in accordance with 2 CFR 200.206. Applicants should not submit any additional information with their initial application.

The Cost Application must contain the following sections (which are further elaborated below this listing with the letters for each requirement):

a) Cover Page (See Section D.3 above for requirements)

b) SF 424 Form(s)

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 the rejection of the application.

c) Required Certifications and Assurances

The applicant must complete the following documents and submit a signed copy upon request by the Agreement Officer. Note that this information is not required at the time of initial application.

(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 and Budget Narrative

The Budget must be submitted as one unprotected Excel file (MS Office 2000 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. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make award, and may result in a rejection of the cost application. The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs and must be submitted as a Word and PDF document. The applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The exchange rate for the budget preparation is USD 1.00 to ZAR 16.00. The Budget Narrative must be thorough, including sources for costs to support USAID’s determination that the proposed costs are fair and reasonable. The estimated start date identified in Section B of this NOFO must be used in the cost application.

The Budget must include the following worksheets or tabs, and contents, at a minimum:

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential sub-applicants for the entire period of the program. See Section H, Annex 1 for Summary Budget Template.
- Detailed Budget, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the applicant’s program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

The Detailed Budget must contain the following budget categories and information, at a minimum:

1) Salaries and Allowances – Must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The applicant's budget must include position title, salary rate, level of effort, and salary escalation factors for each position. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the applicant. Applicants must provide their established written policies on personnel compensation. If the applicant's written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research.

2) Fringe Benefits – (if applicable) If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must propose a rate and explain how the applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

3) Travel and Transportation – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

4) Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property – Must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

5) Subawards – Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200 for assistance in determining whether the sub-tier entity is a subrecipient or contractor. The subrecipient budgets must align with the same requirements as the applicant's budget, including those related to fringe and indirect costs.

6) Construction – If applicable (See ADS 303.3.30)

7) Other Direct Costs – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. The applicant should indicate the subject, venue and duration of any proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs. Otherwise, the narrative should be minimal.

8) Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

Method 1 - Direct Charge Only
Eligibility: Any applicant
Initial Application Requirements: See above on direct costs

Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)
Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA
Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Additionally, at the Agency's discretion, a provisional rate may be set forth in the award subject to audit and finalization. See USAID's Indirect Cost Rate Guide for Non Profit Organizations for further guidance.

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)
Eligibility: Any applicant that does not have a current NICRA
Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200 for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount
Eligibility: Non U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO

Initial Application Requirements: Provide the proposed fixed amount and a worksheet that includes the following:

- Total costs incurred by the organization for the previous fiscal year and estimates for the current year.
- Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year
- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

If the applicant does not have an approved NICRA and does not elect to utilize the 10% de minimis rate, the Agreement Officer will provide further instructions and may request additional supporting information, including financial statements and audits, should the application still be under consideration after the merit review. USAID is under no obligation to approve the applicant's requested method.

9) Cost Sharing – The applicant should estimate the amount of cost-sharing resources to be provided 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 award. (Note that this activity requires a cost share contribution of at least ten percent (10%) of the USAID funding amount.)

10) Other Supporting Documentation - If the Applicant has established a consortium or legal relationship among its partners, the Cost/Business application must include a copy of the legal relationship between the parties.

    In the case of an application where the entity receiving the award is a joint venture, partnership or some other type of group where the proposed applicant is not a legal entity, the Cost/Business Application must include a copy of the legal relationship between the prime applicant and its partners. The application document should include a full discussion of the relationship between the applicant and its partners, including identification of the applicant with which USAID will directly engage for purposes of Agreement administration, the identity of the applicant which will have accounting responsibility, how Agreement effort

will be allocated and the express Agreement of the principals thereof to be held jointly and severally liable for the acts or omissions of the other.

The cost/business application must include letters of commitments from proposed partners which state that the organization is committed to implementing the activities for which it is being proposed and the proposed costs have been discussed.

The Applicant must submit a Negotiated Indirect Cost Rate Agreement (NICRA) if the organization has such an agreement with an agency or department of the U.S. Government. If the organization does not have a current NICRA, the Applicant may be requested to 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; 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. In addition, the applicant must state that the organization/firm is not aware of any material modifications that should be made to the financial statements; or
- Audited Financial Statements Report: An auditor issues a report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects 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.

e) 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.

f) 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.

g) 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/.

h) History of Performance

Upon request from the Agreement Officer, the 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 5 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 5 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 relevant information concerning an applicant's history of performance from any sources and may consider such information in its review of the applicant's risk. USAID may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment. Note: Past performance information is not required at the time of initial application.

i) Branding Strategy & Marking Plan

The apparently successful applicant will be asked to provide a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award. Note: the Branding Strategy and Marking Plan is not required at the time of initial application.

The Recipient must develop a Branding Strategy and Marking Plan (BMP) following the branding guidelines as articulated in Automated Directive System Chapter 320 (ADS 320) to ensure the program and publicity materials clearly communicate that assistance from the U.S. Government is made possible by the generous support of the American people. The Successful Recipient must agree to follow the Branding and Marking Policies established for assistance awards under ADS Chapter 320.

It is a federal statutory and regulatory requirement (see Section 641, Foreign Assistance Act of 1961, as amended, and 2 CFR 700.16) that all USAID programs, projects, activities, public communications, and commodities that USAID partially or fully funds under a USAID grant or cooperative agreement or other assistance award or subaward must be marked appropriately overseas with the USAID identity. In addition, the successful applicant(s) will be required to comply with USAID and PEPFAR policy on marking and branding.

USAID will request and evaluate a BMP from the apparently successful Applicant(s), except in cases where an existing waiver applies; this evaluation will not be part of the competitive evaluation set forth in this section. The successful applicant's proposed BMP may include a request for approval of one or more exceptions to marking requirements. The exceptions must align with ADS 320 requirements for exceptions. The Agreement Officer is responsible for evaluating and approving the Branding Strategy and a Marking Plan (including any request for exceptions) of the apparently successful applicant(s), consistent with the provisions ``Branding Strategy," and USAID and PEPFAR policy on branding and marking, in consultation with a Development Outreach and Communications specialist. Please note that in contrast to "exceptions' ' to marking requirements, waivers based on circumstances in the host country must be approved by Mission Directors or other USAID Principal Officers.

NGO applicants are required to comply with 2 CFR 700.16 and USAID Automated Directive System (ADS) Chapter 320, Branding and Marking available at https://www.usaid.gov/sites/default/files/documents/1868/320.pdf.

No award will be made without an USAID approved Branding Strategy and Marking Plan.

The following provisions apply under this Notice of Funding Opportunity (NOFO):

Branding Strategy – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "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/Proposal]. These costs are subject to the revision and negotiation 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 http://www.usaid.gov/branding, unless Section VI of the RFA or APS states 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 VI of the RFA 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. Applicants 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.

e. 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.

f. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

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 http://www.usaid.gov/branding. Section VI of the RFA 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/Proposal]. These costs are subject to the revision and negotiation 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 and Identity cannot be displayed, the [Contractor/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.

j) Funding Restrictions

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.331 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.4 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

k) Conscience Clause (Assistance) - Pre Award Term (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)

l) 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)

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SECTION E: APPLICATION REVIEW INFORMATION

Each application submitted that is compliant with the terms of this NOFO will be reviewed according to the process set forth below. USAID/Southern Africa intends to evaluate the applications and award an agreement without discussions with the Applicants. However, USAID reserves the right to conduct discussions if the latter is determined by the Agreement Officer to be necessary. Therefore, the initial application will contain the applicant's best terms from a Technical and Cost/Price standpoint.

1. Merit Review Criteria

The merit review criteria presented below have been tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to:

(a) identify the significant matters which applicants should address in their applications; and

(b) set the standard against which all applications shall be evaluated.

To facilitate the review of application, the applicant must organize its application per the guidance provided in Section D Application and Submission Information of the NOFO.

The criteria set forth below will be used by the Technical Review Committee to evaluate all applications submitted in response to this NOFO. The criteria are listed in descending order of importance:

Merit Review Criteria
1. Technical Approach
2. Management and Staffing Approach
3. Partnerships and Affiliations

2. Review and Selection Process

As per ADS 303.3.6.3(a), USAID will appoint a Merit Review Committee (MRC) to review the application using the review criteria below. Further, per ADS 303.3.6.3(b), the appointed "committee members possess the requisite technical knowledge or expertise to review the programmatic merits of the applications."

Prior to negotiating an actual award, the Agreement Officer will review the apparently successful applicant's budget to ensure that costs, including cost sharing, are in compliance with USAID's policies. The costs proposed must be determined to be reasonable, allowable, and allocable, based on the Cost Application and other information before award can be made.

Award will be made to the responsible applicant whose application is determined to be the best based on technical and cost factors specified in this NOFO. The Agreement Officer must also evaluate the risk of the apparently successful applicant and is charged with the final determination of whether to make an award to the apparently successful applicant.

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

a) Merit Review

As per 303.3.6.3, USAID will conduct a merit review of the application submitted in response to this NOFO.

Applications will be evaluated using an adjectival evaluation scale as described in table below.

Ratings

Exceptional	An **Exceptional** application has the following characteristics: ● A comprehensive and thorough application of exceptional merit ● Application meets and fully exceeds the Government expectations or exceeds NOFO purpose and presents very low risk or no overall degree of risk of unsuccessful performance. ● Strengths **significantly outweigh** any weaknesses that may exist.
Very Good	**A Very Good** application has the following characteristics: ● Demonstrates a strong grasp of the objectives. ● Application meets NOFO purpose and presents a **moderate**

	overall degree of risk of unsuccessful project performance. ● Strengths **significantly outweigh** any weaknesses that may exist.
Satisfactory	A **Satisfactory** application has the following characteristics: ● An application demonstrating a **reasonably sound** response and a good grasp of the objectives. ● Application meets the NOFO purpose and presents a moderate overall degree of risk of unsuccessful project performance. ● Strengths **outweigh** weaknesses.
Marginal	A **Marginal** application has the following characteristics: ● The applications show a **limited** understanding of the objectives. ● Application meets some of more of the NOFO purpose but presents a **significant** overall degree of risk of unsuccessful project performance. ● Weaknesses **equal or outweigh** any strength that exists.
Unsatisfactory	An **Unsatisfactory** application has the following characteristics: ● The application **does not meet** the NOFO purpose or requires a major rewrite of the application. ● Presents an **unacceptable** degree of risk of unsuccessful project performance. ● Weaknesses demonstrate a **lack of understanding** of the Government's needs. ● Weaknesses **significantly outweigh** any strength that exists.

The criteria set forth below will be used by the technical review committee to evaluate all applications submitted in response to this NOFO. The criteria are listed in descending order of importance:

Criteria 1 – Technical Approach

The Applicant will be evaluated to the extent to which the proposed technical approach, the draft work plan, and MEL plan demonstrate interventions and tasks that will achieve the stated outcomes and objectives in the NOFO section A.

Criteria 2 – Management and Staffing Approach

The Applicant will be evaluated on the quality of the management plan, how well the appropriateness of the staffing and management approach (including the key personnel and organizational chart) will support successful implementation of the Activity in Free State province.

Criteria 3 – Partnerships and Affiliations

The Applicant will be evaluated on the extent to which: the application addresses the requirements listed in the NOFO, how their partnerships and affiliations will support successful implementation of the Activity, and the viability to establish lasting partnerships which will continue to support the Activity efforts in Free State province once the activity has formally ended.

b) Business 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 reasonable, allocable, and 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. Cost evaluation will only be conducted for the apparently successful applicant(s).

Proposed cost share 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).

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SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

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.

2. Administrative & National Policy Requirements

The resulting award from this NOFO will be administered in accordance with the following policies and regulations.

For Non US organizations: ADS 303, Standard Provisions for Non-U.S. Non-governmental Organizations.

For US organizations: ADS 303, 2 CFR 700, 2 CFR 200, and Standard Provisions for U.S. Non-governmental organizations.

3. Reporting Requirements

The following reports and related requirements will be included in the Cooperative Agreement(s) issued as a result of this NOFO. Applicants are reminded to budget prudent and adequate resources for completing the required reporting. All reports shall be in the English language, unless otherwise specified by the AOR. Submissions will be required electronically. It is not necessary to submit any of these documents with the application, but submission will be required under any resultant cooperative agreement(s).

The reporting formats, a detailed timeline (frequency of reporting), and instructions for the Monitoring, Evaluation and Learning (MEL) Plan, Annual Work Plan, progress reports, success stories and any other USAID and PEPFAR related reporting requirements will be provided to the Recipient upon award.

Additionally, the Recipient will be expected to meet regularly (via phone, email or in person) with the AOR or his/her designee to review the status of activities, and should be prepared to make periodic, unplanned verbal and written briefings to USAID as appropriate.

- **Financial Reporting:**

Financial reporting requirements will be in accordance with the Standard Provisions for Non-U.S. organizations. The recipient must submit an electronic version of the SF 425 Financial Report to the AOR on a quarterly basis. Electronic copies of the SF-425 can be found at: https://www.whitehouse.gov/omb/grants_forms

In addition, the Recipient must submit quarterly financial reports to USAID within 30 days after the end of each quarter of the fiscal year during the performance period. Copies of all required financial reports will be submitted to the AOR.

Quarterly Financial Reports

The Quarterly Financial Reports shall be based on the three-month periods:

Quarter 1: October 1-December 31
Quarter 2: January 1-March 31
Quarter 3: April 1-June 30
Quarter 4: July 1-September 30

The time frame covered by the first quarterly report will be determined by USAID based on the contract award date. All subsequent reports will adhere to the three-month time frames listed above. The first quarterly financial report may not have a full quarter of financial expenditures due to the actual award date. All subsequent quarterly financial reports should reflect a full three months of expenditures and other related financial data.

The report format will be provided by USAID upon award. The report will contain at a minimum the following information:

- Total funds committed to date by USAID;
- Total funds disbursed to the Recipient to date (including a breakdown by the budget categories listed in the award);
- Total funds vouchered but not yet disbursed;
- Total funds expended but not yet vouchered (accrual amount);
- Pipeline amount (committed funds minus expended funds);
- Anticipated expenditure rate for the upcoming quarter;
- Anticipated number of months of operation with current pipeline; and

- Budget estimate for the upcoming quarter.

If the Activity is funded by multiple funding sources that require separate financial reporting, The AOR will provide additional instructions on how to report on these funding sources.

- **Performance Reporting**

The estimated period of performance of the Activity is five years starting from the date of award. The implementation of the Activity will follow the annual implementation cycle of October 1 through to September 30. The first-year implementation time frame may differ depending upon the actual award date.

The following are the required reports. USAID may at any time during the agreement performance period add additional reporting requirements within reason that serve the purpose of Activity oversight, administration, and results reporting.

No	Reporting Requirement	Submission Date	Approver
1.	Annual Work Plan and MEL Plan	Final First Year Work Plan and MEL Plan will be due within 30 days of award date, and they will cover the time period from award date through to the following September 30. Subsequent annual work plans and updated MEL plans shall be submitted as follows: **May 15** - Draft Annual Work Plan and updated MEL Plan for the upcoming period from October 1 to September 30 submitted for review and comment. **July 30** - Final Work Plan and MEL Plan submitted for the upcoming period October 1 through September 30. A template for the annual work plan and MEL plan will be provided by the AOR. All indicators and targets (MER and	AOR

		non-MER) will be determined in consultation with the AOR.	
2	Quarters 1, 2 and 3 Performance Reports	Due 30 days after the end of each quarter (January 31, April 30, and July 31). The due date of the ***first*** quarterly report will be determined by USAID based on the award date. A template for the quarterly performance reports will be provided by the AOR and will include a narrative report, a PowerPoint presentation for a Joint PEPFAR Program Review, and a minimum of 3 success stories/ best practices.	AOR
3	Activity Monitoring, Evaluation and Learning (AMEL) plan	Due 30 days after the award date	AOR
4	Monthly and Quarterly reporting of Performance Indicators in USAID systems and DATIM	Detailed instructions will be provided by the AOR, if applicable, for monthly and quarterly PEPFAR performance reporting.	AOR
5	Environmental Mitigation Monitoring Plan (EEMP) & Environmental Mitigation Monitoring Report (EMMR)	EMMP due as an attachment to the Annual Work Plan; EMMR due as an attachment to the Annual Report A template and detailed instructions will be provided by the AOR in consultation with the USAID Mission Environment Officer (MEO)	AOR, MEO
6	Quarterly Financial Reports	Due 30 days after the end of each quarter (October 31, January 31, April 30, and July 31). A template and detailed instructions will be provided by the AOR.	AOR

7	Annual Performance Report	Due annually by October 31. This will include Quarter 4 performance results and annual performance and results. A template for the annual performance report will be provided by the AOR.	AOR
8	Annual Report on Non-Expendable Property	Due annually by October 31.	AOR
9	Disposition of Assets and Closeout Plan	Due 120 days before the end date of the contract.	AO
10	Final Report	Due 30 days after the end date of the agreement. A template for the final report will be provided by the AOR.	AOR
11	PEPFAR Reporting (e.g. HRH, expenditure reporting, etc)	As requested by S/GAC	AOR
12	Memorandum of Understanding(s), as applicable	Due 60 days after the award date.	AOR

Annual Work Plan

USAID will provide a specific format for the Annual Work Plan. The Annual Work Plan will detail the interventions and technical support to be implemented during the upcoming annual performance period and will include Activity Location Data in a format prescribed by USAID. Gender-related interventions will be integrated within the annual work plan.

The first year Work Plan which is requested to be submitted with the Technical Application should include the 60-day mobilization plan which details tasks related to mobilizing program management and operations (i.e., establishing headquarters, hiring of staff, and operationalizing service delivery systems and service delivery partners (as required) under the award).

Activity MEL Plan and Performance Indicators

The Recipient will establish a rigorous performance monitoring and results reporting system to monitor performance and measure quantifiable results demonstrating the achievement of the

Activity results and expected outcomes. This includes establishing information systems for routine data collection and analytics and developing a comprehensive set of input, output and outcome indicators to adequately measure performance.

The Recipient will be responsible for all aspects of data collection, analysis, and performance reporting per USAID's quarterly and annual results reporting cycles. The Recipient will be expected to conduct routine data quality assessments in collaboration with USAID and take corrective actions as needed to improve data quality. Data will be used to evaluate performance, drive decisions, guide course corrections as needed, and determine future funding.

A template for the MEL Plan will be provided by the AOR.

If PEPFAR indicators are to be used due to the Activity being funded wholly or partially by PEPFAR funding, PEPFAR indicators will be included in the MEL and used to measure and report on performance. In addition, non-PEPFAR indicators will be used to measure performance against each Intermediate Result. A complete list of the indicators used by PEPFAR will be provided. PEPFAR indicators can also be found in PEPFAR's Monitoring Evaluation and Reporting (MER) Indicators Reference Guide at www.pepfar.gov.

Development of clearly defined indicators and targets to support the measurement of performance specific to gender approaches will be included in the MEL. For more information on USAID's gender policy, please refer to the following link on USAID's website - https://www.usaid.gov/gender-equality-and-womens-empowerment.

The Recipient will work closely with USAID to finalize indicators and set performance targets. Data will be used to evaluate the Recipient's performance, drive decisions, guide course corrections as needed, and determine future funding.

Quarterly Performance Report

The Quarterly Performance Report shall be based on the three-month periods:

Quarter 1: October 1-December 31
Quarter 2: January 1-March 31
Quarter 3: April 1-June 30

Note: Quarter 4- July 1-September 30 performance and results will be included in the Annual Performance Report.

The time frame of the ***first*** quarterly report and its respective due date will be determined by

USAID based on the actual contract award date. All subsequent reports will adhere to the three-month period time frame as listed above. The report format will be provided by USAID upon award of the contract. Quarterly reports will include subsections for the province (and by district) and interventions implemented and results achieved to date. The quarterly report is meant to be short, to the point, but informative, providing a comprehensive summary of the implementation of the Activity and results achieved in the prior quarter. Changes to the quarterly report format and content may be made throughout the life of the agreement to ensure its utility but only with formal approval by the AOR. Each quarterly report will include at least three (3) one-page success stories with pictures or best practices.

In some cases, the quarterly reporting may need to include a separate section and process to report on results achieved for a specific area of technical support or interventions implemented, such as COVID-19 emergency funding, Global Health Security Funding or other related funding to address specific public health issues of immediate concern for USAID. The AOR will provide further reporting instructions in these cases.

Monthly and quarterly reporting of performance Indicators into USAID systems and DATIM

For monthly performance indicators that will be reported into USAID data systems, USAID will provide instructions. *If PEPFAR indicators are to be reported on*, the Recipient will report into the PEPFAR electronic data collection system, commonly referred to as DATIM, on results achieved towards the annual targets of the required PEPFAR indicators. The AOR will provide instructions.

Annual Performance Report

The Annual Report will be a comprehensive summary of the performance and results achieved for the annual reporting period divided by province and district. The AOR will provide a format and more details on the content for the annual performance report within three months prior to the end of the annual reporting period. The Annual Report will include a section specific to how the Activity has addressed gender-related barriers.

Program Income

If program income is anticipated to be generated under the award, income earned during the Activity's period of performance must be added to the total program amount and used to further eligible objectives for the Activity. If program income is applicable under this Activity, it will be implemented in accordance with the standard provision RAA16. Program Income (AUGUST 2020).

Environmental Considerations - Environmental Mitigation Monitoring Plan (EEMP) &

Environmental Mitigation Monitoring Report (EMMR)

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. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA and the costs of compliance should be included in the cost application**.**

In addition, the applicant 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 .

A Request for Categorical Exclusion (RCE) has been approved for the Program funding this RFA. The offeror/applicant shall be responsible for implementing activities in line with the RCE, any deviations shall be communicated to USAID prior to implementation of those activities.

The Activity design team considered the potential effect of climate risks/stressors on the sustainability of the project (changing precipitation patterns, rising temperature, floods, droughts, fires, and landslides) in addition to the impact of project activities on the climate (increased greenhouse gas emissions and land use changes). Climate risks identified were given a low risk rating. The applicant must consider these risks/stressors throughout the lifespan of the program.

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.

Annual Report on Non-Expendable Property

The Recipient will provide an Annual Report on Non-Expendable Property on the last working

day of October in accordance with ADS 303. The report must contain an updated list of equipment purchased with USAID funds to include description, quantity, unit price, total price, acquisition date, location, and condition of each item.

Disposition of Assets and Closeout Plan

Close-out and disposition plan in accordance with 2 CFR 200.343 and 2 CFR 200.313 will be submitted six months before the activity end date for USAID approval. The Disposition of Assets and Closeout Plan must include, at a minimum, an illustrative property disposition plan addressing all requirements under the award and local law for the transfer of property; a plan for the phase out of in-country operations; a delivery schedule for all reports or other deliverables required under the award; a timeline for all required audits after closeout of the award; and a timeline for completing all required actions in the Disposition of Assets and Closeout Plan.

Final Report

The Final Report must include no less than the following information. The AOR will provide a format and more details on the content for the final report six months prior to the end of the agreement.

- Summary of results achieved by geographic target area.
- Summary of transition of interventions to stakeholders and Government of South Africa counterparts to promote sustainability.

PEPFAR Reporting

The Activity will submit annual PEPFAR reports as requested by S/GAC. These could include Human Resources for Health (HRH) reports, expenditure analysis reporting, but are subject to change based on guidance from S/GAC.

Memorandum of Understandings (MOUs)

The MOU(s) articulates partnership principles and strategic objectives and capitalizes on the commonalities between objectives and approaches to establish a basis for ongoing dialogue and cooperation between the USAID implementing partner and the GoSA entity (i.e., Provincial Department of Health). As identified and as needed, the Recipient will establish an MOU(s) with GoSA entities, as agreed upon in collaboration with USAID. The Recipient will not establish an MOU(s) without USAID's involvement and collaboration.

Development Experience Clearinghouse Requirements

The Recipient must submit reports in accordance with Mandatory Standard Provision M.8 Submissions to the Development Experience Clearinghouse and Data Rights (JUNE 2012). Specific instructions will be shared in the resulting award.

4. Program Income

If program income is anticipated to be generated under the award, income earned during the Activity's period of performance must be added to the total program amount and used to further eligible objectives for the Activity. If program income is applicable under this Activity, it will be implemented in accordance with the standard provision RAA16. Program Income (AUGUST 2020).

5. M29. Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (July 2022)

a. In accordance with the cost principles in 2 CFR § 200.471, obligating or expending costs for covered telecommunications and video surveillance services or equipment or services as described in 2 CFR 200.216 are unallowable. Recipients and subrecipients are prohibited from using award funds, including direct and indirect costs, cost share and program income, for such covered telecommunications and video surveillance services or equipment.

   This provision implements temporary waivers granted to USAID under Section 889(d)(2) that allow the recipient to use award funds for:

   (1) All costs for covered telecommunications and video surveillance services or equipment incurred through September 30, 2022; and

   (2) Costs for covered telecommunications and video surveillance services or equipment incurred on or after October 1, 2022, through September 30, 2028, only if the recipient has determined that there is no available alternate eligible source for the covered telecommunications and video surveillance services or equipment.

b. After September 30, 2028, in accordance with 2 CFR § 200.471 costs of all covered telecommunications and video surveillance services or equipment as specified in 2 CFR § 200.216 will be unallowable.

c. The Recipient must include this provision in all subawards, and contracts issued under this award.

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

1. Points of Contact

Name: _____
Email: ____

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

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SECTION H: OTHER INFORMATION

USAID reserves the right to fund any or none of the applications submitted. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

1. **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."

2. **Key Documents and Annexes**
   Annex 1 - Budget Template
   Annex 2 - Standard Provisions
   Annex 3 - Abbreviations and Acronyms

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ANNEX 1 - BUDGET TEMPLATE

Applicants are required to provide the following items:

SF-424 and SF-424A - The Applicant must sign and submit the cost application standard form number SF-424 and SF-424A. Standard Forms can be accessed electronically at: www.grants.gov

The Budget Template is one separate attachment of the NOFO, and it is included to facilitate budget preparation. USAID encourages Applicants to use the attached budget template. At a minimum, the Applicant's budget must include the items listed in Section D.6 above.

ANNEX 2 - Standard Provisions

ANNEX 3 - Abbreviations and Acronyms

AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
AO	USAID Agreement Officer
AOR	USAID Agreement Officer Representative
ART	Antiretroviral Therapy
BBBEE	Broad-Based Black Economic Empowerment
C/ALHIV	Children and Adolescents Living with HIV
CBIMS	Community-based Intervention Management System
CBO	Community-based Organizations
CLA	Collaborating, Learning and Adapting
CoFSW	Children of Female Sex Workers
COP	USG PEPFAR Country Operational Plan
CSO	Civil Society Organization
DBE	Department of Basic Education
DOH	Department of Health
DSD	Department of Social Development
DSP	District Support Partner
ECD	Early Childhood Development
FBO	Faith-based organization
GBV	Gender-based violence
GVAX	USG Initiative for Global Vaccine Access
HEU	HIV-Exposed and Uninfected
HUU	HIV-Unexposed and Uninfected

LIVES	Listen, Inquire, Validate, Enhance Safety, Support (WHO First Line Support)
MER	Monitoring, Evaluating and Reporting
MEL	Monitoring, Evaluating and Learning
MHPSS	Mental Health and Psychosocial Support
MMD	Multi-month Dispensing
MOU	Memorandum of Understanding
NPO	Non-profit Organization
NSP	South African National Strategic Plan for HIV, TB, and STIs
OHA	USAID/Office of HIV/AIDS
OVC	Orphans and Vulnerable children
pDTG	Pediatric Dolutegravir
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	Preventing Mother-to-Child Transmission
POART	PEPFAR Oversight Accountability Response Team
PrEP	Pre-Exposure Prophylaxis
PLHIV	People Living with HIV
QIP	Quality Improvement Plan
RDQA	Routine Data Quality Analysis
SAG	South African Government
S/GAC	Office of the U.S. Global AIDS Coordinator
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
TB	Tuberculosis

TCC	Thuthuzela Care Centers
UNAIDS	The Joint United Nations Programme on HIV/AIDS
USG	United States Government
VLS	Viral Load Suppression
VMMC	Voluntary medical male circumcision
VAC	Violence Against Children
WHO	World Health Organization

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