Funding Opportunity Cover Page

Issuance Date:	**January 17, 2017**
Deadline for Questions:	**January 24, 2017, 4:00 p.m. (EST)**
Anticipated Date of Response to Questions:	**January 31, 2017**
Closing Date for Application Submission:	**February 28, 2017**
Closing Time for Application Submission:	**4:00 p.m. (EST) Washington, D.C.**
Place of Performance:	**Uganda**

Subject: Notice of Funding Opportunity (NFO) Number RFA-617-17-000002: "**Expanding and Strengthening Family Planning Service Options in Uganda**"

Ladies and Gentlemen:

The United States Agency for International Development (USAID) is seeking applications to fund one or more organizations through a five-year $35,000,000 Cooperative Agreement to increase availability and access to equitable quality family planning services. This activity will be USAID/Uganda's flagship mechanism for providing assistance to Uganda to reach its national family planning goals of reducing unmet need for and increasing use of modern contraception.

This is a full and open competition, under which any type of organization, large or small, commercial (for-profit) firms, faith-based, and non-profit organizations in partnerships or consortia, are eligible to compete.

Subject to the availability of funds an award will be made to that responsible applicant(s) whose application(s) best meets the objectives of this funding opportunity and the selection criteria contained herein. While one award is anticipated as a result of this Notice of Funding Opportunity, USAID reserves the right to fund any or none of the applications submitted.

For the purposes of this NFO the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

Eligible organizations interested in submitting an application are encouraged to read this funding opportunity thoroughly to understand the type of program sought, application submission requirements and evaluation process. To be eligible for award, the applicant must provide all information as required in this NFO and meet eligibility standards in Section C of this NFO.

The successful Applicant will be responsible for ensuring the achievement of the program objectives. Please read each section of the NFO.

This funding opportunity is posted on http://www.grants.gov, and may be amended. Select "Find Grant Opportunities," then click on "Browse Agencies," and select the "Agency for International Development" and search for the NFO. Potential applicants should regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity. Applicants will need to have available or download Adobe program to their computers in order to view and save the Adobe forms properly. It is the responsibility of the applicant to ensure that the entire NFO has been received from the internet in its entirety and 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 NFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

Any questions regarding this NFO must be submitted in writing to KampalaUSAIDSolicita@usaid.gov by **January 24, 2017 4:00 p.m. (EST) Washington, D.C.** Questions sent to any other e-mail address will not be answered. The e-mail transmitting the questions must reference the NFO number and title on the subject line of the e-mail. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted on http://www.grants.gov.

If you decide to submit an application, please note that electronic submission is required. Applications are to be sent as email attachments to KampalaUSAIDSolicita@usaid.gov, to the attention of Carol Ssekandi, Assistance Specialist. Late applications will not be considered for award. Hard copy, telegraphic, or fax applications (entire proposal) are not authorized for this NFO and will not be accepted.

An applicant under consideration for an award that has never received funding from USAID may be subject to a pre-award survey to determine fiscal responsibility, capacity, and ensure adequacy of financial controls. Applicants are encouraged to register with the Data Universal Numbering System (DUNS) and System for Award Management at https://www.sam.gov/portal/public/SAM/ as these are mandatory requirements before any award can be made. In the event that the submission deadline is due before registration is complete, applicants should proceed with the submission of their applications.
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. Further, the Government reserves the right to reject any or all applications received. Applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense. In addition, final award of any resultant grant cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award.

Thank you for your interest in USAID programs.

Sincerely,

Jennifer L. Crow Yang
Supervisory Agreement Officer

TABLE OF CONTENTS

SECTION A – PROGRAM DESCRIPTION 4
SECTION B – FEDERAL AWARD INFORMATION 32
SECTION C – ELIGIBILITY INFORMATION 34
SECTION D – APPLICATION AND SUBMISSION INFORMATION 35
SECTION E – APPLICATION REVIEW INFORMATION 47
SECTION F – FEDERAL AWARD ADMINISTRATION INFORMATION 49
SECTION G – FEDERAL AWARDING AGENCY CONTACT(S) 61
SECTION H – OTHER INFORMATION 62
SECTION I – ATTACHMENTS 63

SECTION A – PROGRAM DESCRIPTION

A.1 INTRODUCTION

The purpose of *USAID's Expanding Family Planning Options* activity is to increase availability and access to equitable quality family planning (FP) services. This activity will be USAID/Uganda's flagship mechanism for providing assistance to Uganda to reach its national FP goals of reducing unmet need for and increasing use of modern contraception. *USAID's Expanding Family Planning Options* program will focus on increasing FP service options and improving quality of FP services in the public and private sectors as well as building demand for modern contraception. This activity will be complemented by linkages to and coordination with other USAID/Uganda activities including health communications and systems strengthening activities as well as contraceptive commodity procurement. The estimated funding for this five year activity is $35 million.

USAID's Expanding Family Planning Options activity aligns with and will directly contribute to the Government of Uganda's (GoU) Family Planning Costed Implementation Plan (FP-CIP) as well as build on current and past FP investments in Uganda by USAID and other development partners. In particular, *USAID's Expanding Family Planning Options* will build on previous USAID support to expand the method mix by increasing access to long acting reversible contraception and permanent methods through the Long Term Methods (LTM) program and to expand community-based access to contraception through the Advancing Partners and Communities program. It will also complement ongoing USAID support to contraceptive commodity procurement as well as activities focused on supply chain strengthening, health communications, social marketing, and strengthening district capacity for integrated health service delivery.

The overall goal of *USAID's Expanding Family Planning Options* is to increase utilization of equitable, quality and sustainable FP services and will be measured through progress in the following key result areas:

(1) Increased FP service delivery options;
(2) Improved quality of FP services;
(3) Increased demand for modern contraception; and
(4) Strengthened capacity to deliver FP services.

A.2 PROGRAM DESCRIPTION

1. Background

Under USAID/Uganda's 2011-2015 Country Development Cooperation Strategy (CDCS),[1] the Mission defined a set of strategic shifts to address the health needs of largely rural Ugandans to realize equitable access to quality services, improved individual and community outcomes, and strengthened health systems. While USAID/Uganda's health and HIV/AIDS portfolio has evolved over time from a parallel, disease-focused approach to an integrated health systems strengthening approach for primary health care, in line with Uganda's Health Sector Development Plan (HSDP)[2]; *USAID's Expanding Family Planning Options* will be a targeted "top up" activity to increase utilization of equitable, quality and sustainable FP services.

Support will target both public and private sectors, including private-not-for-profit facilities and community-level networks, to expand implementation and accelerate scale up of high impact, evidence-based interventions to increase the use of equitable quality and sustainable FP services. Approaches

[1] Available at https://www.usaid.gov/uganda/cdcs

[2] Available at http://www.health.go.ug/sites/default/files/Health%20Sector%20Development%20Plan%202015-16_2019-20.pdf

which increase efficiencies and improve effectiveness of services, including coordination with and leveraging of other ongoing programs, will be prioritized. *USAID's Expanding Family Planning Options* will require high levels of innovation and a creative approach to partnership that focuses less on direct service delivery and more on building capacity of local actors to provide these services in a sustainable manner.

The context and background in which *USAID's Expanding Family Planning Options* program will be implemented is likely to evolve over the life of the program in response to ongoing development of GoU Ministry of Health (MOH) policies and programs, as well as emerging best practices in expanding FP options. Innovative and evidence-based approaches that systematically strengthen Uganda's health system should be continuously incorporated into program implementation. This will require a problem-solving mentality and a holistic understanding of the health system dynamics at the community, facility and district levels and their relationship with national-level entities.

A.2.1 Problem Statement

Uganda continues to have one of the highest population growth rates in the world (3% per annum). At the current growth rate, Uganda's population of 34.6 million is expected to double every 20 years, with the population estimated to reach nearly 150 million by 2050. While Uganda's economy has experienced an average rate of growth at 4.6% over the past five years, sustained high fertility rates have undermined poverty reduction efforts, stretched national capacity to provide necessary services, and created an enormous youth bulge. Nearly half of the current Ugandan population is under 15 years of age and the average Ugandan is statistically a 14 year old girl.

In order for Uganda to achieve its development goals and become a middle-income country by the year 2040, the country must prioritize strategic investments that will lower fertility and address the needs of the bulging youth population. Investing in FP can open a window of opportunity for faster economic growth in nations by reducing fertility and changing the population's age structure and dependency ratio. As the number of workers increases relative to the number of children they must support, savings and investment can increase. Countries that pursue sound economic and social policies can translate these economic gains into improved living standards and lower levels of poverty.

In a recent review of the role of FP in Sub-Saharan Africa, the demographic and equity outcomes of future trends in Uganda were the most alarming of four African countries.[3] While Uganda's total fertility rate (TFR) has declined from an average of 7.0 births per woman in the year 2000 to 5.8 births per woman in 2014[4], it remains one of the highest in eastern and southern Africa. At current rates of fertility, the population of the poorest quintile will nearly triple by 2035, and then double again by 2050. According to the authors, "Uganda faces an urgent need to rapidly improve FP outreach and access for the poor."

The Government of Uganda has committed itself to increasing use of modern contraception (mCPR) to 50% and lowering the unmet need to 10% by the year 2020. To achieve these ambitious goals, the mCPR must grow by nearly 4.0% points annually. Experience globally, as well as in Sub-Saharan Africa, demonstrates that a country cannot cost-effectively meet its lowered fertility goals without widespread availability and use of modern contraception. In Uganda this also means collaborating and coordinating with traditionally non- health sectors such as Education.

Furthermore, underlying these statistics are major differences in FP utilization between rural and urban women, across wealth quintiles, level of education and by age. For example, Uganda has a large fertility

[3] Ishrat Husain, Kaitlyn Patierno, Inday Zosa-Feranil, and Rhonda Smith. Fostering Economic Growth, Equity, and Resilience in Sub-Saharan Africa: The Role of Family Planning. Population Reference Bureau. October 2016. http://www.prb.org/Publications/Reports/2016/economic-growth-equity-ishrat.aspx.
[4] Performance Monitoring and Accountability 2020, Round 3 Survey 2015.

differential between wealth quintiles. While the TFR of the wealthiest quintile is 4, the poorest quintile is 7.9. Additionally, adolescent pregnancy rates are especially high, as childbearing begins early in Uganda, with median age of sexual debut of 16.4 years. With a 25% rate of child mothers, Uganda is among the countries with the highest rates of teenage pregnancies in Africa. At the regional level, the rate of teenage pregnancy is 30.6% for East Central Uganda, 30.3% for Eastern, 29, 7% for Karamoja, 26.4% for West Nile and 25.6% for the North

While use of FP is increasing, the unmet need for contraception remains high.[5] According to the 2011 Uganda Demographic and Health Survey (UDHS), about a third of married women of reproductive age reported having an unmet need for FP at the time of the survey. This translates into approximately 1.6 million women and 1 in 4 pregnancies being unplanned. Unmet need is broadly defined as women who want to postpone their next birth for two years or more, or not have any more children, but they are not using contraception. Contraceptive needs can fluctuate due to shifts in fertility desires that occur in response to changing life circumstances such as entering a serious relationship or changes in household finances. The more we understand life's reproductive transitions, the characteristics of women with need, and their reasons for not using family planning, the more we can improve family planning services in Uganda.

In addition, met demand for FP remains low with less than half of the current demand in Uganda (44%) satisfied with a modern contraceptive method.[6] On average, Ugandan women give birth to nearly 1.5 children more than they want (6.2 to 4.8). The burden of unintended pregnancy and its consequences disproportionately fall on poor women and adolescents, impacting women's health and challenging the ability of women and families to manage household and natural resources, secure education for all family members, and address each family member's health care needs.

Many factors influence the uptake of FP, including access to information, levels of education, awareness within the community, commodities security, adequate and skilled human resources, and affordability, social, gender and cultural factors. High total and adolescent fertility rates and the high unmet need for FP suggest that many of these factors are still in play in Uganda, and that the availability of FP services is still below desired levels. Despite efforts by the government and its partners, recent analyses found that Uganda's FP program is currently off track to meet its goals with the national mCPR increasing only 1.0% points annually since 2011.[7]

A.2.2 Development Hypothesis

USAID's Expanding Family Planning Options activity is based on the development hypothesis that if USAID/Uganda supports high impact FP interventions and strengthens systems for delivery of a broad contraceptive method mix then higher quality FP services will become more available and accessible. In addition, removing access and social barriers to demand will increase utilization of high quality and equitable voluntary FP services. This will contribute to reductions in fertility rates across key sub-populations, slow population growth rates and contribute to socioeconomic growth, as future generations will be healthier, better educated and potentially represent a more productive workforce.

A.3 ACTIVITY DESCRIPTION

If Uganda is to increase its rate of mCPR growth and realize the demographic dividend required for accelerated economic growth, the FP program will need to implement innovative and evidence-based practices that increase demand for FP. These practices include improving equitable access to high quality services for all sub-groups especially those in lower wealth quintiles and youth; and sustaining and

[5] Performance Monitoring and Accountability 2020, Round 3 Survey 2015.
[6] Track20 indicators are available at http://www.track20.org/pages/countries/all-countries/uganda.
[7] 2011 Uganda DHS and PMA 2020/Uganda Round 3 2015 results for mCPR, all women.

strengthening political will and government commitment for FP. The purpose of *USAID's Expanding Family Planning Options activity* is to increase availability, access, and demand for equitable quality FP services – leading to increased utilization of those services.

A.3.1 USAID Engagement in Uganda's Health Sector

USAID is among the largest development partners contributing to Uganda's FP program. Other major donors to FP in Uganda include the United Kingdom's Department for International Development (DfID), the United Nations Population Fund (UNFPA), and the World Bank. USAID/Uganda collaborates closely with DfID, and the two agencies have co-invested in FP service delivery through the LTM program, in demand creation through the Communication for Healthy Communities (CHC) program, and in various systems strengthening interventions. UNFPA also provides significant support to Uganda's FP program, working closely with the MOH at the national policy level and providing ongoing support for procurement of contraceptive commodities as well as assistance to strengthen the national supply chain including forecasting, quantification and distribution. The World Bank provides its FP support directly to the MOH, particularly for infrastructure development, reproductive health equipment and supplies, and human resources for health. In addition, the World Bank, GoU, and USAID/Uganda coordinate closely on reproductive health voucher programming in the country.

In addition to coordination with other development partners, USAID's FP assistance to Uganda is guided by the core principles of voluntarism and informed choice. *USAID's Expanding Family Planning Options* activity will leverage partnerships with other donors and work in close collaboration with GoU institutions in order to build systems and structures for sustainability.

A.3.2 Alignment with Government of Uganda

The GoU recognizes that it will not be able to achieve its goal of becoming a middle income country by 2040 with the current population growth and structure. This realization has generated renewed GoU interest at the highest political levels and commitment to strengthening the national FP program. This political will is reflected in the commitments made through the Family Planning 2020 (FP2020) movement and Uganda's first National Family Planning Conference in 2014 as well as ongoing progress towards meeting those commitments and towards achieving national FP goals. For example, the GoU has not only met its commitment to increase its budget for contraceptive commodities from $3.3 million to $5 million USD per year, but has exceeded it by budgeting $6.9 million USD. The GoU continues to work with implementing partners to update guidelines and address policies that impede implementation of select evidence-based high impact practices in FP. In addition, the GoU recently established the National Population Council which leads formulation and coordination of population-related policies and programs across the government and public sector. Furthermore, FP has been prioritized in the GoU's Reproductive, Maternal, Newborn, and Child Health (RMNCH) Sharpened Plan and the country's Global Financing Facility (GFF) investment case.

In 2014, the GoU developed and launched its Family Planning Costed Implementation Plan (FP CIP)[8] for 2015-2020 which will provide a plan and resources required for the GoU and its partners to reach the ambitious national mCPR goal of 50% by 2020. Uganda's FP CIP outlines the following five strategic priorities which if fully addressed would ensure Uganda's FP program meets its goals:

- Increase age-appropriate information, access, and use of FP among young people ages 10–24 years;
- Promote and nurture change in social and individual behavior to address myths, misconceptions, perceived side effects, and improve acceptance and continued use of FP to prevent unintended pregnancies;

[8] The FP CIP is available at http://library.health.go.ug/publications/service-delivery-sexual-and-reproductive-health/ family-planning/Uganda-family-planning.

- Implement task sharing to increase access to services, especially for rural and underserved populations;
- Mainstream implementation of FP policies, interventions, and delivery of services in multi-sectoral domains to facilitate a holistic contribution to social and economic transformation; and
- Improve forecasting, procurement, and distribution of commodities and ensure full financing for contraceptive commodity security in the public and private sectors.

Attempts to quantify the potential benefits of reduced family sizes are calculated in the Uganda FP-CIP. The plan projects that a modest combination of FP and education investments as well as economic and governance policies would raise GDP per capita in Uganda to $6,084 by 2040 (up from $506 in 2011). However, an ambitious combination of these policies would capture a demographic dividend taking GDP per capita to more than $ 9,500 by 2040. The latter represents the achievement of the country's Vision 2040 National Development Plan.

A.3.3 Alignment with the Country Development Cooperation Strategy (CDCS)

President Obama's U.S. Global Development Policy directs USAID missions to formulate a Country Development Cooperation Strategy (CDCS) that is results-oriented and advances development diplomacy by partnering judiciously with host countries to focus investments. *USAID's Expanding Family Planning Options* activity is approved under USAID/Uganda's 2011-2015 Country Development Cooperation Strategy (CDCS), however the Mission's CDCS 2.0 for the years 2016-2021 was recently approved. This next five year strategy moves towards higher level integration of its sector portfolios and activities, and prioritizes improving the accountability and responsiveness of key systems, increasing resilience, as well as positively shifting demographic drivers of development. The *Expanding Family Planning Options* activity has been cross-walked to the new strategy and will contribute directly to one of the key intermediate results (IRs) within the new CDCS 2.0 results framework – increased adoption of healthy reproductive health behaviors and practices – as well as several sub-IRs.

While the "what" is important, there is much more emphasis in USAID/Uganda's CDCS 2.0 on "how" activities are implemented (see Attachment H: CDCS Core principles). For example, the CDCS identifies population growth and youth as "game changers" or "trends [and] emergent conditions that pose seismic threats to [development in] Uganda." Therefore, USAID/Uganda is placing a greater emphasis on assuring activities and programs more effectively respond to and make meaningful contributions towards addressing these cross-cutting issues.

A.4 INTENDED RESULTS

If Uganda is to increase its rate of mCPR growth and realize the demographic dividend required for accelerated economic growth, the sector will need to implement innovative and evidence-based practices that increase demand for FP/RH services and reduce desired family size; improve equitable access to high quality services for all sub-groups especially those in lower wealth quintiles and youth; and sustain and strengthen political will and government commitment for FP.

The goal of *USAID's Expanding Family Planning Options activity* is to increase utilization of equitable, quality and sustainable FP services through increased availability and access to, as well as demand for such services. In order to achieve this purpose, the Recipient will aim to achieve several interrelated sub-purposes and outcomes at the community, facility, district, and national levels, specifically:

1) Increased FP service delivery options;
2) Improved quality of FP services;
3) Increased demand for modern contraception; and
4) Strengthened capacity to deliver FP services.

These sub-purposes of *USAID's Expanding Family Planning Options* program align with and contribute

directly to the Government of Uganda's FP-CIP for 2015-2020; both aim to accelerate reductions in unmet need for FP and increase use of modern contraception by addressing the following priority areas:

- Strengthening service delivery and increasing access to modern contraception;
- Satisfying existing and creating additional demand for FP services; and
- Improving the quality of services by making a broad method mix available within a rights-based framework.

The critical indicators for measuring outputs/results of *USAID's Expanding Family Planning Options* will greatly be affected and influenced by gender dynamics and negative sociocultural norms surrounding women. These include existence of negative cultural norms that devalue women and youth as members of society; lead to early sexual debut, early marriages, and lack of education; and permit societal tolerance of sexual and gender based violence (SGBV).

USAID's Expanding Family Planning Options logical framework and a description of each sub-purpose and intended outcomes/outputs are described below:

Logical Framework

Expanding and Strengthening Family Planning Service Options in Uganda
(Abbreviated Title: USAID's Expanding Family Planning Options)

Narrative Summary	Illustrative Indicators	Data Sources	Assumptions
Goal: Increased utilization of equitable, quality and sustainable FP services	▪ Percent of family planning demand for modern contraception satisfied by age, wealth quintile and residence ▪ Couple years of protection ▪ Reduction in the number of teenage pregnancies ▪ Increase in age of sexual debut ▪ Reduction in unmet demand	✓ Demographic and Health Surveys ✓ PMA2020 surveys ✓ Special surveys	▪ Political commitment and support at the national and district levels are maintained. ▪ Social determinants to reproductive health can be understood and used to reduce harmful practices and FP increase uptake.
Purpose: Increase availability, access, and demand for equitable quality family planning services	▪ Number of family planning visits (new and total) in by method, age, and facility (e.g. level of public, private) ▪ Percent of service delivery points that that provide FP services according to national guidelines (HCII and III should be providing at least three methods; HCIV and above should be providing at least five methods) ▪ Percent of women who have met or exceeded their desired family size using modern contraception / LTFP	✓ Lot Quality Analysis (LQA) ✓ Service utilization records (Health Management Information System, HMIS) ✓ PMA2020 surveys	▪ Resources required for implementation are available. ▪ Supportive policies and guidelines are put in place by the MOH ▪ Functional supply chain for contraceptive commodities readily available at service delivery points (SDPs) ▪ Services are affordable ▪ District health management teams are willing to collaborate with partners ▪ If barriers are addressed, family planning uptake will increase.
Sub Purposes 1. Increased FP service options 2. Improved quality of FP services 3. Increased demand for modern contraception 4. Strengthened capacity to deliver FP services			
Outputs: **1. Increased FP service delivery options** 1.1. Evidence-based and innovative	▪ Percent of service delivery points that provide FP services according to national guidelines ▪ Percent of health facilities reporting contraceptive	✓ LQA surveys ✓ DHS ✓ PMA 2020 surveys	▪ Supportive policies and guidelines are put in place by the MOH ▪ Functional supply chain for contraceptive

Narrative Summary	Illustrative Indicators	Data Sources	Assumptions
service delivery practices implemented to increase equitable access to FP 1.2. Broad contraceptive method mix reliably available at service delivery points (SDPs)	commodity stock outs within the past 12 months by contraceptive method ▪ Number of USG assisted community health workers providing family planning information, referrals, and/or services	✓ Program records and reports ✓ Special surveys	commodities readily available at service delivery points (SDPs) ▪ Sound collaboration between USAID and other donor partners in the district. ▪ District health management teams are willing to collaborate with partners ▪ District health teams are adequately staffed to accommodate training and support supervision responsibilities
2. **Improved quality of FP services** 2.1. Providers use evidence-based national standards and guidelines 2.2. Clients counseled on all methods, their effectiveness and side effects 2.3. Clients rights, dignity and privacy ensured 2.4. Availability and use of data improved	▪ Percent of providers aware of and using up-to-date evidence-based national standards and guidelines ▪ Percent of recent/current users* reporting they obtained contraceptive method of their choice ▪ Percent of recent/current users* informed about side effects and management for their method of choice ▪ Percent of recent/current users* who are satisfied with the FP services they received *(*Note: Recent/current users defined as women of reproductive age currently using a modern contraceptive method and/or having used in the past 12 months)*	✓ LQA surveys ✓ PMA 2020 surveys ✓ Program records and reports ✓ Special surveys	✓ Sound collaboration between USAID and other donor partners in the district. ✓ Functional supply chain for contraceptive commodities readily available at service delivery points (SDPs) ✓ Services affordable
3. **Increased demand for modern contraception** 3.1. Behavior change strategies implemented to increase demand, particularly among underserved and vulnerable populations (e.g., youth) 3.2. Social-cultural and gender barriers and harmful practices addressed	▪ Percent of clients reporting exposure to FP messages by communication channel, sex, age, wealth quintile, and residence (rural/urban) ▪ Percent of clients who received age appropriate FP information from a health care provider and/or community health worker by type of provider as well as client's sex, age, wealth quintile, and residence (rural/urban) ▪ Increased spousal/partner communication about FP ▪ Increased gender-equitable FP attitudes	✓ LQA ✓ Program records and reports ✓ Special surveys	▪ Communities and district officials are willing to collaborate with partners ▪ Barriers can be identified and addressed with the community.
4. **Strengthened capacity to deliver FP services** 4.1 Capacity of district built for	▪ Number of health workers providing FP services one year following their training ▪ Number of trainers and supervisors equipped with	✓ HMIS ✓ Program records and reports	▪ District health management teams are willing to collaborate with partners ▪ District health teams are adequately

Narrative Summary	Illustrative Indicators	Data Sources	Assumptions
effective training and supervision of health workers using a sustainable Quality Improvement approach. 4.2 Quality data available and used to improve delivery and management of FP services 4.3 National level FP leadership and governance capabilities strengthened	FP skills ▪ Percent of facilities receiving supportive supervision ▪ Percent of facilities meeting data reporting requirements ▪ Increased collaboration between National Ministries on issues related to Family Planning ▪ Percent of district governments that are aware and track implementation of key GOU commitments (e.g. FP CIP) ▪ National advocacy strategy implemented to increase understanding of the broader policy level of the linkages between poverty, development, and FP	✓ Special surveys	staffed to accommodate training and support supervision responsibilities ▪ The national FP supply chain is functioning to adequately meet district level needs ▪ The DHIS II is institutionalized at the health facility level ▪ Trained health workers are available and have the time to offer FP services. ▪ Sound collaboration between USAID and other donor partners in the district

Sub-purpose 1: Increased family planning (FP) service delivery options

Uganda's FP program has evolved over time and is showing encouraging results. Use of modern contraception has increased from 15% in 2006[9] to 26% in 2015[10] among all sexually active women. However, significant differences in contraceptive use still exist between rural and urban women, amongst wealth quintiles, and by age. *USAID's Expanding Family Planning Options activity* will be encouraged to apply innovative and evidence-based approaches in order to effectively address these challenges and provide quality FP services to subpopulations with the highest unmet need, particularly youth between 15 and 24 years of age, rural communities, women with lower parity and Ugandans in the lowest wealth quintiles.

Among Ugandan women using contraception, more than half (55%) obtain their FP services from the public sector; although a significant proportion (40%) still rely on the private sector to obtain their method. For example, the vast majority of women (76%) in the wealthiest quintile using short-term methods and 30% of those using long-term methods rely on the private sector for their supplies. In both the public and private sector, service delivery is mainly within fixed health facilities with only 5% (public) and 12% (private) of women obtaining their FP services through outreach or community health worker programs.

Uganda's health sector still has serious human resource constraints with less than half of established positions at the Health Center II level filled, which is the first point of contact with the health care system in Uganda. The staffing situation is better at Health Centers III and IV with 75% of position filled, yet focusing on staffing levels may be deceptive since the vast majority of staff lack skills in the provision of a wide range of FP methods. In addition, poor remuneration leads to high staff turnover in the public sector. Uganda has also relied on village health teams (VHTs) to complement the limited staff at the lower health system levels; however the approach faces challenges as VHTs work on a volunteer basis with high attrition rates.

On average 82.3% of public facilities offer at least three FP methods, with Health Center II's having the lowest availability (only 62.7% offer three or more methods). Apart from facilities not offering FP, facilities frequently face stock-outs of FP commodities. For example, according to PMA2020 R4 results, injectables were available 88% of the time, the pill 23%, implants 47%, IUDs 44%, and condoms 84% of the time. Additionally, the average length of stock out was higher in public facilities (115 days) than private (20 days).

Output 1.1: Evidence-based and innovative service delivery practices implemented to increase equitable access to family planning

Innovative and evidence-based interventions will be required to address the key challenges of human resource shortages and inequitable distribution and use of FP services identified above. These interventions are intended to address the persistent high unmet need both for spacing and limiting and increase the low contraceptive demand satisfied with a special focus on women in rural areas, those in the lowest wealth quintiles, and youth by:

- Making a broad range of methods especially long-acting reversible contraception (LARCs) and permanent methods (PMs) more widely available and accessible to all subpopulations including youth, women with low parity, women/youth in rural areas, and those in the lowest wealth quintile;

[9] Reports from current and past DHS surveys for Uganda are available at http://www.dhsprogram.com/Publications/Publication-Search.cfm?ctry_id=44&c=Uganda&Country=Uganda&cn=Uganda.

[10] PMA2020 data for Uganda are available at http://pma2020.org/research/country-reports/uganda.

- Reducing the current over reliance on clinic-based FP services that are often understaffed and not easily accessible to rural women and youth; and
- Optimizing the limited human resources for health currently available.

Illustrative activities may include but are not limited to:

- Strengthening and scaling up FP service delivery in both the public and private sectors, as well as expanding the method mix available at the community level;
- Strengthening and scaling up of mobile services to include both "in-reach" to facilities that are understaffed and outreach to communities that have difficulties accessing health facilities;
- Strengthening linkages and referral systems between the community, outreaches, and facilities that are supported by them;
- Adopting evidence-based approaches to reach key populations with services; and
- Linking and integrating family planning counseling, services, and follow-up into postpartum programs as well as other services that offer an opportunity to reach women—child survival programs, community health programs, and HIV services among others.

Output 1.2: Broad contraceptive method mix reliably available at service delivery points (SDPs)

Short term methods account for 77% of the method mix in Uganda with DMPA accounting for the majority (54%) of the overall method mix. In addition, Track20 reports that stock outs of contraceptive supplies are common in Uganda with 79% of facilities reporting stock outs of at least one of the modern contraceptive methods they provide.[11] Globally, data have shown that increasing method choice contributes to contraceptive use with mCPR increasing by 4-8% for each additional method available[12]. Studies have also indicated that access to a broader method mix shortens the interval between discontinuation and resumption of contraceptive use when women discontinue use of FP. When most women are provided with objective information and counseled about all methods, without biases, they are more likely to choose the more effective LARCs and continuation rates are higher.

Illustrative activities to ensure provision of a broad method mix may include but are not limited to:

- Scale up of effective approaches to increase access to LARC/PMs in the public and private sectors;
- Support for introduction and scale up of new contraceptive methods, such as Sayana Press;
- Purchasing of limited equipment (if a key constraint); and
- Strengthen capacity at service delivery points (SDPs) for forecasting and quantification of contraceptive commodities in collaboration with USAID Uganda Health Supply Chain project.

<u>Sub-purpose 2: Improved quality of family planning services</u>

Interventions supported by *USAID's Expanding Family Planning Options* activity will aim to ensure that individuals have access to contraceptive information and services of high quality regardless of a client's age, economic status, gender, disability, education, or residence. Quality of care for FP services is a multifaceted concept that includes but is not limited to: a full choice of quality contraceptive methods; clear and medically accurate information, including the risks and benefits of a range of methods; presence of equipped and technically competent providers with an uninterrupted commodity supply; and client-provider interactions that respect informed choice, privacy and confidentiality as well as client preferences and needs.

[11] Uganda FP2020 core indicator summary sheet available from Track20 at http://www.track20.org/pages/countries/all-countries/uganda.

[12] Ross, J. and Stover, J. (2013). Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009. *Global Health, Science and Practice, 1*(2), 203–212. http://doi.org/10.9745/GHSP-D-13-00010.

A recent analysis revealed the top four reasons why women who say that they want to avoid a pregnancy are not using family planning[13]. Reasons related to the type of methods and counseling —especially fear of side effects and health concerns—were the most commonly cited reasons for not using (36 percent). Second, women cited postpartum reasons for not using (29 percent), although many women are not sure how long they are safe from getting pregnant after giving birth[14].

With regards to discontinuation, planned and unplanned pregnancies account for 33% of women who discontinue, while infrequent sex is cited by only 16%. Access to services and cost are less frequently cited as reasons for discontinuation. In addition, opposition to FP by women themselves (5.3%), their partners (7.5%), other people (2.3%), and religious opposition (6.3%) were cited as reasons for not using contraception by a much smaller proportion of women. The majority of women (69%) who have met or exceeded their desired family size were not using any contraception at the time of the last DHS and an additional 19% were using short term methods. Less than 1 in 10 Ugandan women (8%) who have met or exceeded their desired family size were using a long term reversible or permanent method (LARC/PM).

The above findings suggest that in addition to increasing access to contraceptive services and generating demand for those services, programs need to pay greater attention to the quality of services. High quality services can support women to translate their high unmet need into use of modern contraception. In addition, quality services have a critical role to play in increasing continuation rates and supporting women to sustain use of modern contraception to achieve their reproductive intentions.

A Quality Improvement (QI) Unit has been established within the Department of Planning in the Ministry of Health to establish standards, and to systemize rollout of quality improvement capacity development, accountability and monitoring. Quality Improvement tools and approaches have already been developed for MCH and HIV/AIDS. QI for FP has only recently been initiated.

Output 2.1 Providers use evidence-based national standards and guidelines

Service provider guidelines and standards are critical for ensuring not just standardized care but also quality care. Although the World Health Organization (WHO) updates its six cornerstone documents that guide the provision of FP regularly, those updates are not always promptly incorporated into national guidelines or practice. The most recent updates of WHO FP guidance documents include recommendations that would transform Uganda's family planning program. For example, the current edition of the WHO Medical Eligibility Criteria for Contraceptive Use (MEC) broadens the method mix that can be provided to women in the immediate postpartum period to include implants and injectable contraceptives. It also expands the range of contraceptives available to include subcutaneous injections and the use of emergency contraception. In addition, it clarifies eligibility criteria for youth with regard to all contraceptive methods. However, Uganda has not updated its national FP service guidelines and standards since 2009. Once updated, having a platform to monitor the use of policies and at facility and community level is another gap in quality service provision.

Illustrative activities for this output may include but are not limited to:

[13] Toshiko Kaneda, Population Reference Bureau, special analysis of Uganda Demographic and Health Survey (2011) data to document reasons for not using family planning among women with unmet need, Washington, DC, 2013.

[14] The third top reason is opposition to use, either by the husband or partner or owing to perceived religious prohibition (19 percent). And lastly, women cited having sex infrequently (12 percent); many wrongly believe that if they only have sex occasionally, they are not at risk, and therefore don't need to use family planning. Interventions under increased demand for Family Planning purposes will tackle these two issues. While lack of contraceptives and logistic problems continue to be a challenge in some areas, only eight percent of women stated that lack of access (distance or costs) was the reason for not using.

- Updating service provider guidelines to reflect the most recent WHO guidelines and other evidence;
- Making evidence-based provider guidelines and job aids available to providers at all levels in both the public and private sectors;
- Ensuring providers have the skills and resources needed to deliver services in line with national guidelines; and
- Rolling out a quality improvement package for FP.

Output 2.2 Clients counseled on all methods, their effectiveness and side effects

Misconceptions, misinformation and misinterpretations about side effects are a major reason for women not adopting FP and for the high discontinuation among women who do adopt a method. This may be a reflection of their knowledge about the full range of modern methods since a significant proportion of clients (38%) had not been counselled about other methods during their interactions with healthcare providers. Data from PMA2020 found that only 41% of women were informed during their interactions with health providers about other methods of contraception, side effects, and what to do in case they experienced side effects. This lack of quality counseling may partially explain women's failure to adopt and use effective contraceptive methods that address their reproductive health needs.

Illustrative activities to address these challenges may include but are not limited to:

- Use of evidence-based tools to improve counseling and to ensure clients' informed choice as well as knowledge of side effects and their management;
- Implementation of effective interventions to address provider bias across the different methods; and
- Developing QI tools to monitor quality counseling and provider bias.

Output 2.3 Client's rights, dignity and privacy ensured

At both the global and national level there is recognition that FP services must be provided within a rights-based framework that ensures the dignity and privacy of clients. At the global level, WHO and FP2020 have developed frameworks that define a rights-based approach to FP and are in the process of developing metrics that will enable partners to measure and track how well they are adhering to rights principles within their programs.

In Uganda, the FP CIP prioritizes rights principles within the country's FP program. These principles include, but are not limited to ensuring clients' agency, autonomy and informed choice, promoting equity and non-discrimination as well as transparency and accountability. However, current data from PMA2020 show Uganda is still working to consistently enshrine these principles into service delivery. For instance, Ugandan women are on average having nearly twice the number of children they desire during their lifetime. The method mix is still heavily skewed toward short term methods, and some women are not using contraception due to opposition from their partners, other community/family members and religious leaders. Persons with disabilities (PWD) have needs for FP as well; addressing these needs is not only correcting a gap in service delivery, but also important to ensuring the protection and promotion of their human rights, and to build a truly inclusive society.

Illustrative activities to address this output may include but are not limited to:

- Strategies for engaging women and men of reproductive age from communities as well as officials from both health and non- health sectors to ensure that their voices are heard, have the opportunity to hold service providers accountable, and inform program improvements and delivery of services;

- Application of existing rights frameworks and approaches, such as those developed by WHO and FP2020 and adopted by Uganda within its FP CIP; and
- Incorporating client satisfaction in the QI approach.

Sub-purpose 3: Increased demand for modern contraception

On average, women in Uganda desire to have a family size of 4.8 children, however married women desire a slightly larger family size (5.1) and married men prefer an even larger family size (6.5). In addition, the most recent Uganda Demographic and Health Survey (2011), found that nearly one-third (32%) of all women of reproductive age had already met or exceeded their desired family size. By age 25, eight percent of women have already achieved or superseded their desired family size and by age 30 nearly one third (28%) have done so. Women in the lowest wealth quintile are more likely to have met or exceeded their desired family size compared to those in the highest wealth quintile (16% and 9%, respectively).

Uganda needs to undergo a significant demographic transition in the coming years to achieve its development goals and Uganda's Vision 2040.[15] However, for this to happen, more innovative demand generation activities that address the underlying social determinants to low uptake of FP and reach out to young people, men and women living in rural communities; women with lower parity and those in the lowest wealth quintiles will be required.

Output 3.1 Behavior change strategies implemented to increase demand, particularly among youth and other underserved or vulnerable populations

For Uganda to realize the demographic dividend, innovative demand creation efforts will be required to reduce the desired family size by both men and women and also to increase access to and use of modern contraception, especially among youth. Effective demand creation strategies will have to take into account the fact that only 68% of all Ugandan women are literate, and among youth nearly 1 in 5 females between the ages of 13-18 years are illiterate. Primary school is the highest level of education attained for the majority of all Ugandan women (59%). For those females who reach high school, 42% drop out before finishing their secondary education.

Demand creation strategies can seize current missed opportunities to reach women of reproductive age with information on FP. For instance, FP is rarely discussed with women even when they visit a health facility or come in contact with a health care worker. Many girls and women lack the knowledge to make informed decisions about their own bodies. Less than half (49%) of women who had visited a health facility in the twelve months preceding the most recent Uganda PMA2020 survey (2015) received information about FP, and fewer than 20% of women had been visited by a community health worker in the same twelve month period. On the other hand, more than half (59%) of deliveries take place in hospitals and 52% of children are fully immunized suggesting many women of reproductive age have at least some contact with health facilities and health care providers. Relative to this activity's fostering key partnerships, the applicant is expected to become familiar with the USAID-funded Communication for Healthy Communities (CHC) project, the partner responsible for general behavior change communication interventions and campaigns including family planning with which the applicant will be required to effectively coordinate, complement and scale up and not duplicate.

Illustrative activities for this output may include but are not limited to:

[15] Uganda's Vision 2040 is available at http://npa.ug/wp-content/themes/npatheme/documents/vision2040.pdf.

- Strengthening community health and/or outreach programs with context appropriate content and communications strategies;
- Strengthening social behavior change communication (SBCC) strategies that optimize all contacts with women and men make with the health care system;
- Developing effective communications strategies to address concerns about side effects and/or other health effects of contraceptive use;
- Ensure FP services are cost effective; and
- Community sensitization and mobilization activities involving key influencers e.g. cultural and religious leaders.
- Engage with non-traditional / multi-sector platforms to promote FP uptake.

Output 3.2: Social-cultural and gender barriers to demand addressed

Increasing availability and quality of FP services will not necessarily result in greater utilization of services, unless critical mediating factors related to the social cultural environment and gender are addressed. Understanding how the decisions women make are influenced by the broader context of their lives is relevant to improving service delivery and quality, as well as addressing the demand-side barriers that women face to access and utilization of services. For demand to be effective and personal choices to be realized, there are barriers to women's access to reproductive health care that must be torn down.

Cultural beliefs that restrict the access of unmarried young women to access family planning limit the ability of women to control their reproductive health lives. This leads to early teenage pregnancies, undesired pregnancies among older women, and poor birth spacing for all age groups. Low levels of education among women also affect the reproductive health choices they make. The education and social support that women receive, for example, have a huge impact on their reproductive health and child health choices and outcomes.

Research conducted by USAID/Uganda shows that the average Ugandan is 14 year old girl. This program will approach the needs of the average Ugandan by gaining an understanding and attempt to address the overall social norms that facilitate teenage pregnancy, early marriage and other harmful practices that lead to low parity and higher family size beyond the desired level. Such approach will not only use a health lens, but consider the broader social determinants to reproductive health.

Furthermore, men have traditionally been portrayed as either explicitly or implicitly unconcerned or unknowledgeable about reproductive health, and are regarded as formidable barriers to women's decision-making about fertility, contraceptive use, and health care utilization. For example, contraceptive use can put women at risk for intimate partner violence. Opposition from one's partner is cited as an important reason for lack of FP adoption by women. Evidence suggests that programs that deliberately try to transform male gender norms are more effective at improving health outcomes than those that merely acknowledge or mention gender roles. In order to address these issues, a focus will be given to working with men and boys to equalize the power balance in households, and to thus, enhance women's decision-making and the utilization of FP services

Illustrative activities for this output may include but are not limited to:

- Identifying areas in which women and girls do and do not exercise their reproductive and sexual health and rights;
- Gaining an understanding of the social determinants for quality reproductive health of a 14 year old girl and developing an innovative social change approach to reducing harmful practices and behaviors;

- Community sensitization and mobilization activities involving key influencers e.g. cultural and religious leaders;
- Encourage equitable communication, joint decision- making and shared responsibility for FP through couple counseling;
- Support participatory group education or other participatory community activities, including engaging men in FP and reproductive health through other sectors;
- Promote the norm that 'real men' are no longer obstacles to FP through role models, such as model couples;
- Engage men's involvement in the health and well-being of the family through innovative activities such as fatherhood programs; and
- Strategically incorporate GBV services and messages into FP service delivery and SBCC.

Sub-purpose 4: Strengthened capacity to deliver family planning services

Delivery of quality and equitable FP services requires effective leadership, management, coordination and advocacy at the national and sub- regional levels in addition to the necessary technical skills and accompanying functioning components of the health system. Poor remuneration leads to high staff turnover in the public sector making investments in-service training futile in the absence of building the platforms for capacity development and quality improvement.

The MoH has developed key guiding documents including the FP-CIP, the Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda, and the Sharpened Reproductive Maternal, Newborn and Child Health (RMNCAH) Plan for Uganda. Uganda's FP-CIP has become a social contract between Government of Uganda and its partners to ensure alignment of support for FP.

Output 4.1 Capacity built for effective training, deployment and supervision of health workers to deliver comprehensive FP services, including long acting methods

Human resource issues have constrained the ability of the GoU to ensure that there are enough health workers both at facility and community level with the requisite skills and expertise to deliver comprehensive FP services, including provision of long-acting reversible contraception and permanent methods (LARC/PMs). In some facilities, staff expected to perform these functions, usually midwives, are overwhelmed with other related duties with little or no time left to provide quality FP counseling and services. In facilities with a more adequate number of staff, existing staff often lack the necessary skills to deliver a full range of modern contraceptive options, especially longer acting methods. Furthermore, even where training has been offered as capacity building, the attrition of health workers especially at facility level, affects the sustainability of family planning service delivery.

In order to address these challenges, *USAID's Expanding Family Planning Options* will be encouraged to work closely with local government health authorities to look for innovative approaches to build capacity shifting away from expensive non-sustainable traditional forms of training. This project will explore the most effective and sustainable means for training, deployment and supervision of health workers to deliver comprehensive FP services at both facility and community level. This capacity building may reach all cadres of health providers (clinical and/or non-clinical).

Illustrative activities may include, but are not limited to:

- Using a QI approach, develop on-the-job training and mentorship of health personnel trained to deliver a full range of modern contraceptive methods, including LARC/PMs; and incorporate in a QI approach.
- Supportive supervision using the Regional Referral Hospitals as a platform using Quality Improvement;

- Develop sustainable platforms for providing continuous training, mentoring, and monitoring;
- Training and task-shifting for provision of short term methods by community level workers; and
- Dedicated personnel positioned in high volume facilities to train and mentor public and private facility staff in the provision of a comprehensive mix of modern contraceptive options.

Output 4.2 Quality data available and used to improve delivery and management of FP services

Quality data is essential for sustained delivery of quality FP services. Management and follow up of clients requires a reliable record keeping system and accurate data. In addition, a major challenge for Uganda's contraceptive commodity supply chain is poor quality and use of information at the health facility level to manage commodity stocks. The inability to quantify, forecast and manage contraceptive stocks has led to frequent stock outs at service delivery points (SDPs) while there is overstocking at the district and national level stores.

USAID's Expanding Family Planning Options activity will be encouraged to coordinate with other stakeholders to identify data gaps and remedies in order to strengthen the quality and utility of FP data, particularly at service delivery points. Illustrative activities may include but are not limited to:

- Improve the quality, completeness and use of FP data in the district health information system (DHIS) in collaboration with the USAID Strategic Information Technical Support (SITES) program;
- Strengthen the capacity of management teams at the district and health facility levels to use data and scorecards to plan, manage, monitor and improve FP services; and
- Strengthen the capacity of district health management teams and health facilities to collect and use data for contraceptive commodity forecasting and quantification, supply planning, and inventory management in collaboration with the USAID Uganda Health Supply Chain partner and the MOH Pharmacy division.

Output 4.3 National level FP leadership and governance capabilities strengthened

Evidence confirms that family planning contributes to broad development goals of poverty reduction, enhanced education, environmental sustainability, and gender equality, but improving access to contraception has largely remained an effort contained within the health sector. Integrating FP into non-health-sectors is an effective way to facilitate access to FP and other health services and information to different audiences including women, men and young people. These non-health-sector programs are often operating in communities that have great need for health services, and participants are likely to be receptive to messages about FP. Many of these programs are well positioned to reinforce the message that family planning can be an effective approach for increasing household wealth, reducing poverty, vulnerability and sustaining the environment.

USAID's Expanding Family Planning Options activity will work and coordinate with different stakeholders including the health and non-health sectors (e.g Ministries of Education, Gender Labor and Social Development, Internal Affairs, Justice, Agriculture, Service Delivery Unit at the Office of Prime Ministers, etc), USAID mechanisms and development partners to advance the family planning agenda. Using non-traditional sector partners, this activity will build political support towards FP and explore unconventional avenues for yielding lasting social change, particularly around the economic impact of the current population growth rate, gender inequities, youth engagement, and reductions in teenage pregnancy and early marriage. This approach will help to identify critical gaps, and remedies in order to strengthen the leadership and governance capabilities of key national level ministries and departments to advance Uganda's FP program at the national and sub-national levels. Illustrative activities may include but are not limited to:

- Empower organizational and political leaders in the different sectors to implement positive changes;
- Advocate to increase understanding at the broader policy level of the linkages between poverty, development, and FP;
- Identify and nurture leverage points and relationships to increase effectiveness of MOH and other strategic non-health sector partners;
- Ensure awareness and track implementation of key GOU commitments.
- Build leadership capacity at the Ministerial and District levels.

A.5 ACTIVITY MONITORING LEARNING & EVALUATION (AMLP)

USAID's Expanding Family Planning Options activity will have a rigorous system for performance management. The Recipient will develop a M&E plan that describes how USAID and the Recipient will monitor progress towards the intended results and use that information to make mid-course adjustments, as needed. At a minimum, the M&E plan will identify appropriate activity indicators for each level of the results framework, show data sources, and describe how data will be collected/collated/acquired, analyzed and presented to regularly inform performance. The plan will identify core indicators for every result and intermediate result/outcome and provide preliminary five-year performance indicator targets for these core indicators. The Recipient should also propose clear milestones and indicators for measuring sustainability of supported interventions. Core indicators and performance targets will be reviewed and possibly revised during pre-implementation discussions.

Upon award, the USAID/Uganda Agreement Officer's Representative (AOR) and Health Office Strategic Information Unit will provide guidance for completion of a detailed M&E plan to ensure that this activity meets program monitoring and reporting needs in line with the Mission's CDCS as well as reporting needs and requirements under relevant Agency initiatives and funding authorities. The Recipient will also consult with relevant implementing partners and MOH M&E Technical Working Groups in developing the final M&E plan.

Each indicator in the final M&E plan will have a performance indicator reference sheet that provides a detailed description of the indicator, numerator and denominator where percent measures are used, and a data collection, analysis and presentation plan. Where appropriate, indicator baselines should draw on and harmonize with national data sources such as the Uganda Health Management Information System (HMIS), Uganda PMA2020 surveys, the Uganda Demographic and Health Survey (UDHS), the National Census, as well as other relevant studies and/or surveys.

The M&E plan will describe a clear data collection system which includes adequate data quality controls, complies with all USAID data quality requirements (Automated Directives System-ADS 203.3.5.1), and specifies approximate dates for data collection as well as the method, type, and source of information to be collected. The Recipient will collaborate with data collection and M&E activities of other USG implementing partners, M&E of the Emergency Plan Progress (MEEPP), SITES, USAID/Uganda Learning Contract, the National HMIS, LQAS, Facility Assessment, and other national surveillance systems to avoid duplication in data collection and analysis. USAID/Uganda expects the Recipient to be innovative and creative in their efforts, capturing, documenting and reporting all the outcomes (e.g. results, process, context, adaptations, testing of assumptions, etc) of USAID assistance including success stories and failures. This activity is expected to contribute to share and disseminate lessons learned from the program to inform the Global Community of practice.

The activity will use Geographical Information Systems (GIS) to map health outcomes, key population groups, service coverage, and available resources in order to enhance analysis and interpretation of

activity results. A section of the M&E plan will be dedicated to describing how the Recipient will use lessons generated during the course of activity implementation or operations research results to further inform planning and implementation of activities. Tracking data by district will also be required.

USAID/Uganda anticipates an external evaluation of the activity at least once during the period of implementation. The agreement will include provisions and funding to prepare for and participate in the evaluation on/around the middle of the third year, but this evaluation could be completed at any time earlier or later, as needed.

A.6 COLLABORATING, LEARNING, AND ADAPTING (CLA)

This activity is expected to contribute to USAID/Uganda's commitment outlined in the CDCS to a multi-faceted CLA approach to development. The CLA model is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative, test promising, new approaches in a continuous yet also rapid, targeted search for generating improvements and efficiencies and build on what works and eliminate what does not.

CLA creates the conditions for fostering broader development success by:

- Collaborating: Facilitating collaboration internally and with external stakeholders to promote increasingly national-led socio-economic development (e.g., enhancing existing stakeholder engagement into learning platforms, substantially coordinating with other USG- or other complementary activities to ensure complementarity and reduce overlap, while also facilitating learning among activities to reduce the collective cost and enhance achievement of shared results);
- Learning: Generating and feeding new learning, innovations, and performance information back into the program strategy to inform program management, design, USG-GoU policy dialogue opportunities and funding allocations; (e.g., creating pauses for reflection within the activity implementation scheme such as annual learning review, engaging stakeholders for shared 'learning moments', conducting analytical review of existing and/or new evidence that may support or contradict common understanding; a provision of a research agenda that addresses the needs that have to be changed e.g in regards to policy, approaches and implementation)
- Adapting: Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions and game changers, into strategic and programmatic adjustments. (e.g., adjusting work plans to account for contextual shifts or tacit learning from a team's experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way).

As such, USAID/Uganda's CLA approach fundamentally builds upon the M&E tasks and requirements outlined above, accessing and analyzing data and lessons learned gathered through that process as the foundation of learning. At the same time, CLA is envisioned as a pathway to build a learning organization and learning practices, at the activity team level, but also across USAID/Uganda portfolios and with the GoU, private sector, and other key stakeholders. Thus, the Recipient will integrate collaboration, learning, and adaptation throughout programmatic approaches, while addressing specific coordination, research, monitoring, and evaluation requirements as outlined above.

An intentional, systematic, and resourced approach to CLA includes:

- Generating, capturing, sharing, analyzing, and applying information and knowledge, including performance monitoring data, findings from evaluations, research, practice, and experience;
- Understanding the theory of change behind programming, identifying potential gaps in technical

knowledge, and developing plans to fill them;
- Engaging with key stakeholders, including local thought leaders, beneficiaries, country partners, and other development actors to understand the country context, design projects and activities appropriately, and keep abreast of changes;
- Coordinating efforts within the Mission and among partners and other development actors to increase synergies and sharing with other USAID Missions and bureaus to extend the Mission's influence and impact beyond its project funding;
- Pausing periodically to reflect on new learning and knowledge and adapting accordingly; and
- Ensuring that sufficient resources are mobilized to support these processes.

Key considerations for CLA approaches include the following:
- CLA efforts should build upon and reinforce existing processes and practices as much as possible rather than creating new ones. Instituting these approaches takes time, and change is likely to be incremental.
- Collaboration and coordination should be approached strategically. Collaboration helps break down sectoral and institutional stovepipes; validates USAID/Uganda programs against experience and local/contextual knowledge; and enhances the ability of the Government of Uganda, development and non-governmental organizations, private sector, and individuals to define and pursue their development agendas while informing USAID's work. While the value of collaboration is clear, it takes time and so should be guided by USAID/Uganda's priorities.
- Tacit, experiential, and contextual knowledge are crucial complements to research and evidence-based knowledge. USAID should value and use all forms of knowledge in the development of strategies, projects, and activities and the ways to manage them adaptively.
- Implementing partners and local and regional actors play a central role in USAID's efforts to be a learning organization. Knowledge and learning should be documented, disseminated, and used to help spread effective practices widely for improved development.

The implementer of the activity will develop a Collaboration, Learning, and Adapting Plan that explains how it will approach strategic collaboration with partners; fill knowledge gaps in the theory of change; seize opportunities to reflect on progress; use knowledge to adapt accordingly; and resource and facilitate the process of collaboration, learning, and adapting. The Collaboration, Learning, and Adapting Plan is to be submitted with the Activity Monitoring, Learning, and Evaluation Plan (AMELP) (see section on AMELP below).

A.7 IMPLEMENTATION APPROACH

USAID's Expanding Family Planning Options will work in the context of both the GoU and global FP priorities. The activity will implement activities at national, district and community levels and in public and private facilities. It will help strengthen the public and private sector health systems and their relationship with the public sector and communities, as per USAID/Uganda's commitment through the signing of the Uganda International Health Partnership Plus (IHP+) Compact 2010-2015, which aligns donor support to the HSSIP. The recipient will implement approaches that are guided by the following principles:

A.7.1 Geographic Focus

This activity will provide in-depth family planning technical support to not more than thirty districts, including Kampala, that are not supported by USAID's Regional Health Integration to Enhance Services (RHITES) activities. This activity will also provide national level technical assistance in policy

formulation, quality improvement, data analysis / evidence sharing, and stakeholder coordination. The RHITES regions are summarized in attachment E.

DFID's business case on *Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes in Uganda (RISE)*, currently in design indicates a focus on the following six regions: Karamoja, Central-1, Central-2, East Central, Western, and Eastern. Their districts will be determined during their inception phase. USAID and DFID are coordinating and collaborating closely. Thus, it is likely that the Expanding Family Planning Options will not support services in DFID funded districts.

Geographically, the Expanding FP/RH Options activity will be encouraged to target service delivery support based on: (i) regions and facilities prioritized by epidemiology, population, and potential to leverage other donor and USG investments; (ii) districts as organizing units for service delivery investments within the priority regions; and (iii) the GoU's and other donors' complementary efforts within the regions and districts to ensure well-coordinated, non-duplicative efforts.

A.7.2 Coordination with Local Government Entities

USAID/Uganda is committed to greater coordination, efficiency, and effective division of labor. *USAID's Expanding Family Planning Options* activity will seek to show evidence of collaboration, coordination and strengthening district systems and frameworks which support sustainability, including its activities in the private sector. The Activity will be expected to provide quarterly reports and work plans of activities to the district, attend quarterly meeting (approximate) with other implementing partners convened by the district government, and provide other relevant information. Senior representation will be expected at some quarterly meetings. The activity will need to show how this will be attained while building a partnership with the local governments based on common vision of what is to be achieved and the drivers required to attain this. The desirable level of engagement with the districts is that of a solid, functional partnership that is result driven and not subsidy driven.

A.7.3 Building on Successful Family Planning Programs and other sector programming

USAID's Expanding Family Planning Options activity will build on the learning, approaches and successes of previous USAID and other donor programs including USAID's Expanding Access to Long Term and Permanent Family Planning Programs (LTM), the Long Term Family Planning Bridge Activity (LTFP-Bridge), and Advancing Partners and Communities (APC) program.

USAID's Expanding Family Planning Options activity will adapt approaches that strengthen the district health system's leadership and ownership of services at both facility and community levels. This activity will work collaboratively with national and district partners to strengthen health systems in targeted districts. Health systems of particular note include, but are not limited to, human resources, supply chain management, supervision and leadership, management, health HMIS, and strategic information.

USAID's Expanding Family Planning Options activity will establish focus on quality services and the creation of sustainable partnerships with other health and HIV/AIDS partners in the supported districts. The Recipient will collaborate closely with all other USAID activities and create the linkages needed to enhance program impact and sustainability (Attachment F describes in more detail key USAID implementing partners). Deliberate efforts will be taken to have the Recipient meet for discussions with the LTFP and APC, before their final closures.

A.7.4 Invest in Leadership, Capacity, and Systems for Long-term Sustainability

Sustainability is the ability or commitment to carry on the activities after USAID's involvement had ended. The fundamental thrust of USAID's programs is to build indigenous capacity and enhance participation. Encouraging accountability, transparency, and decentralization are at the heart of sustainability. The empowerment of communities and individuals, while addressing ownership and coordination, are also a critical focus.

USAID's Expanding Family Planning Options activity is expected to build on existing USAID and GoU programming efforts that include technical assistance efforts to the district health teams to improve local government leadership skills in planning, implementing and providing oversight functions in the districts. *USAID's Expanding Family Planning Options* activity will also work within the district operational plan framework, to provide support to district led programming for service delivery, while simultaneously collaborating with ongoing USAID partners, GoU and key stakeholders. Capacity building will not be training centric, but will develop the platforms for the Ministry, Regional-level, and District partners to support the capacity development and performance monitoring of facility and community health workers in a more sustainable fashion.

USAID's Expanding Family Planning Options activity must effectively balance the needs for delivery of services with longer-term sustainability plans. Sustainability will be fostered by activities which emphasize: (i) institutional capacity building of local GoU and not-for-profit entities; (ii) use of existing structures and tools; (iii) local capacity development with a gradual but consistently larger role taken by local partners for implementation and performance monitoring using a quality improvement approach; (iv) piloting interventions that facilitate efficiency and accountability for results; (v) strengthened support to health systems; and (vi) expanded community involvement for greater accountability.

The recipient will be expected to propose clear milestones and indicators for measuring sustainability of supported interventions.

> The average Ugandan is a fourteen-year-old girl. During adolescence, she has a one-in-four risk of becoming pregnant, is at high risk of being engaged in early marriage, and will likely drop out of school before reaching secondary level.

A.7.5 Gender Considerations

Gender equality and female empowerment are crucial to the achievement of positive health outcomes. Complex social, cultural, and economic factors impair both men and women's full participation and choices in health care. Because of gender inequities, women are often unable to negotiate for safer sex, condom use, or FP, or seek services when needed. For men, public health initiatives have often sidelined their needs for participation and empowerment, albeit in different ways than for women. Gender norms in Uganda often mean that men act as gatekeepers around the use of health services, although they often lack accurate knowledge about or access to health, be it HIV/AIDS, FP and reproductive or child health, and infectious disease.

Women in Uganda have limited influence over their sexual and reproductive health, as well as general family health, due to negative gender norms embedded in a culture that promote male dominance in relationships. This means that, once married or in a relationship, women are often unable to access FP/RH services without the approval of their partners. Excessive poverty and a lack of education often lead women, particularly young women, into exploitative transactional and intergenerational relationships. Due to these gender inequities, women and girls are also victims of early marriages, early pregnancy, and

sexual and gender based violence (SGBV). Sexual exploitation appears to be widespread and increases the risk of young girls and women to HIV/AIDS, sexually transmitted infections (STIs), unintended pregnancies, and unsafe delivery. Nearly 60 percent of women aged 15-49 have experienced physical violence, 28 percent have suffered sexual gender based violence, and 16 percent have experienced violence during pregnancy[16].

USAID's Expanding Family Planning Options activity will develop key strategies and approaches to address gender norms and issues to help eliminate barriers and biases to accessing quality FP services. Given the average Ugandan is a fourteen-year-old girl, this activity must seek to address her family planning needs. In addition, the activity will look to develop inclusive programming to incorporate issues of SGBV and disabilities as they relate to improving access to quality FP services

A.7.6 Youth

Uganda's population remains a very youthful with 38% of Ugandans between the ages of 13-25 years. Nearly half of all women having been in marital union by age 18, and they also start sexual activity early with 35% having their sexual debut by age 16.4. On average sexually active women start using contraception at 23 years with a much smaller proportion (6.5%) starting to use by age 15. In addition, a significant proportion of Ugandan women have attained or exceeded their desired family size by age 30.

Youth contribute significantly to Uganda's population growth rates with a national age specific fertility rate (ASFR) of 141 births per 1,000 women between the ages of 15-19 years and 283 births per woman between 20-24 years of age. It is important to note that the national ASFR for 15-19 year olds has increased from 134 in 2011 to the current 139 in 2014 although reductions in ASFR have been observed in older age groups. Also, regional variations exist in age specific fertility rates with ASFR being highest in East-Central at 184 followed by Mid-Eastern at 178 births per woman between the ages of 15-19 years. Similarly, West Nile and Mid-North have ASFRs for the 15-19 year age group that is higher than the national average.

While recognizing that most social services in Uganda address the needs of young people due to the demographic makeup of the country, it is not merely enough to cite demographics to illustrate services reaching young people. This activity will follow recommendations made in USAID's Youth and Development policy dated October 2012 and will look for opportunities for designing and delivering innovative mechanisms to ensure that the fourteen-year-old girl, youth needs, and opportunities for this demographic to contribute, are adequately addressed and incorporated during planning and implementation. This project will make an in depth exploration of the social norms preventing the fourteen year old from achieving the life she wants to lead and test various ways of nurturing social change. Services including FP/reproductive health (RH) and HIV/AIDS prevention, care and treatment services will address the special needs and considerations of adolescents and young people by offering particularly helpful information and services on prevention of HIV, unintended pregnancy and increasing access to FP services. Efforts will be made to offer age and culturally appropriate information and services. The activity will promote meaningful and measurable adolescents, youth involvement in designing, planning, implementation and monitoring of relevant services.

A.7.7 Science, Technology and Innovation

Across its portfolio, the Mission is increasing its efforts to identify high-impact development innovations and increase their adoption. The long-term goal of scaling proven solutions is to increase the use of

[16] Uganda Demographic and Health Survey (DHS), 2011.

rigorous evidence to design better development solutions through research, scientific tools, and analyses; advance the use of enabling technologies and data-driven approaches to empower underserved communities; and conduct business differently in order to achieve greater development and tackle Uganda's toughest challenges.

A.7.8 Environmental Considerations

1a) 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 211.3.2.b 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 the following paragraphs of this program description.

1b) In addition, the recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter will govern.

1c) 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 an Initial Environmental Examination (IEE), duly signed by the Bureau Environmental Officer (BEO).

2) An Initial Environmental Examination (IEE), file name; Uganda_DO3_Health_IEE_011516 has been approved for this project. USAID has recommended that a NEGATIVE DETERMINATION WITH CONDITIONS applies to the proposed activities. This indicated that it these activities are implemented subject to the specific conditions; they are expected to have no significant effects on the environment. The recipient will be responsible for the implementation of all IEE conditions pertaining to activities.

3a) As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID C/AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, will review all ongoing and planned activities under this cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

3b) If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it will prepare an amendment to the documentation for USAID review and approval. No such new activities will be undertaken prior to receiving written USAID approval of environmental documentation amendments.

3c) Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation will be halted until an amendment to the documentation is submitted and written approval is received from USAID.

4) The recipient will prepare an EMMP describing how in specific terms, they will implement all IEE conditions that apply to proposed activities. The EMMP will include monitoring the implementation of the conditions and their effectiveness. The recipient will;

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

- Integrate an EMMP 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. Recipient is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented.

A.8 KEY PERSONNEL

Five key personnel are considered essential for implementation of the activity. They are as follows:

Chief of Party (COP): 100% LOE

The Chief of Party leads and manages the project and is accountable for project deliverables and results, with accountability and authority for the development, execution, and monitoring of the project, including (1) vision and technical strategy; (2) project management; (3) documentation and communication; (4) client and stakeholder relationships; and (5) coordination and synergy with other USAID, government, and donor projects.

S/he serves as the primary project liaison to USAID.

The minimum requirements for this position are as follows:

- A Master's Degree from a University OR 5 years of professional experience working in a senior management position for donor funded health projects (in addition to the below requirement of 15 years);
- A Bachelor's degree in a related field of study;
- A minimum of 15 years of progressively increasing responsibility working for multi-faceted sexual and reproductive health (SRH) programs;
- Experience interacting with host country agencies, including central and local government, development partners, civil society, and community-based organizations; and
- Excellent past performance references (contacts must be provided, including email addresses).

Note: Familiarity with U.S. government policies and legislative requirements relating to the use of FP funding is useful, but not required.

Deputy Chief of Party 100% LOE:

This individual will be responsible for supporting the COP in their duties. The minimum requirements for this position are as follows:

- A Master's Degree Or 3 years of professional exposure working in mid to senior management position (in addition to the below requirement of 10 years);
- A minimum of 10 years of mid to senior level experience in designing, implementing or managing large, complex, sexual and reproductive health programs in/for developing countries;
- Must have demonstrated leadership qualities, depth and breadth of management expertise and experience; and
- Excellent interpersonal, writing, and oral presentation skills.

Director, Family Planning Service Delivery: 100% LOE

This individual will directly assist the COP in the design, implementation, and monitoring of high impact FP interventions as highlighted in Section I.B. The minimum requirements for this position are as follows:

- A Master's Degree in public health or a related field OR 3 years of experience in a management position for a donor funded health project (in addition to the below requirement of 8 years);
- A minimum of 8 years of progressively increasing responsibility working for a FP/RH service delivery and technical assistance program;
- Demonstrated supervisory experience;
- Experience with integration of gender into health projects and services; and
- Experience designing and implementing successful facility and community-based FP services.

Director, Financial Management and Operations: 100% LOE

This individual will be responsible for overall financial management and administration of the activity. The minimum requirements for this position are as follows:

- A Bachelors Degree in Business Administration, Finance, Accounting, or other relevant field;

- A minimum of 8 years of experience in administrative and financial management of large-scale, complex, international development assistance programs;

- Demonstrated supervisory experience;

- Familiarity with USG financial reporting and compliance requirements; and

- Experience in managing donor funded procurements and subcontracts/grants.

Note: A Masters Degree is not required, but preferred.

Monitoring, Evaluation and Learning Advisor: 100% LOE

The Monitoring, Evaluation, and Learning Specialist will be responsible for development of monitoring, evaluation, and operational research plans to inform program management and strategic direction. The minimum requirements for this position are as follows:

- A Bachelors degree in public health, epidemiology, statistics, or another related field;

- A minimum of 5 years of relevant experience in M&E in donor funded projects;

- Must have excellent writing, presentation, and communication skills; and

- Demonstrated research experience and skills, complemented by experience in collaborating with various types of partners.

Note: A Masters Degree is not required, but preferred.

The personnel specified above are considered to be essential to the work performed under this cooperative agreement. Prior to replacing any of the specified individuals, the Recipient will immediately notify both the USAID/Uganda Agreement Officer and AOR with reasonable advance notice and will submit written justification (including proposed substitutions' resume) in sufficient detail to permit evaluation of the impact on the activity. No replacement of personnel will be made by the Recipient without the written approval of the Agreement Officer.

A.9 AUTHORIZING LEGISLATION

This activity is authorized in accordance with the Foreign Assistance Act of 1961. Resulting awards to U.S. Non-government Organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS 303), 2 CFR 200, 2 CFR 700, applicable OMB Circulars and Standard Provisions for Non-Governmental Organizations.

2 CFR 200 / 2 CFR 700 is applicable to an award to a U.S. organization made under this RFA.

(a) All provisions of 2 CFR 200 / 2 CFR 700 and all Standard Provisions attached to this agreement are applicable to the recipient and to sub recipients which meet the definition of "Recipient" in Part 200, unless a section specifically excludes a sub recipient from coverage. The Recipient shall assure that sub recipients have copies of all the attached standard provisions.

(b) For any sub awards made with Non-US sub recipients the Recipient shall include the applicable "Standard Provisions for Non-US Nongovernmental Grantees."

(c) For U.S. organizations, 2 CFR 700, 2 CFR 200, and ADS 303maa, Standard Provisions for U.S. Non-governmental Organizations are applicable.; For non-U.S. organizations, ADS 303mab, Standard Provisions for Non-U.S. Non-governmental Organizations will apply.; The applicable Standard Provisions that will apply in any resulting award document can be viewed or downloaded from USAID's Web Site: http://www.usaid.gov/policy/ads/300/303.pdfz

[END OF SECTION A]

SECTION B – FEDERAL AWARD INFORMATION

B.1 ESTIMATE OF FUNDS AVAILABLE AND NUMBER OF AWARDS CONTEMPLATED

Subject to funding availability, USAID intends to provide $35,000,000 in total USAID funding over a five year period. The ceiling for this program is $35,000,000. Actual funding amounts are subject to availability of funds.

USAID intends to award one Cooperative Agreement pursuant to this notice of funding opportunity.

USAID reserves the right to fund any one or none of the applications submitted.

B.2 START DATE AND PERIOD OF PERFORMANCE FOR FEDERAL AWARD

The period of performance anticipated herein is the date of the Agreement Officer's signature of the award. The entire period of performance is anticipated to be five (5) years from the effective date of award.

B.3 AWARD TYPE

USAID anticipates the award shall be a **Cooperative Agreement**. Substantial Involvement under the award is expected to be as follows:

a) Approval of the Recipient's Implementation Plans.
b) Approval of Specified Key Personnel.
c) Agency and Recipient Collaboration or Joint Participation.

   (1) USAID participation as a member of any program advisory committee. The advisory committee will only deal with programmatic or technical issues, not routine administrative matters.
   (2) Concurrence on the substantive provisions of sub-awards.
   (3) Approval of the recipient's monitoring and evaluation plans.
   (4) Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects. All such activities must be included in the program description, negotiated in the budget, and made part of the award.

d) Agency Authority to Immediately Halt a Construction Activity.

The Government may issue one or more awards resulting from this NFO to the responsible applicant(s) whose application(s) conforming to this NFO are the most responsive to the objectives set forth in this NFO. The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.

The Government may make award on the basis of initial applications received, without discussions or negotiations. Therefore, each initial application should contain the applicant's best terms from a cost and technical standpoint. The Government reserves the right (but is not under obligation to do so), however, to enter into discussions with one or more applicants in order to obtain clarifications, additional detail, or to suggest refinements in the activity description, budget, or other aspects of an application.

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 cooperative agreement or a specific, written authorization from the Agreement Officer.

B.4 TITLE TO PROPERTY

Property title under the resultant agreement will vest with the cooperating country in accordance with the Requirements of 2 CFR 200.312 -Federally-owned and exempt property.

For Non US Non-Government Organizations, ADS Standard provision - Title to and Use of Property (December 2014) - title to all Property financed under this award vests in the recipient upon acquisition unless otherwise specified in this award; applies.

B.5 AUTHORIZED GEOGRAPHIC CODE

The Authorized Geographic Code is 935 for the procurement of goods and services. Reference is made to ADS 310 for current information.

B.6 PURPOSE OF THE AWARD

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose increasing utilization of equitable, quality and sustainable FP services and will be measured through progress in the following key result areas:

(1) Increased FP service delivery options;
(2) Improved quality of FP services;
(3) Increased demand for modern contraception; and
(4) Strengthened capacity to deliver FP services.

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.

B.7 SUB-GRANTS AND PROGRAMMATIC CONTRACTS

Applicants shall propose how they employ sub-grants and programmatic contracts to best meet the program's objectives and expected results; and propose draft eligibility and selection criteria.

[END OF SECTION B]

SECTION C – ELIGIBILITY INFORMATION

C.1 ELIGIBLE APPLICANTS

USAID policy encourages competition in the award of Grants and Cooperative Agreements. In response to this NFO, any U.S. or non-U.S. organizations, non-profit, or for-profit entity is eligible to apply.

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

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

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

C.2 COST SHARING OR MATCHING

USAID has established a cost share of 5% of the projected award amount for the recipient of the award. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. Cost Sharing, once accepted, becomes a condition of payment of the federal share. For guidance on cost sharing in grants and cooperative agreements, see 2 CFR 200 and 700, and ADS 303.3.10.

NOTE: The 5% cost share will be in addition to the total estimated budget of $35,000,000 for this NFO.

[END OF SECTION C]

SECTION D – APPLICATION AND SUBMISSION INFORMATION

D.1 AGENCY POINT OF CONTACT

Name: Jennifer L. Crow Yang/ Carol Ssekandi
Supervisory Agreement Officer/ Assistance Specialist
Address: USAID/Uganda
US Embassy Compound
Plot 1577, Ggaba Road
Kampala, Uganda
Email: KampalaUSAIDSolicita@usaid.gov

Questions and Answers:

All questions regarding this NFO should be submitted in writing to the individuals and Email address provided above.

Questions regarding this NFO should be submitted to KampalaUSAIDSolicita@usaid.gov no later than **January 24, 2017, 4:00 p.m. (EST) Washington, D.C.**, to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation. Any information given to a prospective Applicant concerning this NFO will be furnished promptly to all other prospective Applicants as an amendment to this NFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

D.2 CONTENT AND FORM OF APPLICATION SUBMISSION

NOTE: Electronic Submission of Applications via E-mail is required compatible with MS WORD, MS Excel or PDF (Portable Document File) format in Microsoft Windows. Applicants must provide applications in compatible MS Word (or PDF with Optical Character Recognition) and budgets as text accessible, Excel spreadsheets.

There has been a problem with the receipt of *.zip files due to the anti-virus software. APPLICANTS MUST NOT SUBMIT ZIPPED FILES.

Applicants are expected to review, understand, and comply with all aspects of the NFO.

Please submit your applications to the email address below by **4 p.m. EST (Washington, DC), February 25, 2017. Paper copies of the applications are not accepted**. The address for the receipt of applications is: KampalaUSAIDSolicita@USAID.gov, to the attention of Jennifer L. Crow Yang, Supervisory Agreement Officer and Fatumah Mutaasa, Assistance Specialist. Applications do not follow the instructions contained herein run the risk of not being considered in the review process.

D.3 PREPARATION OF APPLICATIONS

Each Applicant must furnish the information required by this NFO. Applications must be submitted in two separate parts (a) Technical Application and (b) Cost/Business Application.

Please note that Technical and Cost Applications must be kept separate.

For an application sent by multiple emails, please indicate in the subject line of the email whether the email relates to the technical or cost application, and the desired sequence of multiple emails (if more than

one is sent) and of attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line which says: "[organization name], Cost Application, Part 1 of 2".

Our preference is that the technical application and the cost application be submitted as single email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending them. If this is not possible, applications will be submitted via email with up to 3 attachments (4MB limit) per email.

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. All applications received by the submission deadline will be reviewed for responsiveness to the NFO and the application format. No addition or modifications will be accepted after the submission date.

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

Any erasures or other changes to the application must be initiated by the person signing the application. Applications signed by an agent on behalf of the Applicant must be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

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

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

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 title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, a grant is awarded to this Application as a result of – or in connection with – the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it obtained from another source without restriction. The data subject to this restriction are contained in sheets [insert sheet numbers] and, mark each sheet of data it wished to restrict with the following legend:

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

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

D.4 TECHNICAL APPLICATION FORMAT

The technical application will be the most important factor for consideration in selection for award of the proposed Cooperative Agreement. The technical application should be specific, complete and presented concisely. The application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The application should take into account the requirements of the program and evaluation criteria found in this NFO.

The Technical Application should be in English, Times New Roman, 11 pt., Single Spacing, MS Word and pdf (Adobe Acrobat) versions on standard 8 1/2" x 11" paper (210 mm by 297 mm paper), each page numbered consecutively and no less than 1" margins on all sides. Footnotes, charts and tables will be included in the page limit requirement. Non narrative items such as graphics and tables may have smaller font, but not less than 9 point. In case of any conflicts between the MS Word and pdf versions of the application, the pdf version will govern as it will be the version presented to the Technical Evaluation Panel.

Applicants are advised that any pages exceeding any of the prescribed limits below will not be considered for evaluation.

The technical proposal must not exceed the page limits specified below. Pages will be written in English, using Microsoft Word, Times New Roman, 11 point font on standard 8 1/2" x 11" paper (210 mm by 297mm paper), single spaced, each page numbered consecutively and no less than 1" margins on all sides. Footnotes, charts and tables will be included in the page limit requirement.

Note: The award will not provide for the reimbursement of pre-award/proposal/application costs.

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

- Mark the title page with the following legend: "This application includes data that must not be disclosed outside the U.S. Government and will not be duplicated, used, or disclosed - in whole or in part – for any purpose other than to evaluate this application." If, however, an award results from - 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.
- Mark each sheet of data it wishes to restrict with the following legend: "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

The technical application must include the following, in the order presented below

- Cover Sheet (not to exceed one page) that includes the following:
    - Name and contact information of the primary applicant
    - Name of all organizations that are members of the partnership, if applicable

  - DUNS and EIN number for primary applicant
  - Approval signatures by appropriate officials of the primary applicant

- Table of Contents (not to exclusive of the 20 page limit, not to exceed one page)
- Executive Summary (exclusive of the 20 page limit, not to exceed two pages)
  - This section must be a succinct 1-2 page summary of the program and contain information that the applicant believes best represents a summary of the proposed program activities.
- Applicant's Proposal (maximum 20 pages – not including annexes)

The technical proposal should be organized as follows: technical approach, personnel and management structure, as well as past performance.

Authorized Annexes

Annex 1: Activity Monitoring Evaluation and Learning Plan (not to exceed 5 pages)

Annex 2: Organizational Chart and Staffing Plan Matrix (not to exceed 5 pages)

Annex 3: Resumes of Proposed Key Personnel (not to exceed 15 pages)

Annex 4: Key Personnel Letters of Commitment (not to exceed 5 pages)

Annex 5: Past Performance Information (not to exceed 1 page per award)

Annex 6: Sustainability Plan (not to exceed 2 pages)

NOTE: No additional annexes will be accepted

A. Technical Approach

The technical approach must demonstrate an in-depth understanding of the development challenges in Uganda, outline specific high-impact, best practice activities and explain how the proposed activities would help achieve the activity objectives, including meaningful approaches for scaling up and sustaining gender and inclusive development responsive reproductive health interventions for key target populations particularly among youth, low parity women, men and other underserved or vulnerable populations. Applicants must use the available information on epidemiology, level of risk, vulnerability and coverage across districts, sub-counties, communities and population groups in their proposed technical approaches.

The technical approach should propose sound approaches for engaging, collaborating and leveraging other USG , health and non-health sector partners, government institutions, bilateral partners and private sector. This includes clearly outlining partnership development at the district level that is less transactional and more meaningful to gaining political will and support to the activity. The technical approach will also clearly demonstrate linkages between districts

and national level systems and approaches needed to overcome current health systems challenges.

The applicant is encouraged to propose innovative yet realistic service delivery, quality improvement and health systems strengthening approaches that are most appropriate in the context of Uganda, as well as how new approaches will be objectively measured, analyzed and adapted as needed throughout implementation (e.g. in order to incorporate new policies as well as advances in technology).

Applicant should propose a sound, feasible and practical sustainability plan with clear milestones and objectively verifiable indicators for measuring success.

The technical approach must clearly address the factors outlined in the evaluation criteria of this solicitation.

The Applicant will submit the following as Annexes to the technical approach

Annex 1: Activity Monitoring Evaluation and Learning Plan (MELP) (not to exceed 5 pages): The MELP must include performance indicators, planned data sources, data collection and calculation methods, baseline data and annual targets for five years directly linked to proposed activities, including attention to differential impacts by sex and age. The MELP will include the CLA plan which will clearly lay out the approach to 1.) collaboration – key partnerships that will be developed, leveraging opportunities, and which and how this activity will collaborate with other USAID programs, 2.) approach to learning which will pose key questions to be explored throughout the life of the project and methods for applying that learning agenda; and 3.) adaptability – plan that will outline the key check-in points to examine progress, assumptions etc. and potential avenues for incorporating learning and changing course direction.

Cost and technical proposals must reflect environmental documentation preparation costs and approaches. This may include costs towards the preparation of an environmental mitigation and monitoring plan (EMMP). The recipient will be expected to comply with all conditions specified in the IEE.

Annex 6: Sustainability Plan (not to exceed 2 pages)**:** The applicant will submit to USAID a sustainability plan as part of this application that demonstrates how activity results will be sustained after completion of the Activity. The applicant must describe the anticipated elements that will be sustainable (and not sustainable) and any specific approaches proposed to increase the sustainability of outcomes.

B: Management Approach and Staffing Plan

Applicant will describe how the proposed plan will contribute towards achieving the objectives and results described in the activity description; capturing the following:

- Describe how the technical expertise, education and experience of all staff members is conducive to achieving expected results and how key personnel meet the requirements set forth in the program description.

- Describe and justify the team composition and organizational structure of the activity, as well as the mechanisms by which coordination and knowledge flow across the structure will be assured.

- Demonstrate the teams and organization's ability to implement high impact and sustainable health program for target population groups including innovative and evidence based approach for reaching children, youth, girls and women.

- Delineation of roles, responsibilities, authority and processes for decision making within applicant's implementation team and between the Recipient/home office and the implementation team must be clearly spelled out.

- Demonstrate capacity to adapt effectively to change and learn through collaborative partnerships in order to rapidly incorporate changes in health programming, priorities, and policies as well as advances in technology.

- Describe how the proposed personnel and team structure support capacity building of local consortium/sub partners in such a way that local partners will progressively, incrementally and sustainably strengthened to have increased role over the activity implementation period.

If the Applicant presents as a consortium/partnership of organizations or groups, the application will:

- Describe the proposed consortium model and clearly demonstrate the expertise of the participating partners and experience they bring to strengthen the activities undertaken.

- The plan should also clearly delineate the roles, responsibilities and lines of communication, authority between all consortium members, while specifying mechanisms through which collaboration and knowledge sharing will occur among teams will occur.

Among other things, USAID/Uganda expects the Applicant to address the following issues:

- How will the Applicant mobilize in terms of personnel, logistics set-up and establishment of management and financial control systems?

- How will the activity work in a collaborative and inclusive team oriented manner with local partners, the Government of Uganda, other USAID activities/programs and other implementing organizations to achieve results?

- What type of strategies or approaches for cost containment will be adopted?

- Where will project offices outside of Kampala be located and will that selection enhance results, while ensuring collaboration?

Applicants will describe the grants management plan including the process of identifying, vetting and supporting grantees and how the Applicant will ensure that each partnering organization contributes to the overall strategy.

The Applicant will submit the following Annexes to the Management Approach and Staffing Plan:

Annex 2: Organizational Chart and Staffing Plan (not to exceed 5 pages)

The Applicant must submit an organizational chart showing lines of reporting among long-term team members. A second chart will demonstrate the relationship between the Applicant and other offices (e.g. Applicant's headquarters office, USAID, consortium partners, etc.)

Annex 3: Resumes of Proposed Key Personnel (not to exceed 15 pages)

The Applicant will include resumes of all proposed key personnel. Resumes must not exceed three pages in length and will be in chronological order starting with the most recent experience. Resumes must clearly demonstrate how proposed key personnel meet minimum requirements described in Section III Key Personnel. Each resume will include three past performance references, with telephone numbers and email contact information.

Annex 4: Key Personnel Letters of Commitment (not to exceed 5 pages)

The Applicant must include as part of its proposal a statement signed by all individuals proposed as key personnel, confirming their present intention to serve in the stated position and their present availability to serve for the term of the proposed contract.

C. Past Performance

The applicant should describe experience implementing FP activities of similar size and scope, including past performance demonstrating their ability to reach out to young people; including vulnerable girls; and address gender gaps .This can include a description of both prime and any consortium member/partner experience. This section compliments Annex 5 and as such should not be repetitive or lengthy.

Annex 5: Past Performance Information

1) List of Past Performance Information (not to exceed 1 page per award) - The applicant must provide a list of all its contracts, grants, or cooperative agreements involving similar or related programs during the past three years. The reference information for these awards must include:

    - The performance location,

- Award number (if available),
- A brief description of the work performed,
- Award amount,
- A point of contact list with current telephone numbers, e-mail address, name and title of someone, outside of the applicant organization, who supervised/oversaw the activity.

Please note: Past Performance will only be conducted on the Apparent Successful Applicant.
NOTE: No additional annexes will be accepted.

D.5 FUNDING RESTRICTIONS

USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principle under 2 CFR 200 Subpart E. of the Uniform Administrative Requirements may be paid under the anticipated award.

D.6 COST APPLICATION FORMAT

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

There is no page limit on the Cost Application. However, unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this NFO is not desired. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.

The Applicant must sign and submit the cost application standard form number SF-424 and SF-424A.

* Standard Forms can be accessed electronically at www.grants.gov.

If the Applicant has established a consortium or another legal relationship among its partners, the Cost/Business application must include a copy of the legal relationship between the parties. The agreement should include a full discussion of the relationship between the Applicant and Sub-Applicant(s) including identification of the Applicant with whom USAID will work with for purposes of Agreement administration, identity of the Applicant which will have accounting responsibility, how Agreement effort will be allocated and the express agreement of the principals thereto to be held jointly and severely liable for the acts or omissions of the other.

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

1. The budget must have an accompanying detailed budget narrative and justification that provides in detail the total program amount for implementation of the program your organization is proposing. The budget narrative should provide information regarding the basis of estimate for each line item, including reference to sources used to substantiate the cost estimate.

2. A budget for each program year with an accompanying detailed budget narrative which provides in detail the total costs for implementation of the program. This includes, but is not limited to, costs related to implementation and validation of activities, geographic data collection and reporting, environmental mitigation, branding and marking, and security of personnel and assets. The cost proposal should be inclusive of Value Added Tax. The VAT must not be a separate line item, but rather rolled into the unit cost (e.g. the cost of the computer budgeted under Equipment should be inclusive of VAT).

3. A breakdown of all costs associated with the program according to the costs of, if applicable, headquarters, regional and/or country offices.

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

Pursuant to 2 CFR 200 Contract means a legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a resulting award. The term does not include a legal instrument when the substance of the transaction meets the definition of a Federal award or sub-award (see § 200.92 Sub-award), even if the Applicant considers it a contract. The Applicant must describe the work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting proposed by the contractor, and the quality of its record of past performance for similar work. For-profit contract organizations that work under the award and do not meet the above definition of a sub-awardee are eligible for profit/fee.

The required budget format is found in **Attachment C** of this NFO.

Please be sure that the budget includes the following additional elements:

1. The breakdown of all costs according to each partner organization involved in the activity, in similar detail and format as the budget template;
   NOTE: If sub-awards are anticipated and not explained in the original application, the agreement officer's approval (after award) is required before the sub-agreement may be executed.
2. Potential contributions of non-USAID or private commercial donors to this Cooperative Agreement, including, the breakdown of the financial and in-kind contributions (cost sharing) of all organizations involved in implementing this Cooperative Agreement.
3. Costs supporting the establishment of a secure working environment and that mitigate the risk in implementing the activity must be included in the cost proposal with sufficient description/explanation in the cost proposal narrative.

   ****Applicants must ensure that all formulas within their excel budget spreadsheet are identifiable.**

NOTE: The award will not provide for the reimbursement of pre-award costs.

Also include:

A copy of the organization's U.S. Government Negotiated Indirect Cost Rate Agreement (NICRA), if applicable. If no NICRA the Applicant should submit the following:
Reviewed Financial Statements Report: a report issued by a Certified Public Account (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. The account must also state the he or she is not aware of any material modifications that should be made to the financial statements; or

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

Guidance: State clearly whether cost sharing is required for the applicant to be eligible (see 303.3.10), cost sharing is suggested (that is, voluntary) but not required, or cost sharing is not required.

Cost Sharing: The Applicants should estimate the amount of cost-sharing resources to be mobilized over the life of the agreement and specify the sources of such resources, and the basis of calculation in the budget narrative. Applicants should also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting Cooperative Agreement and information that confirms and ensures that the proposed cost sharing will materialize.

The business section of the cost/business application should include:

1. Required assurances, certifications and representations provided at the link below: https://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf. In the event Representations and Certifications are not submitted with the Application; they must be completed before final award is made.

2. Evidence of responsibility that the Agreement Officer can use to determine the Applicant

a. Has adequate financial resources or the ability to obtain such resources as require during the performance of the award;
b. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant;
c. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance;
d. Has a satisfactory record of integrity and business ethics; and
e. Is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations (e.g., EEO).

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).

4. Statutory and Regulation Certifications

The Applicant will complete the required Certifications and sign and date in the signature space provided. The signed and dated printout must then be submitted with the application as an annex to the cost application. Original signed hardcopy of the certifications will be requested from the successful applicant prior to the agreement award.

Potential Request for Additional Documentation

Upon consideration of award or during the negotiations leading to an award, Applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to make an affirmative determination of responsibility. **Applicants should not submit the information below with their applications! The information in this section is provided so that Applicants may become familiar with additional documentation that may be requested by the Agreement Officer:**

The information submitted should substantiate:

1. Bylaws, constitution, and articles of incorporation, if applicable.
2. Whether the organizational travel, procurement, financial management, accounting manual and personnel policies and procedures, especially regarding salary, promotion, leave, differentials, etc., submitted under this section have been reviewed and approved by any agency of the Federal Government, and if so, provide the name, address, and phone number of the cognizant reviewing official. The Applicant should provide copies of the same

D.7 PAPERWORK REDUCTION ACT

In accordance with 5 CFR 1320, which implements the Paperwork Reduction Act, USAID may require no more than the original and two copies of any application. Prior to submitting the application, the applicant must submit the SF-424 series, which include:

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

D.8 DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM (DUNS) AND SYSTEM FOR AWARD MANAGEMENT (SAM)

USAID may not award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements. Each applicant is required to:

(i) Be registered in SAM before submitting its application is highly desired but must be completed prior to award. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business more efficient;

(ii) Provide a valid unique entity identifier in its application; and

(iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or application or plan under consideration by a Federal Awarding agency.

The Federal awarding agency will not make a Federal award to the winning applicant until the applicant has complied with all applicable DUNS and SAM requirements. If an applicant has not fully complied with the requirements by the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant.

D.9 SUBMISSION DATE AND TIME

All applications in response to this NFO are due no later than the date and time indicated on the cover page of this NFO.

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

D.10 MARKING AND BRANDING

Pursuant to ADS 303.3.6.3.f and ADS 320.3.1.2, the apparently successful Applicant will be requested to submit a Branding Strategy and Marking Plan that will have to be successfully negotiated before the cooperative agreement is awarded. These plans will be prepared in accordance with the guidance in ADS 320.3.3, 2 CFR 700.16 and the references therein.

Note: The Branding Strategy and Marking Plan will not be included with the original application but will be provided only after a written request from the Agreement Officer.

[END OF SECTION D]

SECTION E – APPLICATION REVIEW INFORMATION

E.1 OVERVIEW

Criterion 1: Technical Approach

Extent to which the Applicant's proposed technical approach (e.g. development context, implementation approach including scale up and sustainability approaches, use of epidemiology data, level of risk, vulnerability and coverage, geographic areas of implementation, approach to national level TA, and draft Activity Monitoring Evaluation and Learning Plan / CLA plan (AMELP) reflecting how new approaches will be measured and analyzed and adapted represent a strategic, innovative, convincing, sound, and realistic approach to achieve the objectives and results specified in the RFA. Degree to which the technical approach reflects engagement, leveraging and collaborating with other stakeholders including government institutions, bilateral partners and USG partners; how private and public sectors are linked with national system at district level and how gender, youth and inclusive development considerations including SGBV and social norms have been addressed.

The extent to which the Applicant's proposed service delivery, quality improvement, social change, leadership / capacity development and health systems strengthening approaches are appropriate in the context of Uganda, are innovative yet realistic, and are sustainable. The applications will also be reviewed based on how well the new approaches will be objectively measured, analyzed and adapted as needed throughout implementation (e.g. in order to incorporate new policies / learning, as well as advances in technology).

Criterion 2: Management Approach and Staffing Plan

Extent to which the Applicant convincingly demonstrates how its management approach will lead to successful and effective and efficient implementation of the proposed technical approach. The management approach includes roles and responsibilities of activity personnel (including those in the Home and Field Offices) and consortium members and how coordination and knowledge flow across the structure will be assured. It also includes the extent to which the proposed personnel, team composition and staffing plan convincingly demonstrate the Offerors' and consortium members ability to achieve activity objectives and results. Extent to which the proposed location of the project offices will enhance the results while ensuring collaboration. The extent to which the proposed start up strategy is feasible and efficient to rapidly launch and transition activities to avoid a gap in services. The extent to which the activity is managed locally, with all management decisions, including financial decisions and administrative responsibilities delegated to the implementation team office. The degree to which the proposed structure will progressively, incrementally and sustainably support capacity building of local consortium/sub partners in such a way that local partners have increased role over the activity implementation period. Extent to which the Applicant describes the grants management plan including the process of identifying, vetting and supporting grantees and how the Applicant will ensure that each partnering organization contributes to the overall strategy.

E.3 APPARENT SUCCESSFUL APPLICANT

Past performance reviews will be initiated on the "apparent successful applicant" as part of the applicant's risk assessment/responsibility determination and will review: extent to which the Applicant demonstrates previous success in implementing programs of similar size and scope including: quality of product or service, consistency in meeting goals and targets, schedule (timeliness of performance), cost control, business relations, and management of key personnel and non-discrimination in the delivery of services.

Note: In cases where (i) an Applicant lacks relevant past performance history, (ii) information on past performance is not available; the Applicant will not be evaluated either as favorable or unfavorable on past performance.

USAID reserves the right to obtain past performance information from other sources including those not named in the applicant's application. Past performance references will not be checked for applicants that receive an 'Unsatisfactory' rating.

E.4 COST EVALUATION

Cost has not been assigned a weight but will be evaluated for cost reasonableness, allocability, allowability, cost effectiveness, and realism, and adequacy of budget detail. While cost may be a determining factor in the final award(s) decision, especially between closely ranked applicants, the technical merit of applications is substantially more important under this NFO. Applications providing the best value to the Government will be more favorably considered for award. Applications will be ranked in accordance with the selection criteria identified above. USAID reserves the right to determine the resulting level of funding selected for award. Cost evaluation will ONLY be conducted for the apparently successful applicant(s).

[END OF SECTION E]

SECTION F – FEDERAL AWARD ADMINISTRATION INFORMATION

F.1 FEDERAL AWARD NOTICES

Following selection for award, a Recipient will receive an electronic copy of the notice of 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.

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

F.2 ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

USAID/Uganda recently developed its new Country Development Cooperation Strategy (CDCS) and is moving towards higher level integration of its portfolios and activities. Roll out of the new CDCS 2.0 is anticipated to occur sometime during the procurement or award process and may result in amendment of the NFO or subject award to better align with the revised strategy.

Resulting awards to non-U.S. non-governmental organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS-303), 2 CFR 200, and Standard Provisions for non-U.S. Nongovernmental Organizations. Standard Provisions for Non-U.S. Nongovernmental organizations are available at: http://www.usaid.gov/policy/ads/300/303mab.pdf

2 CFR 200:
http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

2 CFR 700 is available at: http://www.ecfr.gov/cgi-bin/text-idx?SID=74c9b031753603ccb31812ebb90e203a&tpl=/ecfrbrowse/Title02/2cfr700_main_02.tpl

Applicable OMB Circulars are available at: http://www.whitehouse.gov/omb/circulars_default

Mandatory Standard Provisions for U.S. Nongovernmental Recipients can be accessed through USAID's website: https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf

Mandatory Standard Provisions for Non-U.S., Nongovernmental Recipients can be accessed through USAID's website: https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf

Resulting award to Public International Organizations (PIOs, or IOs) will be administered in accordance with Chapter 308 of USAID's ADS including the Standard Provisions set forth in ADS 308.5.15. ADS 308 is available at: https://www.usaid.gov/sites/default/files/documents/1868/308.pdf

Potential for-profit applicants should note that USAID policy prohibits the payment of fee/profit to the prime recipient under grants and cooperative agreements. However, if a prime recipient has a subcontract

with a for-profit organization for the acquisition of goods or services (i.e., if a buyer-seller relationship is created), fee/profit for the subcontractor is authorized.

The USAID Inspector-General's "Guidelines for Financial Audits Contracted by Foreign Recipients" is available at: http://www.usaid.gov/sites/default/files/documents/1868/591maa.pdf

F.3 SPECIAL PROVISIONS

The following Special Provisions may be made part of any resulting award:

F.3.1 Value Added Tax and Customs Duties

Pursuant to bilateral agreements with the Government of Uganda (GOU), all imports and expenditures under this agreement by the recipient and by non-local subcontractors/sub recipients (as defined below) are exempt from Value-Added Tax (VAT) and Customs Duties imposed by the GOU. The GOU does not permit tax exemption at the point of sale.

Therefore, the recipient must budget and bill USAID for expenses inclusive of 18% VAT.

The recipient must submit original VAT tax invoices/receipts, original certified summary (using a format provided by USAID) and 1 copy of all documents to USAID by the 25th of the month after the calendar year quarter end. For example, taxes and receipts for the period January to March are due April 25.

USAID will seek a VAT refund from the Government of Uganda. The refund will not be returned to the recipient.

The recipient is responsible for ensuring that subcontractors, sub awardees, and grantees comply with this requirement. All VAT claims, for the recipient, subcontractors, sub awardees and grantees, must be submitted to USAID through the prime Contractor.

The USAID point of contact for submission of quarterly VAT information is kampalavatusaid@usaid.gov Office of Financial Management, USAID/Uganda.

[End of Provision]

F.3.2 Allowable USG Funding Support for Government of Uganda (GOU) Entities and Staff

The US government (USG) investment in the Ugandan health sector represents our single largest funding commitment and it is therefore critical that the recipient manages those resources effectively and responsibly. To assist the recipient in doing so, and to ensure consistency in the recipient's engagement with and support to the Government of Uganda, a set of directives was issued (See Attachment L). These directives are applicable, to all US government funded health activities.

[End of Provision]

F.3.3 Utilization of Science, Innovation, Technology, and Partnership (SITP) for Collaboration

The recipient is strongly encouraged to utilize science, innovation, technology, and partnership (SITP) to:

- Do business differently to enhance the lives of Ugandan beneficiaries and share best practices;
- Integrate change management practices to allow for program adaptation and realignment;
- Utilize project management tools/software for enhanced partnership and synergy with USAID

and other programs and allow for reporting on multiple funding streams.

F.3.4 Procurement Executive's Bulletin No. 2014-06: Electronic Payments System

Definitions:

a. "Cash Payment System" means a payment system that generates any transfer of funds through a transaction originated by cash, check, or similar paper instrument. This includes electronic payments to a financial institution or clearing house that subsequently issues cash, check, or similar paper instrument to the designated payee.

b. "Electronic Payment System" means a payment system that generates any transfer of funds, other than a transaction originated by cash, check, or similar paper instrument, that is initiated through an electronic terminal, telephone, mobile phone, computer, or magnetic tape, for the purpose of ordering, instructing or authorizing a financial institution to debit or credit an account. The term includes debit cards, wire transfers, transfers made at automatic teller machines, and point-of-sale terminals.

2. The recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, sub recipients, or contractors.

3. Exceptions. Recipients are allowed the following exceptions, provided the recipient documents its files with the appropriate justification:

a. Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.

b. Cash payments made to payees where the recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.

c. Cash payments to vendors below $3000, when payment through an electronic payment system is not reasonably available.

d. The Recipient has received a written exception from the Agreement Officer that a specific payment or all cash payments are authorized based on the Recipient's written justification, which provides a basis and cost analysis for the requested exception.

4. More information about how to establish, implement, and manage electronic payment methods is available to recipients at http://solutionscenter.nethope.org/programs/c2e-toolkit."

The following Standard Provisions issued through **Acquisition & Assistance Policy Directive No: 14-04** will apply in any resulting award;

F.3.5 Condoms (September 2014)

Information provided about the use of condoms as part of projects or activities that are funded under this agreement shall be medically accurate and shall include the public health benefits and failure rates of such use and shall be consistent with USAID's fact sheet entitled, "USAID HIV/STI Prevention and Condoms. This fact sheet may be accessed at:

http://www.usaid.gov/sites/default/files/documents/1864/CondomSTIIssueBrief.pdf

The prime recipient must flow this provision down in all sub awards, procurement contracts, or subcontracts for HIV/AIDS activities.

[End of Provision]

F.3.6 Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking (September 2014)

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

(b) (1) Except as provided in (b)(2), by accepting this award or any sub award, a non-governmental organization or public international organization awardee/sub awardee agrees that it is opposed to the practices of prostitution and sex trafficking.

(b)(2) The following organizations are exempt from (b)(1):

(i) The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the International AIDS Vaccine Initiative; and any United Nations agency.

(ii) U.S. non-governmental organization recipients/sub recipients and contractors/ subcontractors.

(iii) Non-U.S. contractors and subcontractors if the contract or subcontract is for commercial items and services as defined in FAR 2.101, such as pharmaceuticals, medical supplies, logistics support, data management, and freight forwarding.

(b) (3) Notwithstanding section (b) (2)(iii), not exempt from (b)(1) are non-U.S. recipients, sub recipients, contractors, and subcontractors that implement HIV/AIDS programs under this assistance award, any sub award, or procurement contract or subcontract by:

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

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

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

The following definitions apply for purposes of this provision:

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

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

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

(d) The recipient shall insert this provision, which is a standard provision, in all sub awards, procurement

contracts or subcontracts for HIV/AIDS activities.

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

[End of Provision]

F.3.7 Non-Discrimination in implementation of USAID-funded Programs

In the implementation of USAID-funded programs, the Recipient or Sub Recipient shall not discriminate against any beneficiary or potential beneficiary, such as but not limited to, by capriciously or selectively withholding or denying assistance or benefits under the project, on the basis of any non-merit factor, including one or more of the following bases: race, color, religion, sex (including gender identity or perceived gender non-conformity, and pregnancy) national origin, disability, age, sexual orientation, genetic information, marital status, parental status, political affiliation, veteran's status, or other factors that adversely impact the beneficiaries' access to, or participation in, services provided under the award. Nothing in this provision is intended to limit the ability of a Recipient to target assistance to certain populations as defined in the approved work plan of a USAID-funded program.

[End of Provision]

F.3.8 Geographic Information Systems (GIS)

There are three types of geographic data that the Mission would like to collect in a standardized manner:

1. **Project and Activity Location Data:** In consultation with the AOR, project and activity location data when utilized should be submitted according to the geographic precision defined by the Mission's data requirements. Capturing a discrete location for project and activity locations is an essential step towards establishing an effective method of managing and communicating project and activity information.
2. **Thematic Data:** This includes information such as demographic indicators, built infrastructure, environmental features, and any other thematic data. When created or acquired using USAID funds, these datasets are considered the property of USAID and when utilized should be submitted to the AOR.
3. **Project Specific Data:** This includes data that is created during a project and may be useful to the Mission's own strategic planning and design purposes. When created or acquired using USAID funds, these datasets are considered USAID's property and when utilized should be submitted to USAID.

Recording a discrete location for project and activity locations is essential in establishing an effective method of managing, analyzing, and communicating project and activity information. The Recipient will work closely with the AOR to determine necessary information to collect, which may include:

- Type of activity
- Estimated cost of activity
- Photograph of activity
- Location of activity
    - Point features (latitude, longitude) such as public institutions with hand washing facilities, etc.
    - Area features (polygon) such as boundaries
- Location, including name of the village
- District name for activity location

- Facility type (home, school, health facilities, etc.)

Geographic Data should be projected to the Geographic Coordinate System World Geodetic System 1984 (GCS WGS 1984). All data should use the World Geodetic System 1984 (WGS 1984) datum.

The location and activity specific data would be recorded and managed by the Grantee. It would be submitted to the AOR and GIS Specialist in any of the following formats: .CSV file, MS Excel spreadsheet, MS Access database, or GIS-ready shapefile (.shp)/geodatabase.

As defined in the USAID Policy Framework (2011-2015), USAID is committed to geographically targeting aid investments, monitoring & evaluating overall aid effectiveness, and upholding the Agency's open data and transparency goals. Utilizing GIS technology, geographic data and analysis is integral to effectively achieving all of these objectives. Geospatial analysis is a top priority of the USAID/Uganda to be incorporated into the learning agenda and M&E work to build resilience. In alignment with the US Government commitment to transparency and open data, as well as with USAID Data Policy (ADS 579), geographical data collected and the resulting maps produced as part of this program will be shared with the affected communities, district local governments, and the general public. All efforts will be made to protect Personally Identifiable Information (PII).

F.3.9 Program Income

Program income is currently not anticipated under this activity. However, if program income is generated during the implementation of the program, the AO reserves the right to determine exactly how that income will be treated and considered under the award, in accordance with 2 CFR 200.307 and the standard provision on Program Income for non-U.S. organizations

F.3.10 Acquisition & Assistance Policy Directive No: 14-04: "Conscience Clause Implementation (February 2012)"

(a) An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—

1) Shall not be required, as a condition of receiving such assistance—

(i) to endorse or utilize a multisector or comprehensive approach to combating HIV/AIDS; or

(ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.

(b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled "Notices" as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.

(c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror's proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

[End of Provision]

F.3.11 Acquisition & Assistance Policy Directive No: 15-01: Prohibition on Providing Federal Assistance to Entities that Require Certain Internal Confidentiality Agreements – Representation (April 2015)

(a) In accordance with section 743 of Division E, Title VII, of the Consolidated and further Continuing Resolution Appropriations Act, 2015 (Pub. L. 113-235), Government agencies are not permitted to use funds appropriated (or otherwise made available) under that or any other Act for providing federal assistance to an entity that requires employees, sub awardees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees, sub awardees, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(b) The prohibition in paragraph (a) of this provision does not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

(c) By submission of its application, the prospective recipient represents that it does not require employees, sub awardees, or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees, sub awardees, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

[End of Provision]

F.3.12 Acquisition & Assistance Policy Directive No: 14-03: Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction (August 2014)

(a) In accordance with section 7073 of the Consolidated Appropriations Act, 2014 (Pub. L. 113-76) none of the funds made available by that Act may be used to enter into an assistance award with any organization that –

(1)Was "convicted of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency has direct knowledge of the conviction, unless the agency has considered, in accordance with its procedures, that this further action is not necessary to protect the interests of the Government"; or

(2)Has any "unpaid Federal tax liability that has been assessed for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency has

direct knowledge of the unpaid tax liability, unless the Federal agency has considered, in accordance with its procedures, that this further action is not necessary to protect the interests of the Government".

For the purposes of section 7073, it is USAID's policy that no award may be made to any organization covered by (1) or (2) above, unless the M/OAA Compliance Division has made a determination that suspension or debarment is not necessary to protect the interests of the Government.

[End of Provision]

F.4 REPORTING REQUIREMENTS AND COMPLIANCE

The following reporting requirements will be made part of any award issued under this NFO:

1) Annual Work Plan

As per the Program Description, the Recipient will prepare and submit an Annual Work Plan to guide the implementation process with a breakdown of activities, timelines, and anticipated progress in the achievement of the Activity results (consistent with Activity Monitoring and Evaluation). These plans will necessarily require planning efforts to track project goals, expenditures, and results. The Recipient will ensure a collaborative process in work plan development, consulting beneficiaries, district health team and leadership, partners, USAID and other relevant stakeholders in preparing the Annual Work plan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the work plan that would enhance implementation, such as key assumption and risks (as well as plans to mitigate and update these); lessons learned and anticipated work plan adjustments going forward. The recipient must include clear milestones and indicators for measuring sustainability of supported interventions in each annual work plan and incorporate CLA activities each year as well. The first Annual Work plan is due 60 days after the award date, subsequent Annual Work plans are due 30 days before the beginning of each fiscal year (i.e. August 31st.)

2) Quarterly Reports

The Recipient will submit one original and two copies of a performance report to the AOR. The performance reports are required to be submitted quarterly and will contain the following information on activities in the selected districts. The reports must include the following: 1) explanation of quantifiable output of the programs or projects, if appropriate and applicable; 2) reasons why established goals were not met, if appropriate; and 3) analysis and explanation of cost overruns or high unit costs (recipient must immediately notify USAID of developments that have a significant impact on award-supported activities.) Further, notification must be given in the case of problems, delays or adverse conditions which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

3) Annual Report

Annual performance reports on the project activities and progress against indicators are the responsibility of the recipient and are needed by USAID/Uganda to provide timely input to the

USG's Operational Plan. To the extent possible, the annual performance report should cover activities and results through the end of the fiscal year and should review the cumulative experience, collaboration, learning, adaptations, and the implications of these for the year. The performance report should also highlight meaningful, measurable and verifiable progress towards key sustainability milestones. However, the draft annual performance reports must be received by USAID 30 days after the end of the year and in final no later than 90 days after the end of the year.

4) Final Report

A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the activity. The final report is due 90 calendar days after the end of the award. Three copies should be submitted to the AOR. The report will summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key lessons from the total implementation experience. The final report will include an Executive Summary of the recipient's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the recipient's activities and attainment of results, as appropriate during the life of the cooperative agreement; an assessment of the progress made toward accomplishing the objective and expected results, significance of these activities; important research findings, comments and recommendations, and a fiscal report that describes how the recipient's funds were used. The final/completion report will also contain an index of all reports and information products produced under the award.

5) Financial Reporting

Financial reporting requirements will be in accordance with 2 CFR 200.327. The recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov). The recipient must also submit a copy of the Federal Financial Report (FFR) to the Agreement Officer's Representative (AOR).

6) Close-out and Disposition Plan

The close-out and disposition plan will be submitted six months before the activity end date for USAID approval.

7) Activity Monitoring, Evaluation, and Learning Plan and CLA Plan

The activity monitoring, evaluation and learning plan (AMELP) is a management tool that enables the Applicant and USAID to track whether the desired results are being achieved and project implementation is being adapted to changing conditions. This plan should define critical performance indicators, and data collection methods and recipient's plans for analyzing, utilizing and sharing information for reporting, accountability, learning and adaptation. The AMELP plan will describe a clear data collection system, which includes adequate data quality controls and complies with all USAID data quality requirements (Automated Directives System-ADS

203.3.5.1) and specify approximate dates for data collection, the method, type and source of information to be collected.

Imbedded in the AMELP is the Collaboration, Learning, and Adapting Plan, which explains how the Applicant will approach strategic collaboration with partners; fill knowledge gaps in the theory of change (e.g. research agenda); seize opportunities to reflect on progress; use knowledge to adapt accordingly; and resource and facilitate the process of collaboration, learning, and adapting.

The activity will collaborate with data collection and MELP activities of other USG implementing partners, USAID/Uganda Learning Contract, the National HMIS, LQAS, Facility Assessment and other national surveillance systems to avoid duplication in data collection and analysis. USAID/Uganda expects the recipient to be innovative and creative in its efforts, capturing, documenting and reporting all the outcomes of USAID assistance including success stories and failures. The recipient will propose clear milestones and indicators for measuring sustainability of supported interventions. The Activity MELP is a required document, due within 90 days of the award.

8) Baseline Report

The recipient will need to conduct a baseline data collection to determine the basis of a comparison at the end of the activity. The activity will conduct any relevant survey deemed critical for activity implementation. The assessment findings will be used to inform activity implementation and will be shared with relevant stakeholders at the national and district levels. The final baseline report should be submitted to USAID within six months of agreement award.

9) Gender, Youth and Social Inclusion Analysis

The recipient will need to conduct a Gender, Youth, and Social Inclusion Analysis to determine how best to reach these key sub-populations and integrate the findings into work plans and interventions. A draft report will be due 120 days after award.

10) Close-Out and Disposition Plan

The close-out and disposition plan will be submitted in accordance with 2 CFR 200.343 and 2 CFR 200.313.

11) Quarterly VAT Reports

Pursuant to bilateral agreements with the Government of Uganda (GOU), all imports and expenditures under this contract by the Contractor and by non-local subcontractors (as defined below) are exempt from Value-Added Tax (VAT) and Customs Duties imposed by the GOU.

The GOU does not permit tax exemption at the point of sale. Therefore, Contractor must bill USAID for expenses inclusive of 18% VAT.

The Contractor must submit original VAT tax invoices/receipts, original certified summary (using a format provided by USAID) and 1 copy of all documents to USAID by the 25th of the month after the calendar year quarter end. For example, taxes and receipts for the period January to March are due April 25.

USAID will seek a VAT refund from the Government of Uganda. The refund will not be returned to the Contractor.

The Contractor is responsible for ensuring that subcontractors and grantees comply with this requirement. All VAT claims, for the Contractor, subcontractors and grantees, must be submitted to USAID through the prime Contractor.

The USAID point of contact for submission of quarterly VAT information is kampalavatusaid@usaid.gov Office of Financial Management, USAID/Uganda.

12) Other Reports

The recipient will prepare and disseminate, as directed in the Annual Work Plan and by the AOR, other reports and deliverables needed to accomplish the purpose of this award, such as assessments, including but not limited to, gender and youth assessments, studies, and other analytical products. These reports will include activity reports; technical reports; data quality assessment reports, portfolio review and performance plan and report analytical products, evaluation, review and other operational research reports. The reports required and the number of copies will be determined at the time of the Annual Work plan.

F.4.1 Synopsis of Reports/Plans:

Type of Document/ Report	Due Date	Distribution
Baseline Assessment (Gender and Youth)	Initial Baseline Assessment will be submitted no later than 90 calendar days after effective date of the award.	AOR
Gender, Youth and Social Inclusion Analysis	First draft due no later than 120 calendar days after effective date of the award.	AOR
First Year Work Plan	First draft due no later than 60 calendar days after effective date of the award with inclusion of Transition Plan per above guidance. Final Work Plan due 90 days after effective date of award.	AOR
Activity Monitoring, Evaluation and Learning Plan (AMELP)	First draft due no later than 90 calendar days after effective date of the award. Final AMELP due no later than 120 calendar days after effective date of the award.	AOR, PPD
Quarterly Performance Reports	No later than 30 days after the end of each fiscal quarter.	AOR
Annual Work Plans	First draft due no later than 30 calendar days before beginning of each fiscal year.	AOR
Annual Performance Report	Draft report due 30 calendar days following the	AOR

Type of Document/ Report	Due Date	Distribution
	end of the fiscal year. Final report due 90 days after the end of the year.	
Final Performance Report	Draft report due 30 calendar days after the end of award. Final report due 90 calendar days after the award end date.	AOR
Financial Reporting	Quarterly Financial Reports are due 45 days after the end of each calendar quarter.	AOR
Quarterly VAT Reports	25th of the month after the calendar year quarter end. For example, taxes and receipts for the period January to March are due April 25.	COR & Controller
Close Out & Disposition Plan	Six months before end of award.	AOR & AO

[END OF SECTION F]

SECTION G – FEDERAL AWARDING AGENCY CONTACT(S)

Point of Contact Information:

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

Jennifer L. Crow Yang
Supervisory Agreement Officer
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US Embassy Compound
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[END SECTION G]

SECTION H – OTHER INFORMATION

[Reserved]

[END SECTION H]

SECTION I – ATTACHMENTS

Attachment A	Acronyms
Attachment B	Uganda Demographic Health Survey (2011) https://www.usaid.gov/sites/default/files/documents/1860/Uganda_Demographic_and_Health_Survey_2011.pdf
Attachment C	Budget Template
Attachment D	Health Sector Strategic and Investment Plan (HSSIP) Executive Summary https://www.unicef.org/uganda/HSSIP_Final.pdf
Attachment E	Uganda Family Planning Costed Implementation Plan, 2015-2020 http://www.healthpolicyproject.com/ns/docs/CIP_Uganda.pdf
Attachment F	List of Applicable Program Description References
Attachment G	Gender and Social Inclusion Analysis USAID/Uganda; December 2015
Attachment H	CDCS 2.0 Core Principles

[END SECTION I]

[END OF RFA]