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Issue Date: **February 10, 2022**

Deadline for Questions: February 17, 2022 at 17:00 pm (Maputo Time)

~~Closing Date & Time to submit applications: March 14, 2022 at 10:00 am (Maputo Time)~~

Revised Closing Date & Time to Submit applications: April 4, 2022 at 10:00 am (Maputo Time)

Subject: **Notice of Funding Opportunity (NOFO) Request For Application (RFA) Number: 72065622RFA00005**

Program Title: **USAID's Facilitating Impact that Lasts for Orphans and Vulnerable Children (FILOVC) Local Activity in Mozambique**

Catalog of Federal Domestic Assistance (CFDA) Number: 98.001

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified entities to improve the health of children and adolescents at risk to and/or significantly impacted by Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in Mozambique in support of USAID/Mozambique's Country Development Cooperation Strategy (CDCS) 2020-2025. USAID intends to provide approximately $48,000,000.00 in total USAID funding over a 5 (five) year period.

Eligibility for this RFA is restricted to Local Mozambican Organizations (Local Entities) as defined below:

For the purpose of this section, local entity means an individual, a corporation, a nonprofit organization, or another body of persons that:

(1) is legally organized under the laws of Mozambique;
(2) has as its principal place of business or operations in Mozambique;
(3) is majority owned by individuals who are citizens or lawful permanent residents of; and
(4) managed by a governing body, the majority of who are citizens or lawful permanent residents of a country receiving assistance from funds appropriated under title III of this Act. (c)

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

These eligibility requirements apply only to the principal Applicant.
USAID intends to make one or multiple awards to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this RFA subject to a risk assessment and funds availability. Eligible parties interested in submitting an application are encouraged to read this RFA thoroughly to understand the type of program sought, application submission requirements and selection processes.

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

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifiers and System for Award Management (SAM) requirements detailed in Section D.7.f. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

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

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

Thank you for your interest in USAID programs.

Sincerely,

Patrice Lopez
Digitally signed by Patrice Lopez
Date: 2022.03.02 19:54:13 +02'00'

Patrice Lopez
Agreement Officer

Attachment 1: MOZ Activity MEL Plan Template FINAL 08-30-21

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SECTION A: PROGRAM DESCRIPTION

Acronym List

ADS	Automated Directives System
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
AO	Agreement Officer
AOR	Agreement Officer's Representative
ART	Antiretroviral Therapy
C/ALHIV	Children and Adolescents Living with HIV
CA	Cooperative Agreement
CBO	Community-based Organization
CCPC	Community Child Protection Committee
CCS	Centro de Colaboração em Saúde
CDC	U.S. Centers for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CLA	Collaborating, Learning, and Adapting
CNCS	National AIDS Council (Conselho Nacional do Combate ao Sida)
COP	Country Operational Plan
CoP	Chief of Party
CRC	Convention on the Rights of the Child
CRM	Climate Risk Management
CSO	Civil Society Organization
C-TIP	Counter Trafficking in Persons
DHS	Demographic and Health Survey
DO	Development Objective
DoD	Department of Defense
DoS	Department of State
DQA	Data Quality Audit
DREAMS	Determined, Resilient, Educated, AIDS-Free, Mentored, and Safe
DSD	Direct Service Delivery
EMMP	Environmental Mitigation and Monitoring Plan
ENSSB	National Strategy for Basic Social Security (Estratégia Nacional de Segurança Social Básica)
EO	Executive Order
EPTS	Electronic Patient Tracking System
FBO	Faith-based Organization
FDC	Fundação para o Desenvolvimento da Comunidade

FFR	Federal Financial Reporting Form
FILOVC	Facilitating Impact that Lasts for Orphans and Vulnerable Children
FP	Family Planning
FY	Fiscal Year
FSW	Female Sex Worker
GBV	Gender-based Violence
GF	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GRM	Government of the Republic of Mozambique
HCW	Healthcare Worker
HEI	HIV-Exposed Infant
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IC-HTS	Index Case HIV Testing Services
IEE	Initial Environmental Examination
IP	Implementing Partner
IR	Intermediate Result
J2SR	Journey to Self-Reliance
KP	Key Population
KPP	Key and Priority Population
LOE	Level of Effort
LTFU	Loss to Follow-up
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MEL	Monitoring, Evaluation, and Learning
MELP	Monitoring, Evaluation, and Learning Plan
MER	Monitoring, Evaluation, and Reporting
MGCAS	Ministry of Gender, Children, and Social Action
MISAU	Ministry of Health
MOU	Memorandum/Memoranda of Understanding
MSM	Men Who Have Sex with Men
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PAD	Project Appraisal Document
PD	Program Description
PEN IV	National Strategic Plan Against HIV/AIDS IV
PEP	Post-Exposure Prophylaxis

PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMI	Presidential Malaria Initiative
PMTCT	Prevention of Mother to Child Transmission
PNAC II	National Plan of Action for Children II
PrEP	Pre-Exposure Prophylaxis
PWID	Persons Who Inject Drugs
Q	Quarter
RFA	Request for Application
RRF	Rapid Response Fund
SAAJ	Adolescent and Youth-Friendly Services (Serviço Amigo do Adolescente e Jovem)
SD	Service Delivery
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
STIP	Science, Technology, Innovation, and Partnership
TB	Tuberculosis
TD	Technical Director
U.S.	United States
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence Against Children
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

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

1. Introduction

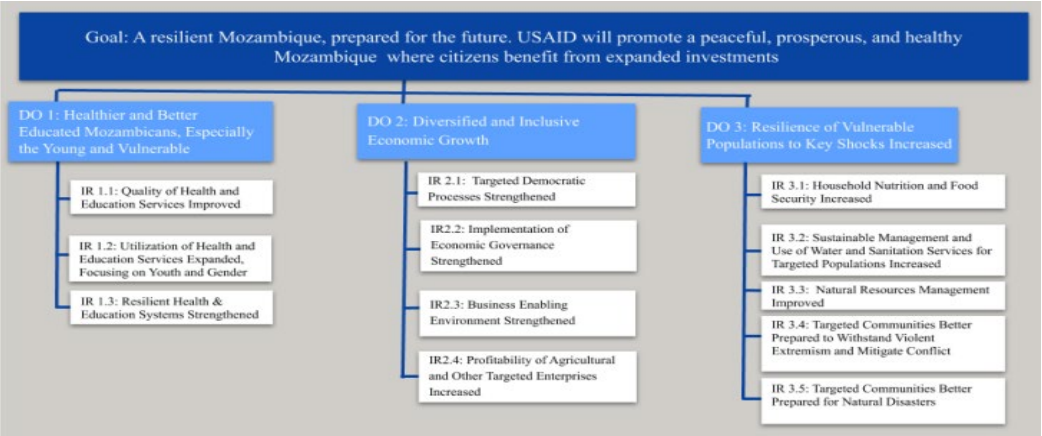
Alignment with USAID/Mozambique Development Goals

The purpose of this RFA is to solicit applications from eligible Applicants to award a five-year Cooperative Agreement (CA) for **USAID's Facilitating Impact that Lasts for Orphans and Vulnerable Children (FILOVC) Local Activity in Mozambique** with a maximum ceiling of US$48,000,000. USAID requests that all Applicants use this activity name in their applications.

The overall goal of the activity is to "improve the health of children and adolescents highly vulnerable to and/or significantly impacted by Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in Mozambique." The focus of the program will be on identifying and supporting children highly vulnerable to HIV acquisition, children and adolescents living with HIV (C/ALHIV), and children impacted by HIV-related morbidity or mortality among one or more primary caregivers. Elevated vulnerability to HIV acquisition can result from geographic, socio-demographic, and/or specific risk behavior profiles, which merit tailored HIV prevention and/or mitigation interventions, in accordance with available epidemiologic evidence, implementation best practices, and national guidelines (see Section A.2. below for more details).

This goal directly supports the Results Framework for USAID/Mozambique's Country Development Cooperation Strategy (CDCS) for the 2020-2025 period, as shown in Figure A.1 below. Specifically, the activity will address CDCS Development Objective (DO) 1: "Healthier and better educated Mozambicans, especially the young and vulnerable" and intermediate results (IRs) 1.1 and 1.2 (quality and utilization of health and education services improved, focusing on youth and gender).[1]

Figure 1. *USAID CDCS 2020-2025 Results Framework*



Given the strong linkages between health, food security, nutrition, and water, sanitation, and hygiene (WASH), the FILOVC Local Activity will also coordinate with and, where

[1] https://www.usaid.gov/sites/default/files/documents/CDCS-Mozambique-December-2025.pdf

appropriate, layer and sequence upon, household nutrition and food security activities in support of DO 3; especially IR 3.1. Efforts in DO 1 will complement and benefit from DO 3 work to strengthen the resilience of vulnerable populations to economic, climate-related, or pandemic-related shocks.

The specific objective of the USAID FILOVC Local Activity is to "contribute to reduced pediatric HIV incidence and HIV-related child morbidity and mortality within FILOVC Local Activity-supported districts."

The activity will aim to improve the coverage of highly vulnerable children and adolescents enrolled in OVC activities and will closely monitor the impact of these activities to ensure they translate into improved risk behaviors or HIV clinical outcomes for OVC beneficiaries. Improving nutritional and educational outcomes will also be important, as they are precursors to improved health and HIV clinical outcomes, especially among HIV-positive OVC beneficiaries.

~~The selected Applicant(s) for this activity will work in nine six provinces of Mozambique (Cabo Delgado, Gaza, Inhambane, Maputo City, Maputo Province, Nampula, Niassa, Sofala, and Tete).~~ The selected Applicant(s) for this activity will work in six provinces of Mozambique (Cabo Delgado, Gaza, Inhambane, Maputo City, Maputo Province and Nampula). This activity will not be implemented in Niassa, Manica, Sofala, Tete and Zambezia. The Applicant(s) will support the Government of the Republic of Mozambique's (GRM) national response to HIV and national action plans for child protection and social welfare while providing comprehensive, high quality, and cost-effective services and assistance to meet the Activity's objectives.

The USAID FILOVC Local Activity will perform in priority districts within the provinces mentioned above, as per the guidance provided by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and in consultation with the GRM's Ministry of Health (MISAU), National AIDS Council (CNCS), and Ministry of Gender, Children, and Social Action (MGCAS). Priority districts will be reviewed and revised based on available epidemiological evidence on an annual basis as part of the PEPFAR Country Operational Plan (COP) planning process.

The guiding theme for this award will be: "*Engage, Prioritize, Support, & Sustain.*" USAID envisions a combination of four integrated activity components:

a) Engage children and adolescents aged 9-14 in effective HIV prevention activities that reduce risky behaviors, referring those needing additional support to appropriate health and social services.

b) Prioritize (screen, assess, and/or test) highly vulnerable minors and their caregivers, as well as all eligible C/ALHIV, and enroll them in comprehensive OVC case management services tailored to address their unique needs, ensuring 81% or greater OVC coverage of C/ALHIV on antiretroviral therapy (ART) within activity-supported districts.[2]

[2] PEPFAR Technical Guidance recommends that 90% of C/ALHIV enrolled in ART services within OVC program catchment areas also receive an offer for OVC service enrollment. In addition, PEPFAR aims for 90% acceptance/uptake among those C/ALHIV who receive an offer for OVC services. This translates into 81% coverage (90% x 90% = 81%).

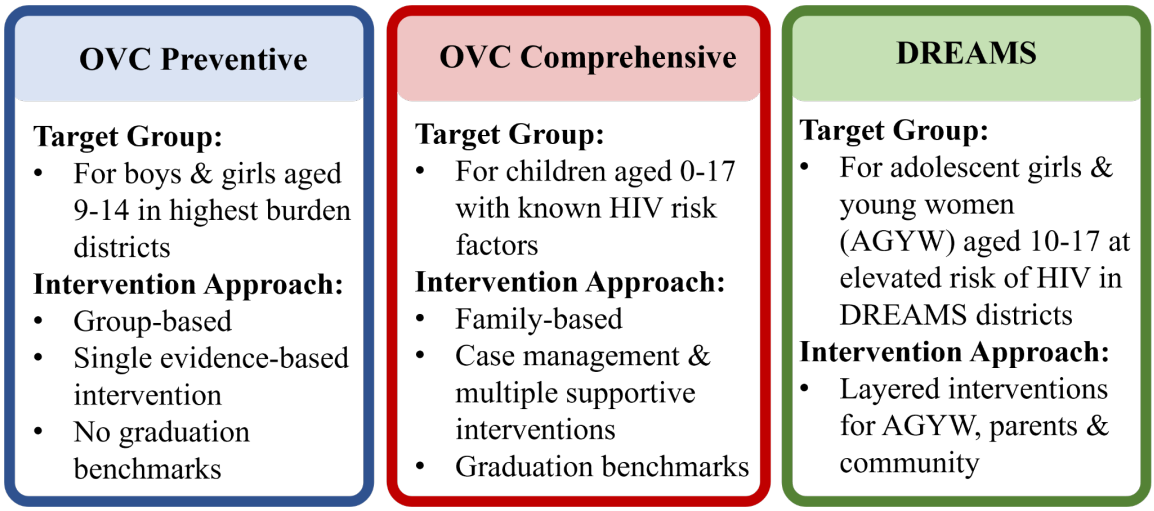
c) Support and continually monitor and improve the quality and effectiveness of OVC case management services to ensure household-level resilience and beneficiary health outcomes improve.

d) Sustain gains in child health indicators and bolster household-level resilience by contributing to the strengthening of national child protection systems and institutions at all levels.

Orphans and Vulnerable Children Intervention Type Definitions

One of PEPFAR's original mandates is to care for "children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects."[3] To meet this mandate, PEPFAR's OVC programming serves the dual purposes of mitigating the impact of HIV on children and adolescents and their families, as well as preventing HIV-related morbidity and mortality. Given these dual purposes, and given the dynamic epidemiological context in Mozambique, the FILOVC Local Activity will use three distinct intervention types. Each intervention type is designed for slightly different yet overlapping OVC beneficiary sub-groups. Individual OVC may participate in any or all intervention types at a given time.

Figure 2. *OVC Intervention Types and Intended Beneficiaries*



For the first OVC intervention type (**Preventive**), the definition of eligible OVC includes all male and female adolescents aged 9-14 who reside within FILOVC Local Activity-supported priority districts.

For the second OVC intervention type (**Comprehensive**), the age range is larger (0-17), but the definition of eligible beneficiaries is narrower. In addition to limiting this intervention to beneficiaries located in priority districts, only those children at elevated risk for HIV acquisition, at elevated risk of HIV-related morbidity or mortality, or those facing significant health or developmental challenges due to HIV-related impacts are eligible. This group includes any and all children who meet the following criteria:

[3] PEPFAR 2009 Reauthorization Act. Reauthorization Act of 2008. "The Lantos-Hyde Act." Available at: https://www.congress.gov/110/plaws/publ293/PLAW-110publ293.pdf

- Children and adolescents living with HIV
- Children whose caregiver(s) are people living with HIV (PLHIV)
- HIV-exposed infants (HEI) who have ever interrupted treatment
- Children with one or more deceased primary caregivers, regardless of cause of death
- Children living in child-headed households
- Children of female sex workers (FSW) and/or children of other key populations (KP)[4]
- Children who have experienced violence and/or are at risk of gender-based violence (GBV)
- Children displaced by social or political instability, including civil unrest

Poverty and malnutrition continue to be significant contributing factors for myriad health and development challenges among children and families in Mozambique.[5] The link between economic distress at the household or community-level and poor HIV-related health outcomes in Mozambique has been well established.[6] However, neither individual nor household-level poverty alone is considered sufficient criteria for participation in the OVC Comprehensive intervention type. This marks a departure from previous OVC activities in the past, in which poverty-stricken families could receive OVC case management, even in the absence of elevated HIV prevalence in the area or HIV-specific risk factors in the home. The rationale for this more epidemiologically driven focus on HIV-infected and HIV-affected children is grounded in Mozambique's current urgent pediatric HIV crisis, which needs immediate attention and support.

The third OVC intervention type (**Determined, Resilient, Educated, AIDS-Free, Mentored, and Safe, or DREAMS**) is focused on adolescent girls and young women (AGYW) aged 10-17 living in districts with highly elevated HIV incidence.

While OVC beneficiaries may participate in any and all of these intervention types, the recipient(s) of this FILOVC Local Activity award will be expected to assess, categorize, and prioritize OVC beneficiaries according to the intervention type that will result in the greatest overall health and development outcomes, for the greatest number of beneficiaries.

2. Development Context

HIV Epidemic and Pediatric HIV Emergency

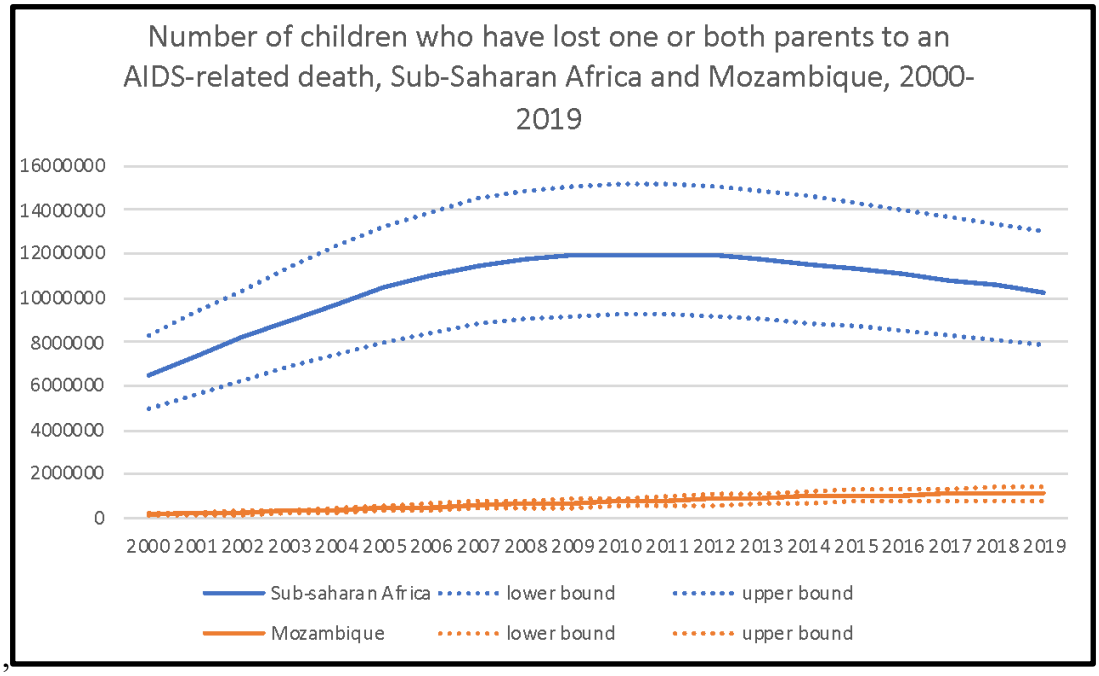
Mozambique, populated by approximately 32.5 million people, is challenged by a devastating generalized HIV epidemic.[7] Current estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) indicate that nearly 100,000 Mozambicans were newly infected with HIV in 2021, and 37,000 people died from an AIDS-related illness. National HIV prevalence

[4] For the Mozambican context this includes female sex workers (FSW), men who have sex with men (MSM), persons who inject drugs (PWID), and people in enclosed settings (prisoners).
[5] Rose ES, Blevins M, González-Calvo L, Ndatimana E, Green AF, Lopez M, Olupona O, Vermund SH, Moon TD. Determinants of undernutrition among children aged 6 to 59 months in rural Zambézia Province, Mozambique: Results of two population-based serial cross-sectional surveys. BMC Nutr. 2015;1:41. doi: 10.1186/s40795-015-0039-1. Epub 2015 Dec 17. PMID: 27182448; PMCID: PMC4864006.
[6] Filimão DBC, Moon TD, Senise JF, Diaz, RS, Sidat M, Castelo A (2019). Individual factors associated with time to non-adherence to ART pick-up within HIV care and treatment services in three health facilities of Zambezia Province, Mozambique. PLoS ONE 14(3): e0213804. https://doi.org/10.1371/journal.pone.0213804
[7] Censo 2017 - http://www.ine.gov.mz/

is estimated to be 13.2%,[8] with substantial geographic variation, ranging from less than 5% in Tete Province to nearly 24% in Gaza Province.[9] National HIV control strategies are focused on expanding testing and supporting linkage and adherence to life-saving ART. Nonetheless, nearly one-third of the estimated 2.1 million PLHIV in Mozambique are not accessing ART. Low ART coverage leads to continued morbidity and mortality, as well as the continued spread of new infections.

The HIV epidemic has already contributed to a significant reduction in life expectancy among Mozambicans,[10] and it has resulted in an estimated 920,000 orphaned children.[11] Over the past two decades, the number of children who have lost one or both parents to an HIV-related death has steadily declined in most countries in sub-Saharan Africa, thanks to the widespread availability and uptake of life-saving ART. Unfortunately, as seen in Figure B.1 below, Mozambique stands out within the region as the country with the highest number of additional orphans each year due to HIV-related deaths.

Figure 3. Trends in Orphaning Due to HIV/AIDS[12]



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There are currently an estimated 130,000 children and adolescents under the age of 18 living with HIV in Mozambique.[13] Of these, approximately 84,000 (68%) are currently receiving ART medication. Every year, more than 6,000 children die due to AIDS-related complications, and thousands more are left orphaned by parents who succumb to the disease. Viral load (VL) suppression rates, a measure of the real-life effectiveness of ART, remain at a critically low 47% among children and adolescents, reflecting an urgent need for improved

[8]UNAIDS Country Update, Mozambique. Based on updated Spectrum Estimates, 2020. Found at: http://unaids.mio.guru/en/regionscountries/countries/mozambique

[9] DHS Program - Mozambique AIS, 2015 - Final Report

[10] World Health Organization (WHO) Mozambique. 2019 - https://www.who.int/countries/moz/en/

[11] UNAIDS. Mozambique 2019 - http://www.unaids.org/en/regionscountries/countries/mozambique

[12] PEPFAR COP21 Technical Guidance, data from UNAIDS 2020 estimates.

[13] UNAIDS 2020 estimates, adjusted for age to account for 18–20-year-olds using available ART modeling data.

ART regimens and dedicated, evidence-based pediatric retention programming that accounts for the unique needs of C/ALHIV in Mozambique.[14]
Newer and more effective dolutegravir-based pediatric treatment regimens have demonstrated reductions on pediatric AIDS-related morbidity, and these are being quickly scaled-up in Mozambique.[15] Nonetheless, additional efforts are needed to support caregivers and families in providing C/ALHIV with appropriate dosing regimens and the accompanying nutrition that these medications require.

Pediatric case finding, linkage, and retention remain central priorities for MISAU.[16] PEPFAR and other donors actively support MISAU in accelerating and expanding pediatric HIV testing and treatment, yet current case-finding and referral programs are often not equipped to address the underlying barriers that prevent the most vulnerable children and caregivers from accessing and remaining engaged in effective HIV treatment. More comprehensive strategies are needed that can provide tailored support to the thousands of families currently underserved due to extreme poverty, limited access to health information or formal education, as well as social, cultural, or geospatial isolation.

Economic Vulnerability and the Youth Bulge

Mozambique's economic vulnerability significantly impedes an effective response to the pediatric HIV crisis at the national, local, and household level. Mozambique is currently one of the poorest countries in the world, ranking 181 out of 189 countries on the United Nations (UN) Human Development Index in 2020. The adult (15-49 years) male literacy rate is 70%, while the adult female literacy rate is just 40%.[17] With over 60% of Mozambicans living below or just above the poverty line, regular economic and environmental shocks leave most of the population at risk of either becoming poor or sinking deeper into poverty. Studies of the factors limiting ART adherence have identified economic obstacles, including financial barriers to procuring food and transportation, as among the most common and important drivers of treatment discontinuation.[18] Multiple, successive waves of the COVID-19 pandemic in 2020 and 2021 brought death and economic devastation to communities throughout Mozambique, weakening an already vulnerable economy, with consequences that have yet to be fully realized or understood.

More than half of Mozambique's overall population is estimated to be under 17 years of age.[19] Of these, it is estimated that 48% (more than five million children) currently live in absolute poverty,[20] and 2.1 million children are considered orphans, with one or more parents deceased.[21,22] Another 700,000 children are estimated to be at risk of abandonment due to having elderly caregivers, HIV disease in the family, and/or deteriorating socioeconomic

[14] PEPFAR. Mozambique Country Operational Plan 2021 (COP21).
[15] Snedecor, S.J., Radford, M., Kratochvil, D. et al. Comparative efficacy and safety of dolutegravir relative to common core agents in treatment-naïve patients infected with HIV-1: a systematic review and network meta-analysis. BMC Infect Dis 19, 484 (2019). https://doi.org/10.1186/s12879-019-3975-6
[16] Ministry of Health. Annual HIV/AIDS Activity Report. 2018
[17] UNDP. Human Development Indices and Indicators: 2018 Statistical Updates. 2011
[18] Groh et al. BMC Public Health 2011, 11:650. http://www.biomedcentral.com/1471-2458/11/650
[19] Censo 2017 - Available for download here.
[20] https://www.unicef.org/mozambique/protec%C3%A7%C3%A3o-da-crian%C3%A7a
[21] SOS Children's Villages International, 2017
[22] Ministry of Health. IMASIDA, 2015

circumstances. A survey conducted in 2011 showed that 24% of children aged 5 to 14 years old worked in some form to generate income for themselves or their family.[23] Recent census data reinforces this finding, indicating that 11,029 children aged 12 to 14 years old were the head of a household, intensifying an already challenging and vulnerable situation.[24]

Low contraceptive prevalence rates, driven by financial hardship and/or limited access to health care services, have left Mozambique with an exploding population. By the end of 2021, it is forecasted that Mozambique will have the largest youth bulge in the region.[25] This sizable, growing youth population is both an opportunity and a challenge. If large segments of the emerging young generation do not have their basic needs met, then country-wide peace, progress, and prosperity may be jeopardized. Additionally, as youth become sexually active, the opportunity to achieve HIV epidemic control becomes elusive, unless comprehensive measures are taken immediately to reduce the pool of PLHIV who do not know their status or are not on HIV treatment and virally suppressed.

New HIV Infections among Children and Adolescents

Since the launch of the National Plan to Eliminate Vertical Transmission of HIV in 2012, Mozambique has made significant progress towards reducing the number of children who contract HIV from their mothers during pregnancy or breastfeeding (i.e., the prevention of mother-to-child transmission, or PMTCT.)[26] Nonetheless, despite the successes in expanding HIV treatment for pregnant and lactating women, it is estimated that approximately 11,400 new HIV infections occurred through vertical transmission during 2020.[27] Low ART uptake and poor treatment adherence among pregnant and lactating women, which results in poor viral suppression, has been identified as the primary source for these new vertical infections among infants.

Sexual transmission of HIV among adolescents and young people aged 10-24 in Mozambique also continues to present an urgent priority for epidemic control efforts. There were an estimated 50,000 new infections in 2021 among this age group, accounting for roughly 40% of all new infections in the country.[28] AGYW aged 15-24 are particularly vulnerable, accounting for three times the number of new infections as compared to males of the same age. Sexual relationships with asymptomatic HIV-positive young men aged 20-29 who are either unaware of their HIV status or not accessing treatment are responsible for 66% of all new HIV infections among AGYW.

Often, these relationships are age-imbalanced, and recent evidence suggests that adolescents aged 10-17 are engaged in risky sexual behavior. A recent survey of nearly two thousand high-school students in Mozambique found that "more than half (57%) ever had sex (68% among boys and 46% among girls); and of these, 42% had early sexual debut (<14 years),

[23] https://www.unicef.org/mozambique/protec%C3%A7%C3%A3o-da-crian%C3%A7a
[24] National Statistics Institute (INE). Census. 2017
[25] Irish Aid. Prospects and Challenges: Mozambique's Growth and Human Development Outlook to 2040. 2017
[26] MISAU, 2020. Plano Nacional de Tripla Eliminação do HIV, Sífilis, Hepatite B em Moçambique, 2020-2024. Available for download here.
[27] UNAIDS Spectrum Estimate, 2020. Spectrum Version 5.754.
[28] UNAIDS Spectrum Estimate, 2020. Spectrum Version 6.06.

58% had multiple sexual partners, 42% had not used birth control at last sex, 25% had not used a condom at last sex, and 63.7% had engaged in multiple sexual risk behaviours."[29] There is an urgent need for expanding primary prevention activities among adolescents living in high HIV prevalence areas, as well as among those with known risk factors for HIV acquisition. While poverty alone is not correlated with increased HIV risk, consumption of alcohol or drugs, as well as low school attendance, orphanhood, and weak family structures (e.g., child-headed families, displacement, etc.) are all associated with increased risk behaviors for HIV and early pregnancy. Expansion of comprehensive support programs is needed to assess, test, link, and retain more children and adolescents in HIV treatment programs. This includes addressing nutrition, school retention, family and peer support, and GBV prevention and mitigation activities for all at-risk adolescents.

Gender Imbalances and Gender-based Violence

Mozambique is ranked 138 of 155 countries in the Gender Inequality Index, with one of the highest child marriage rates in the world. Only 14 percent of women have at least some secondary-school education, compared to 20 percent of men.[30] Age-imbalanced sexual relationships also contribute to unhealthy power differentials, which negatively affect female decision-making within the home and lead to differential health and development outcomes. According to the 2011 Demographic and Health Survey (DHS) in Mozambique, 48% of women aged 20-24 were married or lived with their sexual partners before age 18 and 14% before age 15.[31] The UN Children's Fund (UNICEF) estimates that 40% of girls in Mozambique become mothers for the first time before age 18, while only 4% of boys become fathers by this same age.[32] Child marriage endangers girls' education and exposes these children to higher incidence of domestic violence, marital abuse (including physical, sexual, and/or psychological abuse), and abandonment. Early child marriage (i.e., formal and informal unions involving a minor less than 15 years of age) is a fundamental violation of human rights that denies children the right to health, education, and full social and emotional development. Early pregnancy carries increased risk of serious health complications prior to, during, or after birth, including fistula and infant and/or maternal mortality.

Sexual violence among minors is another gender-based factor that contributes to profound emotional and physical trauma and increases the risk of HIV acquisition among children and adolescents in Mozambique. The full extent of GBV in Mozambique is unknown, as service protocols and reporting procedures are not uniformly available. Further, episodes of GBV, including sexual, physical, and/or emotional violence, are woefully under-reported. Numerous social and contextual factors contribute to poor uptake of post-exposure prophylaxis (PEP) among GBV survivors, who must receive this treatment during the 72-hour window after a known episode of sexual violence. Nonetheless, efforts are currently underway to launch new national data collection instruments, expand GBV service availability, and improve facility-based service standards countrywide.

[29] Supa Pengpid & Karl Peltzer (2021) Sexual risk behaviour and its correlates among adolescents in Mozambique: results from a national school survey in 2015, SAHARA-J: Journal of Social Aspects of HIV/AIDS, 18:1, 26-32, DOI: 10.1080/17290376.2020.1858947
[30] Human Development Report 2020, Mozambique Country Profile, UNDP. http://hdr.undp.org/en/countries/profiles/MOZ
[31] https://www.unicef.org/mozambique/casamento-prematuro-em-mo%C3%A7ambique
[32] UNICEF. Early Marriage and Pregnancy in Adolescents in Mozambique: Impact and Causes. 2015

Addressing violence against OVC and transforming social norms and practices that are potentially harmful for children requires engagement with and collaboration among a wide range of diverse actors: civil society, traditional and religious leaders, media, youth, and adolescents, including line Ministries and justice system actors. There exists a huge need to raise the awareness in communities about the prevalence of abuse and violence, as well as to empower families and children to report and address such violations in a timely manner.

3. Orphans and Vulnerable Children Initiatives and Lessons Learned to Date

Government of the Republic of Mozambique's Response to Orphans and Vulnerable Children

GRM's OVC strategies and policies are based on international commitments and goals adopted by the host government such as the "Convention on the Rights of the Child" (CRC), the *UNAIDS Fast-Track strategy to end the AIDS epidemic* (2016-2021), and the UN Sustainable Development Goals (SDGs), as well as national priorities set out in key policy documents such as the *National Strategic Plan Against HIV/AIDS IV* (PEN IV) and the *National Policy on Social Action*. *PEN V* (2021-2025) provides the overall framework for the national response to HIV, identifying OVC and adolescents aged 10-14 as a vulnerable population and issuing MGCAS the mandate to establish standards of practice for any interventions targeting this disadvantaged demographic.

The GRM's strategic response to the needs of OVC focuses on strengthening community-based efforts to provide better care, support, and protection for OVC. The main guiding document that outlines the GRM's approach to addressing OVC is the *National Plan of Action for Children II* (PNAC II) 2013-2019, which outlines the main principles of intervention, targets, and priority actions that have been agreed upon by all major governmental sectors, civil society, and multilateral partners. PNAC II identifies four strategic objectives for the national response to OVC (child survival, development, protection, and participation) and is currently under development for updates.

The GRM's *National Strategy for Basic Social Security* ("Estratégia Nacional de Segurança Social Básica," ENSSB 2016-2024) ensures basic social protection programs for the poorest and most vulnerable groups in Mozambique. The ENSSB aims to reinforce the basic social security system; promote the development of human capital by improving nutrition and access to health and education services including child subsidies; prevent and respond to social risks that mainly affect children, women, the elderly, people with disabilities, and people affected by HIV; and strengthen institutional capacity to implement the first three goals at the central, provincial, and district level.
These strategies support the engagement and participation of communities and citizens, which is also promoted in the broader country development agenda through the decentralization process that foresees community and citizen participation at local, district, and provincial levels in health, humanization, and quality councils.

United States Government Response to Orphans and Vulnerable Children

The United States Government (USG) has funded OVC programs through USAID in Mozambique since the establishment of the PEPFAR in 2003. Multiple PEPFAR awards have driven OVC program innovation over the past 18 years, serving more than one million beneficiaries with nutritional, educational, and financial support, as well as HIV testing and referrals to essential health services. USAID/Mozambique currently supports OVC activities

in all eleven provinces of the country, and these efforts are guided by USAID's global Journey to Self-Reliance (J2SR) strategy document[33], PEPFAR's global COP21 Technical Guidance, USAID's Mozambique-specific 2020-2025 CDCS[34], and PEPFAR's Mozambique-specific 2021 COP. OVC activities are also complemented by non-HIV USG programs such as the Presidential Malaria Initiative (PMI) and maternal and child health (MCH) and family planning (FP) programs.

In recent years, the OVC program in Mozambique has shifted towards greater HIV relevance, with a geographic footprint exclusively in districts with elevated HIV prevalence and a primary goal to enroll at least 80% of all C/ALHIV on ART into the OVC program in these districts by the end of FY2022. Working with in-country stakeholders, the OVC program continues to evolve, with increasing focus on the pediatric treatment gap, the high rate of sexual violence against adolescent girls, and the risk to children of losing a caregiver due to adult interruption in treatment and poor viral suppression. In addition, the OVC program continues to strengthen child protection systems by building the capacity of national institutions to monitor and implement OVC-aligned social safety net programs.

Currently, USAID partner FHI360 operates the flagship OVC program in Mozambique under the activity name *COVIDA*. This program was launched on June 23, 2016, and will end in September of 2022. The COVIDA program has been instrumental in shifting the OVC portfolio towards improved support for children and adolescents living with or affected directly by HIV. COVIDA has been successful in strengthening systems for monitoring OVC health and development outcomes, as well as standardizing management approaches for front-line OVC case managers and local partners. Some of the key lessons from the COVIDA program to date include a need to:

- Manage and monitor OVC caseloads carefully to avoid case manager burnout
- Train OVC case managers regularly on new pediatric drug regimens and effective support approaches to improve pediatric ART adherence
- Embed professional counseling skills among case managers and front-line OVC workers to facilitate appropriate coaching and support for behavioral interventions
- Incorporate community-based index case HIV testing services (IC-HTS) into community OVC programs to facilitate identification and linkage of HIV-positive children and adolescents
- Incorporate effective economic strengthening activities to address underlying barriers to HIV care, including food insecurity and the high costs of transportation
- Incorporate flexible "social emergency funds" to address acute shocks and financial insecurity at the household level, which can derail health and development gains

DREAMS

In 2015, PEPFAR, the Nike Foundation, and the Bill & Melinda Gates Foundation launched the DREAMS Partnership. This US$210,000,000 partnership is an ambitious effort to decrease the rates of HIV incidence and to mitigate risk to AGYW ages 10-24 years old by 25% in at least ten sub-Saharan African countries, including Mozambique. The PEPFAR/Mozambique DREAMS program has significantly expanded from nine to 32 districts in FY 2021, with a focus on increasing coverage and saturation.

[33] USAID Journey to Self Reliance (J2SR). Strategy available at: https://www.usaid.gov/selfreliance
[34] USAID|Mozambique CDCS. Available at: https://www.usaid.gov/mozambique/cdcs

The DREAMS core package of evidence-based interventions aims to reduce new infections in adolescent girls. This includes activities that OVC programs can support and implement, such as education, psychosocial support, and other combinations of socio-economic approaches. The FILOVC Local Activity shall proactively identify subgroups of girls at high risk of HIV infection in the targeted districts, including out-of-school girls, and incorporate a primary prevention package aligned with the existing DREAMS intervention, which benefits these groups and reduces the risk of exposure to HIV. Lessons learned during the collaboration between the DREAMS and OVC programs to date include the need to:

- Establish formal cross-referral mechanisms with child welfare and protection services, which are essential to identify children at high risk of abuse, neglect, and HIV infection, including children living outside of family care and/or child survivors of abuse; and
- Align and automate data systems to better track OVC and DREAMS participants, including with the national electronic patient tracking system (EPTS) for patients accessing HIV clinical services.

PEPFAR-Supported Clinical Partners

Within each epidemiologically priority district in Mozambique, PEPFAR has identified high-volume health facilities that require significant technical and financial support to provide adequate HIV-related services. PEPFAR, through the U.S. Centers for Disease Control and Prevention (CDC) and USAID, contracts non-governmental implementing partners with clinical expertise to work hand-in-hand with these health facilities. These clinical partners provide seconded human resources and offer direct service delivery (DSD) at most sites, as well as logistical, monitoring and evaluation (M&E), and laboratory support and clinical mentorship for front-line providers. The FILOVC Local Activity Recipient(s) are expected to work closely and in collaboration with the designated PEPFAR-supported clinical partners in all OVC activity districts and health facilities to jointly support the pediatric and adult care and treatment cascade (including retention and viral suppression) for all highly vulnerable individuals identified as eligible for enrollment in comprehensive OVC case management. Lessons learned to date as part of this ongoing collaboration with PEPFAR-supported clinical partners include:

- Establish Memoranda of Understanding (MOU) with each clinical partner, MISAU at the provincial and district levels, and each health facility; and
- MOUs with PEPFAR clinical partners and MISAU should detail referral procedures, roles, and responsibilities of each party to ensure strong linkage and tailored ART adherence support for vulnerable children, adolescents, and their caregivers.

Mentor Mothers Program

The Mentor Mothers program aims to improve HIV treatment adherence among pregnant and lactating women and children 0-5 years old through the use of highly trained community workers who provide a structured series of household visits to all HIV-positive women within the catchment area. The program also conducts health talks within health facilities and serves as the primary contact for all community work with pregnant and lactating HIV positive women. USAID expects the FILOVC Local Activity Awardee(s) to coordinate closely with Mentor Mothers to ensure all eligible women and children receive this essential support. Mentor Mothers and OVC activities not only refer to each other, but also collaborate while

working in the community together. Community health workers, activists, and Mentor Mothers already have sustained positive, therapeutic relationships with many of the OVC-eligible families. Lessons learned from the collaboration with Mentor Mothers to date include the need for:

- Clear bi-directional referral systems to ensure all C/ALHIV receive the tailored prevention and ART adherence support they need;
- Clear community-based mapping of catchment areas to understand Mentor Mothers and OVC program coverage gaps; and
- Joint planning and regular updates of health facility leadership and community leaders to ensure that all stakeholders understand the roles of Mentor Mothers and OVC case managers thoroughly.

Integrated HIV Prevention and Health Services for Key and Priority Populations

USAID currently supports the implementation of a comprehensive HIV prevention program with key and priority populations (KPP) in all eleven provinces of Mozambique. FHI360 currently implements this program, and a follow-on project will begin starting in September of 2022. Close coordination with the KPP program and the FILOVC Local Activity will be essential considering that children of KP, especially FSWs, are one of the target groups for the comprehensive case management intervention type. Lessons learned as part of this collaboration with the KPP program to date include the need to:

- Support the KP program with risk assessments and goal setting for children of FSWs;
- Coordinate at the national level to understand KP program catchment areas and ensure strong coverage with OVC enrollment for case management activities; and
- Coordinate economic strengthening and other activities with FSWs as caretakers of OVC within the comprehensive case management intervention.

Non-United States Government Response to Orphans and Vulnerable Children

The Global Fund to Fight AIDS, Tuberculosis, and Malaria

On February 5, 2021, GRM and the Global Fund to Fight AIDS, Tuberculosis (TB), and Malaria (GF) launched six new grants worth US$773,913,181 to fight HIV, TB, and malaria and build resilient and sustainable systems for health. The new grants represent a 49% increase in funding from the previous allocation cycle and will run from 2021-2023. The new grants aim to expand access to HIV, TB, and malaria prevention services, with a focus on key and vulnerable populations, including vulnerable children and youth. The grants will be implemented by MISAU, Fundação para o Desenvolvimento da Comunidade (FDC), Centro de Colaboração em Saúde (CCS), and World Vision International. Targets and activities are already established and include new HIV prevention and testing initiatives for adolescents and young people aged 15-29. Recipient(s) of this FILOVC Local Activity will be expected to coordinate all planning with Global Fund implementing partners closely to avoid duplication and align with MISAU priorities.

UNICEF

Guided by the PNAC II, USAID works in close collaboration with UNICEF, MGCAS, and other actors to ensure effective referral systems are in place to ensure support for vulnerable

children who fall outside of any care or support systems. In collaboration with other international and national stakeholders, UNICEF supports the GRM to implement a holistic social and child protection system, including integrated case management that links community-based and statutory structures. Recently, UNICEF partnered with the GRM to develop the *National Social Protection Strategy*, which contributes to "reducing poverty and vulnerability, ensuring that the results of the growth of the Mozambican economy benefit all citizens, particularly those living in situations of poverty."

UNAIDS

UNAIDS recently released social protection fast-track guidance, where it describes how social protection can address the multiple social determinants of HIV, including poverty, income inequality, gender inequalities, stigma and discrimination, and social exclusion, and thus contributes to efforts to reduce new HIV infections, AIDS-related deaths, and HIV-related discrimination. This UNAIDS strategy also highlights how social protection can address demand-side barriers to accessing HIV services, with the potential to improve HIV prevention, treatment, care, and outcomes. The strategy also highlights how HIV-sensitive social protection helps mitigate the social and economic impacts of HIV on people, including people living with, at risk of, or affected by HIV.

4. Activity Description

Theory of Change and Results Framework

The proposed FILOVC Local Activity's ultimate goal is to improve the health of children and adolescents highly vulnerable to and/or significantly impacted by HIV in Mozambique, with the programmatic objective to contribute to reduced pediatric HIV incidence and HIV-related child morbidity and mortality within Activity-supported districts.

Implicit in this stated programmatic objective is the need for continuous monitoring of risk behaviors, new HIV infections, and HIV clinical outcomes (e.g., viral suppression, treatment failure, etc.) among children, adolescents, and caregivers enrolled in OVC programs within Activity-supported districts. The FILOVC Local Activity recipient(s) must work closely with USAID and other PEPFAR and GRM stakeholders to understand the universe of need for each target population within each Activity district. Central to this will be a clear and quantifiable understanding of the three OVC intervention types and the corresponding eligible populations for each intervention type. PEPFAR's COP21 Technical Guidance documents provide detailed explanations for acceptable OVC intervention approaches and eligible OVC beneficiaries. The COP22 Technical Guidance will be released in the second quarter (Q2) of fiscal year (FY) 2022.

Likewise, the effectiveness of the FILOVC Local Activities' HIV prevention and mitigation activities must also be measured and improved continuously. High-impact OVC interventions are needed to ensure that the most vulnerable children and adolescents are engaged, prioritized, supported, and sustained in appropriate health and social services urgently. The Activity is designed to reach children and adolescents at highest risk for HIV acquisition, who are not yet receiving primary prevention interventions, as well as the numerous C/ALHIV not yet aware of their status or participating in ART services consistently. To achieve this, the FILOVC Local Activity must reach children and adolescents not adequately served by ongoing traditional HIV clinical and community services. This can be done by

effectively engaging community structures and caregivers and by directly addressing complex household-level barriers to health and social services, including inadequate nutrition, transportation, and other socio-economic constraints.

Beyond HIV prevention and mitigation, the FILOVC Local Activity is intended to link the most vulnerable children and adolescents (those HIV-at-risk, HIV-infected, and HIV-affected) with other critical social and child protective services as needed. This means actively engaging with and sustainably strengthening national child protective services by standardizing national systems for identifying, referring, and supporting the most vulnerable children and their families. The FILOVC Local Activity is designed to fill existing gaps in HIV and child protection services and to directly mitigate the pediatric HIV crisis in the country among those still unreached and underserved.

Supporting this overarching programmatic objective, the FILOVC Local Activity will strive to achieve the following four interrelated IRs:

IR 1. Risky sexual behaviors among adolescents reduced.
IR 2. Share of C/ALHIV and high-risk children and adolescents who are healthy, stable, safe, and schooled increased.
IR 3. Quality and effectiveness of OVC prevention and case management services improved.
IR 4. National child protection systems strengthened.

Each of the IRs listed above must be demonstrably improved during the life of the activity, meaning that a robust M&E system is needed to regularly measure and facilitate timely reporting to USAID against specific quantifiable targets and benchmarks that directly support these IRs.

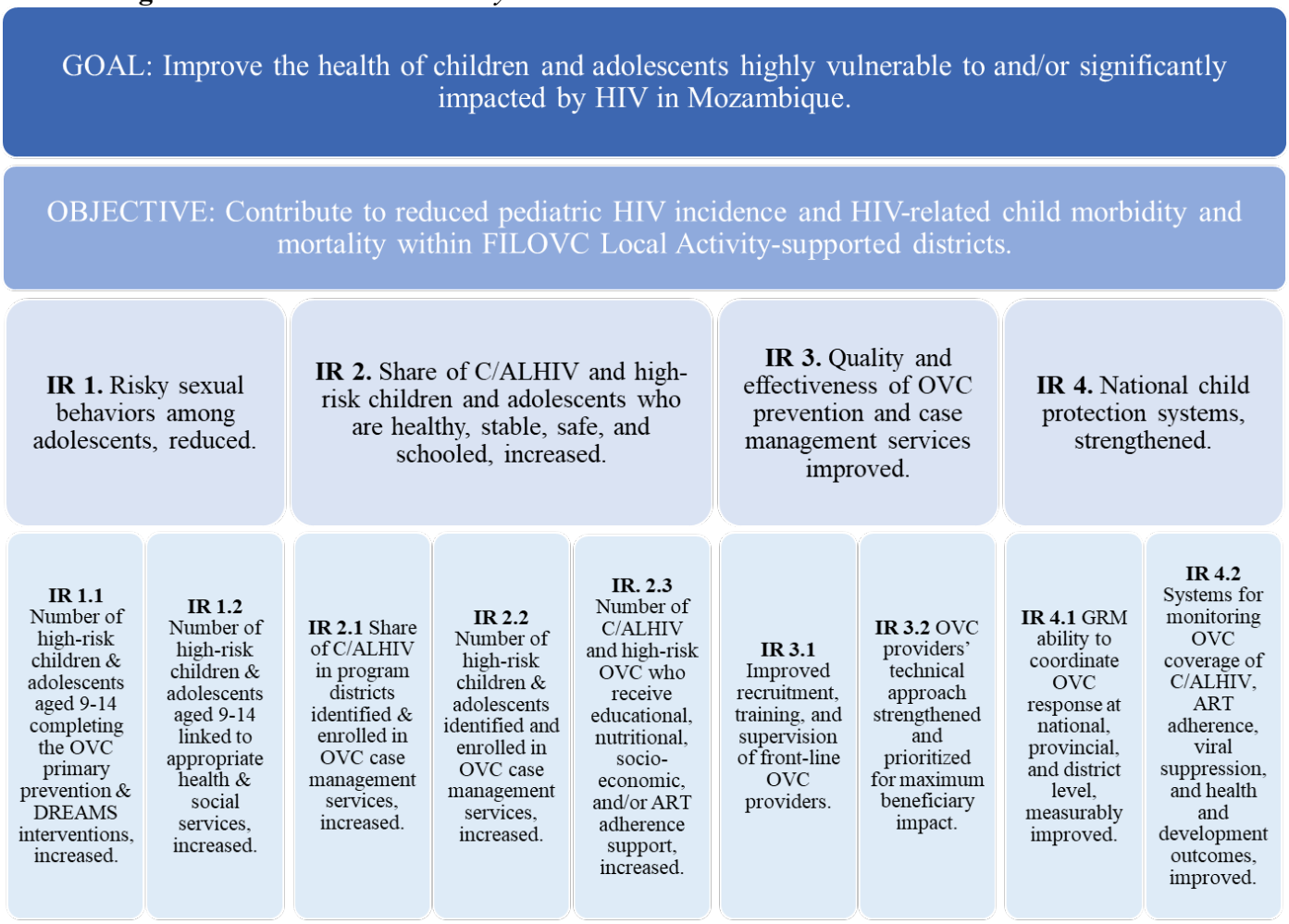
The following statement illustrates how the intermediate results listed above will directly contribute to the achievement of the programmatic objective, which in turn will address the outcome-level purpose of the activity:

IF more children and adolescents highly vulnerable to and/or significantly impacted by HIV are enrolled in OVC prevention and OVC case management services, AND those services include support for caregivers and address nutritional, educational and socio-economic barriers, AND the quality and effectiveness of those OVC services are continually improved, AND national child protection services are strengthened, THEN high-risk behaviors among this group will be reduced AND HIV clinical outcomes of case-managed OVC beneficiaries will be improved; THUS, pediatric HIV incidence AND HIV-related child morbidity and mortality will be reduced, AND the health of children and adolescents in Mozambique will be improved.

To achieve the four IRs listed above, USAID proposes eight sub-IRs, which serve as guideposts to orient the design and implementation of a successful activity. Each of these eight sub-IRs are necessary for the achievement of the four primary IRs, as well as the program objective. The table below organizes each of these components into a Results Framework. In Section F below, illustrative activities are described for each IR. Specific interventions aligned to the sub-IRs will form the foundation for successful technical applications crafted in response to this solicitation. These illustrative activities must be efficiently prioritized to respond to all sub-IRs and IRs listed in the FILOVC Local Activity

Results Framework below.

Figure 4. *FILOVC Local Activity Results Framework*



It is important to note that the results and indicators listed above are neither restrictive nor comprehensive. Nonetheless, the Applicant is expected to propose interventions that align with the theory of change described above and are likely to contribute directly to the programmatic objective and outcome-level purpose of the Activity. Innovative and evidence-based approaches are encouraged and will be evaluated based on how efficiently they are likely to contribute to the expected results.

The FILOVC Local Activity will be expected to work with other clinical and social service providers to ensure inclusive social protection for all beneficiaries. Several of the results listed above rely upon the effectiveness of these collaborations. As with any USAID-supported activity implemented within a complex and challenging environment, numerous external factors may lie outside of the control of the award recipient(s), and USAID will always endeavor to evaluate the results of this activity considering these contingencies.

Geographic Scope

The selected Applicant(s) for the Activity will work in nine provinces of Mozambique (Cabo Delgado, Gaza, Inhambane, Maputo City, Maputo Province, Nampula, Niassa, Sofala, and

Tete). Applicants may propose to work in all nine provinces or select provinces only; if the latter, multiple Applicants may be chosen in order to ensure coverage for all nine provinces. Specific target districts will be defined on a yearly basis during the development of annual work plans and in consultation with USAID and GRM. USAID will provide the Applicant with clear guidance regarding the detailed geographic prioritization expected during the first year of the activity once the COP22 planning process has been finalized; likely by May 1, 2022. Provisional districts can be used as part of the application and planning process, using approved districts from COP21 as a proxy. A list of these districts can be made available upon request.

Target Populations

As described in Section A.2 above, USAID recognizes several different OVC target populations based on the OVC intervention type. These target groups are not exhaustive and may overlap. The Applicants will be required to demonstrate they plan to actively identify, assess, and link each target population with the appropriate OVC intervention type and other services as needed. The process for assessing and prioritizing children and adolescents must be aligned with available epidemiologic data, as well as national strategies and guidelines for the protection of vulnerable children and adolescents. Given the existence of infant-specific HIV retention initiatives (e.g., mentor mothers), the Applicant should ensure adequate focus on adolescents, an often overlooked and underserved group. Adolescents require not only tailored HIV prevention activities, but also HIV retention strategies that adjust to the numerous changes over their lifetime and prepare adolescents for sustained adherence as part of adult ART services.

Illustrative Activities by Intermediate Result and Sub-Intermediate Result

IR 1: Risky sexual behaviors among adolescents reduced.

Programming under this result should ensure that adolescents aged 9-14 and their community leaders are reached with a comprehensive package of primary prevention, which includes risk assessments and referrals to other relevant services. This includes referrals to OVC case management for those high-risk adolescents meeting one or more of the eligibility criteria outlined in section A.2 above, as well as any adolescent testing positive for HIV. The package of primary prevention activities should align with the DREAMS primary prevention curriculum (i.e., OVC prevention activities should include age-appropriate activities that promote HIV prevention and support community norms and attitudes to reduce GBV, sexual violence, abuse, and exploitation of children and AGYW.) For those FILOVC Local Activity priority districts that are also DREAMS program districts, primary prevention activities should be integrated into ongoing DREAMS activities.

IR 1.1: Number of high-risk children and adolescents aged 9-14 completing the OVC primary prevention and DREAMS interventions increased.

HIV prevention packages should be outcome-based, gender sensitive, and age segmented. At a minimum, the primary prevention package for OVC and AGYW should include:

1. Skills-based HIV and sex education to develop a basic understanding of or comprehensive knowledge of HIV, personalize risk, and develop the self-esteem, decision making, and communication skills to make healthy life choices;
2. Access to age-appropriate HIV combination prevention services and commodities as appropriate such as condoms, pre-exposure prophylaxis (PrEP), voluntary medical male circumcision (VMMC), HTS, linkages to care and treatment, contraception, and sexual and reproductive health (SRH) services; and
3. Interventions to reinforce protective factors, such as school attendance and teen-parent communication, which have also been shown to reduce risk behaviors.

Applicants should describe the process for ensuring a high-level of coverage of adolescents aged 9-14 within each supported district, as well as the approach to recruiting and prioritizing those adolescents based on epidemiological evidence and other risk factors.

IR 1.2: Number of high-risk children and adolescents aged 9-14 linked to appropriate health and social services increased.

As part of the primary prevention exercise, the OVC program should undertake confidential, age-appropriate screening to identify those high-risk adolescents, caregivers, and/or siblings in need of more specialized services. This includes those requiring HIV, sexually transmitted infections (STI), and tuberculosis (TB) testing/screening, as well as those needing GBV screening, mental health support, and those at elevated risk for HIV who are eligible for comprehensive OVC case management.

The activity will support robust documentation and linkages between community-based primary prevention activities and other services, ensuring a bi-directional referral process. The Applicant will work with clinical partners to ensure appropriate follow-up is made to the beneficiaries to promote their continued access to health and social services. The Applicants will leverage these efforts to strengthen standardized systems to measure success in linking beneficiaries from community platforms to services and vice versa. Programming under this result should ensure partnerships with government and other key stakeholders build on PEPFAR investments to ensure that vulnerable children and adolescents are identified and linked with appropriate health and social services.

IR 1 Illustrative interventions include but are not limited to:

- Update and locally contextualize OVC prevention curriculum in line with best practices, national guidelines, and PEPFAR DREAMS technical guidance.
- Conduct household-level community-based mapping with community leaders to identify all eligible adolescents for participation in primary prevention activities.
- Conduct primary prevention activities using small group sessions.
- Identify high-risk adolescents who require OVC case management services.
- Establish and or strengthen bi-directional referrals between local partners and health facilities.

IR 1 Mandatory PEPFAR indicators:

- OVC_SERV (primary prevention)
- AGYW_PREV (in DREAMS districts only; enrolled, completed primary prevention, received one or more services)
- GEND_GBV (services provided, pre-exposure prophylaxis completed)

IR 1 Other illustrative indicators:

- Number of 9-14 year-old adolescents enrolled in primary prevention activities.
- Number of 9-14 year-old adolescents completing primary prevention activities.
- Number of adolescents successfully referred for HIV, STI, or TB testing.

IR 2: Share of C/ALHIV and high-risk children and adolescents who are healthy, stable, safe, and schooled increased.

Children and adolescents at elevated risk for HIV acquisition, as well as those already living with or significantly impacted by HIV and their caregivers, require comprehensive OVC case management interventions to ensure they remain healthy, stable, educated, and protected from physical, emotional, or sexual violence/abuse. In collaboration with PEPFAR-supported facilities and partners, the FILOVC Local Activity will establish MOUs with clinical IPs and use a bi-directional referral system in order to increase the enrollment of C/ALHIV, HEI, and other high-risk children, adolescents, and caregivers into the OVC comprehensive program.

The program will leverage these partnerships with clinical partners and health authorities to establish the universe of C/ALHIV within each catchment area, and it will leverage risk assessments conducted as part of the primary prevention activities, as well as referrals from community-based and facility-based partners, to identify other high-risk children and families in need of comprehensive OVC case management. Once biological children of PLHIV and other high-risk children and adolescents have been identified, the OVC activity will use highly targeted community-based index case testing to fill existing gaps and contribute to improved pediatric case identification.

Through targeted enrollment, recipient(s) of the FILOVC Local Activity will then work to steadily improve coverage of HIV-positive and at-risk children by screening and/or enrolling at least ~~80~~81% of all C/ALHIV on ART within activity-supported districts annually. Once at-risk families are identified and enrolled in comprehensive OVC services, case managers will develop family-specific action plans and conduct routine home visits to monitor child well-being, follow-up on referrals, and ensure progress against established benchmarks. For HIV-positive children and their caregivers, this will include an assessment of knowledge gaps and other barriers to care, the provision of critical information for improved treatment literacy, support of pediatric transition to new medications such as dolutegravir, and skills-building to support treatment adherence and retention in care.

OVC case managers will deliver differentiated, age appropriate OVC services for enrolled C/ALHIV, HEI, and their families that address the unique health, nutrition, education, protection, psychosocial, developmental, and economic challenges identified as part of the needs assessment. OVC case managers will regularly monitor the health, nutritional, educational, and socio-economic status of beneficiaries. Through targeted support, Applicants will ensure progress is made against established "graduation benchmarks" for each family.

Figure D.2 below shows PEPFAR's globally recognized OVC graduation benchmarks, which can be adapted to respond to the Mozambican context. Several of the benchmarks apply to the entire OVC household, indicating that assessments must work to support caregivers as well as child OVC beneficiaries. FILOVC Local Activity recipient(s) are expected to outline specific plans and interventions for ensuring progress against all eight of the graduation benchmarks listed below. Nutritional and educational support can take the form of both direct financial support, as well as strong linkages with other existing initiatives to ensure that OVC

beneficiaries and their families are "first in line" to receive support from GRM or other donor-supported initiatives. Applicants are encouraged to highlight existing initiatives that could be leveraged through partnerships with the FILOVC Local Activity.

Figure D.2. *PEPFAR Global OVC Graduation Benchmarks, PEPFAR Monitoring, Evaluation, and Reporting (MER) Guidance 2.6*

Benchmarks	Beneficiaries					House-hold
	All ages	HIV+	10–17 years	0–4 years	School age	
1. Known HIV status (or test not required)	✓					
2. Virally suppressed		✓				
3. Knowledgeable about HIV prevention			✓			
4. Not malnourished				✓		
5. Improved financial stability						✓
6. No violence						✓
7. Not in a child-headed household						✓
8. Children in school					✓	

IR 2.1: Share of C/ALHIV in program districts identified and enrolled in OVC case management services increased.

One of the central objectives of the FILOVC Local Activity will be to improve the coverage of C/ALHIV who are receiving ART services and enrolled in OVC case management. The FILOVC Local Activity will need to work closely with MISAU and clinical partners to understand the total numbers of known C/ALHIV, including the numbers accessing ART within each supported health facility, community, and district. The FILOVC Local Activity is expected to offer OVC enrollment to 90% or more of all HIV-positive children on ART in all activity-supported districts and aim for 90% uptake among those offered services; for a total coverage goal of 81% of all C/ALHIV within the catchment area of OVC-supported health facilities, within project-supported districts.

In addition to enrolling already diagnosed HIV-positive children, the FILOVC Local Activity will be expected to conduct risk-based screenings at the community-level to identify any children or adolescents eligible for HIV testing. Using MISAU-approved pediatric and adolescent risk-screening tools, the FILOVC Local Activity will be expected to conduct household-level risk screenings and to identify any untested biological children of PLHIV. This includes screening of participants completing the primary prevention packages as well as other children identified during the household-level mapping exercises or routine household visits as part of case management.

The FILOVC Local Activity will also be expected to offer high-quality, community-based IC-HTS for parents and children identified as eligible, including adolescent-specific, age-appropriate counseling. Any HIV-positive children identified via these approaches should be effectively linked with facility-based ART services and enrolled in OVC case management

services.

Activities under IR 2.1 will serve as an important entry point to the clinical cascade and will contribute to finding "well" C/ALHIV not diagnosed through existing facility-based or community-based testing approaches. Applicants should describe the proposed process for identifying, screening, and testing children at risk for HIV infection and, in accordance with national guidelines, facilitate linkages to facility-based services.

Coordination and integration with health facilities, PEPFAR clinical and KP partners, and local government authorities is crucial to closing the gap in pediatric HIV diagnosis, treatment, and viral suppression. HIV testing services also provide an opportunity to engage AGYW and their male partners on healthy sexual practices and linkages to other health services such as VMMC, family planning, SRH, and GBV prevention. The design of service modalities must be tailored and responsive to the identifying characteristics of older and out-of-school adolescent OVC and young women, including high mobility, poverty levels, and difficulty in participating in activities over an extended period of time.

Applicants should demonstrate how the activity will collaborate with existing community-based HTS and ongoing pediatric, adolescent, and adult ART retention support initiatives to avoid duplication and ensure that all OVC beneficiaries have access to comprehensive and effective adherence support services.

IR 2.2: Number of high-risk children and adolescents identified and enrolled in OVC case management services increased.

In addition to identifying and enrolling C/ALHIV, the FILOVC Local Activity will need to identify other high-risk children and families in need of OVC case management services. This includes children at elevated risk for HIV acquisition due to geography, family circumstances, school attrition, mental or emotional health, or known patterns of high-risk behavior. Eligibility for OVC case management must be HIV epidemiologically prioritized, contextually appropriate, and evidence-based. Given the need for high coverage of C/ALHIV, the program will not have unlimited resources available to support HIV-negative OVC beneficiaries. Therefore, Applicants must develop clear plans for prioritizing case management enrollment for the most vulnerable children and adolescents. Applicants must screen all children and adolescents referred for case management and establish objective processes to assess eligibility based on a prioritized set of criteria.

Provisionally, USAID has developed a list of non-exhaustive, non-exclusive characteristics and conditions that may qualify children and adolescents as eligible for case management. Children and adolescents may be enrolled in OVC case management who do not fit neatly into any of these categories on a case-by-case basis, as long as an assessment and prioritization exercise were completed with adequate justification and documentation.

Examples of eligible children and adolescents to be prioritized for OVC case management include:

- C/ALHIV
- Children with PLHIV caregiver(s)
- HEI who have interrupted treatment one time or more

- Children with one or more deceased primary caregiver, regardless of cause of death
- Children living in child-headed households
- Children of FSW and/or children of other KP groups
- Children who have experienced violence and/or are at risk of GBV
- Children displaced by social or political instability, including civil unrest

Children and adolescents known to be at elevated risk for HIV should be counseled and tested regularly, as per MISAU guidance. Referral and enrollment procedures, as well as the quality of educational, nutritional, and socio-economic support services, should be equivalent for HIV positive and HIV negative OVC beneficiaries. FILOVC Local Activity Applicants should explain in detail how OVC beneficiaries will be effectively linked with appropriate support services that meet the unique challenges and needs of all case managed OVC beneficiaries, regardless of HIV status.
It is important to recognize that FILOVC Local Activity Applicants are not expected to reach all children at elevated risk for HIV acquisition within project areas, and resources must be allocated according to a prioritization that accounts for epidemiological, as well as contextual factors. In areas of the country with large child IDP populations such as in Cabo Delgado and certain districts in Nampula, children should be prioritized and supported based on available resources, and in line with Provincial and/or district-level targets approved by USAID each year.

IR 2.3: Number of C/ALHIV and high-risk OVC who receive educational, nutritional, socio-economic, and/or ART adherence support increased.

Once enrolled, all OVC family members will have a case plan developed by a trained community case worker or volunteer. The case plan lays out the needs and appropriate responses to those needs, including services provided directly by the FILOVC Local Activity and existing resources leveraged through effective linkages and referrals.

Interventions for all OVC and their caregivers should be designed to keep the family healthy, safe, stable, and schooled, utilizing case management as the foundation. A family-based approach should ensure that interventions benefit not just the index child in the family, but the entire household. A robust case management and referral process will support the continuum of HIV care, while integrating and leveraging other existing programs to ensure that OVC and family members are successfully linked to appropriate nutrition, education, and economic resilience services. This activity should provide adequate access, including assisted and completed referrals to a wide range of social protection, prevention, care, and treatment services, based on the changing needs and circumstances of each family. Where appropriate, the activity must also be able to support facility-based case management for OVC beneficiaries and their caregivers who may prefer the facility over home visits for a variety of reasons.

All enrolled C/ALHIV, HEI, and their families require differentiated OVC service packages that address their unique health, nutrition, education, psychosocial, and economic strengthening needs. The Activity will provide HIV-inclusive family-based case management with routine home visits to regularly monitor child well-being. These visits will also enable the Applicants to provide knowledge and skills-building opportunities to OVC caregivers in support of HIV treatment adherence and retention among both C/ALHIV and HIV-positive caregivers. The Applicant must clearly articulate the interventions and the frequency of

household visits needed to support and monitor ART retention, adherence, and VL suppression. Community-based follow-up for HIV positive OVC beneficiaries should also include support for age-appropriate HIV status disclosure, support for dosing and shifts to new pediatric drug regimens, and asset-based mentoring groups such as adolescent adherence support groups.

The OVC program in Mozambique is uniquely positioned to support HIV positive adolescents as they face the enormous challenges associated with HIV diagnosis, acceptance, and treatment adherence. Applicants must clearly articulate plans to ensure that all HIV positive adolescent OVC beneficiaries are i) linked to, adherent and retained in HIV care and treatment services; ii) virally suppressed; iii) socially and emotionally prepared to accepted their diagnosis; iv) adequately prepared to mitigate opportunistic infections and navigate their own nutritional health; v) well versed on their rights and responsibilities regarding disclosure, consent, secondary infection, and prevention; vi) fully prepared to transition into adult ART care; and vii) informed of the risks and choices involved in becoming sexually active.

There is substantial evidence that impaired mental health leads to negative health outcomes at every step of the HIV care continuum from diagnosis to viral suppression. Unfortunately, public sector healthcare workers (HCWs) in Mozambique are often not well equipped to address mental health challenges. These workers face significant occupational stress, high levels of absenteeism, and burnout, all of which have been exacerbated by the recent COVID-19 pandemic. It is critical for the Applicant to ensure linkages to adequate psychosocial and emotional support for OVC beneficiaries do not rely entirely on referrals to the public health system. Applicants should provide clear plans for providing adolescent-specific psychosocial support, as well as access to professional mental health services for affected OVC beneficiaries regardless of HIV status.

Family-based OVC case management should also endeavor to provide a safe and nurturing environment for all children within their place of residence. A poor care environment can inhibit healthy development in children, shift family resources away from children, and introduce new risk factors such as violence, abuse, and neglect. Many factors shape the care environment for children at home, including cultural norms and the psychosocial health of caregivers. Evidence-based parenting models can be used to reinforce and strengthen caregivers' ability to monitor, discipline, interact with, and communicate with their children. These models seem particularly effective and efficient when delivered through existing social groups and integrated with economic strengthening activities. Parenting models should be chosen that have evidence of effectiveness, are age-specific, are adapted to the sociocultural context, are HIV sensitive, and address issues associated with GBV. The recipient(s) should plan to use the *Positive Youth Development Framework* to ensure children and adolescents are healthy, productive, and engaged in enriching and educational activities in their home environment.[35] The framework provides guidance on how to increase young people's self-concept and agency, improve awareness of and use of existing assets, and contribute to an enabling peer group and supportive social network.

Economic stability and welfare at the individual and family level can lead to multiple positive outcomes for OVC beneficiaries, including: reduced risky behaviors, better nutrition, improved educational outcomes, improved psycho-emotional health, and improved adherence to ART treatment. The FILOVC Local Activity will employ evidence-based strategies to

[35] https://www.youthpower.org/positive-youth-development-pyd-framework

build the economic and social capital of parents and caregivers so they may meet their children's educational, nutritional, and health needs. The Applicants will deliver models through existing groups and integrate them with market-based economic strengthening activities to enhance effectiveness.
Educational support will be a critical component of the OVC case management approach. Using the family-centered case management approach, the activity should assess children's eligibility to enroll in school, monitor children's school attendance and progression (including transition from primary to secondary), and identify those who may be at risk of dropping out of secondary school. Primary and secondary school enrollment is not only a minimum requirement for OVC graduation, but also a critical factor in reducing risk behaviors and improving health, reducing early marriage or pregnancy, and assuring life-long economic independence and resilience. The FILOVC Local Activity must ensure resources are available to support all eligible OVC beneficiaries with school-related incidental costs such as uniforms, books, and transportation, which may be a barrier to school attendance. Counseling with parents on the importance of school enrollment and attendance will also be a critical component. Where necessary, remedial education support should also be provided for OVC case-managed beneficiaries who are at risk of attrition or are not meeting minimum standards for age-appropriate academic progression. The activity should target OVC who have dropped out of school with support for re-enrolment into the formal and non-formal education system.

Nutritional support should take the form of both broad-based nutritional education and targeted subsistence support for chronically malnourished children and families, based on available funding. The FILOVC Local Activity Applicant should explain how the program will leverage existing nutrition support programs to ensure that at-risk and vulnerable case-managed OVC families are prioritized and attain access for adequate nutrition security. This will be especially important for those PLHIV and C/ALHIV who are unable to adhere to treatment due to food insecurity. Nutrition education should focus on locally available and sustainable staples and fortified products that can improve dietary diversity, including age-appropriate preparation instructions and specific recommendations for seasonally available food sources. Nutrition approaches should be based on available evidence of common deficiencies within program-supported areas.

IR 2 Illustrative interventions include but are not limited to:

- Establish MOUs with clinical partners and MISAU to ensure bi-directional referrals and data sharing for OVC beneficiaries
- Conduct risk-based assessments and community-based index case testing to identify undiagnosed C/ALHIV and enroll them in OVC case management
- Develop support structure to counsel and educate HIV-positive adolescents on transition to adult HIV care and treatment
- Provision and/or linkage to comprehensive nutritional, educational, and/or socio-economic support services for OVC case-managed families, based on need

IR 2 Mandatory PEPFAR indicators:

- OVC HIV_STAT (HIV testing status, ART enrollment status)
- OVC_SERV (number of case managed children and caregivers, number graduated)

IR 2 Other illustrative indicators:

- % of OVC and their caregivers with known HIV status

- Number of children and adolescents screened for risk and/or symptoms of HIV
- Number of children and caregivers tested for HIV using community-based index case testing approach
- Number of OVC-enrolled beneficiaries who receive nutritional, educational, and/or socio-economic support services
- Number of OVC-enrolled beneficiaries who meet minimum graduation benchmarks

IR 3: Quality and effectiveness of OVC prevention and case management services improved.

Any program that directly interacts with and serves highly vulnerable populations must have rigorous safety and quality assurance systems in place to ensure that the interventions are having the desired impacts, as well as to prevent and mitigate any detrimental social harm effects or outright professional misconduct. OVC programming in Mozambique serves hundreds of thousands of beneficiaries in geographically dispersed areas. Systems of control and quality assurance must be clearly defined and integrated into all aspects of activity design. Front-line OVC providers and case managers must be carefully recruited, adequately trained, and well-supervised. Project data systems must be protected for confidentiality and subject to regular validity checks and data quality audits (DQAs), including reviews of primary source documents.

For each case-managed OVC beneficiary, an action plan must be developed that includes specific and measurable activities and goals and that can be verifiably monitored over time. Wherever possible, the FILOVC Local Activity should prioritize non-self-reported indicators of progress against these goals. For example, the program should triangulate self-reported HIV retention with actual clinical registers or ART appointment cards. The program should ensure that a standardized, client-level data collection system is established that allows the program to monitor individual beneficiary-level progress against these action plans on a regular basis. Action plans should also be updated regularly, as per established standard operating procedures (SOPs) for OVC case management.

In addition to managing and measuring the quality of the program through internal measures, FILOVC Local Activity Applicants must demonstrate a clear plan for conducting regular external assessments that capture the anonymous perspectives of OVC beneficiaries and stakeholders using representative sampling techniques. Without quantitative and qualitative feedback from OVC beneficiaries, it is difficult to ascertain whether the program is perceived to be culturally sensitive, gender sensitive, and enhancing the lives of the intended beneficiaries in the intended ways. Responses from beneficiary and stakeholder assessments should always be anonymous to protect the validity of the results and the confidentiality of those responding.

IR 3.1: Improved recruitment, training, and supervision of front-line OVC providers.

The skills required to identify, assess, prioritize, refer, and support OVC in primary prevention and case management services are both diverse and highly specialized. Job descriptions, educational requirements, and compensation schedules for OVC providers and case managers should match the responsibilities of the position. Front-line OVC field teams should include inter-disciplinary and specialized skills (e.g., clinical, psychology, child development) that allow the program to effectively establish referral systems and offer direct

services, where needed. FILOVC Local Activity Applicants are expected to provide clear plans for recruitment and training to address these diverse needs.

Applicants must also develop clear plans for managing the quality of services provided by OVC front-line workers. This includes adequate supervision, as well as external evaluation approaches that involve direct observation, mentorship, systems for recognizing and publicly appreciating strong performance, and anonymous feedback from OVC beneficiaries and other community-level stakeholders. Critical input from beneficiaries and external stakeholders must be regularly reviewed by OVC program senior staff, and key findings should be shared with USAID along with quarterly programmatic data and other results.

The FILOVC Local Activity recipient(s) are expected to establish clear minimum quality standards for each element of the program and to implement the robust monitoring activities outlined above. Data validation and audit plans should be planned for and executed using a "highest-risk, highest priority" approach.

In addition to routine data and service quality monitoring, Applicants should put in place detailed plans to protect the safety of OVC beneficiaries from occupational misconduct, including GBV, sexual exploitation, and other social harm events that could occur during the implementation of the activity as a result of the economic and social power imbalances inherent to work supporting highly vulnerable populations. These beneficiary protection systems should include training on USAID Counter Trafficking In Persons (C-TIP) Code of Conduct, as well as well-advertised internal policies and systems for anonymously collecting reports of abuse, sexual harassment, coercion, fraud, or other misconduct by OVC front-line workers or supervisors.

IR 3.2: OVC providers' technical approach strengthened and prioritized for maximum beneficiary impact.

The success of the OVC program should be primarily demonstrated through quantitative results captured at the individual and household level. These results should be aligned with OVC beneficiary action plans and should be verifiable using primary source documents such as school enrollment records, ART appointment cards, VL test results, child growth charts, or family savings/bank deposit records. OVC Case Managers should be trained on how to establish measurable and achievable action plan benchmarks, as well as on approaches for documenting and verifying these results.

OVC case managers must also be trained to identify the contextual and individual-level barriers most likely to slow progress in each of the identified action plan benchmarks. OVC case managers should prioritize the most critical areas and establish and support specific, achievable behavioral goals for each action area. Resources should be rationalized and prioritized for those behaviors and contextual barriers that are possible to change with available program interventions and which would also result in maximum impact for the OVC beneficiary and their family.

OVC supervisors should have data systems in place that allow for real-time identification of OVC beneficiaries who are not progressing against established benchmarks. Additional supervisory support should be made available in a timely fashion to address these situations. Clear systems should also be in place to allow for timely and effective responses to individual

or family crises, as well as economic, pandemic, climate, or other environmental shocks. The activity should establish clear procedures for the justification and documentation of the allocation of additional "social emergency" resources in an objective manner that contributes directly towards the activity's objective.

IR 3 Illustrative intervention include but are not limited to:

- Establish internal systems of control and quality assurance measures for all program activities, as well as systems for data validation and triangulation
- Strengthen OVC case management training to improve identification of achievable behavioral goals and to prioritize individual and contextual barriers
- Strengthen quantitative data collection systems to allow for real-time monitoring of progress against individual and family-level action plans

IR 3 Mandatory PEPFAR indicators:

- OVC HIV_STAT (HIV testing status, ART enrollment status)
- OVC_SERV (number of case managed children and caregivers, number graduated)
- GEND_GBV (number screened, number receiving post-rape-care support, number receiving PEP)

IR 3 Other illustrative indicators:

- Share of case-managed OVC beneficiaries who make timely and measurable progress against established action plans.
- Number and % of OVC providers and case managers meeting or exceeding quality assurance standards for OVC service provision (as measured by both the health system and beneficiary feedback).
- % of case-managed OVC beneficiaries regularly attending school
- % of case-managed OVC beneficiaries not considered malnourished
- % of case-managed OVC beneficiaries who progressed in school during the past year
- # of case-managed OVC beneficiaries referred to and received social system benefits

IR 4: National child protection systems strengthened.

Programming under this result should ensure partnership with the GRM and other key stakeholders to build on PEPFAR investments in strengthening an HIV-sensitive and publicly funded child protection, social work, GBV mitigation, and case management system for vulnerable children in Mozambique. The FILOVC Local Activity will coordinate closely with the GRM at all levels to ensure that vulnerable children are identified, prioritized, and linked with social protection services according to GRM guidelines. Mozambique's national child protection and case management system is implemented within the framework of the National Strategic Plan for Vulnerable Children, under the auspices of the MGCAS. PEPFAR has supported the development of the HIV-sensitive case management system and piloted activities to roll out implementation at provincial and district levels. This FILOVC Local Activity must continue to strengthen the capacity of the GRM to coordinate, monitor, and establish clear quality standards for HIV-sensitive case management of vulnerable children in Mozambique.

In Mozambique, MGCAS establishes Community Child Protection Committees (CCPCs), which receive institutional, technical, and financial PEPFAR support, at the local community level. CCPCs work directly with community-based organizations (CBOs), faith-based

organizations (FBOs), and other civil society organizations (CSOs) to implement HIV-sensitive case management directly. The FILOVC Local Activity should continue to support district and community level social workers in the implementation of HIV-sensitive case management and to strengthen the capacity of CBOs to implement core OVC and AGYW interventions.

IR 4.1: GRM ability to coordinate OVC response at national, provincial, and district level measurably improved.

The multi-sectoral nature of OVC interventions requires a well-coordinated response at the national, district, and community levels. The FILOVC Local Activity will need to effectively engage and bolster MGCAS while also broadening GRM, MISAU, and CNCS participation in OVC planning and oversight at the national, district, and local levels. Applicants should describe their approach to strengthening GRM's capacity to support the implementation of high-quality OVC programming, as well as the steps that will need to be taken to facilitate data sharing and strong collaboration between the FILOVC Local Activity, PEPFAR-supported clinical partners, MISAU, MGCAS, and other stakeholders.

The FILOVC Local Activity will need to work closely with GRM to leverage existing social workers effectively and ensure that existing cadres of community-based staff are adequately trained to provide effective OVC case management services. The activity should include support for district- and community-level training of social workers and supervisory cadres on updated HIV-sensitive case management approaches.

USAID/Mozambique is committed to building local capacity in Mozambique through strengthening the capacity of local Mozambican organizations to implement and manage donor-funded projects, with the goal of improving aid effectiveness and sustainability, increasing competition, and broadening USAID's partner base. To this end, a component of the FILOVC Local Activity will focus on developing local capacity by mentoring and providing institutional strengthening support for CBOs. USAID requires that Applicants dedicate resources for improving the institutional capacity and sustainability of local OVC sub-recipient organizations.

Institutional capacity building should include on-the-ground technical and programmatic mentorship. However, this may also include updating financial systems, establishing an internal audit function, supporting the establishment of a local independent board of directors with by-laws, creating appropriate systems of control for managing multiple donor accounts, and establishing transparent procurement procedures. Sub-recipient institutional strengthening should aim to support local organizations to be able to independently solicit and directly receive USAID and other donor awards. USAID expects that participating local organizations will have sufficient capacity to continue to provide program services even with the conclusion of USAID funding.

IR 4.2: Systems for monitoring OVC coverage of C/ALHIV, ART adherence, viral suppression, and health and development outcomes improved.

Effectively managing this FILOVC Local Activity will require a sophisticated, client-level data capture system that is able to monitor individual and household-level progress over time against established project benchmarks. In addition to monitoring OVC program data, the

activity will be required to closely monitor several clinical data of OVC beneficiaries and/or their caregivers, including ART retention and viral suppression results. Harmonizing beneficiary clinical data with self-reported data, as well as tracking coverage of C/ALHIV and updating beneficiary household-level visit schedules, will require complex data systems. USAID expects that Applicants will quickly develop and/or improve upon existing OVC data systems capable of monitoring all aspects of program performance. Data sharing agreements with multiple parties and regular DQAs will be needed for these systems to function as designed. In addition, Applicants will be expected to contribute to the design and implementation of national social work and/or OVC case management data management systems.

Applicants are expected to demonstrate, as part of their technical application, evidence of robust M&E and quality assurance capacity capable of designing and implementing highly complex OVC reporting systems that respond to the evolving needs of OVC programming. USAID encourages Applicants to seek local and/or international partnerships or consortia to ensure that specialized M&E and program quality improvement skills are part of the proposed implementation team. Applicants will also be expected to harmonize all M&E efforts with existing standardized OVC data collection and reporting systems, which will require continuous cooperation and collaboration with USAID's other ongoing OVC program recipients.

IR 4 Illustrative interventions include but are not limited to:

- Support GRM to ensure effective technical leadership and supervision of OVC and GBV activities at national, provincial, and district levels.
- Train government supported social workers on HIV-sensitive OVC case management approaches.
- Support GRM to develop and/or strengthen beneficiary-level tracking and other programmatic data capture and reporting systems.

IR 4 Other illustrative indicators:

- # of community child protection committees established and/or strengthened with clear TOR, established budgets, and staffing.
- % of GRM-led data quality audits meeting minimum standards for data completeness and strong internal systems of control and verification.

5. Other Technical Considerations

Throughout implementation of the tasks outlined above, the Applicant will be expected to consider several technical considerations and should incorporate a description for how each of these considerations will be addressed within their technical approach.

Child Safeguarding

Because the activities to be funded under this Activity involve direct contact with children and therefore could raise the potential of child abuse, the Applicant must describe how appropriate measures to prevent, mitigate, and respond to child abuse both in the Activity implementation and by project personnel will be addressed. Please see USAID guidance found here[36] and detailed in Automated Directives System (ADS) 303maa, M.27.

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

HIV-focused
Applicants must show how the OVC program implements HIV sensitive case management and how it supports the pediatric treatment cascade directly, from supporting early diagnosis and ensuring referrals and enrollment in care to supporting adherence and retention of children and adolescents at the community level. OVC programs are expected to target services at high-risk HIV+ children and adolescents, prioritize retention and adherence counseling, increase collaboration with clinicians to provide wrap-around services, and prevent loss to follow-up (LTFU) for the highest-risk children and adolescents.

Gender Integration
Gender integration entails the identification and subsequent treatment of gender differences and inequalities in the project design, implementation, monitoring, and evaluation. Gender equalizing strategies and approaches that promote increased access to resources and opportunities for women should be at the heart of this design. Applicants should also consider male engagement strategies and describe how such interventions will be incorporated to enhance gender equity, norm changes, foster child protection efforts, and reduction of inequalities by addressing the gaps that maintain these disadvantages. Linkages with ongoing male engagement efforts should also be highlighted.

Sexual and Gender-based Violence
By mainstreaming GBV prevention and response, this Activity will address the underlying causes of violence, improve GBV prevention and protection services, respond to the health and economic needs of those affected by GBV, ensure support to first responders in prevention and response efforts, and provide support for survivor-centered prevention and response protocols.

Mitigating HIV risk and preventing violence is critical to reducing HIV incidence and the prevalence of violence against children (VAC), including sexual violence, which is a contributor to new HIV infections. The activity should aim to prevent HIV and sexual violence among 9-14 year-old girls and boys in high burden communities; increase education access, retention, and progression among at-risk AGYW; strengthen positive parenting and parent/child communication; increase caregiver and community knowledge about VAC and GBV; improve VAC and GBV reporting; increase access to VAC and GBV response services, including comprehensive post-violence care and support; and provide combination HIV prevention services. Particularly among local communities in general and AGYW in particular, the understanding of violence and what constitutes rape, the availability of PEP, the need for GBV survivors to seek immediate post-violence care, and the process to go about accessing care is poor. The Activity will be expected to identify and scale evidence-informed approaches for addressing prevention of GBV and VAC to ensure that AGYW, their male partners, and their caregivers are aware of what constitutes GBV and where to seek services. For reducing social tolerance of GBV and VAC, the activity will build on the substantial work undertaken to engage community leaders on GBV, child abuse, and post-violence care models.

Adolescent Girls and Young Women
The epidemic pattern and dynamics require programming that cuts across age and gender. New HIV infections among AGYW are substantially higher than among males of the same age, because HIV is more commonly acquired from male sexual partners who are a few or several years older. Gender inequality also disproportionately affects AGYW, but Applicants

should address this challenge by working with both women and men to consider not only unequal power dynamics, but also risky behaviors and underlying social and gender norms.

Community and Clinical Coordination
A combination of robust direct services, coordination between community- and facility-based services, and effective referrals and linkages for children, adolescents, girls, and households affected by HIV and AIDS is essential in achieving the goal of improving the health, nutritional status, and well-being of the PLHIV living in PEPFAR priority districts. Close collaboration with PEPFAR-supported clinical partners, relevant GRM institutions, civil society stakeholders, the private sector, and other local community structures is expected. Coordination with clinical partners and health facility staff will be essential to ensure appropriate case management and integration of community and facility-level referrals and activities.

Positive Youth Development
All interventions should engage OVC to create healthy, productive, and engaged youth to increase their assets, increase their agency, encourage their contributions, and enhance their enabling environment.

- Assets: Youth have the necessary resources, skills, and competencies to achieve desired outcomes.
- Agency: Youth perceive and can employ their assets and aspirations to make or influence their own decisions about their lives and set their own goals, as well as to act upon those decisions in order to achieve desired outcomes.
- Contribution: Youth are engaged as a source of change for their own and for their communities' positive development.
- Enabling environment: Youth are surrounded by an environment that develops and supports their assets, agency, access to services, and opportunities, as well as strengthens their ability to avoid risks, stay safe and secure, be protected, and live without fear of violence or retribution. An enabling environment encourages and recognizes youth while promoting their social and emotional competence to thrive. The term "environment" should be interpreted broadly and includes social (e.g., relationships with peers and adults), normative (e.g., attitudes, norms, and beliefs), structural (e.g., laws, policies, programs services, and systems) and physical (e.g., safe, supportive spaces) environments.

6. Strategic Considerations

Gender Analysis

With a rate of nearly one in two girls, Mozambique has one of the highest rates of child marriage in the world and the second highest rate in the eastern and southern African sub-region. About 48% of women in Mozambique aged 20-24 were first married or in a union before the age of 18, and 14% before the age of 15 (DHS, 2011). Ending VAC and child marriage is a priority for the USAID OVC program.

Children and youth face gender barriers that impede their access to education, health services, and economic opportunities. These barriers ultimately make this group more vulnerable to HIV infection and contribute to their inability to obtain treatment. Economic and social disparities leave young women and girls especially susceptible to GBV, domestic violence,

discontinuation of medical care and treatment, sexual exploitation, and human trafficking.

For USAID, gender equality and women's empowerment are vital to achieve sustainable development and positive health outcomes. This Gender Analysis is designed to assess the gender challenges and risks that vulnerable children, youth, and orphans face with regards to HIV infection and treatment in Mozambique, including recent advancements and challenges in gender equality and female empowerment, particularly within the health sector. This Gender Analysis is designed to guide all USAID OVC programs in the delivery of results-based activities that improve gender-equitable access to health, HIV, and social services among adolescents in Mozambique, thus reducing gender imbalances as well as HIV/AIDS-related morbidity and mortality among OVC in Mozambique. This Gender Analysis concentrates on five key domains:

1. Laws, policies, and institutional practices that influence the context in which men and women make decisions:

Mozambique has a legal framework that addresses many of the gender barriers that adolescents and OVC's face regarding HIV/AIDS prevention and treatment. However, these laws, policies, and strategies are not always well-known, -funded, -implemented, or -monitored.

The *Gender Inclusion Strategy for the Health Sector* (2018-2023) recognizes the need to produce material on promoting SRH and rights for adolescents. The strategy and its subsequent *Male Engagement Package* (2018) acknowledge gender barriers that men face and lay out strategies to better engage men in the health sector. Because men tend to access health facilities at a much later stage of HIV infection, the package has activities to improve care for men in health facilities by advising men to test for HIV. It also includes activities around prevention of GBV, particularly against women and girls, and discussions around toxic masculinities and SRH in general.

Although the *National Action Plan to Respond to Gender-Based Violence in the Health Sector* (2019-2022) does not address OVC specifically, it does address Adolescent and Youth-Friendly Services (SAAJ, or Serviço Amigo do Adolescente e Jovem) for better programming around GBV prevention, as well as integration of youth in GBV prevention activities. Furthermore, the minimum essential package for cases of sexual violence includes prophylaxis for HIV (i.e., PEP) and psychological support.

Because young girls and OVC are at a greater risk of being forced into a union or marriage, the *National Strategy to Prevent and Combat Child Marriage* (2016-2019) is an important document for this group (and the law also followed.) Premature unions may not only lead to early pregnancy, but they can put young girls at a higher risk of HIV infection by their much older partners, who often have other wives. The general goal of the Strategy is to eliminate forced unions throughout the country. Specifically regarding OVC, the Strategy aims to distribute uniforms and school supplies to OVC. This is important, as these boys and girls often must leave school because they cannot afford these materials. The strategy also details actions on advising young people to test for STIs and HIV, providing access to information on SRH, and supporting ART treatment for girls.

Further, orphans and young widows are often removed from their homes by the deceased husband's family, leaving them in precarious situations. Customary law also often excludes

women and girls from inheritance. The Family Law (Lei n.º 10/2004 de 25 de Agosto) protects widows—even those married in traditional marriages—and children born outside of wedlock. Orphans have the right to inheritance of the deceased parent; however, they do not always enjoy these rights. Similarly, the Land Law (Lei nº 19/1997 - Lei de Terra) states that the right to use land can be inherited without discrimination of one's sex.

Because orphans live in more vulnerable situations, the *National Basic Social Security Strategy* (2016-2024) aims to give allowances to orphaned children who live in poor/vulnerable households. While this strategy does not have detailed actions that address specific gender barriers, it includes a "gender approach in the actions to prevent and respond to social risk."

The *HIV, Syphilis and Hepatitis-B Triple Elimination Plan* (2020-2024) also addresses some gender barriers. It aims to promote responsible fatherhood and parenthood for couples who are HIV positive. It also ensures that children who are exposed to HIV are diagnosed and initiate ART as soon as possible. The Plan also aims to reduce vertical transmission of HIV and to offer PrEP to pregnant women who are with HIV+ partners. The plan also looks to increase the number of HIV+ adolescent women and youth who are diagnosed before pregnancy, which includes increasing testing in schools and SAAJs.

The *National Plan of Action for Children* (2013-2019) does not have specific actions addressing orphans, although it has some relevant activities that address gender and youth barriers. These include expanding SAAJs in the country as well as combating sexual exploitation and abuse, forced unions, and child labor. Similarly, the Youth Policy and its Implementation Plan also do not address orphans specifically. However, specific actions are proposed to support gender equity (e.g., training and vocational education opportunities, gender-balanced public awareness campaigns for SRH, rights, and HIV, etc.)

Lastly, as OVC are vulnerable to human trafficking, Mozambique's anti-trafficking law focuses on women and children (Lei no 6/2008) and penalizes trafficking for labor and sexual exploitation, with penalties between 16-20 years in prison. It also describes protection measures for survivors such as housing, medical assistance, psychological support, legal assistance, and education.

2. Cultural norms and beliefs:

Gender norms can greatly impact health outcomes, especially with regards to HIV knowledge, infection, and treatment. These norms and practices impact the lives of Mozambicans from a young age. Mozambique's patriarchal society means that women, especially young women, are only valued for their reproductive and domestic roles. A 2019 report on Child Poverty in Mozambique revealed that not only are girls removed from school at a higher rate, but reported cases of domestic violence, including sexual and GBV, are also higher for girls. Young women also face sexual assault and abuse in schools and public spaces.

Another form of GBV which girls and young women face is forced unions. As stated above, a 2015 report found that 48% of girls are in a forced union before they are 18 years old (14% of whom were "married" before the age of 15), making Mozambique the country with the 9th highest premature union rate in the world. Although premature unions are attributed to gender norms and the inferior position in which girls and women are placed in society, these unions

are also attributed to extreme poverty in households. These unions are also a traditional way of ensuring that girls continue to care for household issues while boys are sent to school. Families that cannot afford to care for their children may choose to marry their daughters off for a bride price (i.e., a dowry). In a country that highly values fertility, these unions often result in early pregnancy, which is encouraged even at a young age. The 2011 DHS showed that 38% of girls between the ages of 15-19 had already been pregnant at least once.

Traditionally, masculinity traits promote risky sexual behavior, which increases men's vulnerability to HIV infection. Society's definition of manhood is attributed to their virility, violence, and unemotionality. This means that men and boys are unlikely to or rarely access health services, are exposed to alcohol/drug use, are susceptible to labor exploitation, and/or underreport experiences of sexual violence. On the supply side, health facilities are also often not equipped to welcome men and boys or to meet their needs, resulting in implications with HIV testing, treatment, and retention.

Gender barriers and norms are often exacerbated for orphaned girls and boys, who already face stigma and discrimination when their parents have died of AIDS, regardless of their own HIV status. A 2011 study analyzing HIV infection rates among orphaned youth in sub-Saharan Africa estimated that "orphaned youth experience nearly two-fold odds of testing positive for HIV." Within this group, there is a higher risk for adolescent orphaned girls to contract HIV. The same study also showed that orphaned girls were more likely to have been pregnant compared to non-orphaned girls. Girls who are orphaned are often required to generate income for their family, and they are thus more likely to drop out of school in search of work, more likely to engage in risky behavior such as sex-work or transactional sex, and at significantly increased risk of HIV infection.[37]

3. Gender roles and responsibilities:

Gender roles impact all aspects of Mozambican society and culture, from economic growth to the health and well-being of the overall population. Mozambique continues to make efforts to improve the protective environment for women and girls, both in the context of HIV and more broadly. However, progress is slow; the HIV epidemic maintains a significant gender dimension with AGYW taking on the highest levels of overall vulnerability and, consequently, the highest incidence of new infections. Factors driving this include poverty and harmful socio-cultural and gender norms and practices that continue to position women as inferior to men. These trends are similar across neighboring countries in the region.[38]

Mozambique has significantly lower national literacy levels among women as compared with men, high infant and maternal mortality rates, limited female representation in government (at local and national levels), and high estimated rates of GBV against girls and women nationwide.[39] According to the "feminization of poverty" theory, women's power inequalities render them especially vulnerable to HIV infection, and this is true in Mozambique.[40] In the

[37] Operario, Don et al- *HIV infection and sexual risk behavior among youth who have experienced orphanhood: systematic review and meta-analysis* (2011)
[38] Tvedten, 2011; Estavela and Fleury Seid, 2015.
[39] SANAC National Strategic Plan for HIV, TB and STIs 2017-–2022 [homepage on the internet]. 2017. [cited 2017 Mar 31]. Available here.
[40] Gender inequality dynamics in the prevention of a heterosexual HIV epidemic in sub-Saharan Africa.

patriarchal cultures of Maputo, Gaza, and Inhambane, men are seen as dominant in the family as well as in society at large. In addition, men are seen as more intelligent than and superior to women. Female subordination is rooted in a set of customary and legal constraints that limit women's access to public, economic, educational, and other societal resources.[41] Women and girls therefore face several unique challenges that affect their ability to protect themselves from HIV and/or AIDS and its effects.

In Mozambican society, women are seen as the ones who are responsible for the domestic realm, regardless of the burden of their other responsibilities. As an extension of their reproductive role, women are viewed as the primary caretakers in their families, while men are traditionally viewed as economic providers and decision-makers. This means that health services are often seen as "women's services," as they cater more to women's reproductive needs. Even youth-friendly services tend to cater more to young women than to young men. SRH campaigns also tend to focus on FP and pregnancy, thus excluding men from critical information and in some cases ignoring men's unique sexual health needs. Young girls are universally tested for HIV during prenatal and postnatal consultations, and they therefore have much higher awareness of their HIV status and improved treatment coverage. Men, however, tend to learn their HIV status more irregularly and tend to experience later ART initiation. Although men are often decision-makers when it comes to FP at the household-level (e.g., how many children to have, whether to use contraceptives, when to have sexual relations), they are often excluded from HIV and SRH campaigns and services.[42]

As a result of HIV/AIDS-related illnesses, many female orphans assume responsibility of, and care for their siblings and sick family members. In the last Demographic Census of 2017, there were 10,155 households headed by children between the ages of 12-14. Around 70% of these households are in rural areas and in which there is a higher number of households headed by girls. Both girls and boys will leave school in search of income; however, girls are more likely to "exchange sex for food or be forced into prostitution."[43]

Culturally, the elderly—especially grandmothers, many of whom already live in poverty—tend to care for grandchildren who are orphaned due to HIV/AIDS. These women tend to have lower levels of education and may lack basic information on HIV/AIDS, SRH, and their rights. They often cannot afford schooling for their grandchildren and may de-prioritize education over income-generating activities to support the newly-extended family.[44]

4. Access to and control over assets and resources:

Adolescent girls and boys in Mozambique have access to youth-friendly services that are meant to cater to their specific needs. However, in 2020, USAID conducted a Youth Assessment which identified youth's perceptions of barriers to health services and other facilities;[45] during a series of focus group discussions conducted as part of this assessment,

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Wathuta J. Afr J AIDS Res. 2016; 15(1):55-66. [PubMed] [Ref list]

[41] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6244456/#CIT0007

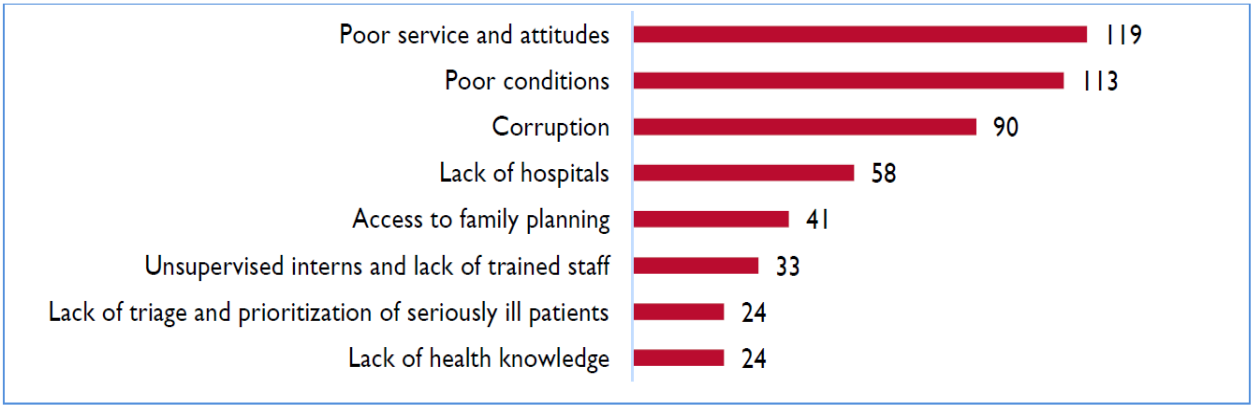
[42] https://www.unicef.org/mozambique/en/adolescent-social-norms (accessed on June 23rd, 2021)

[43] Instituto Nacional de Estatística- IV Recenseamento Geral da População e Habitação- (2017)

[44] https://reliefweb.int/report/mozambique/mozambique-how-keep-children-school-support-grandparents (accessed June 7th, 2021)

[45] USAID/MMEMS- *Cross-sectoral Youth Assessment* (2020)

young women and men consistently mentioned the following perceived constraints:



SAAJ staff are not often trained in how to address girls' and boys' gender barriers, which can also deter their visits to these facilities. There is also the issue of misinformation around STIs and HIV. According to the assessment, some young women do not fully understand that some FP methods that prevent pregnancy do not also prevent transmission of STIs and HIV. SAAJ staff do not always properly deliver information, and they are sometimes rude to the young women and men who visit their facilities.

One element of health service access considers the need to uptake ART treatment and testing, especially since HIV positive pregnant women between 15-19 years old have low retention rates. While many studies have concluded that orphaned adolescents have higher rates of HIV due to riskier sexual behavior and horizontal transmission, one study conducted in 17 sub-Saharan countries (including Mozambique) concluded that while "sexual transmission undeniably contributed to HIV prevalence in the general adolescent population, mother-to-child transmission appears to be a stronger explanation for the higher HIV rates among orphaned adolescents…Results imply that a substantial percentage of a key adolescent risk group, the 13 million orphans in Africa, may already be infected."

Although there is evidence of high HIV infection through sexual intercourse by vulnerable youth and orphans, it is important to consider these results in programming. This, coupled with lower rates of retention of young pregnant women, means that OVC projects and activities should focus on both horizontal and vertical transmission of HIV.

Access to income is another challenge for OVC and youth. This group often lives in poverty without many opportunities for income generation. In 2019, youth unemployment in Mozambique was at 30%, and in discussions with young people around the country, employment was the first concern for most youth independent of sex, age, or rural or urban environment. Youth face barriers such as lack of knowledge on entrepreneurship and limited access to financial services. Formal employment and financing sectors are often difficult for youth to navigate or access, leaving the informal sector as the only option for many young women and men. Many young people have no other options other than to "sell goods on the streets or market stalls, find '*biscates.*'" As part of this sector, many young men may be exposed to petty crime, drugs, or loan sharks. Young women also sell goods on the streets (such as vegetables and food), some find domestic work as maids or nannies, and some engage in sex-work. Transactional and intergenerational sex is common in Mozambique, and it disproportionately impacts adolescent girls. Unprotected sex with older men, who often

have other partners, greatly increases AGYW HIV infection rates.

Adolescent girls in more urban settings find social pressure to upkeep their appearance and therefore may engage in relationships with multiple older men who pay for clothing, hair treatments/extensions, phones, and other goods in exchange for a sexual relationship. This is the phenomenon colloquially known as "titios e catorzinhas;" in English, this roughly translates to "uncles for 14-year-olds," or sugar daddies. Further, AGYW may have concurrent sexual relationships with men their own age. These practices perpetuate and complete an intergenerational cycle of HIV infection, putting young women and young men at risk of HIV infection. Similarly, polygamous relationships are common in rural areas, where young girls marry older men, who are also more likely to be HIV positive. Although it is not as commonly discussed, the Youth Assessment revealed that many young men in urban settings are also known to have sexual relations with older, wealthier women, who pay for goods such as phones and a "nice lifestyle."

5. Patterns of power and decision-making:
USAID's 2020 Youth Assessment revealed that youth often feel marginalized, disrespected, and silenced by older generations. One young woman from Maputo province stated:

> *If you go to this forum and try to air your views, [older generations] look at you and then say: "'You are a young person' and after, no one cares anymore about you."*

The Assessment further demonstrated a level of mistrust which Mozambican youth have towards older generations, often fueled by young girls' and boys' experiences of exploitation by and the corruption of powerful older individuals.

Children and young people are typically under the care of a parent or caregiver that makes decisions for and about them. For girls in particular, there is a higher risk of HIV infection when parents forbid their daughters to attend schools and force them to remain home or use them as assets to be married off to much older men. Even if the girls manage to stay in school when married, their husbands often remove them from school to care for the home and have children.

OVC also experiences high levels of violence and trauma. Both girls and boys are trafficked for sex work or child sex tourism. Though girls are trafficked more frequently, boys are trafficked as well, and "most victim identification services that work with male victims are set up for adults." Norms around gender and masculinity also mean that there is underreporting of sex trafficking of young men. Boys also sometimes migrate to South Africa as illegal immigrants to find work and are subjected to forced labor until being sent to the police authorities. Similarly, vulnerable girls from rural areas are persuaded and sometimes forced to move to big cities, being promised employment or schooling. However, when they arrive, they find themselves in sex work or in domestic servitude. There are also cases of girls being sent to cities as domestic workers to settle family debts, making them more vulnerable to sexual abuse, exploitation, and HIV infection.

Self-Reliance and Sustainability

In alignment with GRM health sector plans and in coordination with GRM, donors, non-governmental organizations (NGOs), and civil society, the FILOVC Local Activity will

implement activities that respond to immediate needs for achieving epidemic control that also strengthen the institutional capacity of the community social protection and health sector upon which the OVC beneficiaries and HIV/AIDS services rely in Mozambique. The OVC Activity in above-mentioned provinces must prioritize interventions that create stability; incentivize reform and innovation; strengthen in-country capacity; and mobilize domestic resources, including private sector engagement, such as private sector partners that provide adolescent health services.

Youth

All activities must target and/or meaningfully engage Mozambican youth to ensure interventions impacting them are as effective as possible. The implementer should detail how this activity will advance USAID's objective of meaningfully engaging youth as beneficiaries as well as in the design and, to the extent possible, implementation of the activity. Applicants should address increasing opportunities for constructive youth participation in economic, political, and social life. Applicants should identify how youth will specifically be prioritized within this activity, and Applicants should consider integrating a positive youth development approach in the standing up, management, and implementation of the award. Applicants must include practical approaches that will not only address the challenges that youth face to accomplish the activity results, but also address how to involve, engage, interact with, and support young people when implementing this activity. The Activity should include concrete and practical approaches that will address the challenges that youth face to accomplish the activity results and involve and support young people in the decision-making, management, and leadership of this activity.

Climate Change Integration

Climate change is a cross-cutting issue that can have significant impacts on regional, national, and local development efforts in all sectors. The current Executive Order (EO) 13677 requires all USG agencies to factor climate change into their foreign assistance planning and manage the associated climate risks. Therefore, the implementer will be required to identify expected climate change impacts over the life of the OVC Activity in the relevant provinces and to complete a Climate Risk Management (CRM) plan.

Science, Technology, Innovation, and Partnerships

Where feasible, Applicants must integrate science, technology, and innovation and establish strategic partnerships to improve program performance, cost-effectiveness, and achievement of the Activity objectives in targeted provinces.[46]

Transparency and Accountability

Fostering transparency and accountability is an important focus for the U.S. Mission in Mozambique and of paramount importance to PEPFAR. All data (as appropriate) generated from the OVC Activity in the relevant provinces will be made broadly available to the public, government, and civil society stakeholders. This data should be easily accessible, reusable, complete, and timely.

[46] https://www.usaid.gov/GlobalDevLab

Environmental Compliance Considerations

On January 12, 2015, the Bureau Environment Officer approved the Initial Environmental Examination (IEE) for the USAID/Mozambique's Service Delivery (SD) Project Appraisal Document (PAD). In February 2017, the SD PAD was amended and a new IEE was prepared. The Environmental Actions recommended were:

- Categorical Exclusion
- Negative Determination
- Deferral

The Negative Determinations require full implementation and reporting by the Recipient of the award of the following general monitoring and implementation requirements, which are summarized from the requirements specified in the original January 12, 2015, IEE:

1. Implementing partner (IP) briefings on environmental compliance responsibilities
2. Development of environmental mitigation and monitoring plans (EMMPs)
3. Integration and implementation of EMMPs in work plans and budgets
4. Integration of compliance responsibilities in prime and sub-contracts and grant agreements
5. Assurance of sub-grantee and sub-contractor capacity and compliance
6. Integrated Health Office environmental compliance monitoring
7. 22 CFR 216 documentation showing coverage for new or modified activities, and
8. Compliance with host country requirements

The portfolio of activities and expected results anticipated in the respective section of this Program Description (PD) document were found to be covered under this IEE and fall under the environmental action of Categorical Exclusion.

Host Government, Donor, and Other Counterpart Collaboration

The Applicant must ensure strong engagement with the GRM on policy issues, alignment with national priorities and guidelines, joint planning (work plan development), shared implementation and performance reports and data, regular coordination and communication with counterparts, and strategic discussion to develop a shared vision for successful implementation of this Activity. The Applicant must also engage with provincial and district governments where the activity is implemented. The Applicant must also collaborate with other health- and PEPFAR-funded program activities to develop synergies and maximize expected outcomes. Such activities include but are not limited to other USAID-funded programs and other programs funded by USG agencies, such as CDC, the Department of Defense (DoD), Peace Corps, and the Department of State (DoS), as well as with other donors such as the Global Fund, the Health Partners' Group members, UN agencies, and other large NGOs as appropriate.

Private Sector Involvement

Private sector engagement and collaboration is a core Agency priority, and it is integrated in USAID's new development model. As a result, USAID/Mozambique is encouraging collaboration with the private sector as a strategy to find transformational solutions to

development challenges. If it further demonstrates contribution to achieving the results under this award with the overall goal of promoting long term sustainability and contributing to HIV epidemic control, Applicants are encouraged to demonstrate innovative evidence-based forms of private sector engagement.

Sub-Awards

The Applicant is expected to manage sub-grants to other community-based local entities for aspects of the implementation of this award. Any sub-granting to local entities should include a capacity building plan, in line with USAID's support for the country's J2SR. Should any international organizations be proposed as sub grantees, a phase-out plan should be included as part of the application.

The additional details are required regarding the sub-grants program:

- The Applicant must submit a grants manual no later than 60 days after award, detailing the process for identifying, evaluating, vetting, awarding, and monitoring grant activities. The grants manual will be approved by the Agreement Officer (AO);
- The Applicant must comply in all material respects with USAID ADS Chapter 303 (including mandatory and supplementary references) in awarding and administering grants;
- The total percentage for subpartners must not exceed fifty five percent (55%) of the Total Estimated Cost.
- In total sub-grants to U.S. or international organization must not exceed thirty percent (30%) of the fifty five percent (55%) allocated for subspartners of the total estimated amount of the Award;
- Any U.S. or international organizations sub-grantees are expected to provide specific technical assistance and capacity building interventions and not to directly implement SD to beneficiaries, with a clear phase-out plan to be reached before the end of activity presented in the technical application;
- Any activities performed by U.S. or international organizations should not exceed 75% of the implementation period, including phase-out. Exceptions such as surveys or specific deliverables beyond normal implementation may be discussed and approval requested during implementation;
- USAID retains the ability to terminate the grant activities unilaterally in extraordinary circumstances;
- Construction activities are not allowed under grants. The definition of construction is available here: http://inside.usaid.gov/ADS/300/303maw.pdf.
- The Applicant/Contractor must not award grants to host country (Mozambican) government entities including but not limited to public universities, district and regional office, and/or national ministries; and
- All grants must be completed six months prior to the end of the project.

Rapid Response Fund

As part of the Activity, a Rapid Response Fund (RRF) will be established to enable the Recipient to respond efficiently and effectively to rapid-onset emergencies in the activity's target geographic districts. The purpose of the RRF is to quickly respond to or mitigate emergencies with implications for OVC interventions (e.g., outbreaks of disease, response to natural disasters, etc.) Applicants should dedicate US$40,000 to the RRF line item; if utilized, the amount will be topped up each fiscal year to its original amount, and if un-

utilized, remaining funds will roll over year to year. Any RRF funds remaining by the end of Activity will be expended as part of the final sub-obligation and will be applied to close-out costs. The use of RRF funds will be agreed to in principle by the USAID Agreement Officer's Representative (AOR) as part of the approval of annual work plans; prior written approval from the AOR and the AO will be required to use funds, and any rapid response activities shall be reported in quarterly progress reports.

7. Collaborating, Learning, and Adapting

This Activity is expected to contribute to USAID/Mozambique's commitment to a multi-faceted Collaborating, Learning, and Adapting (CLA) approach to development. The CLA approach 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 doesn't. The Applicant should propose ways to use CLA to create the conditions for fostering broader development success by:

- Collaborating: Facilitating collaboration internally and with external stakeholders to promote increasingly a national-led response to the HIV epidemic, including a comprehensive program that addresses the needs of OVCs (e.g., enhancing existing stakeholder engagement into learning platforms, substantially coordinating with USG or other activities to ensure complementarity and reduce overlap, while also facilitating learning among activities (to reduce the collective cost while enhancing shared results faster); programs that are complementary to this activity);
- Learning: Generating and feeding new learning, innovations, and performance information back into the system to inform program management, design, USG-GRM policy dialogue opportunities and funding allocations (e.g., creating pauses for reflection within the activity implementation scheme, engaging stakeholders for shared 'learning moments,' conducting analytical review of existing and/or new evidence that may support or contradict common understanding); and
- Adapting: Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions, and gamechangers, into strategic and programmatic adjustments (e.g., adjusting work plans to account for contextual shifts or tacit learning from a team's experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way).

8. Monitoring, Evaluation, and Learning

The Monitoring, Evaluation, and Learning (MEL) plan will be submitted 60 days after the award and it will include the Applicant's proposed results framework (which should build upon the results framework described earlier in the PD) to demonstrate the hierarchy of results to be achieved under the project, along with the inclusion of appropriate outcome, output, and input level indicators and targets to characterize progress with work plan implementation and related achievements over time. Contextual information, including critical assumptions for the geo-prioritization of activities and formulation of site and district-level targets, should also be highlighted in the MEL Plan (MELP). The MELP should also describe how the implementer will use sex-disaggregated and gender-specific indicators to monitor progress toward results. Lastly, the MELP should also specify any plans for evaluation under the activity, including any planned performance mid-term assessments, and

highlight any expected data collection or outcome indicator results reporting to be derived from special studies (see USAID ADS 201 for further guidance).
The selection of indicators for the MELP should also be in alignment with PEPFAR MER requirements for all relevant indicators as applicable and allow for the reporting of activity-specific custom indicators into USAID's online MEL system. The Applicant will work with and share information as directed by USAID with a third-party contractor hired by USAID. All monitoring, evaluation, and assessment data including raw data sets generated during the life of this Award will be shared with USAID in machine readable format as described in ADS 579 and the EO on Open and Machine Readability.

Illustrative Activity Indicators

A limited set of program monitoring indicators will be used to track the progress of key PEPFAR-funded activities. Applications for this Activity should clearly state how proposed activities relate to these program objectives and expected outcomes and how data will be collected, verified, and reported to document progress toward meeting the objectives, including M&E staffing, as part of the staffing plan. All applications must include plans to document, monitor, and evaluate program performance. USAID will evaluate progress by monitoring selected indicators and assessing these in relation to the targets and overall objectives and expected outcomes of this Activity. Applicants are encouraged to develop indicators beyond those stated here when doing so further demonstrates progress.

Required PEPFAR Indicators

All Applicants should make sure they refer to PEPFAR's *MER Operational Guidance and Indicator Reference Guide* for indicators reference sheets to ensure compliance with the latest guidance and that minimum standards for each indicator are in place. Applicants should propose notional output targets for each indicator that their proposed activities plan to cover. Successful Applicants will finalize their exact targets during the final negotiation phase of the award process and may be adjusted based on USAID guidance. The USG also strongly encourages all Applicants to provide relevant data to their local, district, provincial, and national government counterparts. The following two PEPFAR OVC MER indicators will be mandatory to all Applicants.

Indicator	Description
OVC_SERV	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV
OVC_HIVSTAT	Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner.

In addition, all Applicants are required to report on the following indicators as appropriate:

Indicator	Description

AGYW_PREV	Percentage of adolescent girls and young women that completed the DREAMS primary package of evidence-based services/interventions
PP_PREV	Number of priority population reached with the standardized, evidence - based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake
GEND_GBV	Number of people receiving post- gender - based violence clinical care based on the minimum package

Indicator Code	Indicator Description
Child Index Testing Support	
OVC_UNK_REF	Number of biological children and siblings <19 years old whose HIV status is unknown and who has at least one HIV+ caregiver and/or HIV+ sibling(s) (already in clinical care) who is referred from the clinical partner to the OVC partner to provide HIV testing counseling support
OVC _REACH	Percent of children and adolescents who were identified by the child index process (OVC_UNK_REF), and who were actually reached by the OVC staff and engaged in discussion of HIV testing options
OVC_AGREE_TST	Percent of biological children and siblings <19 years old with unknown HIV status, who were reached by the OVC staff (OVC_REACH) and agree to get tested for HIV
OVC_TEST	Percent of the biological children and siblings <19 years old receiving parental consent or providing their own consent (if old enough) who were tested for HIV and were facilitated by the OVC staff to obtain the test, by test result
OVC_CI_ASSESSED	Percent of biological children and siblings <19 years old identified through index testing and who were found to be HIV+, with the support of the OVC staff person, that were assessed for enrollment into the OVC Program disaggregated by assessment results (enrolled vs. not enrolled)

ENROLLMENT	
OVC_ OFFER	Percentage of children and adolescents on ART in PEPFAR clinical settings offered enrollment into the OVC program
OVC_ ENROLL	Percentage of HIV positive children and adolescents on ART at a PEPFAR clinical setting who enroll in the OVC comprehensive program after having been offered enrollment
OVC_SERV	
OVC_SERV_SUB POP	Percent of beneficiaries <18 years (active and graduated) who are served by an OVC comprehensive program who are a member of a priority sub-population
OVC_DREAMS_ OVERLAP	Percent of OVC program beneficiaries (10-17 years old) served by and "active" in an OVC comprehensive program who are also served by a DREAMS program
OVC_HIVSTAT	
OVC_HIVSTAT_ 18+	Percentage of beneficiaries OVC_SERV 18 years old and above (active and graduated) with an HIV status reported to the implementing partner
OVC_HIVSTAT_ UNKNOWN	Number of <18-year-old beneficiaries (active and graduated) served by an OVC comprehensive program whose HIV status is unknown, by reason for unknown status
HIV TESTING ASSESSMENT CASCADE	
OVC_TST_ASSE SS	Number of children and adolescents <18 years (active and graduated) served by an OVC comprehensive program who were assessed for HIV risk of those whose HIV status was unknown or they were previously reported to be HIV negative or HIV test not required due to risk assessment but have had a change in risk profile since the last HIV risk assessment.

OVC_TST_RISK	Number of children and adolescents <18 years (active and graduated) served by an OVC comprehensive program determined to need an HIV test after conducting the most recent HIV risk assessment
OVC_TST_REFER	Number of children and adolescents <18 years (active and graduated) served by an OVC comprehensive program referred for HIV testing and counseling services
OVC_TST_REPORT	Number of children and adolescents <18 years (active and graduated) served by an OVC comprehensive program who reported an HIV test result to the implementing partner after being referred for HIV testing and counseling
TREATMENT AND VIRAL LOAD SUPPRESSION	
OVC_VL_ELIGIBLE	Percentage of HIV positive children (required) and caregivers (suggested), active or graduated, who are served by an OVC comprehensive program on ART, who are eligible for viral load testing
OVC_VLR	Percentage of HIV positive OVC (required) and caregiver (suggested), active and graduated, who are served by an OVC comprehensive program who are on ART with a known documented viral load test result within the previous 12 months
OVC_VLS	Percentage of HIV positive OVC (required) and caregiver (suggested), active and graduated, who are served by an OVC comprehensive program who are on ART and are virally suppressed (<1000 copies/ml)

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

USAID intends to make one or multiple cooperative agreements. Applicants can propose only certain provinces or all pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide approximately $48,000,000.00 (forty-eight million dollars) in total USAID funding over a five (5) year period.

2. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is 5 (five) years. The estimated start date will be upon the signature of the award, or other effective date determined by the Agreement Officer.

3. Substantial Involvement

USAID considers collaboration with the awardee crucial for the successful implementation of this project. Substantial involvement is deemed necessary and therefore is anticipated between USAID and the recipient during the performance of this activity.

Substantial involvement under the proposed award shall include the following:

a) Review and approval of the Recipient's Initial Implementation Plan, Annual Implementation Plans (Work Plans), including the Monitoring, Evaluation and Learning Plan (MELP). Any significant changes to the approved Implementation Plan and the MELP will require additional approval of the Agreement Officer's Representative (AOR)**.** Implementation plans include, but are not limited to, annual work plans, including planned activities for the following year and any subsequent revisions. The AOR will ensure that the implementation plans fit within the scope, terms, and conditions of the agreement.

b) Monitoring performance: Review and approval of Performance Reports (Quarterly and annual reports);

c) Review and approval of key personnel and any changes by the AOR;

d) Subawards (sub-contracts and sub-grants): Approval of all subawards including extensions, the selection of sub-award recipients, with a specific focus on public-private partnerships, and/or concurrence on the substantive provisions of the sub-awards.

The above substantial involvement will be delegated to the AOR. The AOR will be responsible for oversight and technical guidance of the Recipient, both in writing and verbally. The recipient will be expected to meet regularly (via phone, email or in person) with the AOR or his/her designee to review the status of activities, and should be prepared to make periodic briefings to USAID as appropriate.

4. Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is **935** (any area or country including the recipient country but excluding any country that is a prohibited source)**.**

5. Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of the activity is to improve health and HIV outcomes among key and priority populations in support of USAID/Mozambique's Country Development Cooperation Strategy (CDCS) 2020-2025 which is authorized by Federal statute. The successful Recipient/s 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/s will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Eligibility for this RFA is restricted to Local Mozambican Organizations (Local Entities) as defined.

For the purpose of this section, local entity means an individual, a corporation, a nonprofit organization, or another body of persons that:

(1) is legally organized under the laws of;
(2) has as its principal place of business or operations in;
(3) is majority owned by individuals who are citizens or lawful permanent residents of; and
(4) managed by a governing body, the majority of who are citizens or lawful permanent residents of a country receiving assistance from funds appropriated under title III of this Act. (c)

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

These eligibility requirements apply only to the principal Applicant.

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

2. Cost Sharing or Matching

There is no cost sharing requirement for the recipient of the award.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Points of Contact

Patrice Lopez
Agreement Officer
USAID/Mozambique
E-Mail: patlopez@usaid.gov

2. Questions and Answers

All questions regarding this RFA should be submitted to Acquisition and Assistance Specialist, Marianne Pinto-Teixeira at mteixeira@usaid.gov with a cc copy to Agreement Officer Patrice Lopez at patlopez@usaid.gov no later than the date and time indicated on the cover letter, as amended. Any information given to a prospective Applicant concerning this RFA will be furnished promptly to all other prospective Applicants as an amendment to this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

3. Content and Form of Application Submission

Preparation of Applications:

Each Applicant must furnish the information required by this RFA. Applications must be submitted in two separate parts: The Technical Application and the Business (Cost) Application. This subsection addresses general content requirements applying to the Application. Please see subsections 5 and 6, below, for information on the content specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only while the Business (Cost) Application must present the costs and explain the basis of estimation and other related issues.

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

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

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 USAID/Mozambique.

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

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations
- Written in English
- 12 font size, Times New Roman Font, single spaced, typed in standard 8.5 x 11 paper size with one-inch margins both right and left and each page numbered consecutively, date of submission, and Applicant's name
- 10-point font Times New Roman can be used for graphs and charts. Tables, however, must comply with the 12-point Times New Roman requirement
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel
- The technical application must be searchable in Word or PDF format as appropriate
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the Applicant's discretion, however, the official cost application submission is the unlocked Excel version.

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

4. Application Submission Procedures

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

Electronic (e-mail) is the media for submitting the application. Please submit application to Marianne Pinto-Teixeira at mteixeira@usaid.gov with a cc copy to patlopez@usaid.gov .

Email submissions must include the RFA number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your

cost application is being sent in two emails, the first email should have a subject line that states:"[RFA number], [Applicant Organization Name], Cost Application, Part 1 of 2".

USAID's preference is that the technical application and the cost application submitted as single and separate email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending them and the cost application submitted as a single excel budget with a separate attachment for the budget narrative in MS word or PDF. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear. The application, if submitted by the submission deadline, will be reviewed for responsiveness to the RFA and the application format. No additions or modifications will be accepted after the submission date.

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

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

There may be a problem with the receipt of *.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Mozambique/OAA cannot guarantee their acceptance by the internet server. File size must not exceed 8MB per email.

5. Technical Application Format

The Technical Application should be specific, complete, and concise. The application must demonstrate the Applicant's capabilities and expertise with respect to achieving the goals and objectives of this Activity.

The Technical Application narrative section **must not exceed 22 single-spaced typed pages in English** (12 font size Times New Roman Font, single spaced, typed in standard 8.5 x 11 paper size with one-inch margins both right and left and each page numbered consecutively).

Information submitted over 22 pages will not be evaluated. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the prescribed format and page limitations. Any other information submitted will not be provided to the Selection Committee and will not be reviewed. Letters of support are not requested and will not be provided to the Selection Committee.

The following will be counted as part of the page limitation:
- Title Page (not counted against page limit);
- Cover Page (not counted against page limit);
- Table of Contents (not counted against page limit);

- Executive Summary;
- Technical Interventions;
- Management Approach; and
- Institutional Capacity.

Annexes: Promotional literature and materials regarding the applicant must not be submitted as part of the annexes. The following items are not subject to the page limitation and will not be counted (a page in the technical application, which contains a table, chart, graph, etc., not otherwise excluded below, is subject to the "page" limitation):

- Resumes/Curriculum Vitaes for Key Personnel and long-term professional staff, proposed position descriptions and signed letters of commitment from Key Personnel, maximum 3 pages;
- Partner letters of commitment, maximum 1-2 pages;
- Charts providing information on management structure, matrixes demonstrating staff skills, and organizational chart(s);
- First Year draft Work Plan; and
- Draft Monitoring, Evaluation and Learning Plan, maximum 5 pages.

All other items not listed as an annex are included in the above page limitation. Please number pages as "Page x of xx Pages" where a page number combined with a letter indicates a page that is exempt from the 22-page limitation.

Annexes can be numbered separately and should be numbered as "Annex 1: 1 of X, Annex 2: 2 of X", etcetera. Pages should be numbered at the bottom.

The Technical Application should confirm or propose modifications to the objectives, activities and indicators described under Section I of this Request for Application (RFA). It should also contain a description of key strategies, activities, and approaches, as well as the synergies among them that the proposed partner will pursue in order to accomplish the desired results described in this Activity Description, as well as the rationale for selecting them. Gender and youth issues should also be addressed. Interested applicants must provide a detailed technical application and demonstrate how it will achieve the overall goal, program objectives and results as previously described.

The Technical Application will be the most important part of consideration in selection for award of the proposed activity. It must take into account and be arranged in the order of the technical review criteria found in Section E for ease of reviewing by the Selection Committee (SC):

Title Page: The Applicant must include the following basic information in the title page: Proposed project title; RFA number; Name of organization(s) submitting the application; Address of organization(s) submitting the application; Point of contact (POC) at organization; and POC's title, telephone number, and e-mail address.

Cover Page: Describe the names of the organizations/institutions involved in the proposed application. In the case of a group, please indicate the lead or primary applicant clearly; followed by any proposed sub-grantees and/or contractors (hereafter referred to as "subs"), including a brief narrative describing the unique capacities/skills being brought to the program by each institution. A summary table should be included that lists the Prime

Applicant and all partner organizations as well as the percentage of overall program activities that each partner will contribute. The Cover Page must be signed by the organization's official with authority to negotiate/sign on such an application with USAID.

Table of Contents: The Table of Contents should list all parts of the technical application, with page numbers and attachments.

Executive Summary: A two-page, brief description of proposed activities, goals, and anticipated results (both quantitative and qualitative). Briefly describe technical and managerial resources of your organization. Describe how the overall program will be managed. State the bottom-line funding request from USAID and the bottom-line funding secured from other sources (state sources and amounts) for the proposed Activity. The Executive Summary shall summarize the key elements of the applicant's technical application.

Program Description: The Technical Application Narrative as revised during negotiations will become the Program Description of any resulting Cooperative Agreement. It must include a clear description of the conceptual approach and the general strategy (i.e., methodology and techniques) being proposed. It must outline specific, focused activities; identify how and where (e.g., geographic locations and level: local, district, province, etc.) those activities will be implemented; explain how the approach is expected to achieve the proposed objectives; and describe a plan that will enable the activities to continue after the Activity has been completed.

6. Technical Application Considerations:

Criterion 1: **Technical Interventions**: The technical Interventions must address the following ~~five~~ three areas as described below. Use clear logic to describe the links between the context analysis, program hypothesis, the objectives, methods, and anticipated results.

- The Applicant must describe its understanding of the context of the needs of OVC and the overall operating environment for OVC programming at both the national and local level and how they will respond to the existing problems through evidence-based, feasible, innovative, and sustainable strategy for achieving the quantifiable outcomes and expected results set out in the Activity Description.

- The Applicant must detail its proposed approach, interventions and the expected results while illustrating strong linkages with other key stakeholders, the Government of the Republic of Mozambique (GRM), clinical partners, community structures and systems and integration with other PEPFAR programs.

- The applicant must demonstrate to which extent they will use robust monitoring systems to track progress in relation to the expected results and measure success in linking OVC beneficiaries from community platforms to existing health and social services and vice versa in Mozambique. They should demonstrate to which extent

they will address the underlying gender dynamics affecting OVC service delivery and meaningfully engage youth in activity design, implementation, and monitoring.

Criterion 2: Management Approach: The project management approach and implementation plan must address the following:

The Applicant must include an organizational chart and specify the composition and organizational context of the entire project team (including corporate office support and any sub-Applicants/partners). Through the chart and accompanying narrative, the Applicant must specify clear lines of supervision, accountability, decision-making, and responsibility among staff. The Applicant must explain the management structure presented in the organizational chart with relationships among the individual positions described; logistical support; personnel management of staff; procurement arrangements for goods and services; and lines of authority and communication between organizations and staff.

The Applicant must include a complete staffing plan for all activities. It is not necessary to name specific candidates for non-key personnel positions in the staffing plan. The Applicant must provide the name of the position, location of the position, the number of personnel per the position, organization of the position (Applicant or sub-Applicant), individual staff level of effort (LOE) per year and their roles and responsibilities.

Quality of Key Personnel: Applicants are requested to develop a comprehensive staffing plan that will enable achievement of results and that demonstrates an appropriate balance of skills, accountability, and efficiency, including levels of effort and brief position descriptions. The staffing pattern will include a critical number of highly experienced technical and managerial staff sufficient to manage activities under this award. It is critical for Applicants to show how the following qualifications are met by the staff proposed, taken as a whole, and how the staffing pattern is conducive to achieving results.

The Applicant is expected to develop a comprehensive program management plan that enables achievement of all intermediate results under the Activity. The professional staff proposed should possess complementary experience that reflects a combination of strong management skills as well as specific technical expertise and competencies. Key personnel under this activity include: Chief of Party, Technical Director, Monitoring and Evaluation Manager, and an Administrative/Financial Manager. Each will be one full-time equivalent, and the activity should try to hire qualified Mozambican staff as key personnel.

Chief of Party

The Chief of Party (CoP) (100% LOE) will have overall responsibility for coordination and management of all award activities and staff. They will have primary responsibility for representation of the project to USG and the GRM. They will have the leadership qualities, technical expertise and experience, management experience, interpersonal skills, and relationships to fulfill the requirements of the program description.

At a minimum, the CoP shall have the following Required Qualifications:

- A Master's Degree in public health, social welfare, institutional or organizational development, international management, public administration, or a related field
- At least 12 years of experience implementing and managing complex HIV linked to OVC, AGYW gender related programs in the Southern African region at a senior level of similar scope and size, with significant experience in PEPFAR programs
- Technical expertise in policy and programs in Mozambique serving populations at high risk (OVC, youth, HEI and AGYW) and familiarity with GRM national OVC and youth policies
- Demonstrated experience in financial, personnel, and technical management
- Fluency in both English and Portuguese

Technical Director

The Technical Director (TD) (100% LOE) will be responsible for the technical oversight of the OVC components of the activity, including work planning and reporting, and should have demonstrated experience related to the management and implementation of public health programs. The TD oversees all the programmatic and technical aspects of the project, including ensuring the technical quality of services. The TD also coordinates the teams in the provinces and monitors progress against the targets set. They oversee the development and execution of the work, monitor the implementation of the work plans, and support coordination with local government and other key partners. They will report directly to the CoP, support the CoP in providing technical direction to project implementation, and ensure that the OVC results are met. They will ensure strong linkages with all other project components. This position supervises and works directly with the Program Officers.

At a minimum, the TD shall have the following Required Qualifications:

- At least a degree in public health, social sciences, social work, child development, education
- At least eight (8) years of experience in development, public health and HIV programs focusing on community-based HIV/AIDS care and support, gender-sensitive social and child protection with gender, OVC, AGYW and HEI in Mozambique
- Demonstrated skills in strategic planning, supervising field teams, program management, implementation, reporting and monitoring and evaluation, preferably for PEPFAR-funded OVC programs
- Familiarity with Mozambique's institutional, policy, and programming context for OVC
- Fluency in English and Portuguese

Monitoring, Evaluation, and Learning Manager

The Monitoring, Evaluation, and Learning (MEL) Manager (100% LOE) is responsible for all monitoring, evaluation, and reporting activities under this award. The MEL Manager will lead the development, management, and implementation of the MELP. The MEL Manager should develop and maintain systems to collect and analyze data on inputs, outputs, outcomes, and impact of the program. He/she works closely with the district staff to ensure adequate reports and good data quality. He/she will conduct supportive supervisory visits to districts and help district supervisors to observe, monitor, guide, and provide feedback on the

use of data and indicators and analysis of monthly data.

At a minimum, the MEL Manager shall have the following Required Qualifications:

- A degree in demography, statistics, public health, mathematics, or another related field
- At least four (4) years of experience related to monitoring, evaluating, and reporting on programs related to HIV, social protection, or community development
- Demonstrated experience in surveillance and monitoring and evaluation, with preferred experience related to HIV and OVC programs
- Fluency in English and Portuguese
- Experience in design and implementation of M&E systems for community-based HIV or other public health or development programs

Administrative/Financial Manager

The Administrative/Financial Manager (100% LOE) is responsible for overseeing project finances and other operational and administrative duties. He/she will supervise all grant and contract management and reporting on contract and grant performance. He/she will provide financial and technical management to ensure best use of resources by preparing sound budgets, monitoring project expenses, and ensuring timely preparation of USAID financial reports.

At a minimum, the Administrative/Financial Manager shall have the following Required Qualifications:

- Degree in finance, business, administration, accounting, or related area
- Five (5) years of demonstrated expertise in administrative and financial management in development assistance projects, including sub-grants
- Experience in developing and managing a donor-funded grants program
- Strong financial and operational management experience with proven management skills
- Knowledge of USG financial management rules and regulations

NOTE: USAID reserves the right to determine relevance of education and experience proposed.

In an annex to the technical application, Applicants must provide resumes and proposed position descriptions for the candidates proposed for all key personnel. The resumes should indicate the names of the proposed personnel and demonstrate that the proposed key personnel and long-term professional staff possess the skills and knowledge to effectively carry out their proposed responsibilities.

Resumes must be no more than three (3) pages in length for each proposed individual and must be presented in chronological order, starting with the most recent experience. For key personnel, each resume must be accompanied by a SIGNED letter of commitment from each candidate indicating their: (a) availability to serve in the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. References may be checked for all proposed key personnel and long-term personnel. Applicants must provide current contact information (i.e., phone number and email address)

for at least three (3) references for each proposed key personnel.

Criteria 3: Institutional Capacity: Institutional capacity must include the following:

- Applications should demonstrate clear capacity to accomplish the range of technical interventions of similar type as outlined in the Section A. Program Description, including management of sub-recipients, coordination with other partners, as well as finance and management systems in place, including cost control, business relations and mitigating fraud, waste and abuse.
- The organizational capabilities of the application should be spelled out clearly. Information should include the pertinent details on knowledge management systems, organizational policies and procedures that allow the implementation activities to efficiently and effectively respond to this award. The application must have supported, verifiable, objective evidence of existing resource mobilizations strategies for organizational sustainability.

Past Performance

Past Performance information will only be requested from the apparently successful applicant(s) and **will not be rated**. It will be used for both risk assessment and greatest value decision by USAID. Also note that USAID may use past performance information obtained from other than the sources identified by the Applicant.

- The Applicant should submit past performance information which demonstrates its record in conforming to award requirements and to standards of good workmanship; its record of forecasting and controlling costs; applicant's adherence to award schedules, including administrative aspects of performance; the applicant's history of reasonable and cooperative behavior and commitment to customer satisfaction, and its demonstrated professional concern for the interest of the customer; and the competency of the applicant's key personnel who worked on the award.

- Note that past performance information will be used for both risk assessment and greatest value decision by USAID. Also note that USAID may use past performance information obtained from other than the sources identified by the Applicant.

Other Required Project Personnel

Applicants have the discretion to determine the proper number and mix of additional personnel including other long-term permanent staff, consultants, personnel from local organizations, short-term technical staff, and others to meet project requirements, and to describe them in the technical Application. If Applicants propose technical leads for particular areas, USAID/Mozambique strongly encourages that they consider locally (non-Overseas)-hired technical leads for most positions. All personnel must demonstrate exceptional written and oral communication skills in English and Portuguese and have an excellent command of the technical area. Familiarity with the political, social, economic and cultural context of working in Mozambique is also necessary

NOTE: At a minimum, Applications should demonstrate considerations for gender and crisis or conflict-sensitivity.

7. Business (Cost) Application Format

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

All budgets and SF 424 forms (summary and detailed) for Prime applicant and any subs must be in U.S. Dollars currency.

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

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

a) Cover Page (See Section D.5 above for requirements)

b) SF 424 Form(s)

The applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at www.grants.gov or using the following links:

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
Application for Federal Assistance (SF-424)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424A	http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html
Budget Information (SF-424A)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424B	http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html
Assurances (SF-424B)	https://www.grants.gov/web/grants/forms/sf-424-family.html

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

(1) 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).

c) Budget and Budget Narrative

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by project year. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make award, and may result in a rejection of the cost application. The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs. The applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

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

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

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

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

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

3) Travel and Transportation – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the

duration of the trips. Per Diem and associated travel costs must be based on the applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

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

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

6) Construction – If applicable

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

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

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

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

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC) Eligibility: Any applicant that does not have a current NICRA
Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this

methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200 for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount

Eligibility: Non U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO

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

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

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

d) Prior Approvals in accordance with 2 CFR 200.407

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

e) Approval of Subawards

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

- Name of organization
- DUNS Number
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list

- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

f) Dun and Bradstreet and SAM Requirements

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier (DUNS number) and System for Award Management (SAM) requirements. Each applicant (unless the applicant is an individual or Federal awarding agency that is exempted from requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) is required to:

1. Provide a valid DUNS number for the applicant and all proposed sub-recipients;
2. Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient (www.beta.sam.gov).
3. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

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

DUNS number: http://fedgov.dnb.com/webform SAM registration: http://www.beta.sam.gov

Non-U.S. applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video on how to obtain an NCAGE code, on www.beta.sam.gov, navigate to Help, then to International Registrants.

g) Funding Restrictions

Construction will not be authorized under this award.

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

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.331 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.4 of this RFA and must meet the source and nationality

requirements set forth in 22 CFR 228.

8. Branding Strategy & Marking Plan

The apparently successful applicant will be asked to provide a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award

1. Branding Strategy – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.

b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Branding Strategy must include, at a minimum, all of the following:

(1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

(2) The intended name of the program, project, or activity.

(i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brand mark, with the tagline "from the American people" as found on the USAID Web site at **http://www.usaid.gov/branding**, unless Section VI of the RFA or APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

(ii) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.

(iii) It is acceptable to cobrand the title with the USAID Identity

and the applicant's identity.

(iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.

(v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

(3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

(4) Planned communication or program materials used to explain or market the program to beneficiaries.

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.

(iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicants must incorporate the USAID Identity and the message, "USAID is from the American People."

(iv) Provide any additional ideas to increase awareness that the American people support this project or program.

(5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.

(6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

e. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

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

(END OF PRE-AWARD TERM)

2. Marking Plan – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Marking Plan," detailing the public communications, commodities, and program materials, and other items that will visibly bear the "USAID Identity," which comprises of the USAID logo and brand mark, with the tagline "from the American people." The USAID Identity is the official marking for the Agency and is found on the USAID Web site at **http://www.usaid.gov/branding**. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Marking Plan must include all of the following:

(1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:

(i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;

(ii) Technical assistance, studies, reports, papers, publications, audio- visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;

(iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief

programs; and

(iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

(2) A table on the program deliverables with the following details:

(i) The program deliverables that the applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the applicant will use to mark the program deliverables;

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

(iv) What program deliverables the applicant does not plan to mark with the USAID Identity , and

(v) The rationale for not marking program deliverables.

(3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.

(iii) Undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public

service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.

(iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.

(v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.

(vi) Offend local cultural or social norms or be considered inappropriate. The applicant must identify the relevant norm and why marking would violate that norm or otherwise be inappropriate.

(vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PRE-AWARD TERM)

9. Conflict of Interest Pre-award Term (August 2018)

- **Personal Conflict of Interest**

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.

2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following

discovery.

3. **Organizational Conflict of Interest**

- **Organization Conflict of Interest**

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

(END OF PRE-AWARD TERM)

10. USAID Mozambique Partner Security: MAY 2021

The apparently successful applicant will be asked to provide a Security Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award.

As the security situation continues to deteriorate in the Northern Provinces of Mozambique, it is imperative that Applicants have a comprehensive Security Plan in place to ensure safety and security of its personnel as well as U.S Government Property. Applicants will provide a draft Security Plan as part of the application submission and a finalized plan from the winning Applicant no later than **45 days after award**. Applicants must be aware of security conditions in the geographic locations in which the award will be performed and provide a detailed Security Plan that will ensure the safety and security of the project staff as well ~~as~~ Government Property. The Security Plan must be based on a credible threat analysis and risk assessment, must be coherent, integrated, comprehensive, and demonstrate that the Applicant has undertaken a thorough review of its full security needs and includes analysis of the various elements of a security system showing how threats will be mitigated.

To keep abreast of security conditions and threats, the Applicant shall seek information from available sources for all areas in which program staff will work or travel. Applicant acknowledges that security conditions are subject to change at any moment, that USAID cannot guarantee the accuracy of any information that it may provide to the Applicant and that USAID assumes no responsibility for the reliability of such information. The Applicant has sole responsibility for approving all travel plans for its employees and/or its dependents traveling to post if allowed by the Applicant's personnel internal policies. In addition, the plan must comply with all United States Government regulations and Mozambican law. The plan is to be implemented and maintained also by all applicable subcontractors (and/or sub-grantees).

The Applicant must appoint a Safety and Security Manager that will be responsible for overseeing the overall Security Plan as well as implementing and coordinating the security posture of the project.

The plan shall include, at a minimum:

- Procedures for reporting and addressing security threats.
- Procedures for reporting any deaths or significant injuries related to the project.
- Procedures for reporting and addressing any persons missing or kidnapping incidents.
- Name and contact information of the security contact person.

The Applicant acknowledges and understands that the Agreement Officer review of the Applicant's security plan does not amount to certification by USAID of the sufficiency of the Applicant's plan, but to ensure the Applicant has a plan. USAID assumes no responsibility or liability relating to the Applicant's implementation of its Security Plan, or for that of the Applicants subcontractors/sub-grantees.

To ensure the plan is fully budgeted for, Applicants shall provide a security budget and comprehensive budget notes. The Security Plan and budget shall also include a point of contact to answer questions or provide clarifications relating to security throughout the life of the project. The Applicant is encouraged to acquire professional advice from an expert of its choosing to assist in establishing an overall security plan. The Security Plan and security budget will be reviewed together with the technical and cost applications, and it needs to demonstrate that the security needs to successfully implement the Program Description (PD) as presented in the applicant's technical approach.

SECURITY REPORTING

As part of the overall security requirements, the Applicant shall report any security threats and/or incidents verbally / by telephone, immediately to the ***(AOR/COR)***

Subsequently, **and no later than 3 business days**, a written report shall be submitted in accordance with approved procedures delineated below. The Applicant shall develop a list of specific steps to track any potential/identified threats, which will be part of its overall security system. All subcontractors/sub-grantees will be required by the Applicant to report any threats/incidents to the prime Recipient, who will immediately after, notify the above listed.

SECURITY REPORTING RESPONSIBILITIES

USAID requires appropriate Security reports be submitted to the (AOR/COR). This notification requirement is in addition to any responsibilities that the awardee may have to report incidents to local law enforcement authorities and/or the USAID Office of the Inspector General (OIG).

The Applicant shall report an Initial Threat Assessments and subsequent changes as often as the situation requires (monthly, quarterly etc.). The Applicant is also required to notify USAID of any security related incident in a timely manner according to the following guidelines:

Incident Reporting

There are various types of Incident Reporting: Serious Incident Report (SIR); Incident Report (IR); Situation Report (SITREP); and any other security related report that may be required by USAID.

Serious Incident Report (SIR)

• An incident that involves the death, injury, kidnapping of IP personnel and/or damage to project/Government property.

• An incident that has critically damaged the funded program, such as fire, catastrophic flood, etc.

• Initial SIR must be reported verbally immediately, and within 8 hours of the incident occurrence/discovered.

• A Complete SIR must be filed in writing /e-mail within *3 business days* of the incident.

• Updated written SIR will continue to be filed on a timely basis (daily, weekly) as long as the situation exists. The timeline will be adjusted as required by AOR/COR.

• Final Report SIR will summarize the incident, the subsequent happenings and the final resolution.

Incident Report (IR)

• An incident involving accidents, potential harm, SUSPICIOUS persons or acts, threats or harassing actions against personnel or the program.

• IR should be initially reported by phone Immediately, follow up with a written report filed no later than 5 business days.

Situation Report (SITREP)

• A report that a significant, but not critical action or activity, has taken place that has impacted, or may impact, on the well-being of the personnel or the success of the program.

• This report may describe trends, secondhand information that may have bearing on the project, or impact on future operations.

• There is no predetermined reporting timeline. The report will be issued as needed and deemed necessary by the Safety and Security Manager.

Telephonic communication is the preferred method to provide the initial information of an incident. A written report by e-mail must follow as soon as possible within above-described guidelines and it shall be as detailed as possible. The report shall follow the format approved in the original Security Plan but at a minimum it shall contain the name of the company, name of the victim(s), date, time, a description of what happened, where the incident occurred, and any other relevant details surrounding the incident. If this is an ongoing incident, progress reports should be submitted in accordance with the guidelines provided in order to keep USAID/Mozambique apprised of the situation.

11. Terrorism Financing Risk Assessment & Mitigation

Before an award is made, the successful applicant will be expected to provide sufficient analysis for USAID/Mozambique to conclude there is no reasonable basis to believe that the Islamic State-Mozambique (IS-M) would benefit from USG assistance under the Activity in violation of the material support prohibitions under the material support statutes (18 USC§§ 2339A and B), sanctions administered by the U.S. Department of Treasury Office of Foreign

Assets Control under Executive Order 13224), or under any applicable United Nations Security Council sanctions. As a starting point for this analysis, the successful [applicant/bidder] should refer to the attached questionnaire.

For applications proposing work in the northern provinces of Mozambique, the successful applicant will be expected to prepare a Terrorist Financing Risk Assessment & Mitigation Plan that demonstrates an understanding of the risks of terrorist financing in working in IS-M-affected communities in Mozambique and proposes measures to mitigate any such risk associated with the proposed activity for USAID/Mozambique to conclude there is no reasonable basis to believe that IS-M would benefit from USG assistance under the Activity in violation of the material support prohibitions under the material support statutes (18 USC§§ 2339A and B), sanctions administered by the U.S. Department of Treasury Office of Foreign Assets Control under Executive Order 13224), or United Nations Security Council sanctions. The successful applicant must outline how its employees will be vetted to ensure no current or former IS-M affiliation.

Additionally, the successful applicant will show how it will work with government authorities and community leaders to screen any potential activity beneficiaries to ensure that they do not include any IS-M affiliates.

The successful applicant will also be expected to conduct a security assessment prior to the activity's launch of interventions.

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

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

Technical and other factors will be evaluated relative to each other, as described here and prescribed by the Technical Application Format. The Technical Application will be scored by a Selection Committee (SC) using the criteria described in this section.

2. Review, Selection and Award Process

USAID will conduct a merit review of all applications received that comply with the instructions in this RFA. Applications will be reviewed and evaluated in accordance with the following criteria shown below:

a) Ratings

Adjective	Definition
Exceptional	An **Exceptional** application has the following characteristics: ● A comprehensive and thorough application of exceptional merit. ● Application meets and fully exceeds the Government expectations or exceeds NFO objectives and presents very low risk or no overall degree of risk of unsuccessful performance. ● Strengths **significantly outweigh** any weaknesses that may exist.
Very Good	A **Very Good** application has the following characteristics: ● An application demonstrating a strong grasp of the objectives. ● Application meets NFO objectives and presents a low overall degree of risk of unsuccessful project performance. ● **Strengths significantly outweigh any weaknesses that exist.**
Satisfactory	A **Satisfactory** application has the following characteristics: ● An application demonstrating a reasonably sound response and a **good** grasp of the objectives. ● Application meets NFO objectives and presents a **moderate** overall degree of risk of unsuccessful project performance. ● **Strengths outweigh weaknesses.**
Marginal	A **Marginal** application has the following characteristics: ● The application shows a **limited** understanding of the objectives. ● Application meets some or most of the NFO objectives, but presents a **significant** overall degree of risk of unsuccessful project performance. ● Weaknesses **equal or outweigh** any strength that exists.
Unsatisfactory	An **Unsatisfactory** application has the following characteristics: ● The Application **does not meet** the NFO objectives or requires a major rewrite of the application.

	● Presents an **unacceptable** degree of risk of unsuccessful project performance. ● Weaknesses demonstrate a **lack of understanding** of the Government's needs. Weaknesses **significantly outweigh** any strength that exists.

b) Merit Review Criteria

Evaluation factors are weighted according to the order listed below: Technical Interventions, Management Approach, and Institutional Capacity. Sub-criteria's within these categories are of equal importance.

CRITERION	CRITERION NAME - [See Section D.6]
Criterion 1	**Technical Interventions**
	The Technical Interventions Criteria will be assessed based on the following sub-criteria: ● The Applicant must describe its understanding of the context of the needs of OVC and the overall operating environment for OVC programming at both the national and local level and how they will respond to the existing problems through evidence-based, feasible, innovative, and sustainable strategy for achieving the quantifiable outcomes and expected results set out in the Activity Description. ● The Applicant must detail its proposed approach, interventions and the expected results while illustrating strong linkages with other key stakeholders, the Government of the Republic of Mozambique (GRM), clinical partners, community structures and systems and integration with other PEPFAR programs. ● The applicant must demonstrate to which extent they will use robust monitoring systems to track progress in relation to the expected results and measure success in linking OVC beneficiaries from community platforms to existing health and social services and vice versa in Mozambique. They should demonstrate to which extent they will Address the underlying gender dynamics affecting OVC service delivery and meaningfully engages youth in activity design, implementation, and monitoring.
Criterion 2	**Management Approach**
	The Management Approach Criteria will be assessed based on the following sub-criteria: ● The degree to which the Applicant's organizational structure, partnerships, reporting lines, communication channels and management processes and tools present proven solutions that will ensure efficient and effective oversight. The Sub-Contracts, if proposed, serve clear and

	specific purposes, and bring specialized expertise or resources to the project. ● The extent the application demonstrates the appropriate labor mix and the proposed key personnel have the required management capability and technical expertise, required minimal education level and experience to effectively implement the OVC program. Clear and timely plans for general staffing and mobilization, maximized use of qualified Mozambicans, and recruitment of personnel.
Criterion 3	**Institutional Capacity**
	The Institutional Capacity Criteria will be assessed based on the following sub-criteria: ● Demonstrate clear organizational capacity to accomplish the range of technical interventions of similar type as outlined in the section A. Program Description, including management of sub-recipients, coordination with other partners, as well as finance and management systems in place, including cost control, business relations and mitigating fraud, waste and abuse. ● The capabilities of the application should be spelled out clearly. Information should include the pertinent details on knowledge management systems, organizational policies and procedures that allow the implementation activities to efficiently and effectively respond to this award. The application must have supported, verifiable, objective evidence of existing resource mobilizations strategies for organizational sustainability.

The table below outlines the merit Review Criteria and their order of importance as shown below:

CRITERION	CRITERION NAME	IMPORTANCE or WEIGHT:
Criterion 1	Technical Interventions	1
Criterion 2	Management Approach	2
Criterion 3	Institutional Capacity	3

c) **Business Review**

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

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount

requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2

CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

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

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

Award of the agreement contemplated by this RFA cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award.

2. Administrative & National Policy Requirements

The resulting award from this RFA will be administered in accordance with the following policies and regulations. Standard Provisions for Non-U.S. Non-governmental Organizations.

See Annex 2, for a list of the Standard Provisions that will be applicable to any awards resulting from this RFA.

3. Reporting and Plans Requirements

All reports listed below shall be submitted by the specified due dates for approval by the USAID AOR unless otherwise agreed upon with the AOR. Recipients will consult the AOR on the format and expected content of reports prior to submission. The Recipient should always be ready for revision in program indicators and reporting requirements.

Deliverables/Reports		Due Date	Approval
Start-up plan, including staff mobilization.	Detailing how the partner will do the start-up plan, including staff mobilization.	30 days after award	AOR
Security Plan	Final Plan	45 days after award	AO
Annual Work Plan	1st Draft	60 days after the award date for the 1st year and by August 1 for the following fiscal years	AOR
	Final Work Plan	90 days after the award date for the 1st year and August 30 for the following year	AOR

Final Staffing Plan	The Plan must contain the key personnel names and positions, as well as the support staff and consultants and the planned dates to join the activity	60 days after award	AOR
Grants Manual	Detailing the process for identifying, evaluating, vetting, awarding, and monitoring grant activities.	60 days after award	AO
Quarterly Progress Reports	Reports are required to include quarterly and cumulative data	30 days after the end of each fiscal quarter	AOR
Quarterly Financial (SF425) & Pipeline Analysis Report (including accruals)		30 calendar days after the end of each quarter	AOR & OFM
Monitory, Evaluation and Learning Plan (MEL)	1st Draft	60 days after the award date for the 1st year and by August 1 for the following fiscal years	AOR
	Final Work Plan	90 days after the award date for the 1st year and August 30 for the following fiscal years	
PEPFAR annual financial reporting [Expenditure Reporting]	Guidance on dates is determined annually by PEPFAR Coordinator's Office and guidance is provided to partner once is made available	End of each Fiscal Year	AOR, PCO
Final Report - covering all years of the program implementation and performance.	1st Draft	60 days after the end of each quarter	AO & AOR
	Final Report	90 days after project award	AO & AOR
PEPFAR Quarterly Reporting Requirements (MER)	Submitted through DATIM platform and depending on each indicator specificity and requirement	30 days after the end of each quarter	AOR

Disposition Plan and Closeout Plan		180 days before completion of the award	AO & AOR
Other Reporting		Mutually agreed by partner and AOR/USAID	AOR
Activity Monitoring, Evaluation and Learning Plan (MEL Plan)	As discussed in Section XIX, 3. (ii)	AOR	
Branding and Marking Plan	1st Draft	45 calendar days after award date	AO & AOR
	Final Branding & Marking Plan	60 days after submission of first draft	AO & AOR
Gender Analysis and Action Plan		180 calendar days after award date	AOR

A. Program Reporting

a) Annual Work Plan: Based on this PD, the recipient shall prepare and submit a detailed annual work plan to guide the implementation process with a breakdown of activities and timelines and anticipated progress in the achievement of the activity results (consistent with the Activity MEL Plan), as well as the associated costs. The recipient shall ensure a collaborative process in work plan development, consulting beneficiaries, 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 assumptions and risks (as well as plans to mitigate and update these), lessons learned and work plan adjustments going forward.

b) Quarterly Reports: The Recipient shall submit quarterly reports that include narratives of quarterly achievements, progress against the work plan, and agreed upon performance indicators. A format for the quarterly report shall be approved by the AOR. The quarterly report shall describe and assess the overall progress to date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g., meetings, training, workshops, significant events, subcontracts, and grants).

The quarterly reports should provide information on what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs and gender inequalities emerged or remained. Recipients shall notify USAID of developments that have a significant impact on the award-supported activities.

The quarterly report provides the opportunity to discuss impacts of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award or which may have an impact on the development hypothesis or theory of change for the activity, and/or other activities (USG-funded or not) which might be informed by such learning. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. The Recipient shall also prepare quarterly financial reports showing the amount of funding and level of effort spent and accrued during the quarter, cumulative spending, and estimates for the next quarter. The quarterly activity and financial reports are to be submitted within 30 days after the end of each fiscal quarter to the AOR at USAID/Mozambique.

c) 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 shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. In addition, the report should specifically address how the activity addressed gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs and gender inequalities emerged or remained. It shall cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.

d) Monthly briefings: The recipient must provide monthly in-person, virtual or telephonic briefings for the AOR that discuss (i) Major activities and (ii) Priority issues. The monthly briefing notes must be submitted electronically to the USAID AOR in English for approval prior to distribution.

B. Financial Reporting

Quarterly Financial Report:

In accordance with 22 CFR 226.52 the Federal Financial Reporting Form (FFR) will be required on a quarterly basis. FFR 425 must be submitted to USAID within 30 days after the end of each reporting period. They shall be disaggregated by cost elements defined in the cooperative agreement and will contain, at a minimum:
i. Total funds received to date from USAID.
ii. Total funds previously reported as expended by Recipient by main line items by USAID funding stream.
iii. Total funds expended in the current quarter by the recipient by main line items by USAID funding stream.

iv. Total unliquidated obligations by main line items by USAID funding stream; and
v. Unobligated balance of USAID funds by USAID funding stream.

Other Quarterly Financial Reports:

The purpose of this clause is to enable USAID to implement the tax provisions of its bilateral agreement with the GRM. To comply with this clause, the Recipient shall maintain records of all taxes paid to GRM with U.S. government funds as well as other financial information as may be required by USAID. The Recipient shall furnish this information to USAID in accordance with guidance circulated by the Agreement Officer, as amended from time to time.

C. PEPFAR Reporting

All applicants should refer to PEPFAR's Monitoring, Evaluation and Reporting (MER) Operational Guidance and Indicator Reference Guide to ensure they are meeting the minimum standards for each specific indicator. applicants should propose notional output targets for each indicator of the proposed planned activities. Successful applicants will finalize the final set of indicators during the negotiation phase of the award process and may be adjusted based on USG strategic direction. The USG also strongly encourages all recipients to provide relevant data to their local, district, provincial and national government counterparts. The recipient will be expected to report relevant program and financial data directly into PEPFAR's DATIM online MER reporting system. Please see https://www.pepfar.gov/reports/guidance/index.htm for more details.

D. Activity Monitoring, Evaluation and Learning Plan

The activity MEL plan is a management tool that enables the applicant and USAID to track whether desired results are being achieved and project implementation is being adapted to changing conditions. This plan should define critical performance indicators, data collection methods and the Recipient's plans for analyzing utilizing and sharing information for reporting, accountability, learning and adaptation. The activity MEL plan is a required document, due within 90 days of the award.

E. Environmental Monitoring and Mitigation Plan

This will be developed by the applicant and approved by USAID prior to the launch of each activity having a potential adverse impact on the physical and natural environment. For any activity implemented under an IEE that has a Positive Determination (PD) or a Negative Determination with Conditions, Recipients and grantees must develop EMMPs to implement these conditions. If a project contains no sub grants and all project activities are known in advance, the EMMP shall be included in the work plan and/or submitted with the work plan at the onset of the project (an annotated EMMP template can be found at http://www.usaidgems.org). If a project contains sub grants, subcontracts, or any activities that are not known at the time of the preparation of the work plan, subproject Environmental Reviews with EMMPs signed by the AOR and the MEO are necessary prior to the approval of a sub grant or sub activity. Signed Environmental Review Forms (ERFs) and Environmental Review Reports (ERRs) will be kept in USAID's official files. Formats for ERF and ERR can be found at the following website: http://www.usaidgems.org

F. Gender Analysis and action Plan

Gender analysis is a tool for examining the differences between the roles that women and men play in communities and societies, the different levels of power they hold, their differing needs, constraints and opportunities, and the impact of these differences on their lives. The Recipient should plan to conduct a Gender Analysis within the first six months (180 calendar days after award date) of activity implementation, and to develop a corresponding Gender Action Plan to guide implementation of recommended actions in the context of activity implementation.

The gender analysis should identify root causes of existing gender inequalities or obstacles to female empowerment in the context of the activity, so that the applicant can seek out opportunities to promote women's leadership and participation. The gender analysis should also identify potential adverse impacts and/or risks of gender -based exclusion that could result from planned activities, including: (a) Displacing women from access to resources or assets; (b) Increasing the unpaid work or caregiver burden of females relative to males; (c) Conditions that restrict the participation of women or men in project activities and benefits based on pregnancy, maternity/paternity leave, or marital status; (d) Increasing the risk of gender -based violence, including sexual exploitation or human trafficking, sexually transmitted diseases, and HIV/AIDS; and (e) Marginalizing or excluding women in political and governance processes.

Because males and females are not homogenous groups, the gender analysis should also to the extent possible disaggregate by income, region, caste, race, ethnicity, disability, and other relevant social characteristics and explicitly recognize the specific needs of young girls and boys, adolescent girls and boys, adult women and men, and older women and men.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACTS

1. NOFO Points of Contact

Patrice Lopez
Agreement Officer
Office of Acquisition and Assistance
USAID/Mozambique
patlopez@usaid.gov

Marianne Pinto-Teixeira
Acquisition and Assistance Specialist
Office of Acquisition and Assistance
USAID/Mozambique
E-mail: mteixeira@usaid.gov

2. Acquisition and Assistance Ombudsman

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

The A&A Ombudsman may be contacted via: Ombudsman@usaid.gov

[END OF SECTION G]

SECTION H: OTHER INFORMATION

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

Applications with Proprietary Data

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

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

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

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

[END OF SECTION H]

ANNEX 1 - SUMMARY BUDGET TEMPLATE

All budgets (summary and detailed) for Prime applicant and any subs must be in U.S. Dollars currency.

Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Salaries						
Fringe Benefits						
Allowances						
Travel and Transportation						
Equipment						
Supplies						
Other Direct Costs						
Sub Total						
Indirect Costs						
Total						

Applicants are required to submit budget information along with AO must require the submission of the SF-424A.

[END OF ANNEX 1]

ANNEX 2 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at:
https://www.usaid.gov/ads/policy/300/303maa and
https://www.usaid.gov/ads/policy/300/303mab).

The actual Standard Provisions included in the award will be dependent on the organization that is selected. The award will include the latest Mandatory Provisions for non-U.S. Nongovernmental organizations**.** The award will also contain the following "required as applicable" Standard Provisions:

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

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

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		RAA5. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
•		RAA6. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
•		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
•		RAA8. SUBAWARDS (DECEMBER 2014)
•		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
	•	RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)

•		RAA11. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
	•	RAA12. PATENT RIGHTS (JUNE 2012)
	•	RAA13. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
	•	RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)

	•	RAA 15. COST SHARE (JUNE 2012)
	•	RAA16. PROGRAM INCOME (AUGUST 2020)
•		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	•	RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	•	RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	•	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	•	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
•		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
•		RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
•		RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
•		RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
•		RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)

●		RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
●		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
●		RAA29. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
	●	RAA30. RESERVED
	●	RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

[END OF ANNEX 2]

ANNEX 3 – WORK PLAN TEMPLATE

https://www.usaid.gov/documents/1864/attachment-f-work-plan-template

ANNEX 4 – RFA WEBSITE LINKS

The following documents are located at the URLs provided below:

- USAID Gender Policy:

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

- USAID Mozambique Country Development and Cooperation Strategy (CDCS): https://www.usaid.gov/sites/default/files/documents/CDCS-Mozambique-December-2025.pdf

- PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017-2020): https://www.state.gov/wp-content/uploads/2019/08/PEPFAR-Strategy-for-Accelerating-HIVAIDS-Epidemic-Control-2017-2020.pdf

- PEPFAR 2022 Country Operational Plan (COP21): https://www.state.gov/wp-content/uploads/2020/12/PEPFAR-COP21-Guidance-Final.pdf

PEPFAR 2023 Country Operational Plan (COP22): https://www.state.gov/wp-content/uploads/2022/01/COP22-Guidance-Final_508-Compliant.pdf

- DREAMS Initiative: https://www.pepfar.gov/priorities/girlswomen/index.htm

- PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide, MER2.3 (Version 2.3): https://www.state.gov/pepfar-fy-2022-mer-indicators/

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