USAID | SOUTHERN AFRICA
FROM THE AMERICAN PEOPLE

Issue Date:	August 29, 2023
RSVP due date for the Bidder Conference:	September 04, 2023
Deadline for Questions:	September 15, 2023
Anticipated date for Response to Questions:	September 25, 2023
Closing Date for submission of Application:	October 12, 2023,15:00, SAST

Subject: Amendment no 1 Question and Answer - Notice of Funding Opportunity No. 72067423RFA00017

Program Title: Sustained HIV epidemic control and improved health outcomes through strengthened primary health care and social service platforms in Botswana.

1. Given that 8 & 9 are for later years do we include them in this response as to how we would implement them?
    a. Answer: No, you do not include them in your technical or cost application. These IRs may be included during the renewal process.
2. Please clarify the page limits, there is conflicting information on page 35- it says 20 pages including table of contents and cover page in one section and in another section excluding table of contents and the cover page. Are the management and capacity sections to be included in the 20 pages? (Same as PC Q. 7)
    a. Answer: The 20 page limit excludes the cover page, table of contents, and executive summary. The management and capacity sections are included in the technical application page limit. The page limit for the technical application has been increased to 25 pages.
3. Boteti and Chobe are not in either list of Component A nor B yet are listed in the table on page 18. There are activities ticked under IR 1 for example which relates to Component A or B. Are these districts supposed to be included under these components?
    a. Answer: No, they are not.
4. Will targets be provided, are they forthcoming and will they be specific by district?

a. Answer: The NOFO has been updated to include the targets.

5. For Components A and B will USAID need the names and/or CVS of Key Personnel for the proposal or will they be decided at a later point as stipulated in Component C. (Similar to PC Q.9)

   a. Answer: Names and CVs for Key Personnel are not required. Only position descriptions, roles and responsibilities, and required qualifications and experiences are required in the application.

6. How is USAID planning to manage the renewal period – will this involve a request for applications from incumbents or simply a modification of or change in CoAg to incorporate the additional scope and changes?

   a. Answer: The renewal process will be fully outlined in the eventual award.

7. Specific to Component C: during the renewal period, will IR 5, 6, 7 continue or will they be dropped and focus shifted to IR9?

   a. Answer: This has not been determined at this time.

8. The $1.8 million allocated to Component C for the base years seems quite low considering the scope described in IRs 5-7. Any chance this may be reviewed?

   a. Answer: The estimated total amount for component C is based on the projected COP allocation and will not change.

9. Is the technical proposal format the same for all Components?

   a. Answer: The NOFO has been revised to amend the technical application language for Component C.

10. Are applicants to budget for all 5 years?

    a. Answer: Applicants must only budget for the 2 year base period of the award. The technical application must also be focused on the base period.

11. Page 42 outlines to provide information regarding the organization's history of performance but should not exceed two (3) years. Is it a 2 or 3 period limit?

    a. Answer: It is a 3 year limit. The NOFO has been updated.

12. What is the estimated start date?

    a. Answer: The estimated start date of the award(s) is Dec 11, 2023.

13. Outside of graphs and charts, can the 10-point font apply to textboxes and other graphics as well?

    a. Answer: No

14. I have tried multiple times to register for SAM.gov, and I have been struggling with the documents that prove the name and physical address on the same document. Any advice on the best documents to send?

    a. Answer: This is case specific however please note that small differences in information provided to SAM can affect your registration. Please double check all your information and ensure that everything is correct.

15. On page 35 under "d) Technical Approach", there is nothing listed for Component C, except for "Management Approach and Organizational Capacity (All Components)? Page 36 of the NOFO has nothing listed under Component C. Thank you for clarifying

    a. Answer: The NOFO has been revised.

16. The Merit Review Criteria (pg44) for the Tech Approach states "realistically timed approaches and the likelihood of achieving each of the intermediate and sub intermediate results." Are applicants expected to propose approaches and results based on just what is achievable in the initial 2 years base period, or assume a 5 year operational period?

    a. Answer: Applicants expected to propose approaches and results based on what is achievable during the 2 year base period.

17. Clarity on number of districts: Component A: 9 districts, Component B: 9 districts; Component C: 16 (not 18 districts), but the district table (Pg 18) has 20 districts. The table also does not specify coverage on IR 5,6, 7 districts.

Answer: Component C should be implemented at 2 levels as follows:

1. This first level is implemented at national level (above-site) working in partnership with the various ministries of the government of Botswana. This work applies to IRs 5, 6 & 7. The affected ministries include:
    a. National AIDS and Health Promotion Agency (NAHPA)
    b. Local Government and Rural Development (MLGRD)
    c. Education and Skills Education (MOESD)
    d. Health (MOH)
    e. Youth, Gender, Sports and Culture (MYGSC)

2. The second level will be implemented at district level with strong collaboration and coordination with government offices at the district level supporting these population groups and civil society organizations implementing direct service delivery activities for this NOFO. The IRs will be addressed per the below explanation (a and b) and the districts for this work are in the table below:
    a. IR 5: supports activities for children, adolescents and youth. This work should be aligned to the districts listed in table on page 18 of the NOFO that further clarifies on specific districts for OVC, DREAMS and GBV
    a. IR 6 & 7: supports activities related to primary health care strengthening at community level and strengthening and sustaining capacity of CSOs to deliver HIV services.

18. Is the Mission considering a multi-stage process that includes a co-creation or co-design phase among the finalists, or coordination/co-design between the successful applicants of each Component? This may allow greater efficiencies and linkages between the different components scopes of work.

    a. Answer: Successful applicants must coordinate and work together with the other components and implementing partners.

19. On pg 34, the NOFO refers to capacity building for only IRs 5, 6, and 7 and yet on pg 7 it also refers to IR 9

    a. Answer: IR 9 is only applicable during the potential renewal periods (Year 3-5).

20. Pg 42 information required on past performance - confirm the number of years requested (2 or 3 years)

    a. Answer: Please see answer to question 11.

21. Given that the NOFO overlaps with the beginning of COP23 is the first year of the project for a stipulated number of months to finish off the COP23 year one or for a full year?

    a. Answer: The award(s) will be over a 2-year period with an estimated start date of December 11, 2023.

22. Given the structure of the awards, will partnerships be encouraged between international and local entities? 2. Given the restriction on the TA to be provided under Component C, is the list of such local organizations already known and is there room to propose new organizations if any within the applicable districts?

a. Answer:

i. Yes, partnerships and collaborative approaches are encouraged.

ii. More focused on the implementing partners for Components A and B.

23. Could the award service delivery component include any type of research?

a. Answer: No, the Components delivery do not include any type of research.

24. Is USAID mandating a certain curriculum to be taught or are they open to new methods if they have proven impactful around Botswana?

a. Answer: There is no mandated curriculum however the curriculum must be evidence-based, be approved by the GoB, meet PEPFAR standards and receive PEPFAR approval.

25. Boteti and Chobe are not in either list of Component A or B yet are listed in the table on page 18. They have activities under IR1, IR2 and IR3 such as PrEP and GBV and HIV testing, which are activities in components A and B. Are these districts supposed to be included under these components in years one and two?

a. Answer: Boteti and Chobe districts are KP focused. Implementation of these activities may be included during the renewal process.

26. There is no start date in section B as referred to on page 33 bullet number 6. Please clarify the start date.

a. Answer: See answer to question 12.

27. Given that the NOFO overlaps with the beginning of COP23 is the first year of the project, should the first-year budget be 9 months and the second year 12 months?

a. Answer: See Answer to question 21.

28. Regarding the budget it is discouraged to have a long narrative thus costs in ODC (P39). For activities that are not training, nor transport, for example the refreshments for a DREAMS activity, which budget category should these be placed? Normally this would be a Program ODC cost as it is not specifically training.

a. Answer: Yes, other training costs such as refreshments and per diem may be included under the ODC cost category.

29. For costing purposes, will targets be provided, as the number of personnel is directly related to numbers of clients to serve, looking at caseloads per person and DREAMS guidance on number of AGYW per mentor?

    a. Answer: See answer to question 4.

30. The NOFO states conflicting information on page 35. It states that the page limitation includes all required documents including the cover page in the first full paragraph then in (a) it says the cover page is not included in the 20 pages. Please confirm which of these statements is correct. Also confirm that the Table of Contents is not part of the page limit.

    a. Answer: Please see answer to question 2.

31. Confirm that the management and organizational capacity sections are part of the 20 pages?

    a. Answer: See answer to question 2.

32. Are letters of engagement or support required for the NOFO?

    a. No, letters of engagement or support are not required or requested.

33. For Components A and B Will USAID need the names and/or CVs of Key Personnel for the proposal or will they be decided at a later point as stipulated in Component C?

    a. Answer: Per NOFO page 35: "The Applicant must not propose individuals to fill any key personnel position but propose the job descriptions (qualifications and experience). Resumes must not be provided. Prior to implementation, USAID must approve individuals to fill the key personnel positions".

34. Should Community Led Monitoring be included in the NOFO or is it being handled separately?

    a. Answer: Community Led Monitoring (CLM) is not part of this NOFO.

35. What do we do in terms of districts- as listed- some of those districts are being split in half or are changing according to government demarcations?

    a. Answer: PEPFAR/Botswana has not yet changed the naming and demarcation of the districts. The program is currently using the Health Districts as listed in the NOFO.

36. IR8, given that the NOFO says " *PLEASE NOTE THAT THESE IRs MAY ONLY BE A PART OF THE POTENTIAL RENEWAL PERIOD OF THE ACTIVITY" Should the activities or potential partners be outlined in the proposal, even though the costing will not be included?

    a. Answer: No, do not include them in your technical or cost application. These IRs may be included during the renewal process.

37. What is the potential to extend the due date by a week? (Same as PC Q. 23)

    a. Answer: The submission date for the application remains unchanged.

38. As mentioned in the Bidders' Conference, can USAID please confirm that under Component C, the application should speak only to IRs 5,6,7 at this time (and excludes IR 9 for the two-year base period)?

    a. Answer: Yes. Component C includes IRs 5, 6, and 7. IR 9 should not be addressed in the application.

39. On page 16 in the Target Population and Service Packages Table, the NOFO includes "Survivors of sexual violence" -- can USAID please clarify if this covers all ages and all genders?

    a. Answer: Yes, it covers all ages and all sexes.

40. On Page 14, Illustrative activities under IR 7, the NOFO reads: "Promote social enterprise, social-contracting, and private sector engagement as part of the sustainability for CSO, community groups and networks" -- are there already identified selected or preferred private sector partners that USAID expects collaboration with for Component C?

    a. Answer: There are no preferred private sector partners by USAID.

41. Will the selected implementer for Component C have access to previous organizational capacity assessments that were completed for the local partners implementing Comp A and B to better understand existing gaps?

    a. Answer: Yes, this will be provided, if available, in consultation with the incumbents.

42. Under IR7 for Component C, is the expectation that the applicant strengthens and sustains capacity of only CSOs directly engaged under NOFO components A and B or can that support also include support to other non-USG recipient CSOs?

a. Answer: The expectation is that Component C supports CSOs directly engaged with components A and B.

43. Can proposals be in size A4 or only 8.5x11/letter - instructions on page 33 say 8.5x11, and page 35 states that the applicant can use A4 sized paper. Please clarify.

a. Answer: Per NOFO page 34, technical applications can be "typed on standard Letter or A4 sized paper with one-inch margins".

44. During the Bidders Conference, it was stated that size 10pt font can be used for graphics and charts. May size 10pt font also be used for text boxes?

a. Answer: No, 10 pt font can only be used for graphs and charts.

45. It was confirmed at the Bidders Conference that the technical application is limited to 20 pages. To confirm- this 20 page limit excludes the following: cover page, table of contents, acronym list, and executive summary? Please confirm.

a. Please see answer to Question 2.

46. In reference to the NOFO on page 41, "Applicant must provide information regarding its recent history of performance for all its cost reimbursement contracts, grants, or co-ags involving similar or related programs not to exceed two (3) years" can USAID confirm, as stated at the bidders conference, that history of performance should be limited to the organization's last two years of relevant active programming?

a. Answer: Please see answer to Question 11.

47. Given that we do not anticipate answers to questions until September 25th, and that responses to many of these questions have direct ramifications on the technical narrative and supporting documentation, would USAID consider an extension to the deadline so that teams can adequately adapt to USAID's responses to questions?

a. Answer: The submission date has been extended. Please see the revised NOFO.

48. Are Letters of Commitment required for subs-recipients? If so, should they be attached as Annexes? If they are not required, are they optional? (e.g. Will USAID review them if submitted, or does USAID prefer that applicants do this internally only?)

a. Answer: Letters of Commitment do not need to be provided and are not requested.

49. Are Prime recipients allowed to use funds to purchase blood glucose monitors and blood pressure machines to support the integration of these services?

    a. Answer: Yes with programmatic justification.

50. Are applicants allowed to propose a competitive bidding process for sub-grantees to identify new partners after the award is received? (e.g. KP orgs, GBV orgs, etc.)

    a. Answer: Yes

51. Are applicants allowed to propose a small-grants component to be able to address emerging needs as they arise, such as for local CBOs with a special niche (e.g. KP)?

    a. Answer: Yes

52. Can USAID please confirm if applicants will receive targets prior to submission (Oct 11, 2023). See answer to question 4.

53. Could USAID please confirm if applicants should include an Acronym list, and if so, where it should be placed within the proposal (e.g. attached as an Annex?) and if it counts towards page limits?

    a. Answer: The Acronym List may be included as an annex. The NOFO has been revised.

54. Annex 1 on page 54 refers to a provided budget template and guidance. Could USAID please provide these?

    a. Answer: Yes, the NOFO has been updated to include the Budget template. Guidance for the budget has been provided in Section D, bullet point 6 (Business Cost Application Format), c (Budget).

55. Are applicants permitted to include an Annex to the Technical Application where content directly supporting the technical narrative could be provided

    a. Answer: No, any information provided must conform to the page limits in the NOFO.

56. Can USAID confirm if 10-point Calibri font may be used in Excel budget spreadsheets?

    Answer: The cost application does not have page limits but must be as concise as possible.

57. Can USAID confirm that applicants may add additional budget cost categories (e.g. Training, Consultants/Contractors and Program Activities) to the proposed budget structure?

    a. Answer: Yes, applicants may add other cost categories, if absolutely necessary. Before establishing additional cost categories applicants should try to include these costs under the provided cost categories.

58. Should program activities such as SASA training and Pinagare sessions be treated as training under Training costs, or should they be classified under Other Direct Costs?

    a. Answer: They may be included under either category as long as the rationale is clearly explained in the budget narrative.

59. Can USAID confirm if contractual relationships with entities that are not sub-recipients should be included under Subawards?

    a. Answer: Yes, if there is contractual relationship or funds being transferred between the organizations they should be included under subawards. If not, these relationships may be discussed in technical applications.

60. Does USAID prefer that event-specific costs such as travel, per diem and/or supplies be presented together by activity, or should applicants separate out all Travel & Transportation and/or Supply costs to include them under those budget categories?

    a. Answer: Cost applications should follow the provided budget template. The budget narrative may describe the cost build up by program activities.

61. Does USAID want applicants to include a budget for Community Led Monitoring (CLM) activities, or will CLM for this Activity be awarded through another mechanism?

    a. Answer: Please see answer to question 34.

62. In view of the fact that there are limited community clinical and care sites in Botswana including safe spaces for GBV, is there consideration to expand them to districts where they do not exist? For instance, renting out or building shelters, counseling centers or clinics in the communities where there are none?

    a. Answer: Construction of shelters or clinics is not expected under this activity. Some districts have existing structures that can be used as clinical sites. Applicants may consider supporting utilization of these sites for provision of clinical services if the organization providing such services has received the

needed ministry of health approvals/permissions/accreditations to operate a clinic at community level.

63. The Budget Summary Template found in Annex 1 of the NOFO exclusively features columns for the Base Period, with no provisions for the three subsequent Option Years. We kindly request confirmation from USAID regarding whether applicants should furnish an estimated budget solely for the 2-year Base Period or encompass the entire 5-year project, inclusive of the 3 Option Years.

    a. Answer: Only the 2-year base period should be proposed.

64. The Budget Summary Template provided in Annex 1 designates COP years in the column headers for each year. We seek clarification from USAID on whether applicants should structure their budgets in alignment with the COP years, even if the anticipated project commencement date does not correspond with the standard October 1 COP start date.

    a. Answer: See answer to question 21. Budgets should be aligned to the COP years.

65. The Estimated Project Start Date indicated on the Grants.gov website is December 11, 2023. To ensure accuracy, could USAID please affirm whether applicants should prepare their budgets assuming this as the project's start date?

    a. Answer: Yes

66. Could USAID please clarify whether Sub IR 5.2 (Increased engagement of the private sector and GOB departments /parastatals for provision of economic strengthening opportunities for AGYW) refers to technical assistance provision to government bodies to engage with the private sector or technical assistance to implementers of ES for AGYW to engage GOB entities and the private sector?

a. Answer: Sub IR 5.2 refers to technical assistance to implementers of ES for AGYW to engage GOB entities and the private sector.

Sincerely,

Nya kwai Boayue

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Date: 2023.09.22 16:48:09 +02'00'

Nya Kwai Boayue
Regional Agreement Officer
USAID/Southern Africa

USAID | SOUTHERN AFRICA
FROM THE AMERICAN PEOPLE

Issue Date:	August 29, 2023
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Deadline for Questions:	September 15, 2023
Anticipated date for Response to Questions:	September 25, 2023
Closing Date for submission of Application:	October 12, 2023, by 15:00, South African time

Subject: Notice of Funding Opportunity No. 72067423RFA00017

Program Title: Sustained HIV epidemic control and improved health outcomes through strengthened primary health care and social service platforms in Botswana.

Dear Prospective Applicants:

The United States Agency for International Development (USAID/Southern Africa) is seeking applications in support of the "Comprehensive Community Prevention and Continuum of Care Program to support sustained HIV epidemic control and improved health outcomes through strengthened primary health care and social service platforms in Botswana." USAID anticipates multiple awards as a result of this solicitation.

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

The Bidders Conference will be held on September 11, 2023. The agenda, venue, virtual link and time of the conference will be communicated in due course. Each applicant is requested to nominate two (representatives) and submit their contact details to nboayue@usaid.gov and asathekge@usaid.gov with the subject: Botswana Bidder Conference attendee nomination.

To be eligible for award, the applicant must follow the instructions and criteria for the application submission provided by USAID in this NOFO. This funding opportunity is posted on www.grants.gov, and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process.

If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

If USAID/Merit Review Committee selects your application for funding, its review will be shared with the Agreement Officer for cost analysis, final approval, and award negotiation. During this stage, USAID may further and clarify general resource requirements. The Apparently Successful Applicant may also be asked to provide additional information about its technical approach, capacity, management and organization, proposed cost and budget, responsibility, and representations and certifications.

The Applicant must review, understand, and comply with all aspects of this NOFO. Failure to do so may result in an application determined to be non-responsive and may be evaluated accordingly. Applicants should retain a copy of the application and all enclosures for your records. USAID reserves the right to make no award under this NOFO.

USAID may not award to an applicant unless the applicant has complied with all applicable Unique Entity Identifier and System for Award Management (SAM) requirements detailed in Section D.6.g. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

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

Issuance of this notice of funding opportunity does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

Nya kwai Boayue

Digitally signed by Nya kwai Boayue
Date: 2023.09.22 16:48:50 +02'00'

Nya Kwai Boayue
Agreement Officer
USAID/Southern Africa

TABLE OF CONTENTS

SECTION A: PROGRAM DESCRIPTION

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended.

Note: The term "program" as used in 2 CFR 200 and this NOFO is typically considered by USAID to be an Activity supporting one or more Project(s) pursuant to specific Development Objectives. Please see 2 CFR 700 for the USAID specific definitions of the terms "Activity" and "Project" as used in the USAID context for purposes of planning, design, and implementation of USAID development assistance.

1. INTRODUCTION

The purpose of the *Comprehensive Community Prevention and Continuum of Care Program* is to support sustained HIV epidemic control and improved health outcomes through strengthened primary health care and social service platforms in Botswana. The activity will support the USAID Vision for Health System Strengthening 2030's three overarching health system goals of equity, quality, and resource optimization through a focus on the health system functions of health financing, leadership, management, and governance; and health workforce.

The *Comprehensive Community Prevention and Continuum of Care* Program is aligned to the Regional Development Cooperation Strategy Regional Development Objective RDO3: "*Resilience of people and systems strengthened*"; and IR3.2 " *Equitable Provision of Quality Health and Other Services Improved*". The *Comprehensive Community Prevention and Continuum of Care* Program will support three components: which will be implemented under three distinct cooperative agreements: Two awards will be Component A & B, segregated by districts; and one award under Component C.

Component A and B: These components are focused on **direct service delivery (DSD)** to strengthen community engagement and primary health care platforms so that they are responsive to community needs across lifespans and across levels of care while also strengthening social services to be responsive to the needs of children, adolescents, and youth. The components should prioritize orphans and vulnerable children, adolescent girls and young women, key populations, and men in specific age groups with an array of HIV services covering from combination HIV prevention including pre-exposure prophylaxis, HIV testing, anti-retroviral drugs, Adherence support and viral load monitoring. Additionally, the activity will provide social services including addressing issues of parenting, social asset building, education access, economic strengthening, and gender-based violence. The districts where this work will be implemented are as follows:

- **Component A:** Gaborone, Mahalapye, Kgatleng, Serowe, Palapye, Selibe Phikwe, South East, Ngamiland, Ghanzi

- **Component B:** Kweneng East, Southern, Bobirwa, North East, Francistown, Goodhope, Lobatse, Moshupa and Tutume.

Component C: This component is focused on **technical assistance** to strengthen health and social protection services for prioritized populations. It will also strengthen civil society organizations (CSOs) to be able to deliver quality HIV and social services. This component will also build the capacity of civil society and non-governmental organizations (NGOs) to better partner and coordinate with GoB departments and the private sector to foster greater sustainability of HIV prevention and GBV services.

The focus of this component should be national coverage especially for capacity building offered to the government of Botswana ministries. Capacity Building for local non-governmental organizations should be limited to organizations supporting direct service delivery in the districts of Gaborone, Mahalapye, Kgatleng, Serowe, Palapye, Selibe-Phikwe, South East, Kweneng East, Southern, Bobirwa, North East, Francistown, Goodhope, Lobatse, Moshupa and Tutume.

2. BACKGROUND

2.1 ACCOMPLISHMENTS AND REMAINING CHALLENGES OF HIV IN BOTSWANA

The Botswana AIDS Impact Survey V (BAIS V) revealed that Botswana has achieved the UNAIDS 95-95-95 targets reaching 95-98-98, with 95 percent of People living with HIV (PLHIV) knowing their status, 98 percent of those on treatment, and 98 percent of those virally suppressed. This notable national achievement masks differences in age, sex, geographic area, and health care access that need to be addressed, especially with regard to specific sub-populations such as children, adolescent girls and young women (AGYW), Key Populations (KP), and men. The gaps that exist include uptake of services among adult men and the pediatric population as well as high rates of incidence among AGYW. While Botswana has made progress towards the UNAIDS 10-10-10 targets to remove structural barriers to HIV services by 2025, it is falling short with respect to stigma and gender-based violence (GBV).

In achieving these milestones, Botswana enters a new phase of its HIV response, one that requires intensified focus on finding the missing (5-2-2), and a more systems-oriented approach that is focused on sustaining these gains. Botswana is reorienting its health care system towards promotive, preventive, curative, rehabilitative, and palliative health care. In the past, the traditional Kgotla system and decentralized village and ward health committees were part of a community-based approach to health. As the HIV epidemic became a national crisis, a medicalized response took precedence over the traditional community response.

The United States government (USG) HIV/AIDS programs support the priorities of the government of Botswana (GOB) through supporting the implementation of the third National Strategic Framework for HIV (2018-2023) in the areas of HIV/AIDS Prevention which includes behavioral and biomedical prevention, socio-economic services for orphans and vulnerable

children (OVC) HIV Care and Treatment, and Health Systems Strengthening which includes supply chain, health financing, human resources for health (HRH) and others.

2.1 General Country and sector Context

The GoB is committed to the goals of an "AIDS Free Generation" and a revitalized primary health care (PHC), which shifts health care practice from curative to preventive and from single diseases to integrated and comprehensive care for various diseases. These goals are consistent with international guidance from UNAIDS, USAID, and the President's Emergency Plan for AIDS Relief (PEPFAR).

President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR's guidance on OVC covers children and adolescents living with HIV (A/CLHIV), children of female sex workers, children whose parents are HIV-positive and not virally suppressed, survivors of sexual violence, and orphans and boys and girls aged 10-14 years. The **OVC Comprehensive Programming Track** ensures delivery of comprehensive services that mitigate the impact of HIV on children by reducing vulnerability, contributing to prevention goals, and increasing access to HIV testing including index testing, and retention in treatment. OVC services are to lead to children who are *healthy* through improved access to health and HIV services; *safe* through improved child protection and prevention of GBV; *stable* through improved household economic security and links to social protection; and *schooled* through improved school retention and progression. PEPFAR's expectations on OVC programming, including technical considerations, can be found in the 2023 Country and Regional Operational Plan .

AGYW aged 10-24 years and survivors of GBV are the target populations for the PEPFAR program Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS), which Botswana has been implementing since 2017. The DREAMS program[1] covers HIV and violence prevention services to AGYW, consisting of 'primary packages' for all beneficiaries and 'secondary packages' based on individual, contextual, household, and community needs. DREAMS also engages boys, and male sexual partners of AGYW as well as community leaders to promote gender norms change for prevention of GBV and protection of children, adolescent girls and young women from sexual abuse and teenage pregnancy. Program completion is the standard metric for success, defined as individual beneficiaries completing the primary package and all relevant services from the secondary package. The updated package of interventions for the DREAMS program can be found on this link. The Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations (WHO, 2022) contain an updated minimum package of services to include structural, biomedical and behavioral interventions for the different KP groups.

[1] PEPFAR DREAMS Guidance. 2021. https://www.pepfarsolutions.org/resourcesandtools-2/2021/8/19/pepfar-dreams-guidance

3. OUTCOMES AND RESULTS

The *Comprehensive Community Prevention and Continuum of Care* Program is an integrated approach to improved health outcomes in Botswana. A successful activity will consist of implementing partners working collaboratively to achieve assigned results in given districts. intermediate results to improve outcomes. This activity comprise nine (9) intermediate results as follows:

Table 1: Intermediate Result Focus

Intermediate Results (IRs)	Intermediate Result Focus	Component A & B: Direct Service Delivery (DSD)	Component C: Capacity Building
IR 1	Increased integration of HIV services into primary health care	**X**	
IR 2	Increased socioeconomic well-being of OVC and children at risk of HIV and their families	**X**	
IR 3	Increased resilience of AGYW to counter HIV risks	**X**	
IR 4	Strengthened gender-based violence (GBV) & violence against children (VAC) prevention & response	**X**	
IR 5	Strengthened sustainability of services for vulnerable children, adolescents and youth		**X**
IR 6	Strengthened Primary Health Care at community level		**X**
IR 7	Strengthened and sustained capacity of CSOs to advocate for and implement HIV activities for all populations		**X**
IR 8*	Increased access by KP to community-based, person-centered HIV prevention, diagnosis, and treatment services	**X**	
IR 9*	Strengthened enabling environment (legal, policy, and administrative reforms) improving human rights and addressing structural barriers that impede KP access to services		**X**

*PLEASE NOTE THAT THESE IRS MAY ONLY BE A PART OF THE POTENTIAL RENEWAL PERIOD OF THE ACTIVITY.

IR 1. Increased integration of HIV services into primary health care

- *Sub IR 1.1: Expanded community platforms and access points for receiving PHC*

Community health service delivery and training of community health workers and primary health care providers has been narrowly focused on a particular disease and excluded prevention. This

resulted in missed opportunities to view a person's health as a whole and the interplay of different health conditions. The technical capability of District Health Management Teams and primary health care providers should be strengthened to offer integrated services at the community level.

Illustrative activities for IR 1 may include:

- Implementing early detection and active case finding and screening at household and community levels.
- Implementing linkage to treatment activities including bleeding for viral load at community and following up clients for viral suppression.
- Implementing community TB/HIV activities: screening, TB preventive therapy and directly observed therapy.
- Expanding community-based services, such as mobile clinics, decentralized medicine distribution, remote methods for receiving care, community support, and adherence support groups.
- Implementing differentiated models, innovations and client centered approaches for prevention and treatment tailored to different sub populations.
- Implementing community-based activities in support of the prevention of mother to child transmission of HIV (PMTCT) including tracking mother-baby pairs for Early Infant Diagnosis (EID)
- Integrating Continuous Quality Improvement (CQI) and Data Quality Assessments (DQA) as routine performance improvement tools

Illustrative outcome indicators for IR 1 may include:

- Number of new service points for Health and HIV services at community level leading.
- Number of HIV infected people at identified at community level.
- Number of PLHIV linked to treatment programs at the community level.
- Rate of adherence to medication among PLHIV at the community level.
- Quality of coordination and collaboration between CSOs and GoB in provision of health and HIV services.
- Quality of community health services contributing to PHC platforms.

In addition to the above outcome indicators, specific PEPFAR indicators that are applicable under this IR can be found in the PEPFAR Monitoring Evaluation and Reporting (MER) Guidance. The MER specifies the required disaggregation for each indicator including the frequency of reporting. USAID has also custom indicators to capture the work that is being implemented at community level.

IR 2. Increased socioeconomic well-being of OVC and children at risk of HIV and their families

- *Sub IR 2.1: Strengthened case management of children with HIV risks.*
- *Sub IR 2.2: Improved identification, retention, and viral suppression of C/ALHIV.*

- *Sub IR 2.3: Increased links for vulnerable children and families to educational and economic services.*

This intermediate result focuses on strengthening the HIV care continuum among children, adolescents, and their caregivers. A successful activity should improve case finding among children and adolescents, linkages to care and treatment, and retention monitoring and support. The OVC comprehensive programming track needs intensive case management leading to household graduation, which is defined and assessed using outcome-oriented graduation benchmarks across all four domains (healthy, safe, stable, and schooled). Case management and referral systems should be integrated with social protection, prevention, and care and treatment and address differing development stages of OVC. Interventions for OVC should be family- and community-centered and link clinical and socioeconomic services to reduce their vulnerability.

The OVC prevention programming track targets a broader group of 10–14-year-olds in a less intensive manner by providing them with education on prevention of HIV and sexual violence. Success is defined only in terms of completing an approved curriculum for primary prevention of HIV and sexual violence.

Illustrative activities for IR 2 may include:

- Identifying and develop care plans for children at risk of HIV, C/ALHIV, sexual violence survivors, and pregnant women living with HIV.
- Implementing integrated case management and referral for clinical, socioeconomic, and support services for OVC and C/ALHIV.
- Implementing care models for HIV-positive mothers and their children.
- Providing education assistance for vulnerable children, adolescents, and girls who leave school due to pregnancy.
- Implementing approaches to improve economic stability of families.
- Implementing models to improve parenting skills.

Illustrative outcome indicators for IR 2 may include:

- Quality of collaboration between CSOs and GoB social service providers in serving the needs of OVC.
- Number of reporting OVC “missing” children.
- Number of OVCs linked to HIV testing, care and treatment, and support to remain virally suppressed.
- Number of OVC households successfully graduating from social services support.

In addition to the above outcome indicators, specific PEPFAR indicators that are applicable under this IR can be found in the PEPFAR MER Guidance. The MER specifies the required disaggregation for each indicator including the frequency of reporting. USAID has also custom indicators to capture the work that is being implemented at community level.

IR 3. Increased resilience of AGYW to counter HIV risks

- *Sub IR 3.1: Increased identification of vulnerable and at-risk AGYW*
- *Sub IR 3.2: Increased uptake of health, education, and socioeconomic services, including DREAMS package, among AGYW*

AGYW aged 10-24 years are especially vulnerable to HIV and older and out-of-school AGYW face high mobility and poverty. AGYW should be identified through schools, public health facilities, CBOs and NGOs and offered the comprehensive DREAMS package of services. These services cover clinical HIV, sexual and reproductive health, PrEP, post-violence clinical care, including post-exposure prophylaxis (PEP) and emergency contraception, and sexually transmitted infection (STI) diagnosis and treatment. The sex partners of AGYW should be targeted and linked to services. Additionally, there are non-clinical services which are offered at community level through safe spaces and other group forums covering HIV and violence prevention, gender equality, gender-based violence prevention and response, economic strengthening, family strengthening and others.

Illustrative activities for IR 3 may include:

- Identifying vulnerable and at-risk AGYW, with special attention to out-of-school AG, AGYW at risk of or engaging in transactional sex, pregnant and breastfeeding AGYW, and AGYW with disabilities.
- Implementing models for AGYW to receive information, psychosocial support, services, and referrals on sexual and reproductive health, contraception, and HIV prevention.
- Promoting uptake of PrEP among AGYW.
- Promoting uptake of community-based post-violence clinical care and services.
- Strengthening economic prospects of AGYW.
- Strengthening parenting skills of parents for AGYW.
- Tracking and reporting on the uptake of the DREAMS package of services by the participants.

Illustrative outcome indicators for IR 3 may include:

- Knowledge among AGYW about availability of the different HIV and GBV prevention products and where to find them.
- Knowledge among AGYW on the factors that put them at risk of HIV and increased renewed commitment to protect themselves.
- Number of sexual partners of AGYW willing to protect themselves from HIV infection through increased uptake of services such as HIV testing and safe male circumcision.
- Number and quality of partnerships between CSOs and GoB and the private sector for increased economic opportunities for AGYW.

In addition to the above outcome indicators, specific PEPFAR indicators that are applicable under this IR can be found in the PEPFAR MER Guidance. The MER specifies the required disaggregation

for each indicator including the frequency of reporting. USAID has also custom indicators to capture the work that is being implemented at community level.

IR 4. Strengthened GBV/Violence Against Children (VAC) prevention and response for AGYW and OVC

- *Sub IR 4.1: Increased access to community and school-based HIV and violence prevention services for adolescent girls and boys.*
- *Sub IR 4.2: Increased access to clinical, social, and legal post-violence care services for AGYW and OVC.*
- *Sub IR 4.3: Enhanced community capacity to counter social and gender norms that raise HIV risk for children and AGYW.*

Globally, AGYW disproportionately experiences high rates of violence. GBV persists through harmful gender norms, gender inequality, and reluctance of survivors and communities to acknowledge or report sexual violence. GBV limits the ability of AGYW to negotiate safe sexual practices, disclose their HIV status, and access services, thereby contributing to HIV transmission. Violence against children undermines prevention and treatment and leads to poor long-term health consequences.

PEPFAR's COP Guidance[2] recommends strengthened violence prevention, case identification, and services integrated into HIV prevention, testing, and care and treatment services, including in OVC and DREAMS packages. The Comprehensive Community Prevention and Continuum of Care Program should address prevention and mitigation of violence against children, adolescent girls and boys, and young women.

Illustrative activities for IR 4 may include:

- Providing HIV and violence prevention and life skills education in schools to adolescent girls and boys, particularly 10–14-year-olds and 15–17-year-olds.
- Providing "Listen, Inquire, Validate, Enhance Safety, Support (LIVES)" training to staff who interact with OVC or AGYW.
- Training District Child Protection Committees on identifying sexual violence against children, reporting, referral, and post-abuse care services.
- Training District Gender Committees on GBV response and prevention, integration of HIV and GBV programming, gender norms, and advocacy including training on the WHO's "LIVES" approach.
- Raising awareness and skills of OVC, AGYW, parents and caregivers, and communities in recognizing VAC and GBV and harmful practices and in accessing care services.
- Strengthening case management of VAC and GBV cases.
- Supporting mental health of GBV/VAC service providers.

[2] PEPFAR 2022 Country Operational Plan (COP) and Regional Operational Plan (ROP) Guidance for all PEPFAR-Supported Countries. https://www.state.gov/2022-country-operational-plan-guidance/

- Supporting the Gender Affairs Department for the implementation of standards for One-Stop-Centers for post-abuse care.

Illustrative outcome indicators for IR 4 may include:

- Children, adolescent girls and young women, their family and their communities empowered to stand against gender-based violence.
- Number of new service points for providing client centered and client responsive GBV services for survivors of GBV at community level.
- Capacity of district level committees to lead and coordinate GBV efforts.
- Awareness about HIV and GBV among school going children especially those aged 10-17 years.

In addition to the above outcome indicators, specific PEPFAR indicators that are applicable under this IR can be found in the PEPFAR MER Guidance. The MER specifies the required disaggregation for each indicator including the frequency of reporting. USAID has also custom indicators to capture the work that is being implemented at community level.

IR 5. Strengthened sustainability of services for vulnerable children, adolescents and youth

- *Sub IR 5.1: Improved provision of schools-based Life Skills/CSE education.*
- *Sub IR 5.2: Increased engagement of the private sector and GOB departments /parastatals for provision of economic strengthening opportunities for AGYW.*
- *Sub IR 5.3: Improved capacity of GoB to lead, coordinate and monitor OVC and GBV response strategies.*
- *Sub-IR. 5.4: Strengthened operational and technical capacity of USAID partners to manage OVC/DREAMS programs.*

The GoB has robust systems and policy frameworks for delivering social services and a mature social protection infrastructure. Legislative and policy frameworks are in place to guide child protection and national GBV response planning. Yet challenges with implementation, quality and coordination persist.

This IR requires technical assistance for partnerships and coordination with GoB departments and the private sector to foster greater sustainability of key components of HIV prevention and GBV services for vulnerable children, adolescents, and young women.

The GoB is committed to providing comprehensive sexuality education to primary and secondary school learners through the national life skills curriculum. The life skills framework (LIVING materials) is expected to replace Lifeskills+ currently being delivered by PEPFAR supported facilitators in collaboration with life skills teachers. To ensure sustainable HIV and violence prevention education to all in-school learners, delivery will need to shift to teachers over time

and teacher training and supervision structures will need to be developed in line with standard MOESD procedures.

Botswana also has several programs supporting income generation and small business development through entities such as the Citizen Entrepreneurship Development Agency (CEDA), Local Enterprise Authority (LEA), National Development Bank (NDB), and those offered through the different Ministries such as Ministry of Youth, Gender, Sport and Culture and others. The activity will develop partnerships with these government programs and with private sector companies to increase access to economic opportunities for young women.
Illustrative activity for IR 5 may include:

- Training of teachers to build their capacity to deliver comprehensive sexuality education lessons.
- Training of social workers, teachers, and others social service providers in violence prevention and to respond to cases of violence among and against children and adolescents.
- Draft and finalization of policies, frameworks, standard operating procedures for improved coordination of services for children and adolescents.

Illustrative outcome indicators for IR 5 may include:

- HIV and violence prevention services in schools
- Awareness of HIV and violence issues and steps to protect one among children of school going age.

In addition to the above outcome indicators, specific PEPFAR indicators that are applicable under this IR can be found in the PEPFAR MER Guidance. The MER specifies the required disaggregations for each indicator including the frequency of reporting. USAID has also custom indicators to capture the work that is being implemented at community level.

IR 6. Strengthened Primary Health Care at community level

- *Sub IR 6.1: Strengthened capacity of DHMTs to manage integrated PHC at community level*
- *Sub IR 6.2: Improved technical competency of CHWs and PHC providers in integrated health care*

Illustrative Activities for IR 6 may include:

- Training CHWs to provide the essential services package in the integrated community based health services (ICBHS) guidelines and give CHWs regular technical assistance in health service delivery.
- Strengthening capacity of DHMTs to manage community-based health services.
- Conducting routine integrated supportive supervision and mentorship for community-based cadres.

Illustrative outcome indicators for IR 6 may include:

- Number of community health workers available to provide services at community level
- Number of people accessing quality health services at primary health care levels
- Quality of promotive, preventive, curative, rehabilitative, and palliative health care services provided at community level

IR 7. Strengthened and sustained capacity of CSOs to advocate for and implement HIV activities for all populations

- *Sub IR 71: Improved organizational management capacity of local partners.*
- *Sub IR 7.2: Strengthened technical competency of CSOs to deliver comprehensive HIV services to all populations.*
- *Sub IR 7.3: Diversified CSO funding and resource mobilization strategies such as social contracting; social enterprise; other resource mobilization strategies in-built into CSO sustainability plans.*

Illustrative activities for IR 7 may include:

- Provide capacity strengthening to CSOs that result in measurable increased organizational readiness to operate independently and sustainably; criteria for which CSOs to benefit from the capacity strengthening to be outlined including selection, methodology to identify areas of weakness and capacity building plan and realistic. measurement to monitor progress. CSOs delivering services for KP to be prioritized.
- Embed CSO strengthening as part of program service delivery and reporting.
- Promote social enterprise, social-contracting, and private sector engagement as part of the sustainability for CSO, community groups and networks.

Illustrative outcome indicators for IR 7 may include:

- Number of local organizations who can deliver quality health and HIV services=
- Number of local organizations who can manage diverse source of funds from different donors/funders
- Number of local organizations who diversify their sources of funding beyond one donor (e.g., USAID, GoB, etc.)
- Number of CSOs seen as able partners in delivering health services to the people of Botswana

IR 8: Increased access by KP to community-based, person-centered HIV prevention, diagnosis, and treatment services

- *Sub-IR 8. 1: Diversified Health Service Delivery Models*
- *Sub-IR 8.2: Strengthened Continuum of Care (Cascade) for KP (Prevention, HIV testing, and Treatment*

- *Sub-IR 8.3: Improved integration of wrap-around health services (STI, FP, GBV) and mental health and psychosocial services (MHPSS) for KP*

Illustrative Activities for IR 8 may include:

- Enhancing partnerships with KP-led/competent organizations to scale full service community-based drop in centers.
- Sharpening outreach focus through microplaning and mapping for improved presence and contact with existing and new KP
- Mobilizing communities in advocacy and peer navigation to enhance access to comprehensive prevention (including PrEP), care, and treatment.
- Improving integrated care (e.g., pain management, referrals to other sexual and reproductive health services)
- Developing interventions to engage higher risk groups associated with KPs, such as clients and children of sex workers.

Illustrative outcome indicators for IR 8 may include:

- Number of new service points for Health and HIV services at community level for KP
- Number of KP accessing prevention services
- Number of KP identified as HIV infected at community level
- Number of KP living with HIV linked to treatment programs
- Adherence rates to medication among KP living with HIV
- Quality of coordination and collaboration between CSOs and GoB in providing health and HIV services to KP.

In addition to the above outcome indicators, specific PEPFAR indicators that are applicable under this IR can be found in the PEPFAR MER Guidance. The MER specifies the required disaggregation for each indicator including the frequency of reporting. USAID has also custom indicators to capture the work that is being implemented at community level.

IR 9: Strengthened enabling environment (legal, policy, and administrative reforms) improving human rights and addressing structural barriers that impede KP access to services

- *Sub IR 9.1: Reduced KP/PLWHA-related stigma, discrimination and violence in health services, other social services and society*
- *Sub IR 9.2: Improved engagement with national and community-level policymakers, law enforcement, and social service providers for better support to KP/PLWHA groups*
- *Sub IR 9.3: Increased legal literacy of KP*
- *Sub IR 9.4: Increased competency among health care workers (public, community and private) to provide KP friendly and sensitive health services to KP.*

Illustrative Activities for IR 9 may include:

- Conduct or support KP competency training to health and social service providers (public, community and private) using the USAID/PEPFAR and MOH developed "**Key Population Competency Training for Healthcare Workers**" training curriculum
- Strengthening KP-competency and reduce stigma and discrimination through training and sensitization of community service providers.
- Establish and maintain referral relationships for comprehensive sustainable services; across facility-community platforms and across different government of Botswana ministries for different services.
- Work with GoB line ministries (Social Development, Education, Defense, etc.), and other officials (parliamentarians, legal practitioners, judges, law enforcement) to educate and train on the needs and rights of KP communities.
- Engage KP on campaigns to "know their rights" and link them to legal resources.
- Work with GoB on sustaining a human rights violation response and documentation system that supports reporting by KP and system-wide GoB responsiveness to reporting.
- Support KP community leaders and KP-led CSOs to formulate and coordinate KP-focused, WHO-compliant advocacy including the rights of KP in government and NGO services and representing KP in public policy and planning forums.

Illustrative outcome indicators for IR 9 may include:

- Number of health care workers in public health facilities trained to be KP competent.
- Number of new KP competent public health facilities.
- Number of KP groups freely accessing services in public health facilities.
- Public acceptance of KP (reduced stigma and discrimination).

4. GEOGRAPHIC REGIONS AND TARGET POPULATIONS

The target audience and geographic focus within and by each component varies by district and as part of the PEPFAR country operational plan process. The service package by target population is identified in Table 2 below:

Table 2: Target Population and Service Packages

Target Population	Service Package
Orphans and Vulnerable Children (OVC) ● Children living with HIV ● Children of HIV-positive mothers who are not virally suppressed (mothers not virally suppressed) ● children of female sex workers ● HIV exposed infants ● Survivors of sexual violence ● orphans	An illustration of service packages can be found at the PEPFAR Monitoring, Evaluation and Reporting (FY23) Appendix E on page 249-251 (illustrative eligible services for active OVC beneficiaries - children and caregivers). For boys and girls 10-14 years, completion of an approved primary prevention curriculum covering HIV and sexual violence

• boys and girls aged 10-14 years.	
Adolescent Girls and Young Women (AGYW) aged 10-14; 15-19; and 20-24 Adolescent boys and young men, especially sexual partners of AGYW	Per the DREAMS Guidance found at https://www.pepfarsolutions.org/resourcesandtools-2/2021/8/19/pepfar-dreams-guidance
General populations especially men aged 15-24; 25-34; 35-49; and 50+;	• HIV testing services • PrEP • Post-GBV care • Care and Treatment and Support • TB/HIV • Cervical Cancer
Key Populations: • gay and other men who have sex with men (MSM); • people who inject drugs (PWID); sex workers (SW); • transgender(TG) individuals and gender diverse people; and • prisoners and others in closed or detained settings	• HIV prevention - primary prevention • HIV testing services • PrEP • Post-GBV care • Care and Treatment and Support • TB/HIV • Cervical cancer

Table 3 shows target population by district and by IR on the next page.

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4.1 Districts Table

		Gaborone	Kweneng East	Mahalapye	Kgatleng	Southern	Serowe	Bobirwa	North East	Francistown	Palapye	Selibe Phikwe	South East	Bote	Chobe	Ngamiland	Goodhope	Lobatse	Moshupa	Tutume	Ghanzi
IR 1	HIV Testing Services	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	GBV	x	x	x	x	x	x			x				x	x						
	PrEP	x	x	x	x	x				x				x	x						
	Care & Treatment	x	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	x	x
	TB/HIV	x	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	x	x
IR2	OVC	x	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x	
	DREAMS	x	x	x	x	x	x	x	x												
	GBV	x	x	x	x	x	x			x				x	x						
	PrEP	x	x	x	x	x				x				x	x						
IR 3	DREAMS	x	x	x	x	x	x	x	x												
	GBV	x	x	x	x	x	x			x				x	x						
	PrEP	x	x	x	x	x				x				x	x						
IR 4	OVC	x	x	x	x	x	x	x	x	x	x	x	x				x	x	x	x	
	DREAMS	x	x	x	x	x	x	x	x												
	GBV	x	x	x	x	x	x			x				x	x						

	PrEP	x	x	x	x	x				x				x	x						
IR 5	OVC Sustainability																				
IR6	Primary Health Care																				
IR 7	Capacity Building																				
IR8	KP	x	x				x			x	x	x	x	x	x	x					
IR9	KP	x	x				x			x	x	x	x	x	x	x					

5. ACTIVITY PARAMETERS AND CROSS-CUTTING PRINCIPLES

Gender Equality: To promote gender equality and mitigate structural and other gender inequalities, it is critical that the recipient of this award articulate gender integration into all planned activities. The cross-cutting gender strategic areas to be considered include increasing gender equality in HIV/AIDS activities and services, including reproductive health; preventing and responding to gender-based violence; engaging men and boys to address norms and behaviors; increasing women's and girls' legal rights and protection; increasing women's and girls' access to income and productive resources, including education; and increasing men's involvement in the care of their children wives and partners including their pregnant partners. These needs and capacities are dynamic and evolving so require ongoing attention and evaluation. In addition to demonstrating understanding of issues of gender in the Botswana context, the recipient of the award will need to present a methodology for monitoring gender impact in its performance management plan, including incorporation of gender-sensitive indicators. Please review ADS 205 found at http://www.usaid.gov/sites/default/files/documents/1870/205.pdf for more information on integration of this policy into the program approach.

Coordination and collaboration with other sectoral programs and providers: The *Comprehensive Community Prevention and Continuum of Care Program* activities must be coordinated with GoB, at national level (MOH, MLGRD, NAHPA, MOESD) and local level (DHMTs, District Multi-sectoral AIDS Committees, District AIDS Committees, District Councils, Social and Community Development, Regional Education Offices, among other government entities at district level, and community structures, such as Village Development Committees (VDC), and with traditional leaders). The activity should work with GoB and other development partners to reactivate a KP technical working group (TWG) at MOH. A successful activity should establish and manage a secretariat to coordinate all KP activities in Botswana. The activity should assist in establishing a KP advocacy consortium, working with other development partners and the GoB to support an entity of KP leaders and KP-led organizations to advocate for their rights and KP-competent services.

Interventions will be coordinated with activities of other development partners working in the geographic region and with the target populations of the Comprehensive Community Prevention and Continuum of Care Program. Other partners include, but are not limited to, Global Fund, UNAIDS, UNICEF, WHO, UNFPA, other USG agencies, and other public and private entities (e.g., foundations, corporations). Coordination is aimed at mitigating non-strategic duplication of efforts, identifying opportunities for leveraging efforts, and maximizing the impact of the *Comprehensive Community Prevention and Continuum of Care* Program.

Innovation: Innovative interventions to strengthen individual beneficiaries, families, communities, governments, and link community based and facility-based health, HIV, and social services needs to be articulated. Innovative, new, or advanced interventions or approaches that contribute to the achievement of the objectives and expected results and outcomes are encouraged. In exploring new ways of doing things, it is important to consider whether or not the intervention is evidence based.

Family/Household-Centered Approach: Client focused and family-centered approaches that strengthen the parents and caregivers at the household level are outlined in the PEPFAR OVC Guidance of 2012 (available at www.pepfar.gov/documents/organization/195702.pdf) and are considered fundamental to a quality project. Households are composed of people who are in some way affiliated, i.e., individuals who share common space for living, cooking, and caring for children. Supporting vulnerable households and by definition, caregivers, can assure continuity of care and support for vulnerable children. Interventions designed to strengthen the capacity of families to achieve child wellbeing outcomes will ensure that families and caregivers have access to basic support and are able to access resources to meet important family needs (e.g., education, health costs, food).

Child Safeguarding: Vulnerable children need to be protected from further abuse, violence, neglect, and exploitation which sometimes comes from the people that are supposed to protect them. Families, communities, civil society organizations, faith-based organizations and governments need to work together towards safe-guarding children. Child Safeguarding policies are a first step towards this goal. Project staff must be trained on such policies and systems should be in place to ensure employment of people without a history of abusing, neglecting, exploiting or violating children. Existing community child protection structures will be recognized and engaged as appropriate by this activity. (http://www.usaid.gov/sites/default/files/documents/1864/200mbt.pdf).

Graduation: Graduating OVC and their households successfully from program support to independence and greater self-sufficiency is critical. Successful graduation can take different forms and use different strategies that embrace risk management, livelihood diversification, and money management capacities to achieve a greater degree of sustainability and resilience. The objective of graduating into a wider program of support such as savings promotion minimizes the potential for stigma, builds critical social capital with other community members, and provides cost-effective follow-up support. These approaches have been tested and rigorously evaluated in a variety of contexts – including Rwanda and Uganda[3], Bangladesh[4], India[5], Haiti[6], and eight other sites in seven countries still underway[7] – and demonstrated strong outcomes for both families

[3] Epstein, Helen, and Adam Collins. 2012. Tracing the Evolution of the FXB-Village Model and its Impact on Participating Households. New York: FXB International.

[4] Das, Narayan, and Farzana Misha. 2010. Addressing Extreme Poverty in a Sustainable Manner: Evidence from the CFPR Program. CFPR Working Paper No. 19. Dhaka: BRAC.

[5] Banerjee, Abhijit, Esther Duflo, Raghabendra Chattopadhyay, and Jeremy Shapiro. 2011. Targeting the Hard-Core Poor: An Impact Assessment. Cambridge, MA: Jameel Abdul Latif Poverty Action Lab.

[6] Huda, Karishma, Anton Simanowitz. 2010. Chemin Levi Miyò: Final Evaluation (24 Months). London: BRAC Development Institute and University of Sussex Institute of Development Studies.

[7] Hashemi, Syed, and Aude de Montesquiou. 2011. Reaching the Poorest: Lessons from the Graduation Model. CGAP Focus Note No. 69. Washington, DC: Consultative Group to Assist the Poor.

and their children. Further information about graduation benchmarks as defined by PEPFAR can be accessed at *https://www.measureevaluation.org/resources/publications/tl-18-20/*.

Service Integration: Working towards delivery of integrated services is core in supporting Botswana's vision of a revitalized primary health care system. Integration of services includes promoting one stop shop models where the focus includes addressing other conditions such as non-communicable diseases in HIV platforms. This is especially important in situations where people living with HIV also have these conditions as this improves efficiency in service delivery.

Primary Health Care: In anticipation of the high burden of non-communicable diseases (NCDs) and the increased burden of co-morbidities among PLHIV whose lives have been extended, Botswana is reorienting its health care system towards promotive, preventive, curative, rehabilitative, and palliative health care. In the past, the traditional Kgotla system and decentralized village and ward health committees were part of a community-based approach to health. As the HIV epidemic became a national crisis, a medicalized response took precedence over the traditional community response.

PHC is essential to maintaining the achievements of the emergency HIV response, sustaining HIV epidemic control, and improving access to high-quality health care for all populations in Botswana. The GoB's vision for revitalized PHC places communities at the heart of the health system. It views community structures and organizations as vital to sustainable development and a means of continuous adaptation to evolving health care needs. The GoB's policy is to strengthen PHC and use it as a platform to reach Universal Health Care (UHC) that promotes health and accounts for the broader social determinants of health.

8. MONITORING, EVALUATION, AND LEARNING (MEL)

The Comprehensive Community Prevention and Continuum of Care activity will use a two-tiered monitoring system. It will include:

Activity monitoring: The Activity will provide the first tier of monitoring. Per the Activity Monitoring, Evaluation, and Learning Plan (AMELP) (See Section F of the NOFO), monitoring will focus on measuring, analyzing, and evaluating identified behavioral outcomes that are designed to capture changes in: (i) citizens' and service providers' conditions and behaviors, (ii) the functionality of systems, and (iii) the likely effectiveness of institutions beyond the life of USAID assistance. Special attention will be paid to developing indicators that monitor the impact the Activity's interventions are having on the conditions and behaviors of key populations. The recipient will be expected to report on activity performance and changes in the context in which the activity is being implemented.

The Comprehensive Community Prevention and Continuum of Care Program must collect and use strategic information specific to the different target populations being served. Real-time collection and utilization of data and other strategic information ensures successful management of the overall intervention and the interventions of each sub-partner by allowing for rapid

responsiveness to implementation challenges. The following strategic information factors will be critical to the real-time monitoring and programmatic course correction:

a. Adding custom indicators to MER indicators and reporting on all of them so as to monitor the performance of the project and tell their story.
b. Using a unique identifier to improve tracking of cohorts of beneficiaries, in collaboration with other stakeholders working with key populations.
c. Ensuring that data collected by peer educators and other "on-the-ground" cadres are fed-back to them to improve programming.
d. Routinely and systematically collecting mapping and size estimate information, since the location and population size of key populations are critical data determinants in program planning.
e. Determining means to show the impact structural interventions have on core PEPFAR indicators associated with testing, treatment, and viral suppression.

USAID/PEPFAR monitoring: Overall performance of the Comprehensive Community Prevention and Continuum of Care activity will be measured against applicable PEPFAR Monitoring, Evaluation and Reporting (MER) standard indicators located at PEPFAR Fiscal Year 2023 MER Indicator Reference Guide as well as against program-specific custom indicators tracked by USAID in addition to those proposed by the Applicant. This guide goes hand in hand with the PEPFAR Fiscal Year 2023 MER Indicator Frequency Table and the PEPFAR Fiscal Year 2023 MER Indicator Infographic. These indicators are age and sex disaggregated to enable PEPFAR and its implementing partners to do age and sex disaggregated data analysis to determine the extent to which the needs of boys and girls, men and women are met. The applicant should present the rationale informing the indicators it proposes in the Monitoring and Evaluation (M&E) strategy submitted for consideration. The standard and custom indicators are age and sex disaggregated to enable PEPFAR and its implementing partners to do age and sex disaggregated data analysis to determine the extent to which the needs of boys and girls, men and women are met.

Evaluation

USAID/Botswana may conduct external evaluation(s) of the Comprehensive Community Prevention and Continuum of Care Program. The recipient must fully and openly collaborate with the identified evaluation contractor(s) to include providing activity data, status reports, and information on success against results.

Collaborating, Learning and Adapting (CLA)

The Comprehensive Community Prevention and Continuum of Care Activity is expected to contribute to USAID/Botswana's commitment to an iterative CLA approach to achieve more effective integrated health service delivery at the community level involving the existing traditional leadership structures through strategic collaboration with district (DDC, DMSAC, DHPC, DET, S&CD) and village (kgotla, Village Development Committee, VMSAC, Village Health Committee, Village Extension Teams) groups. Continuous learning is critical to inform potential adaptations or pivots needed to address infectious disease outbreaks and emerging public health concerns, and to prepare and respond to man-made or natural shocks that can affect health outcomes within communities. The Activity strengthens and supports use of available data for

decision-making by community leadership which may promote identification of impactful and/or innovative interventions for scaling.
The recipient will be expected to detail its CLA approach to enhance integrated health outcomes through the creation of a CLA plan that explains how it will approach strategic collaboration with the GoB relevant line ministries, other PEPFAR implementing partners or donor supported activities, the private sector, and other stakeholders, as relevant. The plan should detail how the recipient will fill any knowledge gaps identified in the proposed plan for reaching the program outcome of supporting sustained HIV epidemic control and improved health outcomes through strengthened primary health care platforms in Botswana.

Collaborating: The Activity will engage in active collaboration with both USG- and non-USAID supported activities at national-, regional- and district-level to leverage resources, reduce overlap, and share learning around improving health outcomes and strengthening community health system resilience. This entails coordinating with other key in-country partners to share knowledge around assessments, emerging evidence, lessons learned, etc.; identifying strategic opportunities to take advantage of other GoB, donor, and USG platforms to advance the activity's goals or layer interventions in similar geographic areas as other USAID implementing partners when feasible; and conducting joint work planning sessions with other relevant activities.

Learning**:** The Activity will identify opportunities for generating and feeding new learning, health innovations, and performance information back into the program to inform program management, design, and resource allocation in a manner that facilitates improved capacity and support for the relevant GoB stakeholders. Sources for learning include data from existing routine facility- and community-level data and service statistics; new digital data collection tools; portfolio and data visualization reviews; findings of research, evaluations, analyses conducted by USAID or third parties; and knowledge gained from experience (such as pause and reflect and shared learning moments stocktaking exercises). The Activity will disseminate knowledge generated by learning to activity stakeholders, partners, and collaborators in an appropriate forum and format so that it may be translated into decisions and actions that enhance the success of approaches and interventions designed to achieve expected intermediate results. Further, dissemination of best practices, and scaling up of successes and sharing the best practices will allow others to benefit from the learnings of USAID/Botswana's KP interventions.

Adapting: The recipient will learn from and adapt implementation throughout the life of the program, using learning to influence decision making and facilitate resource allocation to achieve results. This may entail engaging in periodic reflection activities using approaches such as after-action reviews and pause and reflect sessions to identify, capture, and act upon lessons learned; translating learning from within implementation experience and considering programmatic changes to achieve better results.

[END OF THE PROGRAM DESCRIPTION]

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SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

USAID intends to award up to three (3) awards pursuant to this Notice of Funding Opportunity. Subject to funding availability, USAID intends to provide an estimated **$17,733,506.00** in USAID funding for the two (2) year base period. The estimated USAID funding for the base period is as follows:

- Component A: $7,948,753.00
- Component B: $7,948,753.00
- Component C: $1,836.000.00

The total estimated amount of funding for the base period and three-year renewal period is **$25,639,670.00 for Component A**, **$25,639,669.00 for Component B**, and **$7,001,392.00 for Component C**. The estimated amounts for the renewal period, if utilized, may be higher or lower depending on availability of funding and USAID needs.

Actual funding amounts are subject to availability of funds. USAID reserves the right to issue one or more awards or not to make any award based on the outcomes of the merit review process.

2. Period of Performance and Renewal Period/s

The anticipated period of performance of these awards is up to five (5) years, with an initial period of performance of two (2) years and three-one (1) year renewal periods awarded dependent upon Recipient performance, availability of funding, and USAID needs.

RENEWALS: The anticipated award made under this NOFO may be eligible for annual renewals, after the base period, providing a possibility of a subsequent award to receive additional support for the project for succeeding periods, activities, or milestones if so, determined by USAID. The overall period of the Cooperative Agreement, including all renewals, shall not exceed the five (5) year period of performance of the award under this NOFO. USAID will inform the Recipient at least 90 days before the end of the period of performance of the initial award if the Recipient is eligible to apply for a renewal award. The Recipient must submit a renewal request 60 days prior to the end date. The renewal request should incorporate any changes in targets, geographical areas of implementation or implementation strategies required in the Country Operational Plan (COP) or outlined by USAID.

The incumbent will be asked to submit a renewal application which includes a detailed annual work plan for the renewal period along with a detailed budget to be considered for the renewal opportunity. USAID will provide an estimated amount of funding for the renewal period. Any renewals will be at the sole discretion of USAID.

Funding of any renewal period or expansion of activities is contingent on the following:

- Availability of funds.
- Satisfactory progress towards meeting the award objectives.
- Submittal of required reports and
- Compliance with the terms and conditions of the award, including the conditions for renewal.

3. Award Type

USAID anticipates the resulting award(s) will be Cooperative Agreement(s) with renewal periods.

4. Substantial Involvement

Consistent with ADS 303.3.11, USAID/Botswana anticipates a strong working partnership with the Recipient for this activity to assist in achieving the objectives. USAID will exercise substantial involvement under this Cooperative Agreement in the following ways:

a. Approval of the Work Plan/Implementation Plan: Approval of the Recipient's Annual work plan/Implementation Plans by the designated Agreement Officer Representative (AOR). Any significant changes to the approved Implementation Plan will require additional approval of the Agreement Officer's Representative (AOR);
b. Approval of specified Key Personnel: (i) Key Personnel positions will be identified and stated in the award. (ii) The Recipient shall request prior approval from the USAID Agreement Officer (AO) for the replacement of key personnel or changes in the key personnel positions.
c. Agency and Recipient collaboration or joint participation.
d. Approval of Monitoring, Evaluation, and Learning (MEL) Plan by the AOR. Any significant changes to the approved MEL Plan will require additional approval of the Agreement Officer's Representative (AOR).
e. Redirection of Program to Align with other USAID Programs

USAID approvals must be in writing.

5. Authorized Geographic Code

The authorized geographic code for the procurement of commodities and services under this program is 935, (any area or country including the recipient country, but excluding any country that is a prohibited source). For more information on authorized geographic code, please see ADS 310 entitled: Source and Nationality Requirements

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 Comprehensive Community Prevention and Continuum of Care Program is to support sustained HIV epidemic control and improved health outcomes through strengthened primary health care and social service platforms in Botswana 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.

7. Accountability

The Recipient will be fully responsible for all funds disbursed to it under the award. USAID/Southern Africa Recipients and significant sub-recipients are subject to the audit requirements as mandated under the annual appropriation law and in accordance with the regulations. In addition, all awards for U.S. and non-U.S. recipients will be subject to annual financial audits. U.S. sub-recipients will also be subject to annual financial audits should the sub-recipients incur expenditures of federal funds totaling $750,000 or more during its fiscal year. Non-U.S. sub-recipients will be subject to annual financial audits should the sub-recipients incur expenditures of federal funds totaling $750,000 or more during its fiscal year. USAID/SA has the discretion to audit sub-recipients at a lower threshold if deemed necessary.

The Recipient must comply with all applicable U.S. laws and regulations. Failure to comply with applicable U.S. law and regulations may result in unallowed costs and/or termination of award.

8. Title to Property

Property Title will be vested with the Recipient in accordance with 2 CFR 200.

[END OF SECTION B-FEDERAL AWARD INFORMATION]

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SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility for this NOFO is not restricted for an award under Component C. Eligibility for award (s) under component A and B are restricted to local entities as defined in USAID ADS 303.6 Definitions.

Only local organizations as defined below are eligible for award under Component A and B. USAID defines a "local entity" as an individual, a corporation, a nonprofit organization, or another body of persons that:

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

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 organizations that have not previously received financial assistance from USAID.

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

To be eligible for award of a Cooperative Agreement, in addition to other conditions of this NOFO, your organization must have a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, and political affiliation.

The Applicant is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all sub-awards issued under this Cooperative Agreement. Prior to the award, USAID may request additional information to confirm the organizational status of the applicant.

2. Cost Sharing or Matching

There is no cost share requirement for award/s issued under this NOFO.

"Cost sharing or matching" is defined by USAID as "contributions, both cash and in-kind, which are necessary and reasonable to achieve program objectives, and which are verifiable from the recipient's records." Cost-sharing shall be subject to 2 CFR 200.306 and the standard provision entitled "Cost Sharing or Matching" for U.S. NGOs and non-U.S. NGOs. Although there is no general legislative requirement that recipients of cooperative agreements must cost share, USAID policy is that cost sharing is an important element of the USAID recipient relationship.

3. Risk Assessments

For an award to be made, the USAID Agreement Officer must evaluate the risks posed by the Applicant as outlined in 2 CFR 200.205 and ADS 303.3.9. This means that the Applicant must possess, or must have the ability to obtain, the necessary management and technical competence to conduct the proposed activity and must agree to practice mutually agreed-upon methods of accountability for funds and other assets provided or funded by USAID.

In evaluating the risks posed by Applicant, USAID uses a risk-based approach and may consider:

i. Financial stability.
ii. Quality of management systems and ability to meet the management standards prescribed in this part.
iii. History of performance. The Applicant's record in managing Federal awards, if it is a prior Recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards.
iv. Reports and findings from audits performed under Subpart F - Audit Requirements of this part or the reports and findings of any other available audits.
v. The Applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities and
vi. That the Applicant is otherwise qualified to receive an award under applicable laws and regulations (e.g., Nondiscrimination, Lobbying, Debarment/Suspension, Terrorist Financing, etc.).

In the absence of a positive risk assessment, an award ordinarily cannot be made. Awards to potential new Recipients may be significantly delayed if USAID must undertake necessary pre-award reviews of these organizations to make an adequate risk assessment. These organizations should take this into account and plan their implementation dates and activities accordingly.

PRE-AWARD SURVEY

Prior to making an award under this solicitation, the Agreement Officer may perform a Non. US Organization pre-award survey (NUPAS) of a prospective NGO recipient if he/she determines that any of the following criteria apply, in accordance with ADS 303.3.9.1:

- USAID is uncertain about the prospective recipient's capacity to perform financially or programmatically.
- The prospective recipient has never had a USAID grant, cooperative agreement, or contract. This requirement does not apply to Fixed Amount Awards.
- The prospective recipient has not received an award from any Federal agency within the last five years. This requirement does not apply to Fixed Amount Awards.
- USAID has knowledge of deficiencies in the applicant's annual audit (Single Audit or equivalent).
- The USAID Agreement Officer determines it to be in the best interest of the U.S. Government.

Accounting systems, audit issues, and management capability questions may be reviewed as part of this process to determine whether the prospecting recipient has the necessary organization, experience, accounting and operational controls, and technical skills in order to achieve the objectives of the program, or whether specific conditions will be needed. If notified by USAID/Agreement Officer that a pre-award survey is necessary, the Applicant must prepare in advance the required information and documents. A pre-award survey does not commit USAID to make an award to any organization.

Resultant award to the organization obliges USAID to undertake necessary pre-award reviews of the organization to determine its “responsibility” in regard to fiduciary and other oversight responsibilities of the cooperative agreement in order for the award to be made, the Agreement Officer must make an affirmative determination that the Applicant/s are responsible as stipulated in ADS 303.3.9.

In addition, USAID may perform a pre- award survey for organizations that are new to working with USAID or for organizations with outstanding audit findings. Accounting systems, audit issues and management capability questions may be reviewed as part of this process. If notified by USAID that a pre- award survey is necessary, Applicant/s must be prepared in advance to submit the required information and document. A pre- award survey does not commit USAID to make an award to any organization.

5. Number of Applications

Your organization may submit only one application under each component in response to this NOFO.

Partnerships/Consortiums: USAID encourages, but not required, to partner with local, regional, or international organizations to enable successful implementation of the program. Given the limited funding of this award and the broad scope, the Applicant should propose innovative ways to reduce managerial costs of any sub-partners and sub-grantees such as sharing office space, vehicles, etc. The Applicant should seek to reduce overhead by considering shared office spaces with a focus on targeted technical support.

[END OF SECTION C- FEDERAL AWARD INFORMATION]

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contacts

a) Nya Kwai Boayue
Regional Agreement Officer
USAID/Southern Africa
Email: nboayue@usaid.gov

b) Audrey Sathekge
Regional Acquisition and Assistance Specialist
USAID/Southern Africa
Email: asathekge@usaid.gov

c) Regional Office of Acquisition and Assistance Application Email: pretoriaapplications@usaid.gov

The subject like for every email must be formatted as follows:

- Applicant's name, Component XX, **Technical Application** Email: 1 of XX
- Applicant's name, Component XX, **Cost Application** Email: 1 of XX

2. Questions and Answers

Questions regarding this NOFO should be submitted to nboayue@usaid.gov, asathekge@usaid.gov and pretoriaapplications@usaid.gov no later than the date and time indicated on the cover letter, as amended.

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

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 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).
- Activity name.
- Component being proposed for i.e A, B, or C.
- Notice of Funding Opportunity number.
- Unique Entity Identifier.
- 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 have initials of 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.

Applicants may choose to submit a cover letter in addition to the cover pages, but it will serve only as a transmittal letter to the Agreement Officer. The cover letter will not be reviewed as part of the merit review criteria.

Applications must comply with the following:

- 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.
- Written in English.
- 10-point font can be used for graphs and charts.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date of the award is December 11, 2023 and must be used in the application for budgeting purposes.
- The technical application must be a searchable and editable Word or PDF format as appropriate.
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official cost application submission is the unlocked Excel version.

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 application may be considered at the discretion of the Agreement Officer. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time.

Applications must be submitted by email to nboyue@usaid.gov, asathekge@usaid.gov and pretoriaapplicantions@usaid.gov. 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.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[NOFO number], [organization name], Cost Application, Part 1 of 2".

USAID's preference is that the technical application and the cost application each be submitted as consolidated email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending it. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

After submitting an application electronically, applicants should immediately check their own email to confirm that the attachments were indeed sent. If an applicant discovers an error in transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

Applicants are reminded that email 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.

- For **Component A and B**, applicants will submit for specific geographic areas covering IRs 1, 2, 3, and 4. USAID envisions making two awards focused on distinct geographic areas as outlined in the Section A.

- For **Component C**, the application should focus on IRs 5, 6, and 7.

5. Technical Application Format

The technical application should 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 should take into account the requirements of the program and merit review criteria found in this NOFO.

The Technical Application must not exceed 25 single-spaced typed pages, utilizing Calibri 12-point font, typed on standard Letter or A4 sized paper with one-inch margins (both right and left) and each page numbered consecutively. This page limitation includes all required documents for the technical proposal including the Cover page. All required aspects of the technical application as noted below must be combined into a single, searchable PDF, and the page limitation will be calculated by the total number of pages of the entire PDF. Any pages that exceed the 25-page limit will not be considered or evaluated by USAID. Applicants may include an acronym list (not included in the page limit)

(a) Cover Page (See Section D.3 above for requirements) - Not included in the page limit.

(b) Table of Contents - Not included in the page limit

Include major sections and page numbering to easily cross-reference and identify merit review criteria.

c) Executive Summary (One page) Not included in the page limit.

The Executive Summary must provide a high-level overview of key elements of the Technical Application.

d) Technical Approach

The Technical Application must contain an overall technical approach to achieve the requirements contained in the Program Description (Section A) and address the following:

Component A and B

- How evidence will be used to inform prioritization, focus, targets, sequencing of interventions, timeliness, selection of operational strategies, and the strategic linkages with other services.
- The conceptual approach, methodology, and techniques for the implementation and monitoring of project activities.
- Applicant's approach to working with the Government of Botswana.
- How the applicant will collaborate with existing USG efforts and coordination with HIV/AIDS and other relevant health and social initiatives already being conducted in Botswana by PEPFAR, other implementing partners, donors, and the Government of Botswana.
- Articulate how the technical approach and interventions will be implemented.

1. How the applicant intends to support linkages and retention in services, economic strengthening, community ownership and participation and gender considerations.

2. The extent to which the applicant is responsive to and provides appropriate and innovative responses to address CSO and community systems strengthening, including, but not limited to:

    a. CSO technical and organizational development
    b. Community system strengthening
    c. Community and citizen engagement
    d. Coordination and collaboration with district government

Component C

- **The application should provide appropriate and innovative responses to address CSO and community systems strengthening.**
- **Articulate how interventions will be implemented including how the activity will measure progress made in strengthening CSO towards provision of quality HIV, health and social services.**
- **The conceptual approach, methodology, and techniques for the implementation and monitoring of project activities.**
- **Approach to working with the Government of Botswana in provision of technical assistance to the different ministries for the different aspects of the program.**
- **How the applicant will collaborate with other implementing partners, other donors, and the Government of Botswana to ensure coordinated implementation of the activities.**
- **How evidence will be used to inform prioritization, focus, and sequencing of interventions, timeliness.**

Management Approach and Organizational Capacity (All Components)

USAID strongly discourages the use of exclusive agreements with organizations and key personnel as this limits the activity's potential to receive the best services.

The applicant must present a Management Approach and Organizational Capacity that addresses, at a minimum the following:

- The relationship with the proposed partnerships and/or consortium of partners or subrecipients, including their expertise and roles in the implementation of the award, and the management structure that will be employed to achieve program objectives.

- The Applicant must propose the roles, responsibilities, and necessary qualifications of proposed key personnel positions. The Applicant should propose the titles, roles, responsibilities, and necessary qualifications for up to five key personnel that reflect the appropriate breadth and depth of expertise to manage and implement the proposed technical approach. The Applicant **must not** propose individuals to fill any key personnel position**. Resumes must not be provided.** Prior to implementation, USAID must approve individuals to fill the key personnel positions.

- The applicant should demonstrate the organizational capability and experience within its organization and key sub-recipients as demonstrated by its actual experience in providing similar programs and activities. Key sub-recipients are those that will be implementing key or substantial aspects of the technical work. The applicant should include experience or capacity performing the type of work being proposed in its statement of work. For example:

    - Experience in the technical areas set forth in the Program Description. , Demonstrated experience in managing a project of similar size and complexity.
    - Experience and/or capacity managing the administrative and financial aspects of a donor funded activity.
    - Experience collaborating and coordinating programming with host country institutions, donors, other public sector organizations, and/or local partners.

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) Budget

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. The applicant must

ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

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, if any, 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 the 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 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. Guidance *to AO: If the indirect costs are expected to be minimal or easily attributed to performance of a USAID agreement, the AO should delete this first bullet.*
- 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.

d) Budget Narrative

The cost elements provided in the Detailed Budget must also be provided in the Budget Narrative, but with text that explains the rationale for the choices and costs. As noted throughout the cost elements above, the Budget Narrative must contain sufficient detail so that USAID can read the document while reviewing the Detailed Budget and understand the proposed costs. The Budget Narrative should be thorough, including sources for costs to more quickly enable USAID to determine the cost as fair and reasonable.

e) Required Certifications and Assurances

The applicant must complete the Certifications, Assurances and Representations required per ADS 303 and include a PDF with the application:

(1) "Certifications, Assurances, Representations, and Other Statements of the Recipient can be found on this link
(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).

f) Prior Approvals in accordance with 2 CFR 200.407

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

g) Approval of Subawards

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

- Name of organization.
- Unique Entity Identifier (UEI).
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list.
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM).
- Confirmation that the subrecipient is not listed in the United Nations Security designation list.
- Confirmation that the subrecipient is not suspended or debarred.
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b).
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

h) Unique Entity Identifier (UEI) and SAM Registration

Applicants must obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM) 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 SAM.gov-Entity Registrations.

i) History of Performance

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 three (3) 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 two (2) 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. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

j) 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. A Branding Implementation Strategy and Marking Plan shall be in accordance with USAID Branding and Marking plan as required per ADS 320.

k) 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.

[END OF SECTION D: APPLICATION AND SUBMISSION INFORMATION]

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SECTION E: APPLICATION REVIEW INFORMATION

1. CRITERIA

The merit review criteria prescribed here are tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to: (a) identify the significant matters which the applicants should address in their applications and (b) set the standard against which all applications will be evaluated.

USAID/Botswana will evaluate technical and other factors relative to each other, as described here and prescribed by the Technical Application Format. The Technical Applications will be scored by a Merit Review Committee (MRC) using the criteria described in this section.

2. REVIEW AND SELECTION PROCESS

a. Merit Review

USAID will conduct a merit review of applications that complies with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the following criteria. All criteria are weighted equally.

- **Merit review Criteria #1: Technical Approach**

    - USAID will evaluate the quality of the applicant's technical understanding and use of evidence based and realistically timed approaches and the likelihood of achieving each of the intermediate and sub intermediate results.

- **Merit Review Criteria #2: Management Approach**

    - USAID will evaluate the extent to which the proposed management and staffing approach, including the proposed partnerships and key personnel required qualifications convincingly demonstrate the Applicant's ability to effectively implement the Program Description**.**

- **Merit Review Criteria #3: Organizational Capacity**

    - USAID will evaluate the extent to which the applicant and proposed sub-partners demonstrate the organizational capacity and experience to effectively implement the proposed program.

- **Business Review**

The Agency will evaluate the Cost Application of the Applicant under consideration for an award as a result of the merit criteria review to determine whether the costs are reasonable, allowable, allocable and, in accordance with the cost principles found in 2 CFR 200 Subpart E.

USAID 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.

The percentage of funds spent on programming versus administrative costs will be taken into consideration, i.e., the cost of staff salaries, equipment, and facilities vs. costs of field activities and interventions that directly impact the target beneficiaries.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost 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).

USAID reserves the right to determine the resulting level of funding for the agreement.

[END OF SECTION E: APPLICATION REVIEW INFORMATION]

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SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

The successful Applicant will receive an electronic award signed by the Agreement Officer which serves as the authorizing document. USAID will issue the award to the contacts specified by the applicant in its application documents and/or the Authorized Individuals submitted by the applicant in accordance with Section D above.

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

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

3. Reporting Requirements

Environmental Compliance:

General

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. The Recipient's environmental compliance obligations under these regulations and procedures are specified in this Notice of Funding Opportunity.

In addition, the contractor/recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

No activity funded under this Cooperative Agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

Initial and Annual Work Plans

1. As part of its initial work plan, and all annual work plans thereafter, the Recipient in collaboration with the USAID AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this award to determine if they are within the scope of the approved Regulation 216 environmental documentation.

2. 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.

3. 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.

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

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

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

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

5. A provision for sub-grants is included under this award; therefore, the Recipient will be required to use an Environmental Review Form (ERF) or Environmental Review (ER) checklist using impact assessment tools to screen grant proposals to ensure the funded proposals will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the ERF or ER checklist is called for when the nature of the grant proposals to be funded is not well enough known to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ERF or ER checklist is completed and approved by USAID. The Recipient is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented.

6. The Recipient will be responsible for periodic reporting to the USAID AOR, as specified in the Schedule/Program Description of this award.

Reporting Requirements.

The following reports and related requirements will be included in the cooperative agreement: Monitoring and Evaluation Plans; Annual Implementation Plans; Quarterly Financial Reports; PEPFAR Annual Expenditure Reporting; Quarterly Performance Progress Reports; Annual/Semi-Annual Performance Reports; Final Agreement Completion Report.

Financial Reporting:

Quarterly Financial Reporting:

The recipient will prepare and submit to the Agreement Officer's Representative (AOR) a quarterly financial report within 30 days after the end of the recipient's first fiscal year quarter, and quarterly thereafter.

Quarterly financial reports should contain, at a minimum:

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

ii. *Annual Expenditure Analysis Reporting:*

On an annual basis the United States Government (USG) conducts an Expenditure Analysis (EA) of PEPFAR programs. The EA initiative is an ongoing PEPFAR activity that has been institutionalized as part of routine PEPFAR reporting. All PEPFAR implementing partners are required to adhere to this reporting requirement. The goal of this interagency exercise is to better understand the costs USG incurs to provide a broad range of HIV services and support and subsequently use this information to improve program planning. Data is collected and submitted using the PEPFAR DHIS2 system called DATIM. PEPFAR uses data in Data for Accountability, Transparency and

Impact (DATIM) systems to better understand how the funds are spent, specifically whether or not the partner spends in the same way that planning was done.

b. Program Planning Reporting:

Performance Monitoring and Evaluation Plan
The recipient is required to have a performance monitoring and evaluation plan showing how:

- Outcomes will be measured.
- Outcomes will contribute to results.
- Methods for mid-term project evaluations.
- Reports to provide activity managers with valid internal assessments of the recipient's activities and interventions.

The performance monitoring plan must address the issues set forth above and is due 60 days after award of the cooperative agreement contemplated by this NOFO. It must be approved in writing by the AOR. Any modifications to the performance monitoring plan must be submitted in writing to the AOR and approved in writing by the AOR. To facilitate the documentation of actual future improvements, baseline values of existing conditions need to be established.

ii. *Annual Implementation Plans*
The recipient will submit an annual implementation plan to the Agreement Officer Representative (AOR). The annual implementation plan will describe activities to be conducted at a greater level of detail than the Program Description but shall be cross-referenced with the applicable sections in the agreement Program Description and the related year's Country Operational Plan (COP). The recipient will provide an illustrative annual implementation plan for the first fiscal year of the Cooperative Agreement, which will be finalized in consultation with USAID and submitted to USAID within the first 30 days following the awarding of the agreement. Subsequent 12-month implementation plans through the end of the agreement will be prepared on a 12-month basis with the process starting as soon as the Country Operational Plan has been approved. The partner will work/coordinate closely with their AOR following workplan dates that would have been shared by PEPFAR. The annual implementation plan will not be considered complete until it has been accepted in writing by the AOR.

iii. *Performance Monitoring Plan (PMP)/Monitoring and Evaluation Plan (M&E)*
Within 60 days of the award, the Recipient will submit to USAID a performance monitoring plan (PMP) covering the life of the project. A PMP is a performance management tool to plan and manage the process of assessing and reporting progress toward achieving objectives, and will include specific, detailed plans to document, monitor and evaluate program performance. The PMP will establish specific, quantifiable performance indicators and targets for overall results included in the original application and activities in the annual work plans; describe the establishment of monitoring systems to measure program progress against overall objectives; and present a plan for data collection and measurement of program objectives and expected outputs, including collection of baseline data, and for the use of data collected by the program to improve program planning and performance. Efforts should be made, to the extent possible, to build on

existing or recently used national or sub-national (provincial, district, administrative post) systems. Efforts should be harmonized with other USG data collection efforts, such as the bio-behavioral surveillance survey currently being carried out and engage local agencies where appropriate for all planned assessments and evaluations.

Within the PMP, the Recipient must develop and execute an evaluation plan, as described in the program description, which includes process, output, outcome, and impact components. For each indicator, the Monitoring and Evaluation plan should provide interim and final targets, data sources, collection methods, and baseline information or a timeline for collecting it. Additional indicators should be developed by the Recipient in collaboration with the AOR, such as measures of reductions in risk behaviors or increases in service uptake among target populations. Data sources and collection methodologies should also be noted for each monitoring and evaluation component detailed in the M&E plan. In addition to the direct program output indicators, the Recipient should provide data on the coverage of interventions, as well as an evaluation plan for project outcomes and impact, such as significant reductions in risk behaviors and/or uptake of services. The Recipient should include qualitative data on program achievements and results.

The PMP must demonstrate understanding of USAID and PEPFAR health indicators, other program indicators, and reporting requirements, including a log frame that explains how data will be collected, verified, and reported to document project progress. Data quality is a critical component of USAID, and the Recipient should develop systems to ensure data quality and be prepared for data quality audits. The PMP and evaluation plans will be revised as appropriate on an ongoing basis in collaboration with the USG and the Host Government and routine data quality assessments will be required.

iv. *Performance Reporting:*

- *Quarterly Progress Reports*

The recipient shall submit quarterly performance reports to USAID to reflect results and activities of each preceding quarter. Reports are to be submitted within 30 days of the end of each quarter as follows: one copy to the AOR and one copy to the Agreement Officer. The report shall describe progress made during the reporting period and assess overall progress to that date versus agreed upon indicators including the agreement-level outputs achieved, using the agreement-level performance indicators established in the annual implementation plan for that quarter. The reports shall also describe the accomplishments of the recipient and the progress made during the past quarter and shall include information on all activities, both ongoing and completed during that quarter. The quarterly reports shall highlight any issues or problems that are affecting the delivery or timing of services provided by the recipient. The reports will include financial information on the expense incurred, available funding for the remainder of the activity and any variances from planned expenditures. These reports will be used by USAID to fulfill electronic reporting requirements to the Government of Botswana, USAID/Washington, and the US State Department's Global AIDS Coordinator's Office (SGAC); consequently, they need to conform to certain requirements.

In addition to submitting the detailed report to the AOR, the recipient will be required to input achievements directly into the reporting system that PEPFAR is using at the time of reporting, which currently is DATIM. The frequency of reporting into the system depends on the PEPFAR indicators that the project reports on. PEPFAR regularly provides guidance on the frequency of reporting for each indicator. The guidance will be shared with the recipient as it becomes available.

- *Annual/Semi-Annual Performance Reports (APR & S/APR)*

The recipient will be required to prepare and submit performance reports reflecting more detailed data on achievements against the PEPFAR indicators on a bi-annual basis in the Annual Progress Report (APR) and the Semi-annual Performance Report (SAPR) or as requested by SGAC. The reporting periods for S/APR and APR are March 31 and September 30th respectively. These reports shall include information on the agreed upon list of indicators, the original targets, the targets achieved to date and a narrative for each indicator which include reasons justifying the under or over achievement. These reports shall be submitted to the AOR by April 15 for the SAPR and October 15 for the APR to ensure that information on partner performance, especially numbers reached, is incorporated into the Country SAPR and APR. The dates stated above can change anytime as SGAC may on occasion have other performance reporting requests that the recipient will be expected to comply with in a timely manner.

- *Final Agreement Completion Report*

The recipient shall prepare and submit three copies of a final/completion report to the AOR which summarizes the accomplishments of this agreement by country, methods of work used, budget and disbursement activity, and recommendations regarding unfinished work and/or program continuation. The final/completion report shall also contain an index of all reports and information products produced under this agreement. The report shall be submitted no later than 90 days following the estimated completion date of the agreement.

v. *Close-out Plan*

Six months prior to the completion date of the agreement, the Applicant will submit a close-out plan for AOR approval. The close-out plan will include, at a minimum, an illustrative property disposition plan, a plan for the phase-out of in-country operations, a delivery schedule for all reports or other deliverables required under the cooperative agreement and a timetable for completing all required actions in the close out plan, including the submission date of the final property disposition plan to the Agreement Officer. A final project report will be due 30 days after project closeout.

[END OF SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION]

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

1. NOFO Points of Contact

The points of contact for this NOFO and for any questions during the NOFO process are:

Nya Kwai Boayue
Regional Agreement Officer
U.S. Agency for International Development
Southern Africa l Mission
100 Totius Street, Groenkloof
Pretoria, South Africa
E-mail: nboayue@usaid.gov

Audrey Sathekge
Regional Acquisition and Assistance Specialist
U.S. Agency for International Development
Southern Africa Regional Mission
100 Totius Street, Groenkloof
Pretoria, South Africa
Email: asathekge@usaid.gov

[AND]

Regional Office of Acquisition and Assistance Application Email: pretoriaapplications@usaid.gov

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

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

[END OF SECTION G: FEDERAL AWARDING AGENCY CONTACT]

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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.

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."

[END OF SECTION H: OTHER INFORMATION]

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ANNEX 1 - SUMMARY BUDGET TEMPLATE

The Applicant should provide an estimate of prime award costs and costs for proposed subawards. To facilitate the Applicant's preparation of the cost application, a budget template and guidance is provided in the folder in Grants.gov and SAM.gov.

The budget must include the following worksheets or tabs, and contents:

1) The estimated budget for the initial two years for each Component is:
    - Component A, $7,948,753.00
    - Component B, $7,948,753.00
    - Component C, $1,836,000.00
2) The initial period budget must be broken out by year of activities implemented by the Applicant and any potential sub- applicants as shown below.

Proposes Budget (Base Period)			
Cost Categories	**Year 1 (COPXX)**	**Year 2 (COPXX)**	**Total**
Salaries and Allowance			
Fringe Benefits			
Travel and Transportation			
Equipment and Supplies			
Subawards			
Other Direct Costs			
Indirect Costs			
Total			

Additional guidance on the required budget details can be found on page 17–20 of this NOFO.

ANNEX 2 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: https://www.usaid.gov/ads/policy/300/303maa, https://www.usaid.gov/ads/policy/300/303mab, and https://www.usaid.gov/ads/policy/300/303mat). The actual Standard Provisions included in the award will be dependent on the organization that is selected (or the type of award, in the case of a fixed amount award). The award will include the latest Mandatory Provisions for either U.S. or non-U.S. Nongovernmental organizations, as appropriate. The award will also contain the following "required as applicable" Standard Provisions:

Please note that the resulting award will include all standard provisions (both mandatory and required as applicable) in full text.

REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR U.S. NONGOVERNMENTAL ORGANIZATIONS

Required	Not Required	Standard Provision
TBD		RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (NOVEMBER 2020)
		RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (NOVEMBER 2020)
		RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
		RAA5. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
		RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
		RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
		RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)

		RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)
		RAA10. COST SHARING (MATCHING) (FEBRUARY 2012)
		RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
		RAA12. INVESTMENT PROMOTION (NOVEMBER 2003)
		RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
		RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
		RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
		RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
		RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
		RAA18. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)
		RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
		RAA23. UNIVERSAL IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT (NOVEMBER 2020)
		RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
		RAA25. PATENT REPORTING PROCEDURES (NOVEMBER 2020)

		RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
		RAA28. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
		RAA29. RESERVED
		RAA30. PROGRAM INCOME (AUGUST 2020)
		RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL ORGANIZATIONS

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		RAA5. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
		RAA6. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
		RAA8. SUBAWARDS (DECEMBER 2014)
		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
		RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
		RAA11. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
		RAA12. PATENT RIGHTS (JUNE 2012)
		RAA13. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
		RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)
		RAA 15. COST SHARE (JUNE 2012)
		RAA16. PROGRAM INCOME (AUGUST 2020)

		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
		RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
		RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
		RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
		RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
		RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
		RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
		RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
		RAA29. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
		RAA30. RESERVED
		RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

ANNEX 3 - ABBREVIATIONS AND ACRONYMS

ACRONYMS

A/CLHIV	Adolescents and Children Living with HIV
AIDS	Acquired Immune Deficiency Syndrome
AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
BAIS	Botswana AIDS Impact Survey
BBSS	Behavioral and Biological Surveillance Survey
CBOs	Community Based Organizations
CEDA	Citizen Entrepreneurship Development Agency
CHWs	Community Health Workers
CLA	Collaborating, Learning and Adapting
COP	Country Operational Plan
CSE	Comprehensive Sexuality Education
CQI	Continuous Quality Improvement
DCPC	District Child Protection Committees
DEIA	Diversity, Equity, Inclusion and Accessibility
DHMTs	District Health Management Teams
DMSAC	District Multi Sectoral AIDS Committee
DREAMS	Determined, Resilient, Empowered, AIDS Free, Mentored and Safe
DQA	Data Quality Assessment
EID	Early Infant Diagnosis
EPOA	Enhanced Peer Outreach Approaches
FSW	Female Sex Workers
CBOs	Community-Based Organizations
COVID-19	Coronavirus Disease of 2019
CSOs	Civil Society Organizations
FSW	Female Sex Workers
GEAD	Gender Affairs Department
GBV	Gender Based Violence
GoB	Government of Botswana
HEAs	Health Education Assistants
HIV	Human Immunodeficiency Virus
ICBHS	Integrated Community Based Health Services
IR	Intermediate Results
KP	Key Populations
LIVES	Listen, Inquire, Validate, Enhance Safety, Support
MEL	Monitoring, Evaluation, and Learning
MER	Monitoring, Evaluation, and Reporting
MHPSS	Mental Health and Psychosocial Services
MOESD	Ministry of Education and Skills Development
MOH	Ministry of Health

MLGRD	Ministry of Local Government and Rural Development
MYGSC	Ministry of Youth, Gender, Sports and Culture
MSM	Men who have Sex with Men
NAHPA	National AIDS and Health Promotion Agency
NCDs	Non-Communicable Diseases
NDB	National Development Bank
NGO	Nongovernmental Organization
NOFO	Notice of Funding Opportunity
NSF	National Strategic Framework For HIV/AIDS
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PBFW	Pregnant and Breastfeeding Women
PIMS	Patient Information Management System
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PLHIV	People Living with HIV
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother To Child Transmission
PrEP	Pre-Exposure Prophylaxis
PWID	Persons Who Inject Drugs
S&CD	Social and Community Development
STI	Sexually Transmitted Infection
TB	Tuberculosis
TG	Transgender
TPT	Tuberculosis Preventive Treatment
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence Against Children
VDC	Village Development Committee
VL	Viral Load
VMSAC	Village Multi Sectoral AIDS Committee
WHO	World Health Organization

ANNEX 4 – COMPONENT A & B TARGETS

Component A - Targets

PSNU	Indicators																		
	OVC_SERV	OVC_HIVSTAT	PP_PREV	GEND_GBV	PrEP_NEW	PrEP_CT	TB_PREV	TX_CURR	TX_NEW	TX_PVLS	HTS_INDEX	HTS_INDEX_NEWPOS	HTS_TST	HTS_TST_POS	HTS_SELF	HTS_RECENT	TX_TB	TX_TB_D_NEG	TX_TB_D_POS
Gaborone District	2624	1376	2874	153	750	315	425	592	131	557	747	112	2307	159	919	111	723	710	13
Ghanzi																			
Kgatleng District	2573	1334	2856	177	70	30					208	32	463	45	291				
Mahalapye District	3355	1387	812	233	65	27					330	50	807	77	228				
Ngamiland											214	32	526	32	118	22			
Palapye District	218	187									311	47	461	47	192	43			
Selibe Phikwe District	143	123									159	25	269	25	53				
Serowe District	2024	757	337	152	66	27					277	42	337	44	148				
South East	629	426									107	16	235	16	71				
Total	**11566**	**5590**	**6879**	**715**	**951**	**399**	**425**	**592**	**131**	**557**	**2353**	**356**	**5405**	**445**	**2020**	**176**	**723**	**710**	**13**

Component B - Targets

	Indicators																		
PSNU	OVC_SERV	OVC_HIVSTAT	PP_PREV	GEND_GBV	PrEP_NEW	PrEP_CT	TB_PREV	TX_CURR	TX_NEW	TX_PVLS	HTS_INDEX	HTS_INDEX_NEWPOS	HTS_TST	HTS_TST_POS	HTS_SELF	HTS_RECENT	TX_TB	TX_TB_D_NEG	TX_TB_D_POS
Bobirwa District	2532	1103	443								197	30	406	42	205				
Francistown District	405	325		153	163	68	284	327	91	308	467	70	1470	114	33	80	417	410	7
Goodhope District	374	231									91	14	183	19	189				
Kweneng East District	3738	2296	2850	153	335	141	167	250	46	233	317	48	1058	65	490	50	295	290	5
Lobatse District	138	118									127	19	285	29	133				
Moshupa District	63	53									57	11	148	16	103				
North East District	1677	616	456								95	14	229	22	119				
Southern District	2206	798	963	232	65	27					131	20	333	30	149				
Tutume District	285	243									237	36	529	53	916				
Total	**11418**	**5783**	**4712**	**538**	**563**	**236**	**451**	**577**	**137**	**541**	**1719**	**262**	**4641**	**390**	**2337**	**130**	**712**	**700**	**12**

[END OF THE NOTICE OF FUNDING OPPORTUNITY]