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Office of Acquisition and Assistance (OAA)/Zambia

Issuance Date:	*January 14, 2015*
Questions Due By:	*January 27, 2015 (16:00 hrs. Zambia Time)*
Closing Date:	*February 17, 2015 (1700 hrs. Zambia Time)*

Subject: Request for Applications (RFA) Number: RFA-611-15-000001 for the Maternal Newborn and Child Health Project (MNCH)

The United States Government (USG) represented by the U.S. Agency for International Development Mission in Zambia (USAID/Zambia) is seeking organizational capability statements from qualified indigenous Zambian non-governmental organizations (NGOs) that seek to reduce maternal mortality and newborn mortality, as described in the Funding Opportunity Description. USAID/Zambia will conduct a two-step process for this RFA. Phase I will consist of all interested organizations submitting organizational capability statements to USAID. Phase II is an invitation-only process whereby USAID/Zambia will request Full Applications from Applicants whose organizational capability statements passed the first round review. Organizational capability statements **must** be received by the closing date and time specified above in order to be considered. USAID/Zambia will not review any late submissions.

Subject to the availability of funds, USAID/Zambia intends to award a four (4) year Cooperative Agreement, not to exceed US$7,500,000. USAID/Zambia reserves the right to reduce, revise, or increase application budgets in accordance with the needs of the program and the availability of funds. The award made will be subject to periodic reporting and evaluation requirements and substantial involvement by USAID/Zambia. Final authority for assistance awards resides with the USAID/Zambia Agreement Officer.

For the purpose of this program, this RFA is being issued and consists of this cover letter and the following:

I – Program Description
II – Award Information
III – Eligibility Information
IV – Organizational Capability Statement/ Application and Submission Information
V – Organizational Capability Statement and Application Review Information
VI – Federal Award and Administration Information
VII – Federal Awarding Agency Contacts
VIII – Other information

USAID/Zambia will host an information session for all interested organizations on Friday, January 30, 2015 from 10:00-11:00am at the American Embassy in Ibex Hill. **If you are interested in attending, please send an e-mail message with your passport no. or NRC no.**

along with your full name to Emily Ng'andu (engandu@usaid.gov) no later than 12:00 pm Wednesday, January 28, 2015. No organization may send more than two representatives.

Issuance of this RFA does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of an application. In addition, final award cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, the potential applicant is hereby notified of these requirements and conditions for award. The Application is submitted at the risk of the applicant; should circumstances prevent award of a Cooperative Agreement, all preparation and submission costs are at the applicant's expense.

It is the responsibility of the recipient of this RFA document to ensure that it has been received in its entirety.

Thank you for your consideration.

Sincerely,

Edward Acevedo
Agreement Officer

ACRONYMS

AIDS	**Acquired Immune Deficiency Syndrome**
AOR	**Agreement Officer's Representative**
AO	**Agreement Officer**
BEmONC	**Basic Emergency Obstetric and Newborn Care**
CARMMA	**Campaign for Accelerated Reduction of Maternal Mortality**
CDC	**Centers for Disease Control and Prevention**
CHW	**Community Health Worker**
COP	**Chief of Party**
DOD	**Department of Defense**
EID	**Early Infant Diagnosis**
EmONC	**Emergency Obstetric and Newborn Care**
FANC	**Focused Antenatal Care**
FP	**Family Planning**
HIV	**Human Immunodeficiency Syndrome**
HAART	**Highly Active Anti-Retroviral Treatment**
HBB	**Helping Babies Breathe**
KMC	**Kangaroo Mother Care**
MCDMCH	**Ministry of Community Development, Mother and Child Health**
MDSR	**Maternal Death Surveillance Response**
MOH	**Ministry of Health**
MNCH	**Maternal Newborn and Child Health**
PAC	**Post-Abortion Care**

PMTCT	**Prevention of Mother- to- Child Transmission of HIV**
PPFP	**Post-Partum Family Planning**
PPIUD	**Post-Partum Intrauterine Device**
SHOTSS	**Sustained Health Outcomes Through Strengthened Systems**
SI	**Strategic Information**
SMAGS	**Safe Motherhood Action Groups**
SMGL	**Saving Mothers, Giving Life**
SIDA	**Swedish International Development Agency**
TSD	**Technical Services Director**
USAID	**United States Agency for International Development**
WHO	**World Health Organization**
ZDHS	**Zambia Demographic and Health Survey**

Contents

I. PROGRAM DESCRIPTION

I. Background

This program is designed to reduce maternal mortality and newborn mortality by 35% in 3 districts in Zambia. The program will be responsible for phase II of the Saving Mothers, Giving Life (SMGL) initiative.

According to a 2005 World Health Organization report, approximately 800 women worldwide die daily from preventable causes related to pregnancy and childbirth. Almost all of these deaths occur in developing countries, with higher rates for women living in rural hard-to-reach areas.[1] The World Health Report 2005 – Make Every Mother and Child Count, reports that almost 11 million children under five years of age will die from causes that are largely preventable. Among them are 4 million babies who will not survive the first month of life. Reducing this toll, in line with the Millennium Development Goals, depends largely on every mother and every child having the right to access health care from pregnancy through childbirth, the neonatal period, and childhood. Giving birth at health facilities is considered an essential intervention in reducing maternal and neonatal mortality. With the exception of sub-Saharan Africa, global rates of births assisted by a medically trained attendant have shown impressive increases over the past 15–20 years, and today data indicate that 59 percent of developing world births are assisted by a medically trained professional.

While progress has been made on some key health indicators over the past ten years, Zambia is far from achieving its health-related Millennium Development Goals. The maternal mortality ratio and newborn mortality rate are particularly glaring challenges for the health sector.[1]

Maternal and newborn mortality are largely preventable, and indicative of inaccessible and poor-quality health care facilities, inadequacies of the health system, and low demand for and utilization of health facilities. For example, while a high number (approximately 96 percent) of Zambian women receive some antenatal care, only 67% percent of women deliver in health facilities with the assistance of a skilled health provider. While neonatal mortality decreased from 34 to 24 per 1000 live births (ZDHS 2013), inadequate skilled attendance is responsible for approximately two thirds of the proportion of infants who die, leading to concerns of inadequate peri-natal care in the country. While tremendous strides have been made in family planning in the last decade with increases in the Modern Contraceptive Prevalence Rate (MCPR) from 33% in 2007 to 45 % in 2013(ZDHS 2013) the prevalence rate still remains low. The overall unmet need for family planning still remains high, at 27 percent (ZDHS 2007). Therefore it is cardinal to maintain the momentum to ensure women have an expanded method mix in the drive to contribute to the overall reduction of the MMR. Recent analysis demonstrates that HIV-positive women are almost eight times more likely to die during pregnancy, delivery and the postpartum period compared to their HIV-negative counterparts.[2] This is of particular importance in Zambia where HIV prevalence among women of reproductive age (15-49) is 16 percent.

The state of health facilities is often an impediment to the provision of quality services. A recent survey of 121 health facilities by Saving Mothers, Giving Life (SMGL) showed that only 59 percent had electricity, 46 percent had a functioning telephone or radio, and 63 percent had emergency transport available. Additionally, 21 percent of facilities had experienced stock-outs of emergency obstetrical supplies in the twelve months preceding the survey. Health equipment is often inadequate or poorly maintained, despite concerted attempts by the GRZ and cooperating partners to remedy this problem. Moreover, a shortage of qualified practitioners compounds the problem.

To address these challenges, the United States government, in collaboration with the Zambian government, launched the Saving Mothers, Giving Life program (SMGL) in 2011, with the ambitious goal of reducing maternal mortality by 50 percent and decreasing newborn deaths in selected districts in Zambia. SMGL builds on the Zambian government's platforms and strategies, including the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and the Road Map for Accelerating the Attainment of the Millennium Development Goals-related to Maternal, Newborn and Child Health in Zambia (July 20, 2011). [3]

The SMGL approach promotes high-impact interventions aimed at the critical 48-hour period around labor and delivery to reduce the three delays most commonly associated with maternal mortality: delay in seeking care, delay in reaching care, and delay in receiving care. Core SMGL activities include the following:

i. *Demand generation*: community mobilization and education to increase health-seeking behavior; promotion of birth plans; mobilization of community health workers and the Safe Motherhood Action Groups (SMAGs) to reach pregnant women in their communities and promote delivery in health facilities.

ii. *Improving service and quality*: training and mentorship of health care providers in: prenatal care, concentrating on detection of high-risk pregnancies or high risk situations; Emergency Obstetric and Newborn Care (EmONC); newborn resuscitation using the Helping Babies Breathe (HBB) and Essential Newborn Care model; Post-Partum Family Planning (PPFP); use of uterotonics to reduce post-partum hemorrhage[4] (including misoprostol when home births are inevitable); and HIV/AIDS prevention, care, treatment, and support. Training includes mentorship of community health workers and SMAGs.

iii. *Health systems strengthening*: robust monitoring and evaluation activities; data and information collection systems (e.g., SMART care); record keeping; capacity-building of health care providers in the various interventions; procurement of necessary equipment and supplies; linkages to other supportive systems; laboratory services (blood bank); and transport and communication support.

Recognizing the importance that the prevention and management of HIV/AIDS has on maternal and neonatal mortality, SMGL activities in Zambia incorporate antenatal and post-partum

continuum-of-care interventions focusing on HIV/AIDS prevention, treatment, care, and support interventions. These include prevention of mother-to-child transmission (PMTCT), early infant diagnosis, and counseling and testing for HIV/AIDS. In sites where no HIV/AIDS services were available, a patient referral system was initiated.

SMGL's first-year results indicated significant improvements in the intervention districts, as described in Table 1 below.[5,6] Interventions implemented by the recipient will therefore build and improve upon these results.

Table 1: Key results from SMGL Phase I (Phase II targets are in the process of being defined)	**Zambia**
Institutional maternal mortality rate	**↓35%**
Institutional perinatal mortality rate	**↓14%**
Institutional stillbirth rate	**↓19%**
Obstetric case fatality rate in facilities providing emergency obstetric and newborn care (EmONC)	**↓35%**
Availability of services provided at health centers 24/7	**↑44%**
Deliveries taking place in a health facility	**↑35%**
Facilities able to manage basic maternal and newborn complications	**↑100%**
Cesarean section rate	**↑15%**
HIV-positive pregnant women receiving antiretroviral treatment	**↑18%**
Infants receiving HIV prophylaxis	**↑29%**
Hospitals providing at least one long-acting family planning method	**↑50%**
Hospitals conducting maternal death audits	**↑100%**

Past achievements and future successes of SMGL depend upon the close coordination among the Zambian Ministry of Health (MOH), Ministry of Community Development, Mother and Child Health (MCDMCH) and all of the United States government agencies in Zambia. These agencies, working through various implementing partners include: the President's Emergency

Plan for AIDS Relief (PEPFAR), U.S. Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), Peace Corps, and the Department of Defense (DOD).

II Program Description

Phase I of SMGL started in the four districts of Mansa in Luapula Province (LP), Lundazi and Nyimba in Eastern Province (EP) and Kalomo in Southern Province (SP). Phase II is scaling up to include: Samfya (LP), Chipata (EP), Choma (SP), and Kabwe in Central Province (CP). The district coverage includes the newly created districts of Chembe (LP), Zimba (SP), and Pemba (SP). SMGL is also working in four additional districts supported by Swedish International Development Agency (SIDA) in Eastern Province (Petauke, Sinda, Mambwe and Vubwi). It is envisioned that further scale-up will be possible with the support of the European Union (EU) working through UNICEF,WHO, UNFPA and UNDP in Lusaka and Copperbelt provinces, as well as other donors.

The Maternal Newborn and Child Health activity (MNCH) will be the primary SMGL implementer for USAID- funded activities in the districts of Mansa, Chembe, Samfya, Lunga, and Kabwe. Activities in Kabwe will include selected interventions to strengthen capacity and service provision for health services of surrounding districts that refer patients to the Kabwe hospitals. MNCH will provide technical assistance to all SMGL districts in newborn health and will work to improve the quality of EmONC services offered at all facilities in the targeted intervention districts, in close coordination with MOH/MCDMCH and other USG implementing partners.

Over the 5 year period of the activity, USAID expects MNCH to gradually transfer activities to complete MOH/MCDMCH implementation and ownership to ensure sustainability.

Package of Clinical Interventions

MNCH will support implementation of a package of clinical and systems strengthening interventions at all levels of the district network, based on the results of health facility assessments (gap analysis) that will be conducted in each of the targeted districts. The focus of the quality improvement activities is illustrated in Table 2 below.

Table 2 **Package of Clinical Interventions**	
During Labor, Delivery, and 48 Hours Postpartum Interventions	**Linked Programs**
Basic obstetric and newborn care, with selected elements of Basic EmONC • Monitoring labor and identification of signs of complication (use of partograph) • Active management of the 3rd stage of labor (oxytocin/misoprostol) • Infection prevention • Administration of magnesium sulfate if needed • Culturally-sensitive and respectful care • Immediate essential newborn care, including basic resuscitation • Postnatal care within 48 hours for mother and newborn • HAART for HIV+ pregnant women • Post-partum family planning counseling and services, if appropriate	**Focused antenatal care** • Birth planning • Malaria in pregnancy (intermittent presumptive treatment, insecticide-treated bed nets, Coartem therapy) • Provision of misoprostol for prevention of postpartum hemorrhage for inevitable home deliveries. • Nutrition in pregnancy, including iron folate tablets • Male involvement, joint couple counseling and testing for HIV and syphilis • Blood grouping for pregnant women • HAART for HIV+ women • PMTCT B+[7] • Maternity waiting homes
Basic emergency obstetric and newborn care • Intra-venous antibiotics for infection, uterotonics for treatment of postpartum hemorrhage, magnesium sulfate for eclampsia • Manual removal of placenta • Assisted vaginal delivery • Removal of products of conception • Basic newborn resuscitation	**Postnatal care** • Detection and management of complications in postnatal women • Essential newborn care, prevention management of infections, low-birth weight care (Kangaroo Mother Care - KMC) • Early infant diagnosis of HIV (EID) for infants of HIV+ women
Comprehensive emergency obstetric and newborn care • Caesarean-section • Blood transfusion • Advanced newborn resuscitation	**Family planning and reproductive health** • Counseling and service provision (Postpartum family planning) • Post-abortion care • Syphilis and HIV testing and treatment/referral

The recipient is expected to be innovative in developing a sustainable approach to reaching all women, including adolescents, women with disabilities, and their newborns with lifesaving information and services. USAID expects the activity to use existing training and outreach materials, and monitoring and evaluation tools developed under SMGL phase I.

III. **MNCH Results**

The **purpose** of this activity is to reduce the maternal mortality ratio by at least 35 percent and neonatal mortality similarly by at least 35 percent in targeted districts. This feeds into the activity **goal** of *Improving the Health Status of Zambians*, which is also the purpose for USAID/Zambia's overarching health project, "IR 3.2 Health Status Improved," as defined in USAID's Country Development Cooperation Strategy.[8]

The **sub-purposes** of the activity are:

Sub-purpose 1 – Increase Institutional Deliveries
Sub-purpose 2 – Improve Quality of Care for Mothers and Newborns
Sub-purpose 3 – Strengthen Health Service Integration

MNCH will improve health service delivery, which the MOH defines as care that is delivered in a competent, clean, and caring environment. It also implies that the services provided are accessible, effective, efficient, safe, acceptable, and equitable. It is envisioned that this comprehensive collaborative model of delivering high-impact interventions, using the comparative advantages of different implementing partners, will significantly contribute to the reduction of maternal and child mortality and serve as a model for scale-up to other districts countrywide.

In order to reach the above sub-purposes, MNCH is expected to achieve the following **outcomes**:

1.1 Decrease of barriers to access skilled birth attendance by women at the facility level
1.2 Increase in demand for antenatal care, institutional delivery, and postnatal care in the communities
2.1 Strengthen health care providers' capacity to deliver quality care for mothers and newborns
2.2 Strengthen health systems providing quality institutional delivery services
3.1 Strengthen the MNCH/FP/HIV continuum-of-care package to offer a "one stop shop" for all services

Below the sub-purposes and outcomes are described. The full set of required SMGL indicators are included in Attachment I as well as additional suggested MNCH indicators in Attachment II. Attachment III includes required SMGL interventions for implementation under this activity.

Sub- purpose 1 – Increase Institutional Deliveries

1.1 Decrease of barriers to access institutional deliveries by women at the facility level

In collaboration with the Zambian government, this activity will reduce cultural, physical, and financial barriers to ensure that every pregnant woman delivers in a quality healthcare facility as close to her home as possible, attended by skilled health personnel, backed by emergency obstetric and newborn care, and supported by a functional referral system. In coordination with provincial and district health offices and other implementing partners, MNCH should establish a community, district, and provincial referral network whereby complicated deliveries are referred to a higher-level facility. Referral and transport systems should rely on provincial and district resources to assure sustainability, although leveraging resources from the private sector could be considered. See Attachment III on *Access* for more information.

Indicative results:

- Functional referral systems for obstetric emergencies at each health facility established;
- Facility-led community outreach activities strengthened; and
- Selected maternity wards refurbished.

Sample indicators:

- Percent of women delivering in a facility;
- Percent of births attended by a skilled doctor, clinical officer/licentiate, nurse, or midwife;
- Number of communities where pregnant women have access to a functional transportation system or scheme for emergency referral;
- Number of newly hired midwives;
- Percent of facilities providing an integrated package of MNCH services (including essential newborn care); and
- Proportion of facilities affiliated with SMAGS.

1.2 Increase in the demand for antenatal care, institutional delivery, and postnatal care in the communities

In order to address socio-cultural barriers that limit the utilization of health services, MNCH will work with community networks, such as SMAGs, and engage influential traditional and religious leaders to develop culturally appropriate outreach activities to promote healthy behaviors related to maternal and child health, family planning, and HIV/AIDS. Outreach messages and activities should build on positive traditional norms, where possible, and should create demand for services and awareness of danger signs among adolescents, women, men, and other influential community and family members. See Attachment III on *Demand* for more information.

Indicative results:

- Capacity of community networks and leaders promoting good health practices strengthened;
- Health practices and health-seeking behavior among adolescents, women of child-bearing age and men improved;
- Use of facility-based MNCH services increased; and
- Communities, pregnant women, and their families prepared for safe delivery increased

Sample indicators:

- Percent of women who attended at least four ANC visits during pregnancy;
- Number of trained community members (e.g. SMAG members, volunteers) who actively promote delivery in a facility and report maternal deaths; and
- Number of communities/zones with functioning SMAGs.

Sub-purpose 2 – Improve Quality of Care for Mothers and Newborns

2.1 Strengthen the capacity of health care providers to deliver quality care for mothers and newborns

The MNCH activity is expected to address critical skill gaps among health care providers to ensure high- quality care is provided for mothers and their newborns at the facility level. The recipient should determine and appropriately address the training needs in each facility related to EmONC, essential newborn care (including newborn resuscitation), misoprostol for home deliveries, and post-partum family planning.

In addition to training, establishing systems for appropriate supervision and support is essential to maintaining health workers' confidence and skills. See Attachment III on *Quality* for more information.

Indicative results:

- Increased availability of services for EmONC, essential newborn care, post-partum family planning, PMTCT, and early infant diagnosis of HIV;
- Increased ability to meet the demand for EmONC services by the health facilities; and
- Effective systems for recurring mentorship and supervision established.

Sample indicators:

- Percentage of facilities with health care providers trained in EmONC in the intervention districts;
- Number of health care workers who successfully complete an in-service training program in EmONC, essential newborn care, and post-partum family planning;

- Number of maternal and neonatal health providers who received a visit for mentoring, supportive supervision, or technical assistance within the last three months; and
- Percent of provincial, district and facility managers trained to provide supervision and mentorship in EmONC/ENC, (PPFP - PPIUD), and prevention of postpartum hemorrhage at community level.

2.2 Health systems providing quality institutional delivery services strengthened

The activity is expected to support and strengthen the Zambian government's monitoring and health information system, including surveillance and reviews of maternal and neonatal mortality. The MNCH activity support should lead to the collection of accurate, timely data used for decision-making, including ensuring post-partum follow-up after all deliveries, whether institutional or home-based. In collaboration with the MCDMCH and MOH, the MNCH activity will promote availability of essential services at the appropriate levels of care at, the community, facility, district, and provincial levels to. See Attachment III on *Systems* for more information.

Indicative results:

- Increased health system's ability to use information to improve services; and
- Increased proportion of designated basic and comprehensive EmONC facilities performing all signal functions of EmONC services increased

Sample indicators:

- Number of community- and facility-based maternal deaths verified by verbal autopsy by cause (direct and indirect);
- Percent of pregnant women who receive post-natal care within two days of delivery;
- Percent of designated basic and comprehensive EmONC facilities performing all signal functions of EmONC services increased;
- Number of women who received misoprostol at antenatal care (ANC), delivered at home and correctly self-administered the drug; and
- Number of newborns asphyxiated at birth successfully resuscitated.

Sub-purpose 3 – Strengthen Health Service Integration

3.1 MNCH/FP/HIV continuum-of-care package offering a "one stop shop" for all services strengthened

Integrating services for HIV, FP, and MNCH and delivering them in a single setting addresses patients' multiple needs at once, and enhances program effectiveness and efficiency. In Zambia approximately 85 percent of facilities offer some form of HIV/Pediatric HIV or PMTCT prevention, care, and treatment services, and most of these facilities offer maternity services, as well. This offers an excellent opportunity to build on existing platforms and maximize efficiency through the creation of a "one stop shop" for all services.

MNCH should seek creative ways to build on existing platforms and strengthen services to provide an integrated continuum-of-care package. See Attachment III on *Quality* for more information.

Indicative results:

- Increased counselling on and use of modern contraception, particularly post-partum contraception;
- Increased early infant diagnosis and treatment of HIV/AIDS; and
- Increased services for prevention of mother-to-child transmission of HIV/AIDS.

Sample indicators:

- Number of women who deliver in a facility that receive pre-discharge post-partum counselling and a contraceptive method (PPIUD, condoms, Implants, Natural family planning);
- Percent of HIV-positive pregnant women receiving antiretroviral treatment.
- Percent of infants born to HIV-positive women who received an HIV test within 2 months of birth;
- Percent of infants born to HIV-positive pregnant women who are started on cotrimoxazol prophylaxis within two months of birth;
- Number of eligible pediatric HIV cases linked to and established on care and treatment services; and

IV. Collaboration and Coordination with the MOH, MCDMCH and other partners

This collaboration should coordinate implementation, avoid duplication, harmonize monitoring and evaluation, learn through joint site monitoring, to streamline technical assistance to the Zambian government.

Zambian government

MCDMCH is the key partner in SMGL at the national and district levels. The MOH is a key partner at the national and provincial levels.

SMGL partners

The recipient should collaborate with other U.S. government-funded SMGL implementing partners to undertake complementary activities in the selected districts. Collaboration with other USG activities will be cardinal to achieving the overall SMGL project purpose of reducing maternal and neonatal mortality and morbidity.

SMGL has been implemented through a whole of government approach (USAID, CDC, DOD, Peace Corps) using the comparative advantages of the various agencies. Examples of the coordinated activities from various agencies include:

- USAID: promotes behavior change; strengthens systems; supports a package of essential newborn care, including newborn resuscitation, builds capacity of provincial and district health office managers, and health facility health care providers;
- CDC: supports strategic information strengthening, maternal death surveillance and response, evaluation, and strengthens blood bank services;
- DOD: complements all the services under SMGL in the Zambian military; sites of in the surrounding catchment populations; and
- Peace Corps: supports behavior change, mentoring and information gathering in the communities.

SMGL partners, including other USAID, CDC and DOD funded implementing partners will meet on a regular basis to coordinate implementation, as well as monitoring and evaluation.

USAID Partners

The recipient should collaborate and coordinate with other USAID-funded partner organizations or implementing partners working in Zambia on activities related to family health, infectious diseases, behavior change, and supply chain management, as these relate to the Recipient's primary responsibilities under this award.

USAID expects the recipient to work in close partnership with other USG implementing entities on select activities.

For example, behavior change communications and related activities are essential parts of this assistance and should be done in conjunction with USAID's new Social and Behavioral Change Communication (SBCC) activity, *IMPACT*. It is anticipated that *IMPACT* will take a leadership role in developing SBCC strategies and materials for HIV/AIDS, MCH, FP, Nutrition, and Family planning that will be utilized by USAID partners for relevant communication components of the project's activities. IMPACT will share the strategies and templates for SBCC materials it develops with USAID and GRZ implementing partners for reproduction and use in their programming. Partners may modify the materials to better reach their target audiences prior to reproduction, in consultation with IMPACT and GRZ. Similarly, SMAG activities will be done in conjunction with the follow-on systems strengthening project, Sustained Health Outcomes Through Strengthened Systems (*SHOTSS*) project. It is anticipated that the activities will be transitioned to *SHOTSS* to lead implementation of these activities in the first year of implementation.

Across USAID partners, minimum collaboration must include regular (at least quarterly) meetings at the national level and at the provincial level, based on the various partners' geographic scopes. At the national and provincial level, USAID's health systems strengthening activity (*SHOTSS*) will play a convening role among partners unless otherwise directed by USAID. Collaboration must also include active participation in an annual work plan presentation

and discussion called by USAID/Zambia annually. As feasible, USAID/Zambia recommends activity or Zambian government co-location, joint site visits, and joint meetings with the GRZ.

Leadership internship program for Zambian youth.

Within 260 calendar days the program will host at least two Zambian youth interns and each year thereafter. The purpose of these internships is to build capacity of a future generation of leaders in critical areas related to maternal, child health and family planning. The Recipient must provide meaningful internships in which the interns accomplish clear work objectives identified at the beginning of their internship. The work objectives must contribute to MNCH results and strengthen the individual's skill set.

V. Gender Considerations

The Recipient is expected to be proactive and innovative in identifying, targeting and measuring gender-related barriers to reducing maternal and newborn mortality.

In Zambia, women's ability to access quality healthcare and their risk of HIV infection are heightened by a combination of factors. They include: low status accorded to women, cultural and traditional practices, low literacy, poverty, lack of access to and control of economic resources, gender-based violence, and low political status.

Existing social structures at the household and societal levels result in different constraints and vulnerabilities for men and women. For example, a woman's workload, expectations of her for childcare and household duties and her access to transportation will impact when and if she can seek preventative or curative care. Given that the majority of husbands are the decision-makers regarding their wives and children's healthcare, improvements in health outcomes do not rely solely on technical issues, but are fundamentally linked to household power dynamics and priorities. Education level is also a factor in influencing healthy behaviors, as women with more than a secondary education are four times more likely to deliver in a health facility, compared with women with little to no education. Quality care, which is respectful and evidence-based, is further essential to building confidence in the health system, so that women and men seek care in a timely manner.

With 68 percent of the population living in extreme poverty -- a disproportionate number of whom are women -- the lack of financial resources at the household level contributes to low demonstrated demand for health services, even where they are free (due to associated out-of-pocket costs, such as travel, and/or payment demands for "free" services). While the government has produced a number of policy guidelines on gender, implementation of these policies; lack of accountability, leadership and supervision is a weakness.

VI. Office location

The Recipient shall establish an office in Lusaka and in two limited-presence offices, in Mansa to cover Mansa, Chembe, Lunga and Samfya and in Kabwe to cover Kabwe district. Co-location of offices is preferable.

VII. Responsibility for Performance

- **Recipient**

The Recipient of this award is responsible for devising, implementing, and continually refining a technical approach for achieving the overall outcomes and objectives specified in the Program Description. The Recipient will articulate its major activities, targets, and deliverables in annual work plans to be discussed with and approved by the AOR. Finally, the Recipient will be responsible for documenting and sharing the results and learning that is expected to come from this activity.

- **USAID**

The AOR, based in USAID/Zambia, will be the primary day-to-day liaison between USAID and the recipient of this award. The AOR's primary responsibilities are to ensure compliance with the terms and conditions, to maintain contact (including site visits and liaison) with the Recipient, and to be substantively involved in administration of the cooperative agreement, as described in Section II.

VIII. Authorizing Legislation

The authority for this RFA is found in the Foreign Assistance Act of 1961, as amended, and the Federal Grant and Cooperative Agreement Act of 1977. The resulting award(s) will be administered in accordance with USAID's ADS Chapter 303, "Grants and Cooperative Agreements with Non-Governmental Organizations", and ADS 303 mab, the Standard Provisions for Non-US Non-governmental Organizations.

[END OF SECTION I]

II. AWARD INFORMATION

A. Estimated Funding

USAID expects to award one (1) Cooperative Agreement based on this RFA. The anticipated total federal funding amount is $7,500,000 for the reduction of maternal and new born mortality in selected districts in Zambia.

The Government may issue an award resulting from this RFA to the responsible applicant if the application conforming to this RFA is responsive to the objectives set forth in this document. The Government may (a) reject the application, and (b) waive informalities and minor irregularities in applications received.

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

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

B. Performance Period

The anticipated program start date is **May 2015 for a five year period**.

C. Award Type

USAID anticipates the award will be a **Cooperative Agreement**. The intended purpose of Agreement Officer Representative (AOR) involvement during the award is to assist the recipient in achieving the supported objectives.

Substantial Involvement under the award is expected to be as follows:

1. Approval of the recipient’s implementation plans.

2. Review and approval of the selection of key personnel for four positions.

The Project Director (PD), Technical Services Director, and Finance and Administration Director and Strategic Information Advisor positions are key personnel positions.

Key Personnel Minimum Qualifications

a. The Project Director will head the project team and make regular reports to the USAID AOR. The PD will be responsible for the overall management and implementation of the project. S/he will supervise project implementation and ensure that the project meets its planned results. The PD will represent and coordinate with all cooperating organizations and be the point of contact for all purposes of this project.

The PD must have an accredited university degree, preferably in the health sciences with a complementary advanced degree (masters or specialty) in public health, obstetrics and gynecology, or management. S/he must have at least 7 years of project management experience of public health projects. S/he must have at least 5 years in a senior-level management position. S/he should have demonstrated capacity to build and maintain productive working relationships with a wide network of partners and stakeholders; broad technical understanding of public health, particularly maternal and child health, family planning, and reproductive health programing. S/he will have proven leadership and management skills to effectively achieve the project results described in the Program Description. S/he should have demonstrated exemplary diplomatic and interpersonal skills to manage a diverse team. The ideal candidate will have a demonstrated track record of his/her ability to foster collaboration with the Government of Zambia and other donor-funded projects. Experience and skills in financial management and performance monitoring are essential. The PD preferably would be a Zambian citizen fluent in English and must possess excellent oral and written communication skills.

b. The Technical Services Director is a long-term position responsible for providing technical oversight to the district technical officers. This includes providing overall technical guidance for planning and implementation of program activities. S/he also provides technical guidance to the PD and other technical staff in the 5 districts.

The Technical Services Director must be a health professional (medical doctor, nurse-midwife, clinical officer/licentiate) with a Master's Degree in public health or other relevant clinical discipline (e.g. obstetrics and gynecology). S/he must have at least 5 years of project management or technical leadership experience preferably in maternal and child health, family planning and reproductive health programs. The ideal candidate must be a Zambian and have at least 5 years' experience working in a senior technical position for a public health and/or international development project.

c. The Finance and Administration Director is a long-term position responsible for overseeing the finance and administration functions of the project and ensures compliance with project and USAID procedures. S/he will work closely with the PD and the Technical Services Director and other district staffs to ensure project resources are effectively and efficiently budgeted and managed.

The Finance and Administration Director must have a Bachelor's Degree in business or accounting, along with ACCA or ZICA professional membership. A master's degree would be an added advantage. S/he should have at least 5 years of professional experience managing financial and contractual aspects of donor-funded development projects.

d. The Strategic Information (SI) Advisor: is responsible for overseeing monitoring and evaluation activities for the activity, including but not limited to, quarterly reporting, M&E coordination with other SMGL activities, and design and oversight of studies and evaluations.

The SI Advisor must have a master's degree in public health or other relevant discipline. S/he must have at least 5 years of monitoring and evaluation experience and proven experience in research/study design and implementation, including design and data analysis of quantitative and qualitative studies, and rapid appraisals. Excellent skills in report writing, analysis, and communication, including oral presentation skills are essential.

3. Approval of the recipient's monitoring and evaluation plans.

4. Authority to immediately halt construction

[END OF SECTION II]

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

An Applicant must be a Local Civil Society Organization (CSO), Non-Governmental Organization (NGO), business, or educational institution that is:
1) Organized under Zambian laws,
2) Has the principal place of business in Zambia,
3) Is majority owned (in the case of businesses) or controlled (in the case of NGO or CSO Boards) by citizens or lawful permanent residents of Zambia, and
4) Is not majority controlled by foreign entities or individuals.

The term "controlled by", in 4 above, means a majority ownership or beneficiary interest as defined at (3) above, or the power, with directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means, e.g., ownership, contract operation of law.

USAID encourages applications from organizations with no prior experience working with USAID.

2. Cost Sharing or Matching

Recipients will not be responsible for cost share.

3. Each organization can submit only one application.

[END OF SECTION III]

IV. ORGANIZATIONAL CAPABILITY STATEMENT AND APPLICATION AND SUBMISSION

1. Point of Contact

Ayana Angulo
Agreement Officer
Embassy of the United States of America
Subdivision 694/Stand 100 Ibex Hill Road
P.O. Box 32481
Lusaka, Zambia
Email: aangulo@usaid.gov
Tel.: 260-211-357000

Cecilia Kasoma
Senior Acquisition & Assistance Specialist
Embassy of the United States of America
Subdivision 694/Stand 100 Ibex Hill Road
P.O. Box 32481
Lusaka, Zambia
Email: ckasoma@usaid.gov
Tel.: 260-211-357000

Any questions concerning this RFA must be submitted in writing to Cecilia Kasoma.

2. Content and Form of Application Submission

ELECTRONIC SUBMISSION OF APPLICATIONS VIA E-MAIL IS REQUIRED.

1. PHASE I - CONTENT AND FORM OF CONCEPT PAPER SUBMISSION

This is a two-step application process. **The first phase consists of organizational capability statements from prospective Applicants**. The second phase is through an invitation process to submit Full Applications from a select pool of Applicants.

a. Organizational Capability Statement Format

All organizational capability statements must comply with the following requirements to be considered by USAID:

i. Text must be in a recent Windows-compatible version of MS Word (version 2000 or later)
ii. Font - Times New Roman or Arial and 12-point
iii. No less than 0.75" margins (left, right, top, and bottom).
iv. *Three pages maximum not including Cover Page*
v. Cover Page - a single page with the program title and RFA number, the names of

the organizations/institutions involved, and the lead or primary Applicant clearly identified. In addition, the Cover Page should provide a contact person for the Applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers and e-mail address. State whether the contact person is the person with authority to contract for the Applicant, and if not, that person should also be listed with contact information.

b. Capability Statements Submission

All organizational capability statements are required to include a detailed description of the lead or primary applicant's as well as the proposed consortium members' or sub-partners' ability and experience in the development of effective partnerships with governmental entities, donors, organizational sub-partners, and other stakeholders to facilitate the design and implementation of effective reduction of MNCH interventions. Applicants should detail their institutional experience in designing, managing, implementing, and evaluating MNCH programs of similar size, scale, duration, nature, and complexity [of the program described in the program description] to improve health outcomes with measurable impact, and sustained service utilization. Should applicants choose to form partnerships for the submission of an application, individual institutional capacities shall be detailed, and a further description must demonstrate how the partners would build upon their individual capabilities and experiences to achieve the project goals.

c. Notification of Capability Statements Status and Request to Submit Full Application

The USAID/Zambia Agreement Officer will notify applicants whose submissions indicate the proposed organization(s) have the technical capacity to implement MNCH activities as described in the program description. The USAID/Zambia Agreement Officer or Acquisition & Assistance Specialist will issue an invitation to submit a full application. *Only those applicants receiving an invitation by the Agreement Officer or Acquisition & Assistance Specialist should follow the application instructions below*.

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2. PHASE II- CONTENT AND FORM OF FULL TECHNICAL APPLICATION SUBMISSION

a. **Full Application Format**

i. All full applications must comply with the following requirements to be considered by USAID:
ii. Font - Times New Roman or Arial and 12-point
iii. No less than 0.75" margins (left, right, top, and bottom).
iv. A4 or Letter Size (not legal size)

v. Cover Page
vi. Document must be in a recent Windows-compatible version of MS Word (version 2000 or later)

b. **Full Application Content**

The technical application must contain the following sections:

i. Table of Contents listing all page numbers and attachments
ii. List of Acronyms used throughout the application
iii. Technical Approach describing the program's technical approach and expected accomplishments during the period of the proposed Cooperative Agreement.
iv. Organizational Technical Capacity

The technical application may not exceed 15 pages in length, excluding the annexes, table of contents, and list of acronyms, and cover page. **Any pages in excess of 15 pages will not be evaluated by USAID.**

Cover Page: A single page with the program title and RFA number, the names of the organizations/institutions involved, and the lead or primary Applicant clearly identified. Any proposed sub-grantees (or implementing partners) should be listed separately. In addition, the Cover Page should provide a contact person for the prime Applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers and e-mail address. State whether the contact person is the person with authority to contract for the Applicant, and if not, that person should also be listed with contact information.

Proposed Technical Approach: The Technical Application Body will contain the main parts of the technical application and shall include the following sections:

- Capacity Building: Description of how the program of technical assistance will strengthen District and Community Health Teams to achieve the intended outcomes. The proposed technical approach must be logical and demonstrate how the applicant would implement this activity in order to achieve the goals and objectives as described in the Program Description. Applicants should describe how they propose to work closely with, and provide technical assistance to the different levels of the MOH/MCDMCH to achieve the outcome of reducing maternal and newborn mortality in the selected districts. Applicants must describe how their proposed program will build the capacity of the MOH/MCDMCH, the provincial and district offices, and health facilities to continue managing and sustaining the programs after the project comes to a close. The application should articulate a high quality evidence–based approach to MNCH interventions addressing ways to improve country ownership and increase community involvement.
- Collaboration with Stakeholders: An approach to working in full partnership with the MCDMCH and the MOH, and in the targeted provinces and districts to reduce maternal and newborn mortality. The proposal should also outline linkages to other U.S. government agencies and partners working in SMGL, and with public or private stakeholders that may work at different levels of the health system in MNCH or related activities.

- Performance Monitoring and Evaluation Approach: The approach should include a detailed monitoring and evaluation plan demonstrating that the proposed approach is results-focused and attributes its activities to impact. The approach should include details of how the applicant proposes to identify and track indicators related to the activities undertaken. It should also mention how it will work with other SMGL partners to collect, analyze and report of project outcomes.
- Gender Considerations: The applicant shall describe how the program will take into account gender related issues. It shall identify gender related barriers to access and quality of services and how they will be addressed in their programming.

Annexes:

Annexes are not part of the 15 page limit. The annex order is:

i. Annex I: Work Plan (Six page maximum, including narrative and milestone chart)

Applicants must submit a preliminary detailed work plan for the four year period including a narrative as an annex to the application. The first year of the implementation plan should be as detailed as possible. This preliminary work plan will include, but not be limited to, a timeline with major milestones for carrying out the various activities proposed under this project. The work plan should be linked to the proposed technical approach as outlined in the narrative, be logical, and demonstrate how the applicant would implement this activity in order to achieve the goals and objectives as described in the Program Description. The technical approach should demonstrate how the project will work within the Zambian context, with other partners working with SMGL and the programmatic, social and contextual issues, inclusive of gender, that surround MNCH programs

ii. Annex II: Management and Staffing

Management and Staffing Plan **(Five page maximum)**: The applicant shall submit a Management Plan with an explicit description of the distinctive roles and responsibilities of the prime partner and sub-partners (as may be applicable) and how each partner will contribute to achieving impact and outcome priorities. The plan should include an overview of how activities will be managed and coordinated between the prime partner and sub-partners.

The applicant shall submit a staffing plan (that includes an organogram with projected positions (key and non-key) and reporting relationships. The plan must discuss the division of responsibilities between in-country project staff, home office support (if international organizations are chosen as sub-partners), and all proposed sub-partners. The proposed staffing plan should demonstrate clearly how the staff will support the proposed technical approach to achieve results.

Applicants are encouraged to have a decentralized structure which might include one or more provincial offices, as appropriate. Should this be the applicant's approach, the plan must include a proposal to co-locate with other partners who would be assigned to that particular area, where

possible.

Key Personnel: USAID requests applicants to identify key personnel and any other staff the applicant deems critical to the project with the relevant knowledge, skills, and abilities in implementing MNCH programs as outlined in the Program Description. The applicants shall identify qualified key personnel, as outlined in the Award Information Substantial Involvement section. Letters of commitment and curricula vitae of all key personnel shall be included in the annex. The qualifications, skills, and experience of proposed key personnel should meet or exceed the requirements. Curricula vitae should also be submitted for other proposed project staff members considered critical to the success of the project. **The page limit for each proposed staff member's CV is three pages.**

iii. Annex III: Organizational Technical Capacity (Three page maximum)

The applicant shall provide a detailed description of its ability and experience in the development of effective partnerships with governmental entities, donors, organizational sub-partners, and other stakeholders to facilitate the design and implementation of effective MNCH interventions. The applicant should detail its institutional experience in designing, managing, implementing, and evaluating programs of similar size, scale, duration, nature, and complexity to achieve measurable impact, and sustained service utilization. The applicant should have a background in capacity building and strengthening of government agencies, particularly at the local level. If the applicant does not have all these experiences individually and is acting as a partnership of different institutions it should build a case to prove that, jointly, they have the capability of managing an award of a similar size, scope and objectives.

iv. Annex IV: Letters of Commitment (No page limit)

Applicants should include copies of any letters of commitment from proposed partners, GRZ entities, and/or other stakeholders. The submitted letters should indicate an intention to pool resources and/or collaborate on the applicant's proposed initiatives. The proposed partnerships should reflect the technical approach described in the application.

v. Annex IV: Past Performance

Past performance is defined as relevant information regarding applicants' actions under a previous award. Applicants shall provide detailed past performance information using the PPI Data Sheet included in the RFA for the three most relevant current or previous awards performed within the last three years that are similar in size, scope, and objectives to what is described in the Program Description. Past performance information must be submitted for all proposed sub-partners. Apparent Successful Applicant should submit all of its cost reimbursement contracts, grants or cooperative agreements involving similar or related programs during the past three years.

Relevant experience is defined as experience in one or more of the following technical areas: Maternal, neonatal and child health; MNCH at the health care delivery level and at the

community level; implementing programs and/or giving technical assistance at the provincial and district level on MNCH and related activities; family planning, integration of MNCH health with family planning and with HIV prevention and care; community mobilization, formal training, mentoring and on the job training of health workers; and data collection, analysis and reporting. Relevant past performance of the prime partner and any sub-partners will be taken into consideration.

(USAID recommends that you alert the contacts that their names have been submitted and that they are authorized to provide performance information concerning the listed activities when USAID requests it.)

vi. Annex V: Branding Implementation and Marking Plans –

This is only required for the apparently successful applicant. A Branding Implementation Strategy and Marking Plan shall be in accordance with the USAID Branding and Marking plan as required per ADS 320. Refer to ADS 320, (http://www.usaid.gov/policy/ads/300/320) specifically 320.3.3.3 for more information.

3. PHASE II- COST APPLICATION FORMAT

Submit the Cost Application via a separate email from the technical application. This is due to the strict page limitations for the Technical Application.

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

- The SF-424, Application for Federal Assistance; SF-424A, Budget Information – Non-Construction Programs; and SF-424B, Assurances – Non-Construction Programs.
- A summary budget in Microsoft Excel with all formulas included.
- Budget narrative in MS Word (Times New Roman or Arial Font and minimum font size 12) explaining costs to be incurred which provides in detail the total costs for implementation of the program your organization is proposing
- A copy of personnel and travel policies
- A copy of the latest Negotiated Indirect Cost Rate Agreement if your organization or a sub-partner has such an agreement with the US Government;
- A detailed/itemized budget in MS Excel with all formulas included. Applicants must include each line item listed below and include additional line items as applicable to your technical application:
    - Total Direct Labor
    - Salary and Wages
    - Fringe Benefits
    - Consultants
    - Travel, Transportation, and Per Diem
    - Equipment
    - Supplies
    - Branding and Marking Activities

- Monitoring and Evaluation Activities
- Sub-contracts
- Sub-awards
- Participant Training
- Other Direct Costs

Salary and Wages: Direct salary and wages should be proposed in accordance
With the applicant's personnel policies and meet the regulatory requirements. Costs of long-term and short-term personnel should be broken down by person years, months, days or hours.

Fringe Benefits: Allowances and services provided by the contractor to its employees as compensation in addition to regular wages and salaries are allowable. A detailed cost breakdown by benefit types should be provided.

Consultants: Services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the contractor are allowable costs. Costs of consultants should be broken down by person years, months, days or hours.

Travel, Transportation, and Per Diem: Cost principles in the FAR and OMB circulars provide for costs for transportation, lodging, meals and incidental expenses. Costs should be broken down by the number of trips, domestic and international, cost per trip, per diem and other related travel costs.

Equipment and Supplies: Supplies includes all property except land or interest in land. Costs should be broken down by types and units.

Branding and Marking Costs: ADS 320.3.6.3 states the costs of branding and marking are eligible for financing if the costs are reasonable, allocable, and allowable in accordance with applicable cost principles. Such costs should be included in the total estimated cost or bid/offer price of the implementing partner.

Monitoring and Evaluation Costs: Per ADS 203.3.5, include costs of data collection, analysis, and reporting as a separate line item to ensure that adequate resources are available.

Subcontracts: Includes any contract entered into by a subcontractor to furnish supplies or services for performance of a prime award. Cost element breakdowns should include the same budget items as the prime as applicable. All vehicles need to be purchased by the prime recipient.

Sub-awards: Sub-award means an award of financial assistance to carry out the purposes of the program in the form of money, or property in lieu of money, made under an award by a recipient to an eligible sub-recipient or by a sub-recipient to a lower tier sub-recipient. The term includes financial assistance when provided by any legal agreement, even if the agreement is called a contract. A sub-award does not include a procurement contract for commodities or services. Include estimated costs of sub-awards in the detailed budget. Cost element breakdowns should include the same budget items as the prime as applicable. All vehicles need to be purchased by the prime recipient.

Participant Training: AIDAR 752.7019 and ADS 253 provides for participant training and training in development. Costs should be broken down by types and participants.

Other Direct Costs: Various types of direct costs and many cost elements are allowable. Costs should be broken down by types and units.

Indirect Costs: If the apparently successful applicant has never received a negotiated indirect cost rate, the recipient may choose to charge a de minimus rate of 10% of modified total direct costs (see 2 CFR 200.414(f)). If the prospective applicant chooses the de minimus rate, the AO must incorporate the 10% indirect cost rate in the award budget and the recipient must follow the requirements in 2 CFR 200.414(f).

4. ADDITIONAL INFORMATION

USAID/Zambia's Agreement Officer will request the following information from the Apparently Successful Applicant:

- Required certifications, assurances, and other statements. Applicants must submit all the required certifications described in ADS 303.3.8 (http://www.usaid.gov/policy/ads/300/303sad.pdf).

5. SUBMISSION INSTRUCTIONS, DATES AND TIMES

Organizational Capability Statements are due to USAID by February 17, 2015, 17:00 p.m. Zambia time.

Full Application due dates are To Be Determined and selected Applicants will be informed at the time an invitation is sent.

ORGANIZATIONAL CAPABILITY STATEMENTS MUST BE SUBMITTED ELECTRONICALLY VIA E-MAIL TO oaa-solicit-lusaka@usaid.gov by the date and time indicated on the cover letter. *No hand delivered applications will be accepted or reviewed*. NO EXCEPTIONS. The applicant is responsible for ensuring that the complete application is received by the deadline. The time of receipt for electronic submission will be based on the automatic electronic delivery time stamp from the usaid.gov e-mail server. **Please do not send files in ZIP format.** Following are the procedures for submission of applications by e-mail:

1. Documents sent to USAID as e-mail attachments, must be in Microsoft Word and Excel format. Signature pages must be converted to Adobe PDF format.

2. Once sent, check your own e-mails to confirm that your attachments were indeed sent. If you discover an error in your transmission, re-send the material again and **note in the subject line of the email that it is a "corrected" Submission.** Do not send the same e-mail more than once unless there has been a change, and if so, note that it is a corrected e-mail. Do not wait for USAID to advise you that certain documents intended to be sent

were not sent, or that certain documents contained errors in formatting, missing sections, etc. The applicant is responsible for its submission.

3. To avoid confusion, duplication, and congestion problems with our e-mail system, only one authorized person from your organization should send the e-mail submission.

4. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM).

Each applicant (unless the applicant is an individual or Federal awarding agency that is excepted from those 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:

(i) Be registered in SAM before submitting its application;
(ii) Provide a valid DUNS number in its application; and
(iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

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

Funding Restrictions.
Construction- Refurbishment of selected maternity wards is an allowable activity.
Profit- It is USAID policy not to award profit under assistance instruments.
The Authorized Geographic Code is 935 for the procurement of goods and services.

Other Submission Requirements

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

  1. Mark the title page with the following legend:

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

and”

2. Mark each sheet of data it wishes to restrict with the following legend:

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

- Explanation to Prospective Applicants – Any prospective applicant desiring an explanation or interpretation of this RFA may request it via email. Oral explanations or instructions given before award of a Cooperative Agreement will not be binding.

- Telegraphic or Faxed Applications – *Telegraphic or faxed applications will not be considered*; however, applications may be modified by written or telegraphic notice, if that notice is received by the time specified for receipt of applications.

- Language – *All applications must be in English*.

6. PRE-AWARD EXPENSES

Pre-award expenses are not authorized. USAID will not reimburse applicants for pre-award expenses incurred.

[END OF SECTION IV]

V. ORGANIZATIONAL CAPABILITY STATEMENT AND FULL APPLICATION REVIEW INFORMATION

The evaluation will occur in two stages and requires two different methodologies.

PHASE I – ORGANIZATIONAL CAPABILITY STATEMENT

The 1st methodology involves a yes/ no rating system for organizational capability. Applications that demonstrate the applicant have the technical capacity and relevant experience implementing maternal newborn and child health activities will receive 'Yes'. Applications that fail to show the technical capacity and fail to detail relevant experience implementing maternal newborn and child health activities will receive 'No.'

The applicants' organizational capability statements will be evaluated based on the following criterion:

The applicant, whether acting as one institution or as a partnership of different institutions, should demonstrate substantial institutional experience in designing, managing, implementing, and evaluating MNCH programs of similar size, scale, duration, nature, and complexity with the capacity to achieve measurable impact and sustained service utilization and delivery. The applicant demonstrates an extensive background in capacity building and strengthening of government organizations, particularly at the local level, working in MNCH activities.

Only those applications receiving 'Yes' will be invited to submit full applications.

PHASE II – FULL APPLICATION REVIEW

The criteria presented below have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated.

A. MERIT REVIEW CRITERIA

Order of Importance

The Technical Approach (Factor 1) and Management and Staffing (Factor 2) are equally important and more important than Organizational Capacity (Factors 3). Within the Technical Approach (Factor 1), the Feasibility and Scalability and Capacity Building are equally important and are followed in decreasing importance by collaboration with stakeholders, Performance Monitoring and Evaluation Approach, and Gender considerations. Within management and staffing (Factor 2) each sub-factor is of equal importance.

Paramount consideration will be given to the evaluation of the technical approach rather than cost/price.

FACTOR 1: TECHNICAL APPROACH

Sub-factor 1.1: Feasibility and Scalability (Work Plan)

The application will be evaluated on the extent to which the proposed work plan demonstrates feasibility in accomplishing all proposed activities within the given time frame. The work plan should be evidence-based and realistic given the proposed human and other resources, and should follow a proven model for planning and implementation that includes adequate time and activities to fully execute the proposed program description including articulation of gender in its programming.

Sub-factor 1. 2: Capacity building

The application will be evaluated on the extent to which the applicant articulates effective approaches to capacity building and strengthening the different levels of the MOH and MCDMCH in managing MNCH interventions and sustaining project activities after the close-out of the project.

Sub-factor 1.3: Collaboration with relevant partners

The application will be evaluated on the extent to which the approaches on collaboration with the relevant partners identified will lead to effectiveness in accessibility and quality of care of MNCH service delivery.

The approach should reflect a comprehensive understanding of the need to engage all major stakeholders in a substantive manner, in order to ensure the Government of the Republic of Zambia (GRZ), local leadership and local organizations in MNCH interventions.
The application should articulate how the applicant will collaborate with relevant partners in the design, implementation, scale-up and consolidation of MNCH interventions.
The application should articulate how the applicant is engaging or partnering with local organizations and resources to further the objectives of the activity.

Sub-factor 1. 4: Performance Monitoring and Evaluation Approach

The extent to which the application clearly articulates how the monitoring and evaluation plan directly corresponds to the stated goals and objectives outlined in the technical approach, ensures that the activity is results focused, and measures achievement throughout the project lifecycle for all components.

FACTOR 2 – MANAGEMENT AND STAFFING

Sub-factor 2.1 – Management and Staffing Plan

The extent to which the application outlines a Management Plan, which is logically organized, realistic and responds to the technical requirements of the program. The approach should

demonstrate a rational, efficient use of resources and provide for a structure that will facilitate successful achievement of the desired programmatic results. The overall Staffing Plan should be logically organized, realistic and respond to the technical requirements of the program. The Plan should demonstrate a rational, efficient use of resources and provide for an implementation, operational support and reporting structure that will facilitate successful achievement of the desired programmatic results. The Plan should maximize cost-effectiveness and achieve gender equity in staffing on all levels.

The application should show the extent to which the plan maximizes cost-effectiveness, and relies on resources at the provincial and district levels to the maximum extent practicable. The reliance on provincial and district-level resources to lead the implementation and management of this award is of critical importance to USAID/Zambia.

Sub-factor 2.2 – Key Personnel

The application will be evaluated on the quality of proposed key personnel. Key Personnel will be evaluated based on the qualifications, skills, and past experience as compared to the requirements outlined in the Program Description.

Factor 3: Organizational Capacity

The applicant, whether acting as one institution or as a partnership of different institutions, should demonstrate substantial institutional experience in designing, managing, implementing, and evaluating MNCH programs of similar size, scale, duration, nature, and complexity with the capacity to achieve measurable impact and sustained service utilization and delivery. The applicant demonstrates an extensive background in capacity building and systems strengthening in the local country context.

B. COST EVALUATION CRITERIA

Proposed costs shall be evaluated for cost realism, completeness, reasonableness, allowability, and allocability. This analysis is intended to determine the degree to which the costs included in the cost application are fair and reasonable.

C. REVIEW AND SELECTION PROCESS

Technical applications will be reviewed in accordance with the merit review criteria set forth above by a Selection Committee (SC) comprised of USAID employees and technical experts.

The Cost/Business applications will be evaluated by the Agreement Officer on cost effectiveness and cost realism analysis. An award will be made to the responsible applicant whose application best responds to the criteria specified above and proposes fair and reasonable costs. The final award decision is made, while considering the recommendations of the SC, by the Agreement Officer.

Authority to obligate the Government: the Agreement Officer is the only individual who may

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

[END OF SECTION V]

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Notice of Award signed by the Agreement Officer is the authorizing document, which shall be transmitted to the individual with the authority to enter agreements on behalf of the Recipient for countersignature to the authorized agent of the successful organization electronically.

2. Deviations

No deviations are currently contemplated to the standard provisions for the cooperative agreement resulting from this RFA.

3. Reporting and Monitoring

The Recipient must adhere to all reporting requirements listed below. All reports shall be submitted by the due date for approval by the USAID Agreement Officer's Representative (AOR) designated by the Agreement Officer. The Recipient will consult the AOR on the format and expected content of reports prior to submission.

i. Financial Reporting:

The Recipient must submit quarterly financial reports to USAID within 30 calendar days following the end of each quarter using the Office of Management and Budget SF-425. Financial reports are due January 31, April 30, July 31, and October 31. The SF 425 (and SF 425a if necessary) must be submitted via electronic format to the Agreement Officer's Representative (AOR), the Agreement Officer (AO), and the USAID/Zambia Financial Management Office. The Federal Financial Report (FFR/SF-425) is available in PDF or Excel format at the OMB website: http://www.whitehouse.gov/omb/grants_forms/.

ii. Performance Monitoring and Reporting

The Recipient shall submit copies of each report listed below to the Agreement Officer's Representative (AOR) with a copy to the Agreement Officer.

a. Mobilization Plan: Within the first two weeks of the effective date of award, the Recipient (with its sub-partners) will prepare and submit a mobilization plan for USAID approval. This plan should describe a schedule for initiating and staffing the program during the first three months following award.

b. Work Plan: Within 60 days of the effective date of this Agreement, and annually on October 31 thereafter, the Recipient shall submit an annual work plan and a detailed budget estimate associated with that plan, for USAID approval. This work plan must identify the planned activities and results in the coming year, the associated level of effort, and funding sources to be used for that work. The period for annual work plans shall be synchronized with the U.S. Government fiscal year, that is, October 1 to September 30. In the first and last years of the

program, the partner will develop a partial year work-plan that coincides with the start and end dates of the program.

c. Environmental Mitigation and Monitoring Plan (EMMP): The Recipient shall develop the EMMP as part of the annual work planning process describing how the project will implement the conditions in the IEE. This shall include training of Recipient staff and sub-partners, when appropriate. The EMMP shall be submitted to the AOR and Mission Environmental Officer with the initial Annual Work Plan within 60 days of the award effective date.

d. Branding and Marking Plan: The Recipient shall be required to submit a Branding Strategy and Marking Plan 30 days after the award effective date, to be evaluated and approved by the Agreement Officer in coordination with the Development Outreach Communication Officer and the AOR. The Branding Implementation Strategy and Marking Plan shall be in accordance with USAID Branding and Marking plan as required per ADS 320. Refer to ADS 320, (http://www.usaid.gov/policy/ads/300/) specifically 320.3.3.3 for more information.

e. Monitoring and Evaluation Plan: Within 90 days of the award date, the partner shall submit for USAID approval a monitoring and evaluation plan (M&E) covering the life-of-the program, which includes specific, detailed plans to document, monitor and evaluate program performance. The M&E plan must establish specific, quantifiable performance indicators and targets for the overall objectives included in the final program description and activities in annual work plans; describe the establishment of monitoring systems to measure program progress against overall objectives; and present a plan for data collection and measurement of overall program outcomes and results, including collection of baseline data, and for the use of data collected by the program to improve program planning and performance. Indicators and data need to be gender-sensitive and sex-disaggregated where appropriate.

f. Progress Reporting: The Recipient shall report quarterly in relation to the annual work plan and the program description. Progress Reports shall be submitted 30 days after the first three fiscal year quarters to the AOR with a copy to the AO. The reports are due on January 31, April 30, and July 31. The progress report shall include:

(1) A comparison of actual accomplishments with the goals and objectives established for the period, the findings of the investigator, or both. Whenever appropriate and the output of programs or projects can be readily quantified, such quantitative data should be related to cost data for computation of unit costs.

(2) Reasons why established goals were not met, if appropriate.

(3) Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.

(4) Environmental Monitoring and

(5) Family Planning Compliance updates

g. Annual Progress Report: The Recipient shall submit an annual progress report for the previous fiscal year. The results reported should be cumulative from January 1 to December 31 and will be due 30 days after the reporting period to the AOR, with a copy to the AO. The fourth Quarter/Annual Performance Report shall follow the same format as the quarterly reports, but additionally shall focus on accomplishments, progress, and problems related to achievement of results, performance measures, indicators and benchmarks tied to the Annual Work Plan and the M&E plan targets for the quarter and the entire previous fiscal year. Additionally, the Annual Report must include an analysis of the Objective Performance Indicators and any other indicator data as well as a revision of annual target projections for the subsequent two fiscal yearsh. Success Stories: The Recipient shall submit success stories highlighting project accomplishments to the AOR 30 days after the end of each quarter beginning six months after the award date. At least one shall be submitted for each of the first three quarters, with the quarterly reports, and two shall be submitted with the annual report. The success stories should be written for an audience without intimate knowledge of the activity.

i. Semi-annual Portfolio Reviews: The Recipient shall brief the USAID/Zambia Health team and members of the Finance, Procurement, and Executive Office teams in person two times each year. The briefing requires a PowerPoint presentation presenting all semi-annual and cumulative results against previously agreed program targets, selected accomplishments for the previous six months, challenges, and projected procurement actions for the next six months.

The Recipient shall submit information described above (indicators, results, targets, performance narratives, geo-locations, and success stories) to DevResults, the web-based database used by USAID/Zambia. This information shall be submitted within fifteen days of the semi-annual portfolio review presentations.

j. Lessons learned: No later than 36 months after the effective award date, the Recipient shall create lessons-learned and best practices for:

- Using local partners to implement project activities
- Promoting community involvement in ensuring quality provision of safe delivery and neonatal survival

k. Final Report: No later than 90 days after the end of the Cooperative Agreement, the Recipient shall submit the original and one copy to the AOR and the AO in electronic (preferred) or paper form of final documents.

The final performance report shall:

1. Summarize the accomplishments of the cooperative agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation.

2. Detail cumulative achievements and a comparison of actual accomplishments against the goals, objectives, indicators, and targets established for this Agreement. When applicable, include reasons why established goals/targets were not met.

3. Relate quantitative data to cost data for computation of unit costs, whenever appropriate and the output of programs or projects can be readily quantified.

4. Include success stories illustrating the direct positive effects of the program.

5. Contain an index of all reports and information products produced under the cooperative agreement.

m. Gender Analysis and Implementation Plan: Within 90 days of the award date, the recipient must submit a gender analysis, including concrete actions for implementation. The Analysis and Plan must include gender-related indicators to measure and track progress. See Section on Gender Considerations below.

4. Environmental Compliance

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (http://inside.usaid.gov/ADS/200/204.pdf), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA.

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

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

An Initial Environmental Examination (IEE) [Integrated Health (IH) Portfolio (611-007] has been approved for the project funding this cooperative agreement. The IEE covers activities expected to be implemented under this Cooperative Agreement]. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This

indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this solicitation.

Because the approved Regulation 216 documentation is an IEE that contains one or more Negative Determinations with conditions, the recipient shall:

a) Prepare an environmental mitigation and monitoring plan (EMMP) describing how the recipient will, in specific terms, implement all IEE conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

b) Integrate a completed EMMP into the initial work plan.

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

5. **References Applicable**

Regulations & References

- Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients: http://www.usaid.gov/policy/ads/300/303mab.pdf

- Automated Directives System 303 Grants and Cooperative Agreements to Non-Governmental Organizations http://inside.usaid.gov/ADS/300/303.pdf

6. Standard Provisions

For non-U.S. organizations, the following *Standard Provisions for Non-U.S. Nongovernmental Recipients* will apply:

Mandatory Standard Provisions for Non-US. Nongovernmental Organizations

M1. ALLOWABLE COSTS (DECEMBER 2014)
M2. ACCOUNTING, AUDIT, AND RECORDS (DECEMBER 2012)
M3. AMENDMENT OF AWARD AND REVISION OF BUDGET (AUGUST 2013)
M4. NOTICES (JUNE 2012)
M5. PROCUREMENT POLICIES (JUNE 2012)
M6. USAID ELIGIBILITY RULES FOR PROCUREMENT OF COMMODITIES AND SERVICES (JUNE 2012)

M7. TITLE TO AND USE OF PROPERTY (DECEMBER 2014)
M8. SUBMISSIONS TO THE DEVELOPMENT EXPERIENCE CLEARINGHOUSE AND DATA RIGHTS (JUNE 2012)
M9. MARKING AND PUBLIC COMMUNICATIONS UNDER USAID-FUNDED ASSISTANCE (DECEMBER 2014)
M10. AWARD TERMINATION AND SUSPENSION (DECEMBER 2014)
M11. RECIPIENT AND EMPLOYEE CONDUCT (AUGUST 2013)
M12. DEBARMENT AND SUSPENSION (JUNE 2012)
M13. DISPUTES AND APPEALS (DECEMBER 2014)
M14. PREVENTING TERRORIST FINANCING (AUGUST 2013)
M15. TRAFFICKING IN PERSONS (JUNE 2012)
M16. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)
M17. EQUAL PARTICIPATION BY FAITH-BASED ORGANIZATIONS (JUNE 2012)
M18. NONDISCRIMINATION (JUNE 2012)
M19. USAID DISABILITY POLICY - ASSISTANCE (JUNE 2012)
M20. LIMITING CONSTRUCTION ACTIVITIES (AUGUST 2013)

Required as Applicable Standard Provisions for Non-US. Nongovernmental Organizations

RAA1. ADVANCE PAYMENT AND REFUNDS (DECEMBER 2014)
RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
RAA5. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (DECEMBER 2014)
RAA6. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
RAA7. SUBAWARDS (DECEMBER 2014)
RAA8. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
RAA10. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
RAA12. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
RAA16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
RAA22. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
RAA23. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
RAA24. CONDOMS (JUNE 2005)
RAA25. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (APRIL 2010)
The full text of these provisions may be accessed through the internet as follows:

- Standard Provisions for Non-U.S. Nongovernmental Recipients:

http://www.usaid.gov/policy/ads/300/303mab.pdf

[END OF SECTION VI]

VII. AGENCY CONTACTS

The signing Agreement Officer for this Award is:

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Supervisory Agreement Officer
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The Agreement Officer who will manage this award is:

Ms. Ayana Angulo
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The Financial Office for this Award is:

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[END OF SECTION VII]

VIII. OTHER INFORMATION

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. USAID reserves the right to fund or not fund the application submitted.

[END OF SECTION VIII]

IX. ATTACHMENTS

The following attachments are provided:

1. Activity Plan phase II
2. SMGL phase II indicator list
3. Applicant Past Performance Data Reference Sheet
4. SF-424 Forms
5. MNCH log frame
6. Certifications, Assurances and Other Statements of the Recipient
7. Initial Environmental Examination

Additional information can be sought at the Servicing Mothers Giving Life website: http://www.savingmothersgivinglife.org/

C. REFERNCES

1. The World Health Report 2005 – Make Every Mother and Child Count www.who.int/whr/**2005**/en/. Accessed on 22nd June, 2014.

2. Zambia Demographic and Health Survey (ZDHS 2007, 2013).

3. Zambia Maternal Newborn and Child Health Road Map (2011).

4. Calvert C, Ronsmans C. 2013. The contribution of HIV to pregnancy-related mortality: a systematic review and meta-analysis. AIDS 27: 1631–1639.

5. Saving Mothers, Giving Life.2012; http//www.savingmothersgivinglife.org. Accessed June 2014.

6. External evaluation of Saving Mothers, Giving life. Final Report October 2013. Accessed June 2014.

7. Zambia PMTCT guidelines (2010).

8. USAID/Zambia's CDCS:http://www.usaid.gov/sites/default/files/documents/1860/USAIDZambiaCDCS30Sept2011.pdf

[END OF SECTION IX]